

# Carry on CESR! – Medical COVID attachments give core clinical competencies

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As I am writing this article in the midst of a COVID pandemic, myself and two dermatology consultant colleagues were voluntarily redeployed to support the medical wards for the last four weeks. Here I write about my thoughts on how this unique situation can be fully embraced from the perspective of an SAS doctor making a CESR application.

## How can this be a good opportunity for SAS doctors applying for CESR?

For SAS doctors, working on a medical ward is an opportunity to achieve some of the core medical competencies in addition to satisfying selected elements of the four domains that make up the GMC's Good Medical Practice required for a successful CESR application.

## Would being out of practice from general medicine be an issue?

Being redeployed onto the medical wards is a daunting prospect for many who have not worked in general medicine for many years. Depending on what is expected of your medical attachment, you can offer a mixture of existing skills currently practised or old skills that require refreshing. Existing skills you can offer the medical team are exemplary leadership, effective communication and management. Skills that need refreshing can be addressed by attending appropriate courses before arriving on the ward that could lead to a DOPS when supervised if the opportunity is there. Do reference the current list of essential core medical procedures that need to be satisfied on the JRCPTB website. Finally, as you are likely to work in a team, do take the opportunity to attain the core medical knowledge and skills from both junior and senior colleagues who would be of valuable help to you.

## Making the most of the medical ward experience

### Get to know and follow up your patients

Create a logbook for your medical cases and note whether they cover any of the top and common core medical presentations. Consider generating a WBPA form, completing a relevant (e-) learning course and reflection. Follow them up on their outcomes and link (or triangulate) any referrals made as a result. If you have to break bad news or discuss resuscitation see if you can ask an appropriate colleague to observe you for a possible WBPA.

### Lead ward rounds

This is a good way of ensuring that you know your patients well and offers a platform for discussion with colleagues in managing patient care. This also demonstrates ability to communicate with both colleagues and patients as well as an example of leadership.

### Offer dermatology teaching

If you have keen medical colleagues asking for dermatology teaching this would be a great way to exercise your teaching ability to a non-dermatology audience. Just remember to have feedback sheets ready.

### Offer to return WPBAs

If you are comfortable in completing WPBAs for colleagues



Ava Lee and Nick Levell seconded onto the medical wards.

## Summary Table of suggested evidence for each domain in GMC's Good Medical Practice guide (list not exhaustive)

Evidence required for each GMC domain		Suggestions in obtaining evidence
Domain 1	CMT equivalency with application of core skills +/- MRCP	WPBAs, MSF, DOPS – to cover 20 top core medical presentations, minimum 10/40 common presentations, emergency presentations (simulations, refresher courses)
	PDP	Job plan, correspondence detailing role on medical ward
	Logbooks	Medical presentations (in addition to dermatology ones)
	Research	Patient recruitment, journal club
	CPD / CME	COVID / local Trust guideline review, CPD diary
	Teaching / training	Medical ward teaching, teaching feedback
	Participation in assessment and appraisal	WPBAs for junior colleagues eg. management of cellulitis
Domain 2	Reflections	Reflective diaries – triangulated with any other evidence provided
	Health and safety	Training courses, reflections – infection control, PPE, etc.
Domain 3	Communicating with colleagues	MSF / 360° feedback with medical colleagues included Local newspaper / newsletter
	Communicating with patients	Breaking bad news, communication courses
	Management and leadership experience	Morning ward rounds, patient handover, referral discussions
Domain 4	Relationship with patients	Thank you letters, responses to complaints / requests, relevant courses (safeguarding, colleague feedback, mental capacity, DNAR / resuscitation decisions, etc), testimonials
	Acting with honesty and integrity	

Continued overleaf...

this would demonstrate your ability to participate in assessments and appraisals eg. management of cellulitis. Make sure you keep a record of all such WPBAs completed.

### **Save correspondences related to your medical ward experience**

This can include confirmation of being redeployed onto the medical ward, details of your expected role to include in your job plan or PDP, written referrals with other specialties or thank you messages. Include also patient thank you letters and responses to any complaints or requests for information.

### **Integrate with your medical team**

A medical ward attachment provides ample opportunity to demonstrate ability to work with different healthcare professionals within multidisciplinary teams. With this demonstrating good communication with colleagues and ability to work in partnership in a team, you can include them in your next MSF / 360° feedback

request. This can triangulate easily with a patient logbook in addition to meeting domain 3 requirements on communication skills. If you and your medical team were featured in a local newspaper or newsletter, don't forget to include this!

### **Keep your CPD diary updated**

Any guidelines read or courses attended prior to starting on the medical ward should ideally be recorded and reflected in a CPD diary. Most relevant to the current pandemic would be guidelines on assessing patients suspected with COVID symptoms, appropriate use of personal protective equipment (PPE) and infection control. Completing relevant courses on health and safety would cover domain 2 in GMC's Good Medical Practice well.

### **Don't forget reflections!**

This would be part of your CPD diary, however, this can also be included in an e-portfolio. They are very useful in strengthening and triangulating any relevant evidence you provide. Examples include

any memorable experiences you've had on the medical ward that you might apply to your dermatology practice.

### **Final thoughts**

The above suggestions are by no means exhaustive, as people's experiences vary. This opportunistic experience can fulfill some of the core medical competencies and knowledge that CESR applicants may feel they lack in, if they have not completed a recognized UK core medical training programme or hold MRCP. Overall, a medical ward attachment, whilst daunting, can offer a wealth of experience in an environment where you can apply skills you already innately practise in your dermatology department, whilst nurturing other skills that you can transfer back when you return to your usual dermatology practice.

*Since submission of the article, Dr Ava Lee's CESR application has been successfully approved for specialist registration.*