

Longitudinal Integrated Foundation Training (LIFT)

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Your programme for this session

- ✓ Foundation Training; the argument for a change in structure

- ✓ Longitudinal Integrated Foundation Training (LIFT pilot)
 - ✓ Strategy
 - ✓ Implementation
 - ✓ Evaluation

Future care needs of the NHS ?

- An Inquiry into Patient Centred Care in the 21st Century
- The Kings fund From Vision to Action 2012
- A report from the NHS Future Forum.
- The NHS five year view

Goals for the LIFT pilot

Health Education North West

A Venn diagram consisting of two overlapping yellow circles with blue outlines. The left circle contains the text 'Doctors that can provide more care' and the right circle contains 'Workforce transformation'.

**Doctors
that can
provide
more care**

**Workforce
transformation**

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What happens at medical School to **our** desire to care?

- Inhibition of moral development rate
- Erosion of empathy
- Inhibition of display of compassion
- Erosion of networks of care

Hojat M et al. 2004: An empirical study of decline in empathy in medical School; Blackwell Publishing Ltd MEDICAL EDUCATION; 38: 934–941

Kohlberg's stages of moral development

Stage 1

- Avoidance of physical punishment and deference of authority figures (Pre-conventional morality)

Stage 2

- Instrumental exchange. Right actions satisfy one's own needs. People are valued for their utility (pre-conventional morality)

Stage 3

- Interpersonal conformity. Conform to behavioral expectations of society or peers. (Conventional morality)

Stage 4

- Law and order. Doing duties showing respect for authority and maintaining social order (conventional morality)

Stage 5

- Social contract. Act for the welfare of all and the protection of human rights. Feeling of contractual commitment. Friendship/relationship. (post conventional morality)

Stage 6

- Universal ethical principles (justice, equality of human rights, respect for the dignity of human persons (post conventional morality)

Multiple Choice Question

Successful learning may be defined as getting the 'meaning' from the knowledge

Which is the most important factor to the success of learning:-

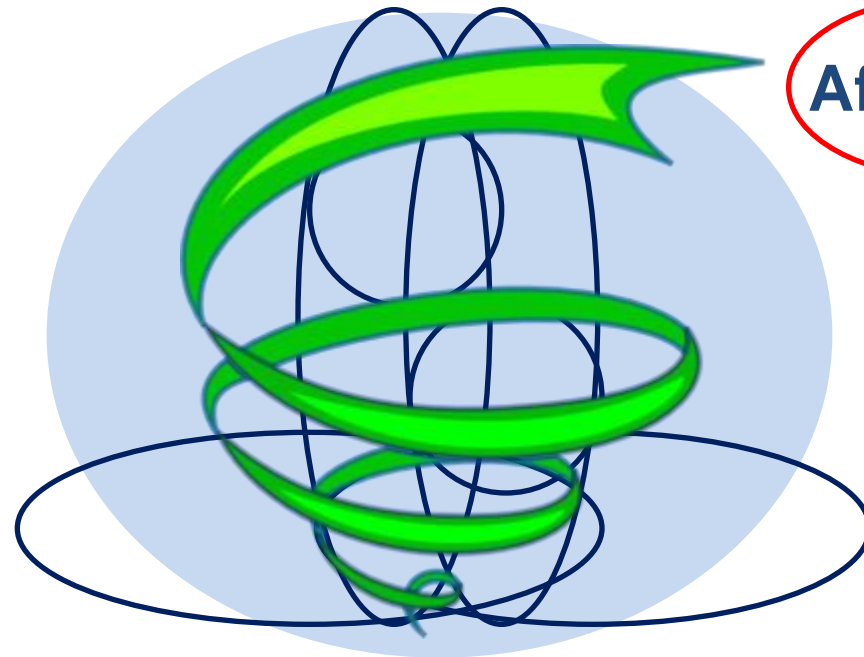
- a) The learners intellect
- b) The learning context
- c) The learners emotional content
- d) Metacognition
- e) The teachers facilitation of meaning

Successful Learning

Cognition

Affection

Social



Environmental

Meta-Cognition

Young et al: 2014, 36: 371-384 Medical teacher. AMEE Guide No. 86

The ten standards

THEME 1

Learning environment and culture

- S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.
- S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.*

THEME 5

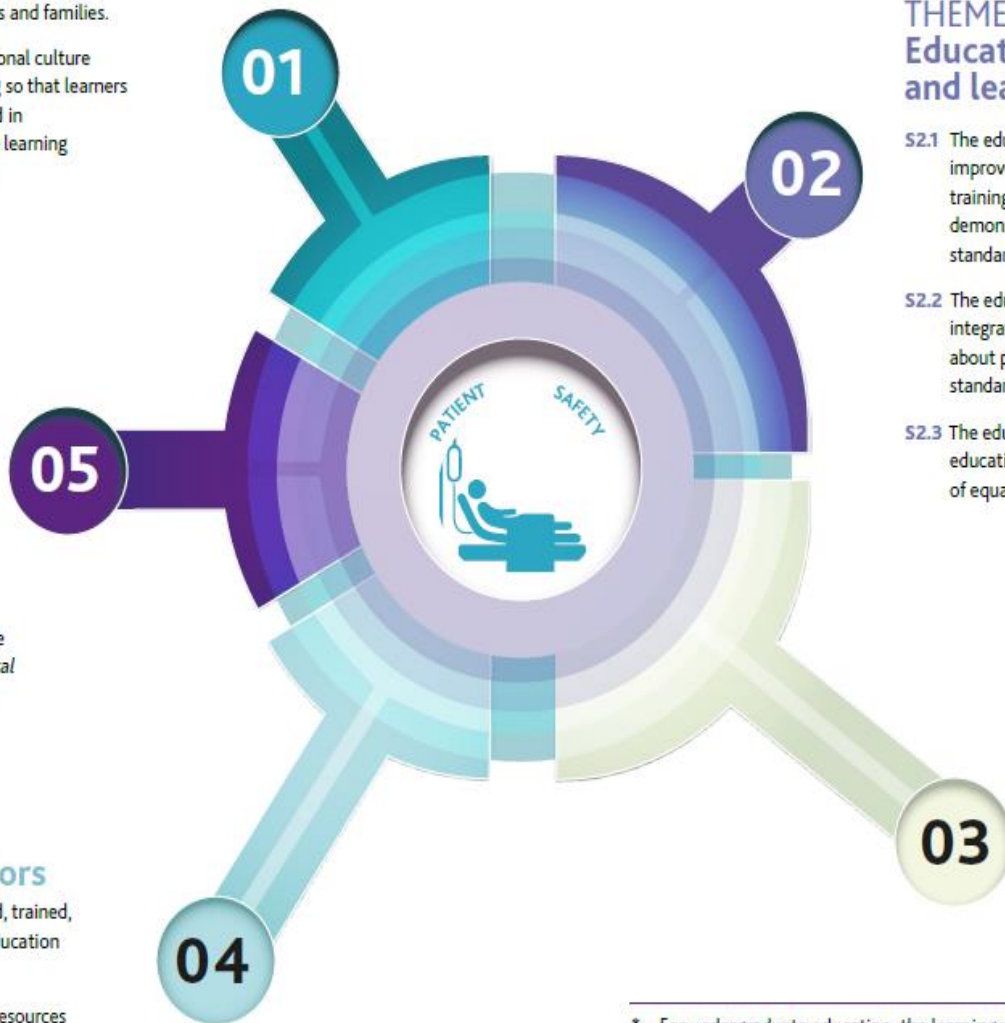
Developing and implementing curricula and assessments

- S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.
- S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

THEME 4

Supporting educators

- S4.1 Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.
- S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.



THEME 2

Educational governance and leadership

- S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.
- S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.
- S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

THEME 3

Supporting learners

- S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

* For undergraduate education, the learning outcomes for graduates (*Tomorrow's Doctors*)² and for postgraduate training, the curriculum approved by the General Medical Council.

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Foundation Training

Foundation Programme Year 1



Placement 1

Placement 2

Placement 3

Placement 4

Placement 5

Placement 6

Foundation Programme Year 2



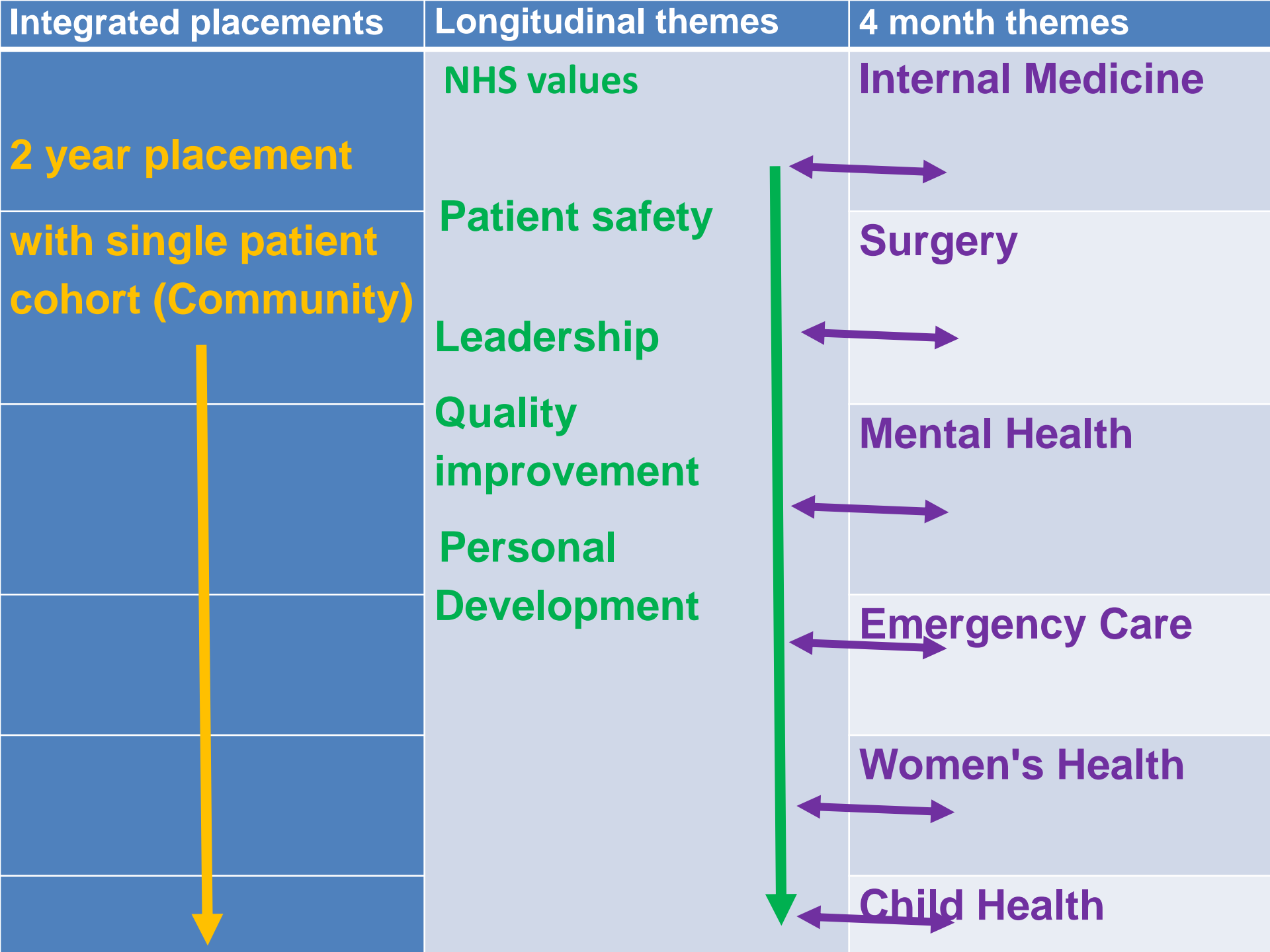
‘Continuity as an organisational principle for clinical education reform’

Hirsh et al; 2007; **Continuity as an organisational principle for clinical education reform**; The New England Journal of Medicine; 356;8;858-866

<https://www.youtube.com/watch?v=cKGeWSws1So>

LIFT Overview

- 2 Year pilot programme
- Cost of £2 million
- 48 trainees
- 8 sites
- Following a single cohort of patients through care
- the process of the pilot will include transformation change in service and training provision
- Using the trainees to enhance connectivity of services and patient journeys
- Enhancing trainees element of care



LIFT Weekly timetable



Day of Week	Morning	Afternoon
Monday	GP General Clinic	1-2-1 With GP ES Audit, PDP
Tuesday	GP – Themed Session Asthma Clinic	Formal Foundation Teaching Programme
Wednesday	Direct Clinical Tutor OPD	DCT Lung Function
Thursday	Ward Work - Respiratory	DCT Endoscopy Unit
Friday	Ward Work - Respiratory	M.I.U.

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LIFT Working Progress

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**LIFT Centres
Selected**

**Trainees
Allocated**

**Steering and local
network Groups**

Steering Group Feedback

7 of 8 centres represented

Evaluation Qualitative Feedback Themes:

Representation of both primary and secondary care

“seeing how the trainees could enhance the patients

100% of respondents rated the meeting at or above

expectations for satisfaction for understanding GP, Local

and LIFT group

100% of respondents rated the meeting above expectations for

development of LEP LIFT network

Trainee representation



GP 'Sharing best practise' outcomes



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- Development of strategy and timetable for LIFT trainees and LEP LIFT groups
- Understanding of what FY1s will do in the community
- Development of tracks and ways to collaborate with secondary care
- Activation of pathways to enhance longitudinal education
- Allocation of local responsibilities for supervision and service transformation to for LIFT trainees
- Plan for training of ES for GPs
- Discussion of Evaluation



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LIFT – the Stockport perspective

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- VG team (Tom, Bonny, Rebecca, Cate, Adam, Nicole, Viren, Mousumi, Stephen and Paul)
- Why we put in an application
- Structure of our proposal (one large and three small)
- Communication by TCs and JMEFB
- Issues
 - How to organise fu between primary and secondary care
 - Induction – prior to starting (Funding)
 - Prescribing
 - Secondary care benefits – used up some/ lot of goodwill
 - Evaluating outcome – should be common between different sites
- Will be a success (team)

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Crewe Hall Feedback

- But what about on-call?
- But what about Foundation Doctors prescribing?
- Do GPs have time to deliver this?
- Who will deliver the ward service in hospital?
- How will Induction into the Community work?

Looking forwards....

Online guidance notes on HENW website.

Online discussion board activated.

Further local and regional meetings

Meeting with Other centres

Educational Supervision Training for GPs

Trainee Representation

Getting the goal for the LIFT

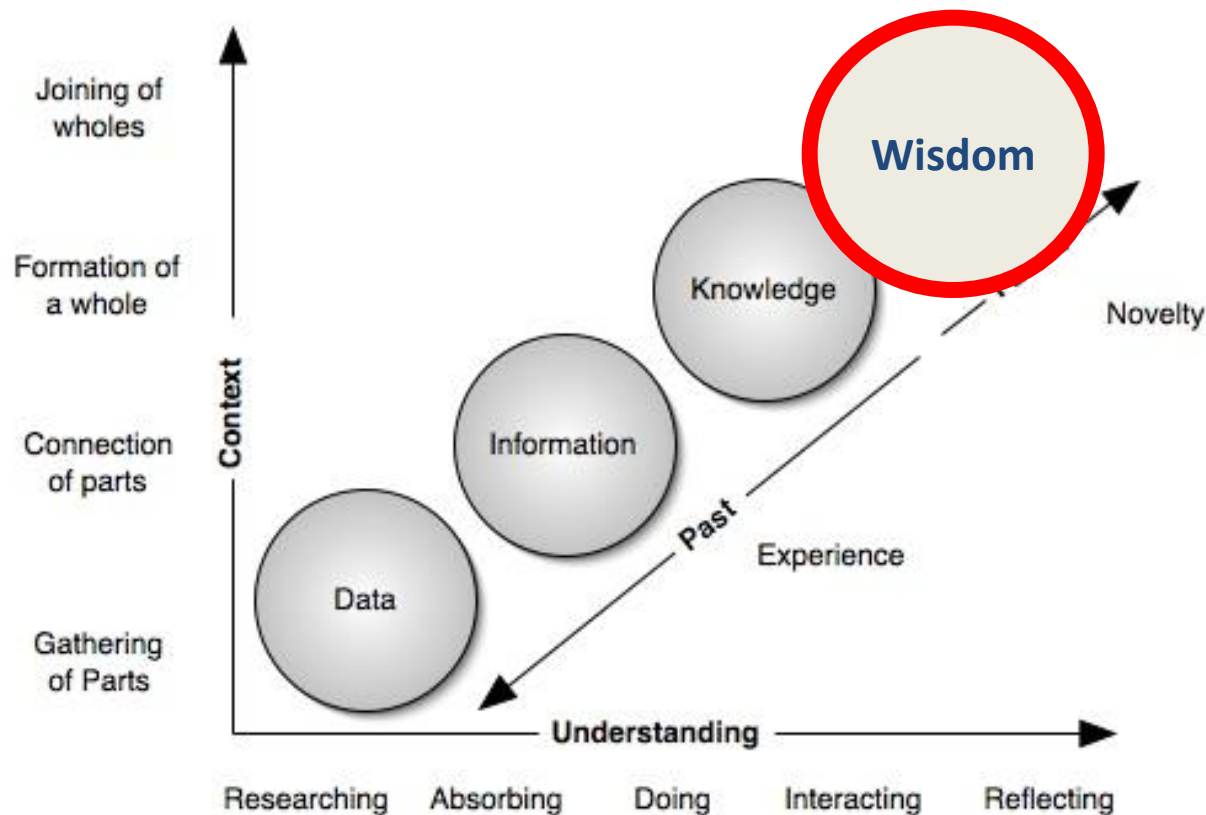


**Doctors
that can
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more **care****

**Workforce
transformation**

Purpose of Thinking

[Dreyfus 1986; Schon 1983]



Develop knowledge, skills & values

Humility

Flexibility, adaptability

Insight

Ongoing learning

Group Task:

In support of the implementation and evaluation of the LIFT pilot: Debate the two questions in front of you. Write your discussion points on the paper



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LIFT Evaluation of Care

Empathy

- Moral Judgement Interview Questionnaire(Form C)

Compassion

- Jefferson Scale of Physician Empathy (health professional version)

Moral Development
Rate

- Moral Judgement Interview Questionnaire(Form C)

Tolerance of
Ambiguity

- Measuring tolerance of ambiguity through the Physician Reaction to Uncertainty Scale.

Patient centeredness

- Patient practitioner orientation scale

LIFT Evaluation of Care

Curriculum

- ARCP curriculum mapping and Longitudinal theme Outcome data (Horus portfolio)

Supervision (trainee, trainer, patient)

- Qualitative analysis of the Educational supervisors and clinical supervisor reports looking for depth and principles of feedback/ reflection

Supervision (trainee, trainer, patient)

- C3 Instrument for Communication, Curriculum, and Culture (Haidet et al 2005, Haidet et al 2006)

Idealism (role modelling)

- Qualitative analysis of Horus portfolio reflections. Indicative approach looking for themes of role modelling.

LIFT Evaluation workforce transformation

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Delivery of Service Change

- Career desire survey (start of pilot) and career destination survey at end of pilot period

Delivery of service change

- LIFT trainee as leader in Quality improvement (Horus portfolio)

Enhancement of networks

- GP and Hospital clinician (feedback from strategy group meetings, supervisor focus groups)

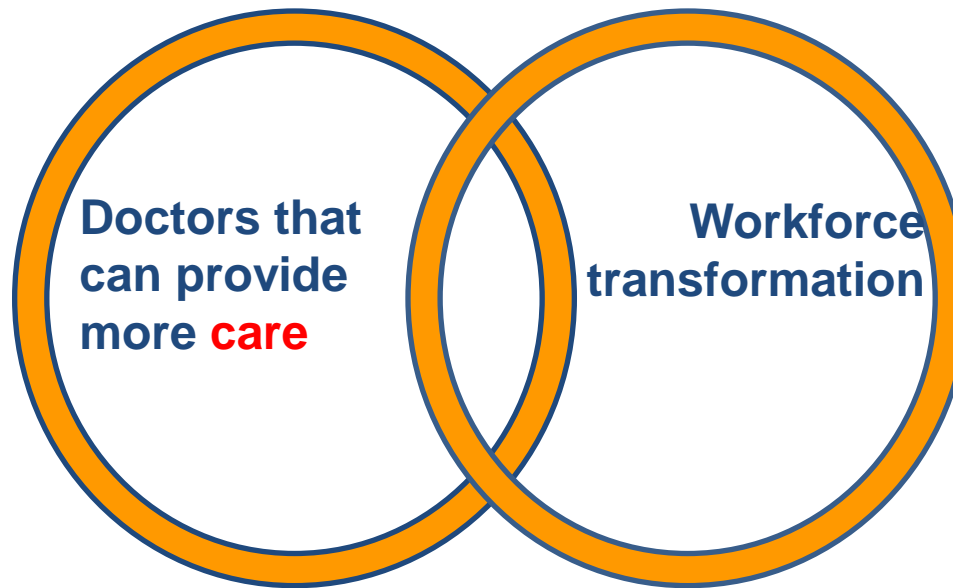
Enhancement of networks

- Patient Journey (friends and family test / patient satisfaction survey)

Delivery of operational changes

- Audit of clinical decision making process of trainees/
Analysis of training timetables

Conclusions



- ✓ LIFT is a **pilot programme**
- ✓ This is the **ONLY** postgraduate study of its kind
- ✓ Evaluation of this pilot programme will take 2yr +

Thank you for all your support

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