

How to get outpatient experience and training in CMT

Workshop at College & Associate
College Tutors day 19th October 2011

OP clinics

- now written into ARCP decision aid
- were not happening for many trainees
 - entering ST3 with very limited OP skills
- minimum of 24 during CMT programme
- flexible definition of ‘OP clinic’

general

- consider including 'how to do outpatients' as part of CMT generic teaching
- specialties to understand importance of OP experience – target the specialties with OP duties in CMT programmes
- approach OP specialties not in CMT programmes and link with particular CMT posts (but depends on trainee interest)
 - eg GUM, dermatology, rheumatology etc

induction

- pre-clinic info – numbers, case mix, timings, dictation, logistics etc
- sit in as observer initially
- see selected ‘easy’ cases (new or return)
- discuss fully with senior
- senior double-check some key points with patient
- gradual increase in responsibility & numbers (depends on specialty)
- check letters

feedback and train

- informal & formal
- include whole process (ie letters, follow up plans etc)
- documentation
 - trainee: reflection, log book, patient survey?
 - trainer: CbD & mini-CEX, modified ACAT??

release for clinics

- plan in advance
- rota for days when more trainees around, not on acute take etc
- make the clinic obligatory, not an optional extra
- consider 'training / teaching' clinics
- consider 'ward follow up' clinics
 - trainees likely to gain from seeing outcome following in-patient care