

GUIDANCE ON EXTENDED SHADOWING FOR FOUNDATION YEAR 1 **TRAINEES**

July/August 2021

Background

- Due to the Covid-19 pandemic, this year's UK medical school graduates have had unprecedented disruption to training
- Medical schools & the GMC are clear they will not graduate unless they have reached the required standard
- In practice new FY1s will have met the required standards and possess the core skills, but feedback from them indicates they may feel more anxious and be less comfortable in their new clinical environments compared to previous cohorts
- The Departments of Health in England, Scotland, and Northern Ireland, and Health Education and Improvement Wales (as part of its delegated responsibility), have agreed to support an extra 5 days' shadowing for FY1 trainees in 2021, as a one-off in recognition of adverse impact arising from Covid-related disruption
- This is in addition to the usual period of shadowing, to enable new FY1 doctors adapt to their new surroundings and colleagues, and to develop their confidence
- This extra shadowing, to be organised through the 4 Statutory Education Bodies, will also be helpful to those who have graduated overseas and will be unfamiliar with the NHS

Organisation of extra shadowing period

- Funding has been agreed for an extra 5 days' paid shadowing
- Attendance for this extra period of shadowing will not be mandatory, but the UKFPO strongly recommends that incoming FY1 doctors take the opportunities that the extended shadowing will provide
- It is suggested that the 2021 FY1 shadowing period should be July 21st - August 3rd but must take into account local circumstances

Aims of the Shadowing period

- In the Foundation Review, the principles of good shadowing were described:

[Foundation Review](#) pp 3-9

- The extra time in 2021 shadowing should be focussed on the clinical aspects of the F1 role:

The shadowing experience in the clinical environment should consist of the following:

Meeting the wider team and key clinical staff:

- The consultant who leads the team
- Other doctors who will supervise them (e.g. registrars, core trainees, etc)
- Senior nursing staff
- Administrative staff
- How to access information/guidelines, etc
- Understanding the day-to-day ward routine
- The doctor's role in the team and the arrangements for their workplace supervision, including how to access advice or hands-on support at any time it is needed

Ward rounds

- Compiling lists/assimilating information
- Presenting information
- Writing notes

Routine jobs

- Procedures (including patient identification)
- Ordering investigations and following up results
- Speaking to patients and their relatives
- Prescribing drugs and fluids, including To Take Out drugs (TTOs)
- Routine patient reviews and how to record them
- Preparing for discharge, writing discharge summaries and arranging follow up

- Requesting and understanding feedback
- Attending a departmental meeting/teaching session/multi-disciplinary team (MDT) if possible
- Death certification, mortuary, coroner, bereavement office, do not attempt resuscitation (DNAR)

The hospital out-of-hours (where relevant)

- Roles and responsibilities out-of-hours
- Formal and informal handover arrangements, including at the beginning and end of each shift and, where applicable, the mid-shift huddle
- Reviewing new problems in existing patients
- Foundation doctors required to work during the overnight period should be given information about the arrangements for accessing food and drink
- Where foundation doctors are required to work during the overnight period, information about the location of rest facilities and how to access them should be given

Emergency work (where relevant)

- Carrying a bleep with appropriate supervision
- Assessing and admitting patients
- Recognising comorbidities including mental health issues
- Understanding urgency and accessing senior support
- Formulating management plans
- Reviewing impact of interventions and adapting plans
- Referring to therapists/between team.

Evidence from previous F1 cohorts

- Feedback from previous FY1 cohorts has strongly suggested that the benefit from shadowing has been derived from spending time in the clinical environment, not the lecture theatre
- Simulation sessions with an emphasis on the sick patient are well-regarded by FY1 doctors; this also gives the opportunity to discuss how to escalate/ask for help (and to emphasise that this is entirely appropriate)
- The shadowing time is a good opportunity to set up 'buddying', 'near-peer support' or mentoring relationships with doctors in training who will still be at the LEP after August (e.g., FY2 doctors)

Educational Supervision

- The extended shadowing period provides a good opportunity for FY1s to meet educational and/or clinical supervisors
- Supervisors should emphasise the support mechanisms available
- Any perceived gaps in training should be addressed in the PDP

Evaluation

- The impact of the extra shadowing will be evaluated through local and national trainee surveys