**Norfolk and Norwich University Hospital**

**Academic Foundation Programme Handbook**



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# **Introduction**

**Congratulations** on gaining a place on the academic foundation programme! We hope you enjoy your time here.

This handbook is a guide written by past AFPs to help you make the most of your rotation. It contains advice about how to get started and the sort of things you can do with your time here.

**None of this is set in stone and it is always worth double checking information in case it is out of date, but we hope that you find it useful as a starting point.**

# **Overview**

Firstly, a brief reminder about how things work in Norwich….

* The AFP in Norwich is a **four month rotation** during the F2 year
* There are four “streams”
  + Public health/primary care (PH/PC)
  + Respiratory/medicine for the elderly (Resp/MFE) - topic rotates every year
  + Endocrinology
  + Gastroenterology
* There are **no clinical commitments** during your four months
* There is **one introductory teaching day per yea**r (called the “Academic Foundation Doctor Training Programme”) and you can do this during F1 or F2 (although it is perhaps more useful to do in F1 if possible); this is **the only formal teaching** provided for the rotation
* The **onus is very much on you** to organise a project and anything else you do (but don’t panic – more on this later!)
* By the end of your F2, **you are expected to have achieved the same criteria for your portfolio/ARCP as your non-academic colleagues** (but again, more on this later!)

# **Before you start….**

The advice given by everyone is to **get organised early**. Especially if your rotation is first in F2, it is nice to be able to turn up on day one and not have to start from scratch, as the four months go quickly!

**Probably the two most important things to do are to contact your supervisor and get sorted with all the IT stuff.**

## Finding your supervisor

For those of you that have written a dissertation, you will know the importance of a good supervisor.

* They will usually be your **clinical supervisor** for the academic rotation (or **educational supervisor** for F2 if you do your academic rotation first)

**Do I have to use these supervisors?**

**No you do not!** If you have a project already running or have good contacts with someone else, you can do your project with whoever you want! Just bear in mind that they may not be your official educational/clinical supervisor so you may have to negotiate with the foundation programme directors about this.

* They will be the **main contact to help you set up a project** and to go to with any problems about the project
* They are also a good person to **sign things off** for your portfolio
* They have varying amounts of interest in the other work that you will be doing (teaching, audit etc.)

### Who is my supervisor?

At the time of writing, these are the current supervisors for the academic programme:

|  |  |  |  |
| --- | --- | --- | --- |
| **Programme** | **Name** | **Role** | **Contact** |
| PC/GP | Dr Max Bachmann | Consultant in public health (based at UEA) | m.bachmann@uea.ac.uk |
| Dr Jamie Dalrymple | Senior lecturer (based at UEA) | j.dalrymple@uea.ac.uk |
| Prof. Nick Steel | Professor in public health (based at UEA) | n.steel@uea.ac.uk |
| Resp | Prof. Andrew Wilson | Consultant in respiratory medicine/head of AFP | [A.M.Wilson@uea.ac.uk](mailto:A.M.Wilson@uea.ac.uk) |
| MFE | Dr Helen May | Consultant in MFE | helen.may@nnuh.nhs.uk |
| Endo | Dr Ahluwalia | Consultant in diabetes and endocrinology | rupa.ahluwalia@nnuh.nhs.uk |
| Gastro | Dr Andrew Hart | Consultant in gastroenterology | a.hart@uea.ac.uk |

Your supervisor will also appear on your eportfolio (Horus) towards the end of FY1.

**After you have settled in to your first FY1 job, it may be worth sending them an email or arranging a meeting** to see what they can offer you for a project and whether there is anything you could be doing during F1 to assist this. Some people did start their project before their academic block, but if you don’t want to do that, that’s fine too!

## IT access

This is possibly one of the biggest bugbears of the academic programme!

You will **still be employed by the Norfolk and Norwich University Hospital** (so all your pay etc. will come from them), and you will still have access to all the hospital IT facilities, library etc. However, as most AFPs in Norwich will do teaching at Norwich medical school, **it is worth getting IT access at the University of East Anglia too**. This will give you a campus card, access to computers, access to Blackboard (the “learning portal” where students access their lectures etc.), UEA email and to the library, which is handy for doing literature searches etc.

**To get IT access, you need to fill out a form to get a temporary contract**. Here is the link:

<https://portal.uea.ac.uk/documents/6207125/6475904/UEA+V1%282016-17%29.pdf/5e51c40b-01b8-4744-8579-155a53b1c95a>

\*\*\*\*\*\*This is usually a one-year contract, so if you organise it in FY1, you may have to do the same thing again for FY2\*\*\*\*\*\*

When you have filled it in, **send it to Colin Bryant (**[**c.bryant@uea.ac.uk**](mailto:c.bryant@uea.ac.uk)**) and to the medical school reception (med.reception@uea.ac.uk)**. They will arrange access for you – but you may need to chase this a bit.

**Go to the IT help desk** in the UEA library, floor 0 (*Monday – Friday 08:00-19:00. Saturday 12:00-19:00*) t**o pick up your campus card**. The phone number is 01603 592345.

The most important thing you need all this for is to be a PBL tutor, as you will need to access Blackboard (more on this later). You are automatically invited to become a PBL tutor, so you just have to wait for the email for this.

## Checklist before you start:

1. Find out who your supervisor will be
2. Contact your supervisor and set up a meeting with them
3. Fill out the form for the contract and send to the medical school and Colin Bryant
4. Chase your IT access and check it works before the first PBL day
5. Pick up your campus card from the IT helpdesk
6. Find out what your supervisor expects from you on the first day of the rotation – do they want you to come in for a meeting on day 1?
7. (get on all the email lists for teaching etc. – see next section)

# **During the programme**

Day one of your academic job – no bleep, no ward round, no scans to order or fluids to prescribe….

**WHAT DO I DO NOW??????**

Whilst having four months of doing whatever you want seemed like a brilliant idea at 2am on a surgical night shift, the reality is, it can be quite frightening to suddenly have no one telling you what to do.

**Every AFP trainee felt very weird waking up on the 1st August and not having to go in to the hospital.** You will soon get used to it!

It helps if you know what you are going to do on day one. You may have a meeting with your supervisor planned or work to do for them that you have agreed already. You may have booked a course. You may just decide to do all your mandatory training or SCRIPT modules or just catch up on all your admin. Any of the above are completely legitimate ways to spend day one, or any of your days in the coming four months. You don’t have to be always working on your project, and we would all advise that you arrange other things to do during the rotation, to make life a bit more interesting and polish your CVs!

So, here is a list of all the things people have done on their academic rotation – take you pick!

## A Research Project

* Most people do some kind of research project (but not everyone!)
* This is usually led by your supervisor

**Do I need to know any stats?**

If dreams of Mann Whitney and paired t-tests still wake you up in a cold sweat, fear not – just because you are an AFP, no-one is expecting you to be a research methods god. Discuss with your supervisor what data analysis they will expect you to do (if any), and make your abilities clear. If you are keen to learn how to use statistical programmes like R, STATA, then make this explicit as well – this would be a great thing to learn during your rotation. But if you are not interested in doing data mining, let them know as well. It should be tailored towards your aims.

* It can be a systematic review, primary research, service analysis, analysing data from another project to write your own – anything you can think of
* The aim is to get a publication from the academic rotation
  + Some people aim to complete something in the four months and get it published
  + Some people use the time to complete/continue a project they are already involved with
  + Some people start a project that will then be continued by the next F2 in that stream

## Teaching

There are many teaching opportunities available at UEA. You are expected to be a PBL tutor (more of this later), but there are opportunities alongside this.

The best way of getting involved with teaching is to send emails to the following people to let them know you are an AFP and want to know about what opportunities are available. They will then put you on the various mailing lists and you can sign up to sessions when you are free. You can do this throughout F1 and F2 – but you will most likely have to obtain study leave to teach during your clinical rotations (unless you do it on a day off).

Louise Terrington (administrator for UEA, based at BCRE) [louise.terrington@nnuh.nhs..uk](about:blank)

Olivia Kennedy (administrator for UEA, based at BCRE) [Olivia.kennedy@nnuh.nhs.uk](mailto:Olivia.kennedy@nnuh.nhs.uk)

Rebecca Ogden (administrator for UEA, based at BCRE) [Rebecca.ogden@nnuh.nhs.uk](mailto:Rebecca.ogden@nnuh.nhs.uk)

Laura Hancock (administrator for UEA, based at BCRE) [laura.hancock@nnuh.nhs.uk](mailto:laura.hancock@nnuh.nhs.uk)

The following are examples of teaching opportunities:

* **Clinical reasoning session**: medical students present a case they have clerked and tutor facilitates discussion of cases
* **Inter-professional skills**: medicals students pair up with nursing or pharmacy students and take part in an informal OSCE
* **Simman session\***: running a simulated acute scenario with 4-5 medical students
* **Revision lectures** for final year medical students
* **Clinical skills teaching** for physician associate students
* **Consultation skills training\***

Most teaching takes place at the Bob Champion Research and Education Building (BCRE) where you have your foundation year teaching, and you will mainly be teaching medical students and physician associate students when they are on secondary care placement.

**\*Simman and consultation sessions require a short training session before you can deliver them.** Email Ruth Flather ([r.flather@uea.ac.uk](mailto:r.flather@uea.ac.uk)) to find out about when these training session are.

### Training in Teaching

**Many applications now want to see evidence that you have been trained in how to teach**, as well as evidence that you have done some teaching. There are lots of external courses that you can do, but you will usually have to pay and travel for these. However if you are particularly interested in teaching, they may be worth attending. **Doing Simman and PBL training also counts as training in teaching**.

### Tips for Teaching

* Take feedback forms for your portfolio
* If you can get someone to observe you whilst you teach, this is great feedback to have for portfolio
* If you are not familiar with Norwich Medical School, it is worth finding out a little bit about the course structure so you can deliver you teaching session to an appropriate level – look on Blackboard or ask UEA grads that you work with!

## Problem Based Learning (PBL)

It’s beyond the scope of this handbook to go into lots of detail about PBL, but a brief summary is provided in the box. At the end of this document there are some links to look at if you want to know more, but this will be covered during your PBL training.

* **During the sessions, you are there to “facilitate” rather than teach** – the students are generally quite independent

**What on earth is PBL?**

You will have a group of 10 medical students. They meet once a week and look over case scenarios based around the learning outcomes from that week and discuss what they know and what they don’t know already about the topic. They set themselves learning outcomes for the week and allocate one to each student. During the week they are expected to produce a document to teach the other group members about their learning outcome, in addition to attending lectures and primary care placement. They then come back together in the next PBL session, share what they have learnt and decide on the outcomes for the next week.

* **The absolute minimum you should do every week is check that everyone posts their work on time on Blackboard and perhaps glance over it to check it is an appropriate length and people are using good references**
* Some tutors provide individual feedback on the written work every week, but this is not expected
* **You will also be expected to provide verbal one to one** feedback to students in the middle and end of the module and **produce a written tutor report** for each student at the end of the module
* It is much easier to write down information about your students week by week for feedback at the end (you will be signposted to resources that can help you with this during the PBL training session)
* You should also keep an eye out for “struggling” students and have a chat with them if you are concerned
* You will have to go to the PBL training session before you start tutoring – you will be sent a list of times but it is your responsibility to sign up to one
* It is a good idea to try and peer assess each other to get some feedback for your portfolio

Further information about accessing blackboard, evision etc. will be covered in the PBL training session.

## Quality Improvement

Most AFPs do an audit or some kind of QI project during their rotation. You could close the loop of one you started in F1, or you could ask your supervisor if there is one in their department that you could do.

## Other opportunities

* **OSCE assessing**: requires a training course (email Ruth Flather) before you do your first session
* **Mock OSCE planning**: email Lesley Bowker (l.bowker@uea.ac.uk/lesley.bowker@nnuh.nhs.uk)
* **Interviewing**: requires a training course (email Ruth Flather) before you do your first session
* **Exam question writing**: Dr John Winpenny ([john.winpenny@uea.ac.uk](mailto:john.winpenny@uea.ac.uk)), one of the assessment leads at UEA, has run several evening sessions specifically for AFPs, training them how to write exam questions for the medical school written exams and is keen to accept submissions from anyone who can write some questions for him
* External courses, conferences etc.
* **Good Clinical Practice** online training: this is free and is useful to get done early as possible; it is quite straightforward but usually required before doing any research involving NHS patients

<https://www.nihr.ac.uk/our-research-community/clinical-research-staff/learning-and-development/national-directory/good-clinical-practice/>

The academic rotation is also a good opportunity to do some revision for post-graduate exams and to do what you need to do for job applications.

You will also be expected to attend Foundation Year 2 teaching as normal and if you are on the PH/PC stream, there is a monthly Public Health teaching day in Cambridge which you can attend if you want – ask your supervisor for more information.

## Locuming

The academic F2 is an unbanded role, so you may find that you take a pay cut compared to your clinical rotations. You can choose to do locums in your free time, but remember that you are employed to do your research work during normal working hours, so it would be best to stick to out-of-hours and night shifts

**Where to work?**

Whilst it may be tempting to stay in bed for four months, getting out and about is important as well. If you have a campus card, you can work in the UEA library or there are hot desks on floor 2 of the medical school (which has free tea and coffee!). Alternatively there is the hospital library, or if you’re feeling bohemian, put on a beret and take your typewriter to one of Norwich’s many cafes.

**What about leave?**

You are entitled to exactly the same amount of annual leave during this rotation as on any other rotation. It is better to discuss it with your supervisor in advance, rather than going off grid for a week, but generally you can take your leave when you want.

You are also entitled to study leave and access to the study budget. You may not need to take formal study leave to do most of the activities you want to do on the academic rotation - save your study leave for activities during your other rotations.

## Summary

* There are lots of things you can do on your academic rotation
* If you know what you want to apply for after F2, try using the application criteria for this to structure your rotation – most applications will expect to see evidence of research, teaching, QI and management/leadership, so try and cover all these bases
* Your time quickly fills up, so don’t take on too much - it is OK to say no

# After the programme

* Try and finish everything you start – it is tricky to carry on with research commitment etc. once you are back on the wards
* Feedback your experiences to others – pass on useful courses you have done etc.
* Update this handbook!

# **The portfolio during the AFP**

**By the end of FY2, you will be expected to have the same sign offs as all non-academic F2s to pass the ARCP.**  Many of the forms on your eportfolio do not fit the activities you will be doing on your academic job. You can leave everything until your other two rotations, but this is a lot of work. It is perfectly acceptable to use the activities you will be doing on academic for CBDs, mini-Cexs etc. Alternatively/additionally, if you are doing locum shifts, you could use experiences from these. As with the normal FP, anyone who agrees can sign you off – it doesn’t have to be your supervisor, but they will be the first point of call. One of the perks of the AFP is that you can do your eportfolio during your working hours!

Here are examples of what previous trainees have used:

* Reviewing a paper (CBD)
* Writing a literature review (CBD)
* Writing a paper (CBD)
* Discussing the statistical techniques used for the project (CBD) and producing a results section (mini-Cex)
* Supporting a struggling student in PBL (reflection)
* Any teaching session you do e.g. PBL can be used for developing the clinical teacher – take your feedback forms to your supervisor

## **The Academic Foundation Programme Learning Outcomes**

In the national AFP Handbook (see link at the end), there is a long list of learning outcomes, with examples of what you can do to complete each one.

\*\*\*THESE ARE NOT COMPULSORY\*\*\*

They are only examples of things you can do. Have a look for some ideas, but don’t worry about them. You can’t do all of them in the four months.

**The following are the only compulsory activities for the Academic Foundation Programme in Norwich:**

1. **Academic Foundation Doctor Training Programme**(as mentioned above)  
   “*This full day course provides the key knowledge and highlights the opportunities within Norwich to ensure that complete the academic foundation course objectives.”*

* You will receive an email inviting you to this – it happens once a year
* It is ideal to go in FY1 to get a bit of a head start

1. **Objective Structured Clinical Examination (OSCE)**“*This half day course will explain the practical aspects of examining at OSCEs. Following this course you will be able (and expected to) examine at Norwich Medical School undergraduate OSCEs.”*

* Contact Ruth Flather (see above) to book a place on an OSCE training course

1. **Problem Based Learning Tutor (PBL)  
   “***This half day course will explain the background and rationale of PBL teaching. You will gain the skills needed to tutor a PBL group.”*

* You will be contacted by Ruth Flather (see above) to book a place on a PBL training course

# **Case Studies**

**Katherine Grady: Public Health and Primary Care**

I didn’t have a particularly clear idea about what I wanted to do when I applied for the academic programme so was happy to be guided in my project by my supervisor (Max Bachmann). Under his guidance I have used the results of a randomised controlled trial to conduct a cohort study, looking at the links between depression and disability in patients with hypertension in South Africa. The research was challenging, but gave me experience in statistical analysis, including use of STATA, and writing a research paper.

Alongside this, I have been a PBL tutor and done lots of other teaching with medical and physician associate students, which I have really enjoyed. I have also done OSCE assessing, interviewing, written exam questions, helped out with a service evaluation at a primary care centre in Norwich and been on a clinical skills course and a teaching course. I’ve also been revising for the MRCP Part 1 and have applied for GP and internal medical training (I still can’t decide which one!).

My biggest tips for the academic programme would be to: 1) have a chat with your supervisor early, so you can at least feel a bit clearer in your mind (I didn’t start working on my project until day 1 of my academic rotation, but it made me feel secure knowing I was expected and there was something for me to do!); 2) I found setting myself a timetable and plan for the week kept me motivated, and working in the hot desks at the medical school meant I got out the house and spoke to people 3) do things with the other trainees on your rotation even if it’s just meeting for lunch every now and then, as it’s easy to feel a bit isolated if you are alone in the library all day.

**Joe Beecham: Gastroenterology and Gut Biology**

**Why did you want to do the academic programme in the first place?**

I wanted the opportunity to get exposure to research, teaching and academia but without the additional pressure of trying to shoehorn it into a full-time clinical job. This rotation allowed me to test the waters and get a better understanding of the research process and the career structures of clinical academics.

**What academic achievements did you complete in your academic programme?**

I prepared a protocol for a systematic review, which was registered on PROSPERO, and subsequently completed this review and meta-analysis. I was able to submit this whilst still on my academic rotation, and this was published a couple of months later. (Beecham, J., Hart, A., Alexandre, L. et al. J Gastrointest Surg (2019). <https://doi.org/10.1007/s11605-019-04300-2>). I also completed an audit and started a quality improvement project in a different department.

**What teaching activities did you do?**

I was able to be a medical school interviewer for prospective students and continued my work as an OSCE examiner. I particularly enjoyed being a PBL tutor for Year 3 students. There was also more ‘ad-hoc’ teaching of medical students and physician associate students in prescribing and clinical skills.

**What else did you get up to?**

I spent some time preparing for specialty applications. Prior to my academic block, I had jobs in what are considered quite intensive specialties (hepatology, respiratory, vascular surgery, geriatrics), so having a 4-month block to think was invaluable. I was able to reflect on and prepare my career, and I probably wouldn’t have got my first-choice job without it.

**What will you do in August 2019? And what are your future career plans?**

I’m going on holiday and catching up on sleep after finishing my critical care rotation, and then I’m excited to start radiology training at the Norwich Radiology Academy in September.

**What are your top tips for the AFP?**

Be realistic – planning, executing and completing a brand-new research project in 4 months is not feasible for certain types of study, particularly if ethical approval is required. Get in touch with your supervisor and the research team before your block so you can settle in quickly. Make sure you meet or communicate with your supervisors on a regular basis – I met with my research team about once a week to discuss progress and any questions. Make sure you socialise with the other AFPs – your cohort and the year above are a great source of support.

# **Hints and Tips**

*NB – this is all based on subjective advice from past trainees – follow at your peril…*

* Get reasonably organised reasonably early and contact your supervisor for a chat
* Remember it is still a job – try and keep semi-regular hours
* Set yourself goals at the beginning (you could use your PDP from your eportfolio…) and review them regularly
* Arrange something for the first day, even if it just meeting up with another academic trainee and doing your SCRIPT modules together
* Make a weekly plan – what are you going to do and when during the week
* Take your annual leave
* Use your supervisor and ask for help
* Don’t take on too much/don’t be afraid to say no
* Meet up with other academic trainees regularly – have lunch together after PBL!
* Use the time to do things for your career and your life as well as for your supervisor
* Keep a record of everything you do for applications
* Don’t feel guilty about not “working” or having a less stressful life – there are public health, radiology, psychiatry and GP F2s who are enjoying the 9-5 just as much

# **Useful Things**

## Contacts

**Ruth Flather** (to find out about training courses based at UEA e.g. OSCEs) [r.flather@uea.ac.uk](mailto:r.flather@uea.ac.uk)

**For teaching:**

* Louise Terrington (administrator for UEA, based at BCRE) [louise.terrington@nnuh.nhs..uk](about:blank)
* Olivia Kennedy (administrator for UEA, based at BCRE) [Olivia.kennedy@nnuh.nhs.uk](mailto:Olivia.kennedy@nnuh.nhs.uk)
* Rebecca Ogden [Rebecca.ogden@nnuh.nhs.uk](mailto:Rebecca.ogden@nnuh.nhs.uk)
* Laura Hancock (administrator for UEA, based at BCRE) [laura.hancock@nnuh.nhs.uk](mailto:laura.hancock@nnuh.nhs.uk)

**Previous AFPs who are happy to be contacted:**

* Katherine Grady (public health/primary care) [Katherine.r.grady@gmail.com](mailto:Katherine.r.grady@gmail.com)
* Celina Uppal (endocrinology) [celina.uppal@doctors.org.uk](mailto:celina.uppal@doctors.org.uk)
* Sarah Hickman (public health/primary care) [sarahsehickman@yahoo.com](mailto:sarahsehickman@yahoo.com)
* Joseph Beecham (gastroenterology) [joseph.beecham@nnuh.nhs.uk](mailto:joseph.beecham@nnuh.nhs.uk)

## Links

**National UK FP programme website – AFP section:** <http://www.foundationprogramme.nhs.uk/content/academic-foundation-programme>

*Has links to two useful documents:*

* *Rough Guide to AFP*
* *Academic Compendium → has the learning outcomes for AFP*

**Academic Foundation Training in Norwich website:** <https://www.uea.ac.uk/medicine/academic-clinical-training/integrated-academic-training/academic-foundation-training-in-norwich>

*Also has links to further academic careers in Norwich.*

**UEA Home Page**, from which you can access Blackboard, IT services, email and Evision: <https://portal.uea.ac.uk/>

**Once you have a log in, blackboard can be directly accessed via learn.uea.ac.uk**

**Norwich Medical School Handbook**

*Provides overview of the course, assessments etc (this can also be accessed via BB)*

<https://portal.uea.ac.uk/documents/6207125/13474379/MB+BS+Handbook+2017-18+-+FINAL.pdf/5816e9c3-0fdd-4422-82a9-3a7b4fa8b797>

**PBL tutor section of blackboard with information about PBL** (NB your students discussion board is accessed elsewhere – see Appendix Two): https://learn.uea.ac.uk/webapps/blackboard/content/listContent.jsp?course\_id=\_91298\_1&content\_id=\_831599\_1&mode=reset