

BUILD YOUR CV FROM YOUR BED:

AN IMG'S GUIDE TO DEVELOPING A COVID-PROOF CV

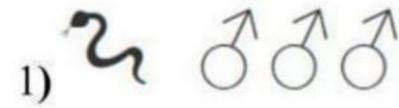
EXCLUSIVE WEBINAR

22/01/21 1800-1900 CET
(Central European Time)

WWW.JETSETMEDICS.CO.UK

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Whilst you're waiting..can you guess the eponymous syndromes?



1.

2. Boerhaave's
3. Charcot Marie
Tooth

4. Fanconi

5. Graves

6. Korsakoff

7. Munchausen

8. Noonan's
Syndrome

9. Ramsay Hunt

10. Fournier's
Gangrene

Dr Antash Daryanani, Founder of Jetset Medics, ACCS Trainee, NHS England



Build your CV From your Bed:

An IMG's guide to developing a COVID-proof CV



Objectives

- Our story and experience with helping IMG's achieve their potential
- Building a Covid-19 proof CV: where, when and how?
- Future events
- Q&A and Discussion



About Me

North West England

Graduated from LF1, Prague in 2017
(MUDr.)

Challenging transition into the UK



Wanted to help other international medical graduates prepare for a smoother landing



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Clinical Experience

Foundation Doctor

Internal Medicine

Surgical (Colorectal/Orthopaedic)

Paediatrics

Anaesthetics/ITU

Emergency Medicine

COVID-19 Front Door Team





Academic Interests

Specialist
Interest
in MedEd
(PGCert),
particularly
IMG's

Lead: Summer
Mentorship
Programme in
2019

Lead: SWITCH
Course 2020
(COVID SAFE)



→ Summer Mentorship 2019

10 students, GWH, Swindon

Curriculum designed as per GMC

Simulation Training

Practical Skills

Competence based, organised shadowing

Quality Improvement

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Outcomes

Professional Values and Behaviours	Pre-intervention Mean Score	Post intervention Mean Score
Professional and ethical duties	3.4	4.9
Medico -legal responsibilities	2.4	4.6
Patient safety and quality improvement	3.0	4.6
Safeguarding vulnerable patients	3.0	4.4
Leadership and team working within a clinical environment	3.4	4.9

Professional and Communication Skills	Pre-intervention Mean Score	Post intervention Mean Score
Talking with colleagues and patients	3.9	4.6
Performing an effective handover (SBAR)	2.4	4.4
Having a difficult conversation with patients and relatives	2.6	4.1
Taking a patient history	3.7	4.7
Physical examination	3.3	4.1
Basic knowledge of common investigations in secondary care	3.0	4.4
Basic knowledge of managing common medical conditions	3.6	4.4

GMC, OUTCOMES FOR GRADUATES





Results

Practical Skills	Pre-intervention Mean Score	Post intervention Mean Score
Venipuncture	2.9	4.7
Arterial Blood Gas Sampling	2.4	3.3
Blood cultures	2.7	4.6
Venous cannulation	2.9	4.7
Ng tube insertion	1.3	3.7
Male catheterization	1.1	3.4
Recording an ECG	3.7	4.7
Taking a swab	3.4	4.5
Urine dipstick	3.4	4.7
Performing patient observations	2.7	5.0
Female catheterization	1.1	3.4
Intramuscular injection	2.9	4.3
Capillary blood sampling	2.3	3.8
Setting up an IV	1.7	3.8
Subcutaneous injection	2.9	4.0

GMC, OUTCOMES FOR GRADUATES



→ Highlights



Jetset MEDICS



Check out our website for more info



HOME

HEAR IT FROM ME

RESOURCES

ONLINE MENTORING

COURSES

PODCASTS (COMING SOON)

MORE ▾



Home / Courses / Summer Mentorship Programme for International Medical Graduates 2019. A.Daryanani, M. Razzak



Summer Mentorship Programme for International Medical Graduates 2019. A.Daryanani, M. Razzak

/01 Jul



Why did we do it?

Many hospitals across UK are recruiting graduates from medical schools abroad. Whilst this



SWIndon
Transition
Course for
International
Healthcare
professionals
(SWITCH)

10 Truncated course (1 week virtual, 2 weeks hospital) July 2020

10 Students

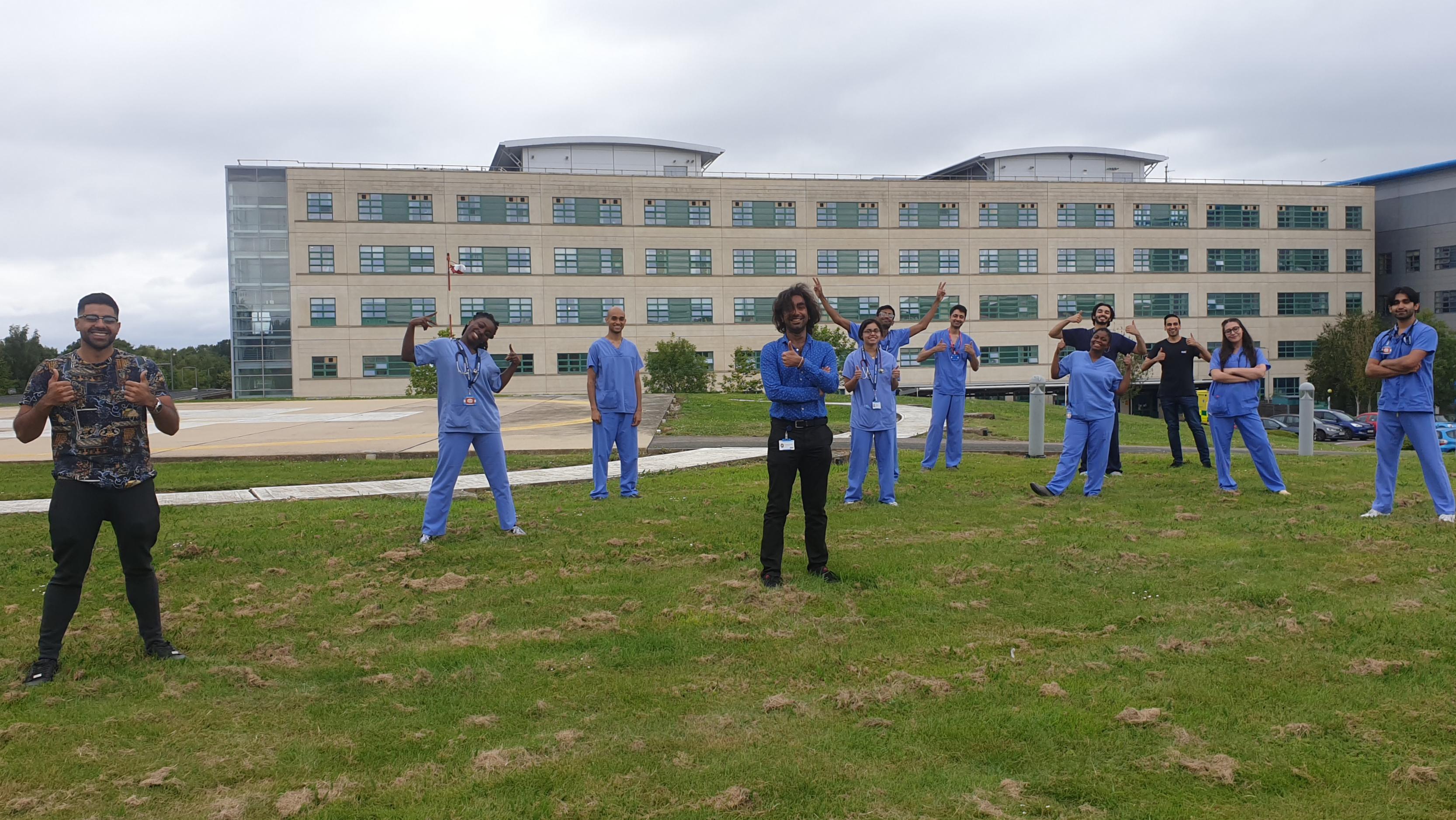
COVID-secure (Virtual/clinical mix)

Experience of organisational and functional changes during a pandemic



→ Results SWITCH 2020

Aspects of GMC Curriculum	Pre-Course Confidence (max 5)	Post-course Confidence (max 5)
Prof values and behaviour	2.2	4.5
Prof and communication skills	2.8	4.6
Prof knowledge	2	4.5
Prescribing skills	1.72	4.2
Practical skills	2.18	3.8





Aims and Objectives

The main aim of this audit was to quantify and compare the quality of handwritten inpatient data record keeping at the Great Western Hospital, Swindon.

Data collected will be compared to guidelines published by the Health Informatics Unit of the Royal College of Physicians. This approach was done in a bid to maintain accurate clinical record keeping which would subsequently lead to an overall improvement in quality of patient care.

Method

This audit was conducted by our team of final year medical students in order to assess the quality and accuracy of record keeping at the Great Western Hospital, Swindon and to determine whether the documentation is in keeping with RCP guidelines. (Royal College of Physicians, 2015).

In this retrospective case note review, data was collected and analyzed from a total of 38 documents across 7 wards namely Trauma, Elective Orthopedics, General Surgery, Cardiology, Acute Medical Units, Surgical Assessment Unit and Paediatrics. Data from the Emergency department was excluded from this audit, as record keeping practices significantly differ due to the nature of this department. The sample period was between 13/07/2020 - 26/07/2020.

The audit process involved the following steps :

- Review of the RCP guidelines and specific criteria were itemized on the health record proforma.
- Patient case notes were obtained from the aforementioned wards and scrutinized to ascertain whether the required criteria were met and each proforma was filled accordingly, while preserving patient anonymity at all times.
- The data was coalesced and made into tables and graphs for further analysis using Microsoft Excel.
- Results were then analyzed and quantified enabling us to objectively compare the record keeping practices at GWH Swindon to the RCP guidelines and identify areas for commendation and those requiring improvement.
- An action plan was developed in order to improve areas requiring modifications, to align with RCP guidelines for good record-keeping.
- The report was written collectively, with each member of the team allotted a specific section.

Results



Figure 1: Quality of Health Records at GWH

Key areas for Development

1. Counter-sign data recorded
2. Improve legibility by reinforcing the importance of clear and precise documentation
3. Ensure the NHS number is properly documented

Action Plan

1. Convert to digital data recording
2. Make patient stickers printing mandatory for each patient on admission
3. Promote use of personal stamps rather than signatures

Discussion

With regard to assessing quality of inpatient data, it's evident that although there were discrepancies across all departments, some were less compliant than others.

On the whole in terms of cumulative data, there was an issue with compliance regarding patient identifying data and time order. Cumulatively just over 30% of all patient notes were not filed chronologically, which if /when said patient's care is taken over by a new doctor, may lead to mistakes in treatment plan and therefore affect continuity of care. Similarly, patient identification (hospital number and full name independently) was both insufficiently labeled in around 30% of the time, raising concern about the management of lost notes. This was compounded by the fact that patient NHS number was only marked on all pages in just over 50% of the time. In addition, records were completely understandable only over 25% of the time, which is worrisome considering that vital information may be missed.

Taking a closer look across at individual departments, it's reassuring to see that Trauma had all pages containing patient's full name and hospital number, in comparison to the worst department, General Surgery, which had only 25%. However, General Surgery had patient NHS number marked on all pages 100% of time. AMU had nearly half their patient notes not filed chronologically compared to SAU that had only around a quarter.

A similar but smaller audit was carried out in Shropshire Community Trust. (Morgan and Hulme, 2012) Of the 21 patients' records assessed, only 43% (9/21) had an NHS number labeled, showing that compliance in labeling patient identifying data is low across both trusts. However, 90% (19/21) of records were considered understandable to other doctors, which is vastly better from our findings, highlighting a need for improvement in handwriting in our trust.

Albeit we were successful in our aims, we would benefit from having more data entries across each department, particularly General Surgery (only 4). Additionally, implementing a patient identifier table with date and time on all patient notes may help maximize compliance, which we could be re-audit in 6 months.

Overall, our audit has been successful in fulfilling our aims and giving direction regarding what needs to be addressed insofar as offering opportunity for self-reflection and improvement.

References

- Morgan, D. and Hulme, D., 2012. *Clinical Record Keeping Audit*. Clinical Audit Report. [online] Shropshire Community Health NHS Trust. Available at: <https://www.shropshirecommunityhealth.nhs.uk/content/doclib/11619.pdf> [Accessed 10 January 2021].
- Royal College of Physicians, 2015. *Generic Medical Record Keeping Standards*. [online] Available at: <https://www.rcplondon.ac.uk/projects/outputs/generic-medical-record-keeping-standards> [Accessed 13 July 2020].



→ Outcomes

Overwhelmingly positive feedback

Interest from other medical schools

All candidates who completed course successfully offered FY1/2 job across variety of trusts

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What is Jetset Medics?

- Est. May 2020 (mid-lockdown)
- Aims to prepare international graduates for a safe and smooth landing into the NHS
- Improve access to resources, courses and networks to help you prepare for your job

www.jetsetmedics.co.uk

Jetset **MEDICS**



→ Past events



**NOW
AVAILABLE**



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THE JETSET MEDICS GUIDE TO: STEPPING UP TO FOUNDATION YEAR (SUFY)



Are you an international medical graduate starting your first job in the NHS as a foundation level doctor? Not sure what to expect?

Want to make the most out of your job, work-life balance and CV to help you develop as a safe and competent doctor? Join us for this **exclusive webinar series** designed by IMG Foundation Doctors to help you settle in to your new posts.

We will be covering the following:

Prescribing

Well-being

Difficult

conversations

*The roles and responsibilities of a
Foundation Doctor*

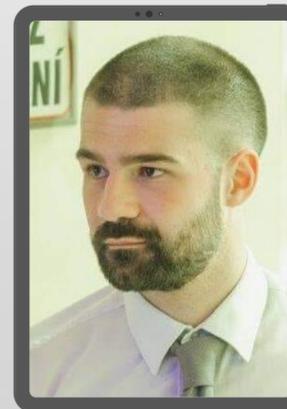
Quality

improvement

Induction week

THE JETSET MEDICS GUIDE TO: STEPPING UP TO FOUNDATION YEAR (SUFY)

JetsetMEDICS YOUR SPEAKERS



Mr Joe Muscat
Foundation
Year 3 Doctor



Dr Antash Daryanani
Academic Foundation Doctor
CEO and Founder of
Jetset Medics



Mr Firas Raheman
Core Surgical Trainee



Dr Sarah Bailey
GP Trainee



Mr Vishal Chauhan
Primary Care Pharmacist

 Thank you. Sincerely.



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→ CV: KEY POINTS

1. Employers are understanding of your position
2. **Quality** always beats quantity
3. Does this show I have taken initiative?
4. Do I have appropriate evidence?



CV: Components

Clinical

Academic
(Qualifications/
Teaching /
Research)

Leadership &
Management

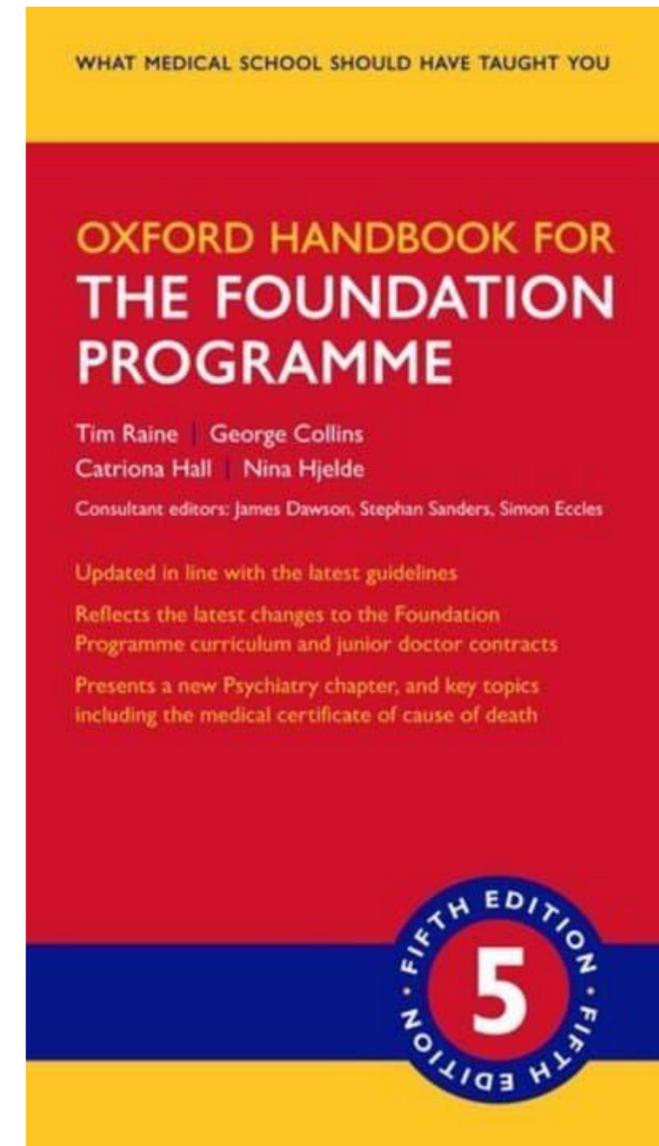
Courses/
Conferences

Reflection

Personal

Clinical Experience

- Reflect on previous experiences (no matter how limited)
- Understand the job description of a Foundation Year doctor
- Alumni/family/friends (ask lots of questions)
- Ask for extra supervision when you start





Clinical Resources

- [OSCEstop](#)
- [Oxford Medical Education Online](#)
- [Geeky Medics](#)
- [Medics Academy](#)
- [Supported Return to Training \(SuppoRTT\)](#)



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Personal view or opinion Open Access
piece

The impact of COVID-19 on Medical education and Medical Students. How and when can they return to placements?

Colin Macdougall^{[1][a]}, Peter Dangerfield^[2], David Katz^[3], W David Strain^[4]

Institution: 1. Warwick Medical School, The University of Warwick, Coventry, UK, 2. School of Medicine, University of Liverpool. Liverpool. UK. 3. Division of Infection and

Views 👁 3079 Average Rating ★ 4

Recommended



Share, cite and download

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→ Academic: Teaching

- Make a survey, what's been missing from your curriculum?
- Zoom/MS Teams based teaching for peers (e.g anatomy, clinical skills)
- Collect Feedback
- Sign-off by departmental head



→ Academic: Research

- **Difficult, typically not expected**
- Review basic epidemiology/stats theory
- Critically review a paper
- Attend research/stats courses
- Get involved with university professors
- Good Clinical Practice (GCP) Course



Courses/Qualifications/Conferences

- Look for UK based courses, webinars and articles related to healthcare
- Proof of attendance
- Email for further information
- Some paid, but lots of free covid-related resources



→ UK MEDICAL SOCIETIES

- [Royal College of Surgeons*](#)
- [Royal Society of Medicine](#)
- [Royal College of Physicians*](#)
- [Medical Defence Union](#)

*Student Membership available



UK MEDICAL SOCIETIES

Royal College of Surgeons*



Royal Society of Medicine



Royal College of Physicians*



Medical Defence Union

*Student Membership available



→ E-Learning

- [E-Learning for Healthcare](#) (validated e-learning tool for NHS)
- [E-integrity](#)-Free C19 resources



Panel view

[My e-Learning](#) | [Full catalogue](#)

[My e-Learning](#) > [Coronavirus - COVID-19 \(eIntegrity\)](#)

- ▾  My e-Learning
 -  **Coronavirus - COVID-19 (eIntegrity)**

-  [Essential Guidance from the NHS, UK Government, WHO and BMJ](#) 
-  [Public Health England - Personal Protective Equipment \(PPE\)](#) 
-  [COVID-19 Self-Swab for Healthcare Staff](#) 
-  [COVID-19 Vaccination](#) 
-  [Minimum Requirements for Staff Returning to the NHS](#)   
-  [Critical Care and Ward-Based Equipment Guides](#) 
-  [Resources for Staff Working in a Critical Care Setting](#) 
-  [Resources for Staff Working in an Acute Hospital Setting](#) 
-  [Resources for Staff Working in a Primary Care and Community Setting](#) 

E-integrity



E-learning for Healthcare

[Is there any e-learning content I can access without registering with e-LfH?](#)



There are several programmes that are available for access without registering and logging in to your account which are listed below.

NOTE: If you access content without logging in to your account, then there will be no record of your activity.

[Alcohol Intervention and Brief Advice \(ALC\)](#)

[All Our Health \(AOH\)](#)

[Allied Health Professionals Careers' Resource \(AHP\)](#)

[Approved Mental Health Professional \(AMH\)](#)

[Behaviour Change Literacy for Individuals and Workforce Leaders \(BCL\)](#)

[Care and Treatment Reviews \(CTR\)](#)

[Children's Emotional and Additional Health Needs \(CPN\)](#)

[Children's Oral Health Advice \(COH\)](#)

[Coronavirus \(COVID-19\)](#)

[Dementia \(DEM\) Public Access](#)

[Disability Matters](#)

[Disability Matters Learning Packages](#)

[Disability Matters Resources](#)

[Dysphagia \(DYS\)](#)



→ Leadership/Management

- Extra-curricular activities (societies, sports, music, cultural interests)
- Voluntary work (food banks, PPE supply)
- Communication skills
- Role Models
- [iResilience](#): Get to know yourself
- Awareness of equality and diversity



→ Reflection

- Extremely important part of learning and working as a doctor
- Primary method for assessment and documentation on e-portfolio
- COVID DIARY
- PODCASTS, INSTAMEDICINE on website



→ COMPETITION!

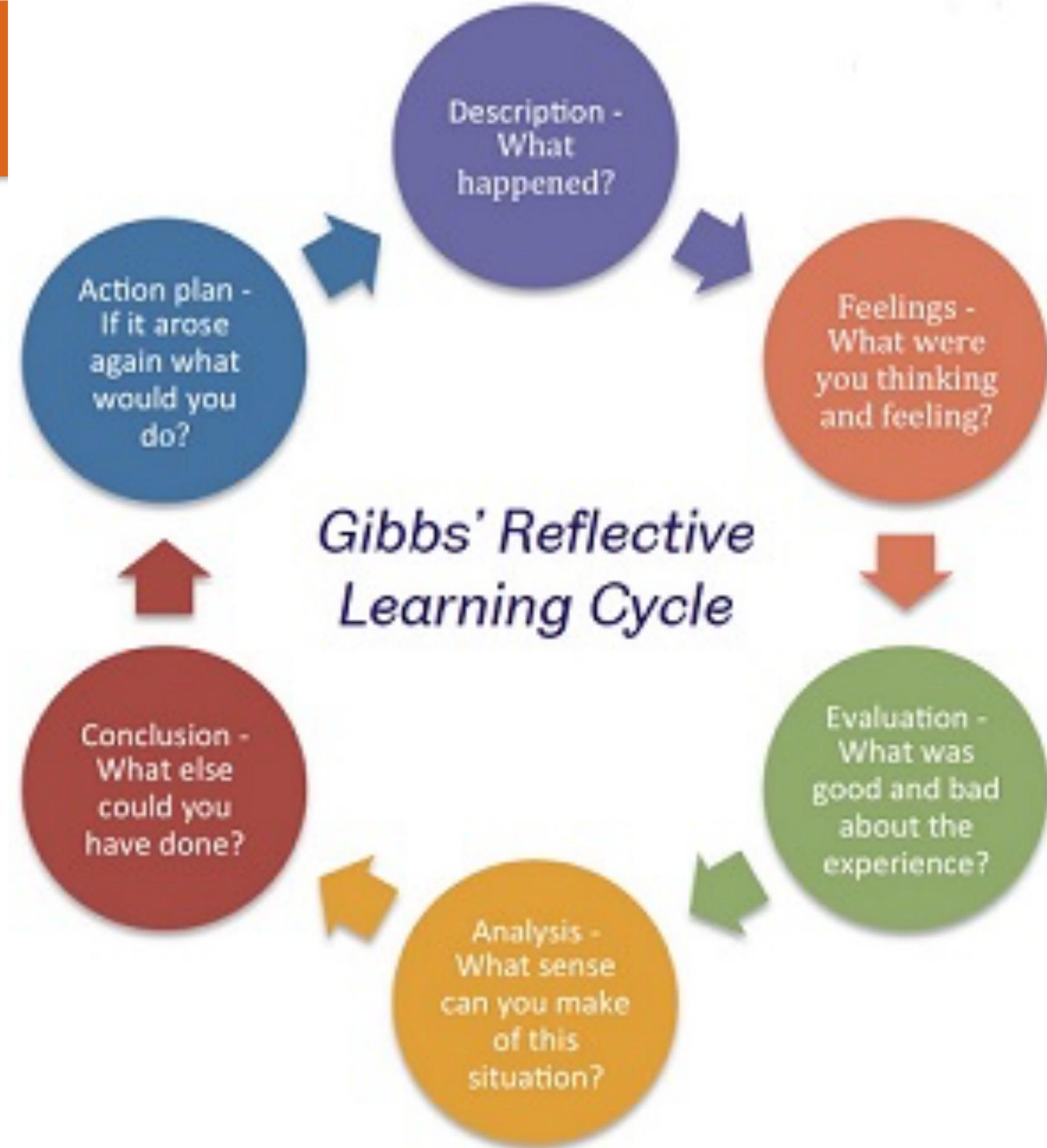
Write a reflection about your professional and personal experience as a medical student during the COVID-19 pandemic.

(MAX 400 words)

- Use Gibbs reflective cycle



Gibbs Model of Reflection





→ PRIZES

1st £40 Amazon Voucher

2nd £20 Amazon Voucher

3rd £10 Amazon Voucher

DEADLINE: February 15th @ 2359 GMT

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CV/Interview Clinics

ONLINE MENTORING



Free Introductory Consultation

Grab a drink and let's talk about how I can help you achieve your goals.



CV Clinic

Improve the content and presentation of your medical CV to increase your chances of nailing a spot on that perfect clinical attachment, course or job.



Interview Skills Coaching (One-2-One)

Get in the hot seat for interview practiced that's tailored to you.



Interview Skills Coaching (Group)



Future Events

Medicolegal workshops

Prescribing workshops

Further mentorship programmes

(Covid-contingent) in the North West

Any ideas? Please get in touch!

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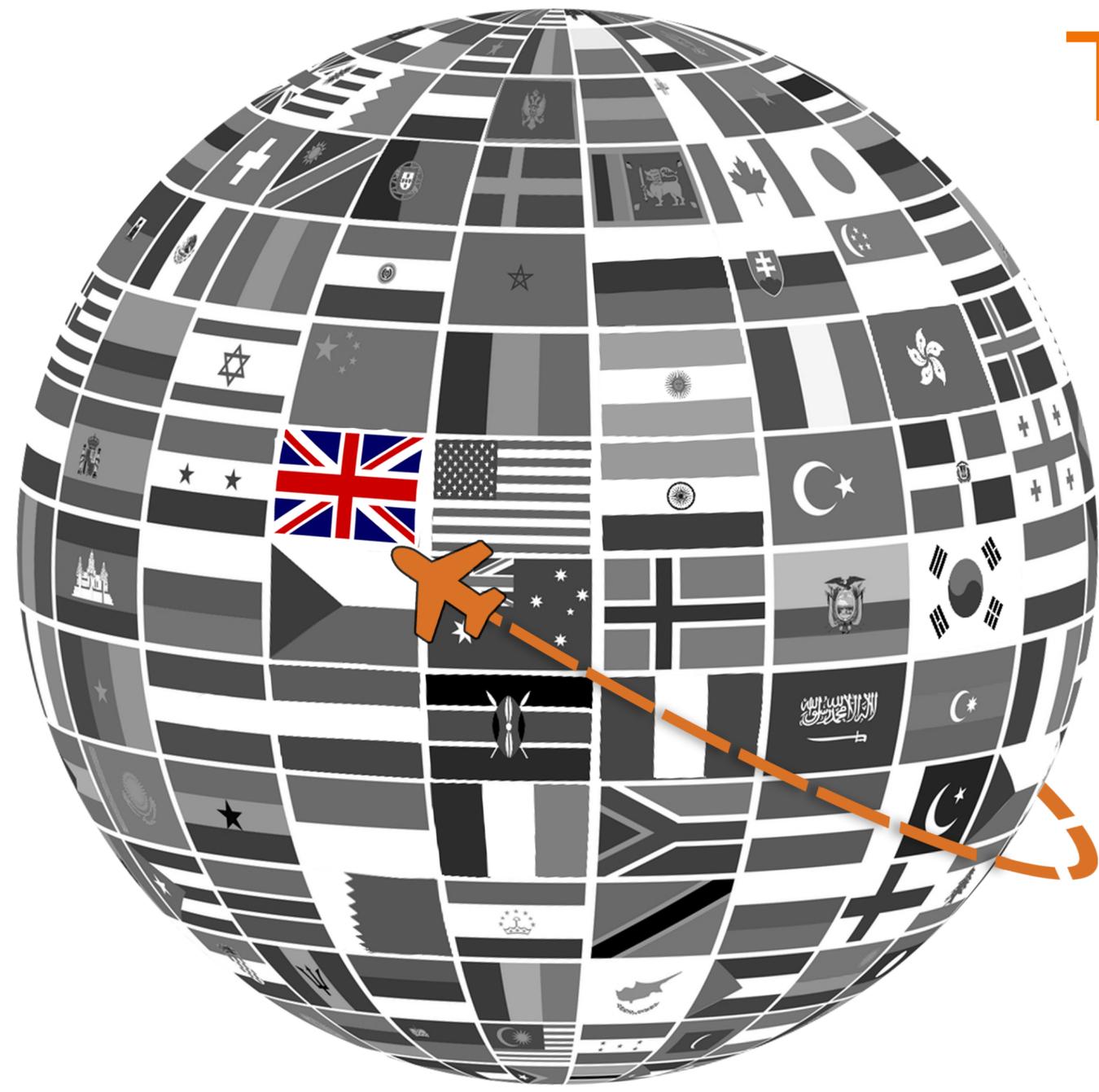


Summary

- Employers are understanding of your position
- Quality, not quantity!
- Use digital methods to develop a CV
- If you don't have evidence, don't put it on your CV

Jetset Medics here and happy to help!

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Thank you for listening!

Any Questions?

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