

Wales Health Student Forum

Thursday 29th January 2015, 09:30 - 16:30
SWALEC Stadium

Present

Natalie Atkinson	Shabana Kauser	Daniel Tully
Jess Bale	Ryan Milner	Natalie Cox
Yinnoula Bradbury-Poulakis	Timothy Nagle	Andrew Davies
Kalah Banneel	Melissa Oates	
Kirsty Bryant	Megan Powell	
Lucy Des Clayes	Clarissa Purdy	
Hayley Forbes	Jonathan Scott	
Rebecca Freeman	Jade Silver	
Claire Harries	Zoe Thomas	
Kimberley Hawkins	Isabelle Williams	
Steph Howe	Jessica Worth	

Apologies

Jonathan Cliffe	Jenna Keenan
Meredith Holyfield	Shahad Latif
Steve Catherall	Judith McDonagh
Kaylie Behan	Dawn Morgan
Lucy Cowdery	Sophie Parker
Louise Dennett	Elizabeth Wonders
Rebecca Gilliland	

1. Welcome & Introductions: Claire Harries (CH) chaired the meeting and welcomed colleagues, also briefly introducing the day's agenda. Representatives were invited to introduce themselves to the forum; apologies were noted as above.

2. Minutes of the Previous Meeting: The minutes from the meeting held on the 10th October 2014 were unavailable to the representatives. CH had obtained a copy of the minutes and was able to summarise the key points and findings of that meeting. The minutes were accepted as an accurate record of the meeting.

3. Team Building: The advertised agenda had been restructured to allow Yinnoula Bradbury-Poulakis (YMP) to describe her experience of the team building exercise that she was a part of. YBP first gave the forum an insight into her regular working day as a healthcare scientist and how it differs from the team building exercise. YBP told of her excitement to be a part of the exercise.

The attendees were split into teams to complete command tasks. Planning exercises enabled them to learn under pressure which developed their leadership skills. YMP concluded that the day made the participants realise the importance of involvement and mentoring to enable the empowerment of others. The general consensus was

that the tasks were well enjoyed and it was recommended that the day could be a feature in the forum's calendar in the future.

4. 203 Field Hospital Challenge: Steph Howe (SH) introduced that a strenuous team building exercise is soon to be organised. This is arranged through Army Medical Captain, Huw Williams who spoke at the previous meeting. The challenge will be 48 hours in duration in the idyllic Brecon Beacons. It will be a tough but fun challenge. As yet, no time has been organised but early summer 2015 is likely. The WHSF is looking to put forward two teams of 10 people. SH will talk about this again at the next meeting. Any interested individuals are to pass their interest on to Steph.

Andrew Davies (AD) added that the challenge includes a 10km march across the Beacons. Previous participants of similar challenges have stated that no minimum level of fitness is required but all prospective participants are warned of the physical stresses that such a challenge involves.

5. Alcohol Brief Interventions: SH was one of the representatives that attended the ABI day. It was an enjoyable experience and the participants were able to speak to working professionals who have encountered problems with alcohol misuse. One key point that was noted was that the workforce are aware of professional boundaries but are not always aware of where to go for help. CH added that there is a tradition of scaremongering as there is a real potential to lose employment. Interestingly, the Nursing & Midwifery Council offers a service where registrants can cease their registration for a period of time to work on their issues.

Tim Nagle (TN), who has a passion for education on substance misuse, abuse and alcoholism stated that all professionals encounter service users who abuse. Services exist but are largely geared towards those who have dependents. Although these services are becoming sparse. All professionals should own the ability to converse with these people to discover the level of abuse and act appropriately.

TN found the organisation of the meeting to be exemplary and recognised that education is key to enable professionals to realise if they are fit to practice. The Universities show that there is a need for this education as there were 60 participants in attendance.

SH concluded that alcohol goes beyond non-functioning persons and that we should be mindful that even though somebody can earn a living it does not necessarily mean that a problem does not exist.

6. 'Your Say': With regards to competency sign-off, Clarissa Purdy (CP) said that continuity is needed between departments as their responsibilities differ with allowing students to do a particular task in one area, but then being forbidden to complete that task in another. This hinders the success of being able to have a particular competency signed-off in an area that it is expected to be done. This dampens confidence and means that some students are working faster through their portfolios, determined by their placement area. SH said that there is a similar situation in South Wales when crossing health boards. It leads to a reduction in proactive and

autonomous learning. With reference to competencies not being signed off, AD said that this is a behaviour adopted by staff and is usually a reaction to an issue previously experienced in that area. This then becomes a norm behaviour and hence students have weaker responsibilities. AD sees this as a problem as it impedes future education.

SH said that a culture exists with mentors becoming nervous about signing competencies for students. Some mentors wish to take a diminished responsibility fearing that it may come back to haunt them in the future. AD asked whether there is a feedback system for the placements. The Forum responded with various answers such as questionnaires, email and group discussions following placements. AD added that students have fresh eyes after learning from the most recent material and although difficulty is found in whistleblowing, it should be encouraged rather than accepting a culture that is not in best interests. TN stated that competencies are of a broad spectrum and clinical skills are needed to fulfil them, should they not be done, incompetent practice will prevail.

A discussion ensued among the Forum with regards to Mentors and the level of support they offer. The other issue that came to light is that there is difficulty in flagging up and reporting another student colleague when they are perceived to be incompetent.

There was some confusion of which documents are the correct ones to submit when students are found to be on a course that have an older and more recent syllabus running parallel to one another. AD stated that new courses should start with new cohorts only, so there would be no change for students studying the older syllabus.

Lucy Des Clayes (LDC), from the perspective of Pharmacists, would prefer to be given some prior experience to working on the wards. Many student come onto the wards halfway through the third year but it would be beneficial for students to be given prior placement experience.

7. Andrew Davies – Introduction and Confidentiality in Practice: AD introduced himself as our new colleague who will oversee the Forum from WEDS. The Forum welcomed him to speak about confidentiality. Confidentiality was described as being the importance of removing patient identifiable information and when this has been passed into the wrong hands there are adverse effects for the patient. This also potentially has a detrimental effect to the professional's job and there is a huge relationship of trust that exists to keep information private and patients safe. Breaches of trust can bring upon implication for professionals with their employer, professional body and the law.

Child protection issues are exempt of confidentiality restrictions and AD confirmed that all professionals are obliged to inform the relevant authority. This would also apply to public protection issues. There is an importance of knowing which relevant body is to receive such pertinent information in order for an issue to be disclosed – such as the Police, School Nurse, Health Visitor, POVA etc.

Representatives also discussed the confidential information that is displayed about patient on the wards in the public's view.

8. Future Meetings: It was discussed that previous meetings used to have student speakers about their roles. The Forum will return to this as it gives all students an insight into the various roles of the multidisciplinary team.

LDC said that meetings could be geared towards current health campaigns with MP supporting this saying that the meeting should be specific to a certain subject.

TN said that new information could be brought and discussed at the meetings. Feedback can be given in an informative manner to help learning. Lecturers could also be included.

Students will be encouraged to invite their lecturers to speak.

SH confirmed that students can suggest ideas at any time.

9. Conference Outline: The conference will take the format of “Do You Know Your NHS?” and will provide all guests with information on the various roles in such a diverse organisation.

Speakers will take to the stage during the morning with a poster competition to be held also. Students are encouraged to be part of the new speaker’s platform in the afternoon. Deemed a huge success at the previous conference, students will talk about their roles as future professionals.

All members are encouraged to attend with more details to follow at the next meeting.

10. Date of Next Meeting: The next meeting will be held on Friday 24th April 2015. The venue and times are to be confirmed.

11. Close: CH thanked members for attending and closed the meeting.

Wales Health Student Forum – 29th January 2015

Agenda Item	Action Point	To Be Actioned By:
4	Names to SH for Brecon Beacons Challenge	Group
	Roles specification to be circulated	DT
	Encourage new members of March cohorts to join	Group
	FGM event, details to be sent to DT	MP