

Index

abortion certification legal issues, 115-116 Academy of Medical Educators, 83 action plan setting up for trainees, 19 acute gynaecology dashboard, 57 Advanced Life Support Group (ALSG), 17 adverse events consequences of, 52 when things go wrong, 60 adverse incident screening, 92 analysis of variance (ANOVA), 34 andragogy, 1 Annual Review of Competence Progression (ARCP), 14, 73 appraisal comparison with assessment, 13 definition, 13 framing questions, 18 objectivity, 19 preparation for an appraisal interview, 18-19 principles of effective appraisal, 17 purpose of, 14 qualities of a good appraiser, 17 role in clinical governance, 58 setting up an action plan/ development plan, 19 theoretical background, 14 - 15triangulation of evidence, 19 types of, 14 apps role in medical education, 3 assessment comparison with appraisal, 13 definition, 13 examples of, 14 feedback principles, 17

formative, 13 forms and timings, 14 mapping to the curriculum, 14 practical aspects, 13 reasons for, 14 reliability, 13 summative, 13 theoretical background, 14-15 transparency, 13 validity, 13 workplace-based assessments (WPBAs), 15 - 17autonomy principle, 102 aviation sector approach to pilot training, 3 consent and, 109 behaviourist theory, 1-2 benchmarking, 62, 67 beneficence principle, 102 Berners-Lee, Tim, 38 big data, 47-50 dashboards, 49-50 data quality, 48-49 data which is used locally, 49 - 50local data entry, 50 using data to drive clinical Quality Improvement (QI), 50biomedical research, 27 blogs, 3, 45 Bloom's taxonomy of educational objectives, 14 - 15Bolam test, 59, 106 Bolam v Friern Hospital Management Committee, 106 Caldicott Guardian, 42, 113

Calgary-Cambridge guide to

cardiotocography (CTG)

medical interviews, 10

interpretation sticker, 97

care bundles, 97 Saving Babies Lives Care Bundle, 100 case-based discussions (CBDs), 16. case-control studies, 29-30 Centre for the Advancement of Interprofessional Education (CAIPE), 5 change management, 125-128 Chester v Afshar, 107 Chi-squared test, 34 child protection legislation, 115 claims process, 99-100 clinical audit definition, 87 examples, 92-94 features of, 88 history of development, 87 local clinical audits, 91–92 national clinical audits, prescribing (example), 93 Quality Improvement (QI) tool, 62 quality improvement processes similar to, 92 role in clinical governance, 53 routine outpatient clinic appointments (example), 93 - 94types of, 90-92 VTE risk minimisation in obstetric patients (example), 92-93 clinical audit stages audit cycle, 90 data analysis, 89 data collection, 88-89 maintaining improvements, 90 making improvements, 89 measure level of performance, 88-89 prepare, 88 select criteria, 88 clinical bedside teaching, 8-9 clinical director, 123-124



144

Index

clinical governance aims of, 52 clinical governance/risk management team, 57-58 consequences of medical errors and adverse events, 52 definition, 52 implementation and practical aspects, 58 importance of effective communication, 59 information management, 58-59 issues related to informed consent, 59 need for, 52 patient confidentiality, 59 patient safety and, 52 pillars of the clinical governance framework, 53 risk management, 53-58 staff management, 58 staff training and appraisal, 58 standards and guidelines, 58 when things go wrong, 60 clinical guidelines, 62 levels of evidence used for developing, 65-66 stages in development, 64 - 65used as basis for clinical standards (examples), 68 - 70clinical heterogeneity, 31 clinical indicators, 62, 66 Clinical Indicators Project, 47 clinical informatics, 47-50 clinical leadership change management, 125-128 clinical director, 123-124 Clinical Leadership Competency Framework, 119 complexity theory, 127-128 development in healthcare, 119 - 120effective clinical leadership, 120 - 122Healthcare and Leadership Model, 120 Healthcare Leadership Model, 122

influence on quality of healthcare, 119-120 leadership models and their practical application, 121-122 linear models of change, 125 - 127managing challenges, 125-128 medical director, 123-124 Medical Leadership Competency Framework (MLCF), 119 NHS Leadership Framework, 120 posts in the NHS, 123-125 properties of leadership, 121 systems thinking, 127–128 training future leaders, 132 Clinical Leadership Competency Framework, 119 Clinical Negligence Scheme for Trusts (CNST), 57 Clinical Performance and Governance Score Card, 57 clinical protocols, 62 clinical Quality Improvement (QI) using data to drive, 50 clinical research, 26 clinical research trials, 27-34 case-control studies, 29-30 cohort studies, 28-29 cross-sectional studies, 30 - 31hierarchy of medical evidence, 31-32 meta-analyses, 31-33 odds ratio (OR) calculation, 31 - 33randomised controlled trials (RCTs), 27-28 relative risk, 31-32 risk ratio (RR), 31-32 risk ratio (RR) calculation, statistical methods, 32-34 systematic reviews, 31-33 clinical risk management. See risk management clinical standards developing service standards, 67-70

heavy menstrual bleeding (example), 68-69 NICE Quality Standards/ Statements, 63 preterm labour and birth (example), 69-70 professional standards, 63 Quality Improvement (QI) tools, 62-63 service standards (quality standards), 62 training standards, 63 use of standards for quality improvement, 62-63 using clinical guidelines as basis for clinical standards (examples), 68-70 why we need standards of care, 63 coaching, 8-9 Cochrane systematic reviews, 31 cognitive theory, 2 cohort studies, 28-29 colleagues professional integrity in working relationships, 103 communication importance of effective communication, 59 patient handovers, 6 teamwork and, 138-139 communication skills training, 10 communities of practice, 2 doctors as educators, 83 complaints procedure, 98-99 complexity theory, 127–128 conditioning learning and, 1 confidence interval (CI), 32, 34 confidential enquiries, 92 confidentiality, 59 accidental breach (case study), 42-43 breach of, 103 disclosure without consent, 112-113 e-portfolios, 43 ethical issues for documenting patient images, 46-47 GMC guidance, 42 personal confidential data, 113



More Information

Index

email

145

professionalism and, 112-113 statutes governing, 112-113 conflicts of interest, 104 consent, 104-112 actual clinical practice, 108 - 109battery and, 109 bona fide consent, 108-109 conditions for valid consent, 105-106 contribution of obstetrics and gynaecology to UK consent law, 106-107 contrived consent, 108-109 disclosure of personal data without consent, 112-113 doctor-patient relationship, 104-105 doctrine of informed consent, 106 exceeding consent, 109-110 female genital cosmetic surgery (FGCS), 110 female genital mutilation (FGM) issues, 110-111 Gillick competence, 108 informed consent, 59 legal status of the unborn child, 108 negligence and, 109 organ donation, 112 patient's right to selfdetermination, 105 performing unnecessary operations, 109-110 postmortem examination, 112 under the Human Tissue Act, 112 vulnerable adults, 108 who will perform the operation, 109 young women, 108 constructivist theory, 1 consultant delivered care consultant job planning, 132 role of the consultant, 130-131 continuing professional development (CPD) teaching skills, 4 Court of Protection applications, 113-115 critical incident monitoring, 92 cross-sectional studies, 30-31

dashboards, 49-50 acute gynaecology dashboard, 57 maternity dashboard, 57, 68 data management big data, 47-50 clinical informatics, 47-50 dashboards, 49-50 data quality, 48-49 data which is used locally, 49 - 50local data entry, 50 using data to drive clinical Quality Improvement (QI), 50debrief as a learning conversation, 17 Declaration of Helsinki (1964), 35Department of Health (DoH) standards and guidelines, 58 development plan setting up for trainees, 19 developmental conversations, 17 Dickson v Pinder 2010 Court of the Queen's Bench of Alberta, 108 distractions effects on staff performance, 137 doctor-patient relationship consent and, 104-105 consumerist model, 104, 105 contractual model, 104 humanistic model, 104 paternalistic model, 105 patient's role in decisionmaking, 105 scientific model, 104 duty of candour, 60, 96-97, 139 e-learning, 9 educational theories, 1-2 andragogy, 1 assessment and appraisal, 14 - 15

behaviourist theory, 1-2

constructivist theory, 1

social cognitive theory, 2

communities of practice, 2

cognitive theory, 2

learning styles, 2

electronic calendar, 39

reflection, 2

emailing colleagues, 40-41 emailing patients, 40-41 tips for managing, 39–40 email charter, 39 email client systems, 39 enhanced recovery, 135 environmental factors influence on care, 137 e-portfolios, 39, 43 equal opportunity training / E&D. 22 ethical dilemmas use of ethical reasoning, 103 ethical issues doctors' engagement in social media, 46-47 documenting patient images, 46 - 47human research, 35 in clinical practice, 102 ethical principles, 102–103 ethical reasoning methods, 103 ethical violations in research, 35 **European Computer Driving** Licence, 41 evidence-based medicine levels of evidence, 65-66 experience influence on decisionmaking, 137 fabrication of data, 35 Facebook, 3, 45, Failure Mode and Effects Analysis (FMEA), 54 falsification of results, 35 feedback models, 17 principles for use with assessment, 17 feedback sandwich, 17 Fellow of the Higher Education Academy (FHEA), 84 female genital cosmetic surgery (FGCS) consent and ethical issues, 110 female genital mutilation (FGM) definition, 110 ethical and legal issues, 110 - 111legal prohibitions and

requirements, 110-111



146

Index

female genital (cont.) reporting requirements, 110 - 111WHO classification, 110 legal status of the unborn child, 108 fishbone diagrams, 95 five whys analysis tool, 95 flipped lecture, 3 focus groups, 92 Freedom of Information Act (2000), 115funnel plots, 47–49 gamification of learning, 3 General Medical Council (GMC) Fitness to Practise

gamification of learning, 3
General Medical
Council (GMC)
Fitness to Practise
guidelines, 102
guidance on
confidentiality, 42
guidance on intimate
examinations, 103–104
guidance on the use of social
media, 45
Gillick competence, 108
Gillick principles, 59
Google Calendar, 39

Griffiths Report, 119

Healthcare and Leadership Model, 120 Healthcare Commission (HC) standards and guidelines, 58 Healthcare Leadership Model, 122 Healthcare Quality Improvement Partnership (HQIP), 91 human factors in maternity care defining human factors, 134 effects of distractions, 137 effects of shift patterns, 136-137 errors in healthcare, 134-135 experience level of decisionmakers, 137 individual factors, 135-137 ongoing work to improve care, 141 teamwork, 137-141 working environment, 137 working hours of staff, 136 Human Tissue Act

consent under, 112 organ donation, 112

incident reporting trigger lists, 54–56
indicators
Quality Improvement (QI) tool, 62
information governance
frequently asked
questions, 42
information management
role in clinical governance, 58–59
information technology
advent of the digital age, 38
basics, 39–43

big data, 47-50 clinical informatics, 47-50 digital immigrants, 38 digital natives, 38 email charter, 39 email client system, 39 email management tips, 39 - 40emailing colleagues, 40 - 41emailing patients, 40-41 e-portfolio, 43 essential software you must be able to use, 39 Google Calendar, 39 internet browser, 39 judicious use by healthcare professionals, 50 Microsoft Mail, 39 Microsoft Outlook, 39, Microsoft PowerPoint, 39 Microsoft Word, 39

professional development resources, 41–43 web browser, 39 See also social media. informed consent. See consent Instagram, 45

NHS.net email client, 39

NHS and, 38-39

integrity, 102–104 conflicts of interest, 104 inappropriate relationships with patients, 103–104 manifestations of lack of, 103–104

professional working relationships, 103 International Fellowship in Medical Education (IFME), 84 internet browser, 39 Internet Explorer, 39 interprofessional education (IPE), 5 intimate examinations maintaining professional boundaries, 103–104

Jones v Royal Devon and Exeter NHS Foundation Trust, 109 journal clubs, 10, justice principle, 103

Kendall rank correlation, 34 Kilby, Jack, 38 Kotter's eight accelerators model of change, 126–127

leadership skills development of, 10 See also clinical leadership. learning assessment of learning needs, 5 Bloom's taxonomy of educational objectives, challenges in facilitating, 6 e-learning, 9 educational theories, 1-2 factors influencing, 4-7 influence of the learning environment, 4-5 interprofessional education (IPE), 5 learner factors, 5-6 Miller's triangle, 14-15 one-to-one teaching, 8-9 personal development plan (PDP), 5 role of the medical educator, 4 technology-enhanced, 2-3

training approaches in other sectors, 3–4 learning styles, 2 legal aspects of clinical practice, 102

legal doctrine of informed consent, 106 legal framework for practice



initiatives in other global

More Information

Index

Montgomery v Lanarkshire

147

abortion certification, 115-116 child protection legislation, 115 Court of Protection applications, 113-115 Freedom of Information Act (2000), 115list of legal cases cited, 116-117 medical certification issues, 115-116 principles of the Mental Capacity Act (2005), 116 stillbirth certification, 116 legal status of the unborn child, 108 Lewin's model of change, 125-126 LinkedIn, 45 litigation claims process, 99-100 NHS Litigation Authority (NHSLA), 57, 99 log of experience, 16 London Protocol (risk management), 54

management skills development of, 10 time and resource management, 11 Managing Obstetric Emergencies and Trauma (MOET) course, 82 Mandela, Nelson, 19 Mann-Whitney U test, 34 Maslow's hierarchy of needs, 135 massive open online courses (MOOCs), 9 Masters, David, 40 maternity dashboard, 49-50, 57, 68 MBRRACE-UK initiative, 100 medical certification legal issues, 115-116 medical director role, 123-124 medical education challenges, 80, 81-83 communities of practice, 83 definition, 80 educating patients, 84 educator role of doctors, 80 influence of educational theories, 80

settings, 84-85 leadership roles, 123–124 multidisciplinary involvement, 83 new directions and innovations, 84 new educational models, 80 old and new models of learning, 85 patient safety and, 81-82 patients as educators, 82 prioritising teaching, 82-83 professionalisation of the doctor's role as educator, simulation training, 81-82 traditional apprenticeship model, 80 Virtual Learning Environments (VLEs), 84 See also teaching. medical errors consequences of, 52 errors in healthcare, 134-135 when things go wrong, 60 medical evidence hierarchy of study types, 31 - 32Medical Leadership Competency Framework (MLCF), 119 memory learning and, 2 Mental Capacity Act (2005) principles of, 116 mentoring, 8-9 definition of a mentor, 22 principles, 22 relationship between trainer and trainee, 22 meta-analyses, 31–33 example, 33 methodological heterogeneity, 31 Microsoft Mail, 39 Microsoft Outlook, 39, Microsoft PowerPoint, 39 Microsoft Word, 39 Miller's triangle, 14-15 mini clinical encounter (mini-CEX), 16 mobile devices role in medical education, 3 modelling of skills, 1

Health Board, 59, 106, 107 Morecombe Bay Investigation, 135 multisource feedback (MSF), 16 National Clinical Audit and Patient Outcome Programme (NCAPOP), 91 National Institute for Health and Care Excellence (NICE) definition of clinical audit, 87 Quality Standards/ Statements, 63 standards and guidelines, National Patient Safety Agency (NPSA), 52, 68, 100 National Patient Safety Alerting System (NaPSAS), 100 National Patient Safety initiatives, 100 National Reporting and Learning System (NRLS), 52, 100 negligence consent and, 109 NHS information technology and, NHS Improvement, 100 NHS IT Skills Pathway, 42 NHS Leadership Framework, 120 NHS Litigation Authority (NHSLA), 57, 99 NHS Most (Microsoft Office Certification), 42 NHS Trust v FG, 114 NHS.net email client, 39 never events, 100 nonmaleficence principle, 102 non-technical skills for surgeons (NOTSS), 17 Nurses' Health Study, 29 objective structured assessment

of technical skills

odds ratio (OR) calculation,

(OSATS), 16

31-33



148

Index

organ donation postmortem examination consent for, 112 consent for, 112 outcome measures, 67 prescribing clinical audit example, 93 PARENTS study, 139 problem-based learning, 1 patient experience surveys, 92 process measures, 67 patient handovers professional boundaries intimate examinations. communication issues, 6 patient images 103-104 ethical issues relating to, professional development 46 - 47resources patient journey information technology, measurements for Quality 41 - 43Improvement (QI), 66-67 professional standards, 63 patient-reported outcomes and professionalisation of the doctor's role as educator, experience, 67 83-84 patient safety care bundles, 100 professionalism clinical governance and, 52 confidentiality, 112-113 errors in healthcare, 134-135 consent issues, 104-112 MBRRACE-UK declaration of conflicts of initiative, 100 interest, 104 National Patient Safety ethical and legal initiatives, 100 standards, 102 never events, 100 integrity, 102-104 when things go wrong, 60 prudent patient standard, 106 patients educating, 84 Quality Improvement (QI) emailing patients, 40-41 using data to drive, 50 inappropriate relationships Quality Improvement (QI) with, 103-104 tools, 62-63 involvement in medical benchmarking, 62 education, 82 clinical audit, 62 clinical guidelines, 62 maintaining professional boundaries, 103-104 clinical indicators, 62 right to self-determination, clinical protocols, 62 indicators, 62 Pearce v United Bristol NICE Quality Standards/ Healthcare NHS, 107 Statements, 63 Pearson's correlation professional standards, 63 coefficient (r), 34 quality indicators, 62 peer review, 92 research, 62 Pencheon, David, 18 service standards (quality Pendleton's rules of standards), 62 standards, 62-63 feedback, 17 personal confidential data, training standards, 63 quality indicators, 62 personal development plan quality measures clinical indicators, 66 (PDP) for learners, 5 photographs issues around different types, ethical issues for 66 - 67documenting patient outcome measures, 67 images, 46-47 patient journey quality, plagiarism, 35 66 - 67Postgraduate Certificate of patient-reported outcomes Education (PGCE), 84 and experience, 67

process measures, 67 structure of service, 67 randomised controlled trials (RCTs), 27-28 Re MB, 105 Re T, 105 reflection learning and, 2 reflection in action, 2 reflection on action, 2 reflective diary, 17 relative risk, 31-32 calculation, 29-30 reporting of incidents trigger lists, 54-56 research applied research, 25 basic research, 25 basis of clinical research, 24 biomedical research, 27 classical approach, 24-25 clinical research, 26 clinical research trials, 27-34 defining scientific research, 24 health research, 26-27 hierarchy of medical evidence, 31-32 importance in medicine, 24 qualitative research, 25-26 quantitative research, 25-26 types of, 25-27 research governance, 34-35 animal research, 35 definition, 34 ethical issues in human research, 35 ethical training for researchers, 35 fabrication of data, 35 falsification of results, 35 forms of ethical violation, 35 plagiarism, 35 resource management skills, 11 revalidation comparison with models in other countries, 78 definition, 72 experience in the UK so far, 77 - 78GMP Framework for Appraisal and Revalidation, 74 history of development and introduction, 72-73



More Information

Index

149

outcomes, 76-77 problems with, 77 process in the UK, 73-74 public awareness of, 78 responses from doctors, 78 role in clinical governance, 58 role of the Responsible Officer (RO), 73-74, 76 supplementary supporting evidence, 75 trainees, 78 UMbRELLA survey, 77-78 risk management acute gynaecology dashboard, 57 analysis and evaluation of incidents or near misses, 95 balancing service delivery needs with trainee education, 6-7 cardiotocography (CTG) interpretation sticker (example), 97 care bundles, 97, 100 claims process, 99-100 clinical governance/risk management team, 57-58 Clinical Performance and Governance Score Card, 57 complaints procedure, 98-99 definition, 53 Failure Mode and Effects Analysis (FMEA), 54 features of a safe working environment, 97-98 general principles, 53-54 improving patient care, 95 key points in obstetrics and gynaecology, 95 litigation funding, 57 London Protocol, 54 maternity dashboard, 57 MBRRACE-UK initiative, 100 National Patient Safety initiatives, 100 NHS Litigation Authority (NHSLA), 99 never events, 100 patient safety incident example, 55-56 principles, 95

reporting of adverse events, 95 risk analysis and evaluation, 54-56 risk control/treatment, 56 risk funding, 57 risk identification, 54-56 risk register, 57 role in clinical governance, 53-58 role of the risk manager, 95 role of training, 98 root cause analysis, 54, 95-96 Serious Incidents, 96 Swiss cheese model, 97 systems approach, 97-98 trigger lists for incident reporting, 54-56, 98 trigger lists for reporting of incidents, 95 risk ratio (RR), 31-32 calculation, 29–30 root cause analysis, 54, 95-96 routine outpatient clinic appointments clinical audit example, 93 - 94Royal College of General Practitioners (RCGP) Social Medial Highway Code, 45 Royal College of Obstetricians and Gynaecologists (RCOG) guidance on intimate examinations, 102 standards and guidelines, 58 Royal College of Obstetricians and Gynaecologists Operative Birth Simulation Training Course (ROBuST), 82 safe working environment features of, 97-98 SBAR system, 138 Schloendoff v Society of New York Hospital, 105

self-determination

service delivery

Serious Incidents, 96

never events, 100

patients' right to, 105

national context, 90-91

delivered care, 130-132

planning consultant

structure of the NHS in England, 128-129 structure of the NHS in Northern Ireland. structure of the NHS in Scotland, 129-131 structure of the NHS in Wales, 129-131 services provision balancing safe service delivery with trainee education, 6-7 Sexual Offences Act (2003), 104 sexual relationships with patients, 103-104 shift patterns effects on staff performance, 136 - 137Sidaway v Board of Governors of the Bethlehem Royal Hospital, 106 simulation training, 3-4 obstetric and gynaecological models, 81-82 use in medical education, 81 - 82situational awareness, 140-141 SMART objectives, 19 Snapchat, 45 social cognitive theory, 2 social learning theory, 2 social media, 45-47 benefits and potential risks for doctors, 45-47 communities of practice and, 2 ethical issues for doctors, 46 - 47ethical issues for documenting patient images, 46-47 types of, 45 uses in medical education, 3 social networks communities of practice uses in medical education, 3 Spearman's rank correlation coefficient, 34 St George's Healthcare NHS *Trust v S*, 106–107 staff management, 58 standard error (SE), 32 statistical heterogeneity, 31 statistical methods, 32-34



150

Index

stillbirth certification, 116 safe service provision training and, 6-7 structure of service role in risk management, 98 quality measures, 67 seminars and training standards, 63 workshops, 7-8 Student's t-test, 34 trigger lists for incident small group teaching, 7-8 reporting, 54-56, 98 supervision direct supervision, 6, 8-9 supporting individual learners, 6 distant supervision, 6 integrity and, 102 surgical procedures, 10 immediately available Twitter, 3, 45 teaching methods, 7-10 supervision, 6 technology-enhanced local supervision, 6 ultrasound scanning learning, 2-3 types and levels of, 6 training, 9-10 UMbRELLA survey, 77-78 training approaches in other surgical procedures sectors, 3-4 teaching, 10 unborn child Swiss cheese model of risk tutorials, 7-8 legal status of, 108 types and levels of management, 97 SWOT analysis, 5 supervision, 6 venous ultrasound scanning thromboembolism (VTE) systematic reviews, 31-33 training, 9-10 systems approach to risk risk minimisation in See also medical education. management, 97-98 obstetric patients (clinical systems thinking, 127-128 team observation forms (TO1, audit example), 92-93 TO2), 16 video recording and debriefing teamwork teaching use in medical education, 4 Virtual Learning effective communication assessment of learning needs, 5 and, 138-139 Environments (VLEs), 84 balancing service delivery influence on quality of care, virtual patients 137-141 use in medical education, 3 needs with education, 6-7 leadership, 139-140 vulnerable adults challenges in facilitating situational awareness, learning, 6 issues related to consent, 108 clinical bedside teaching, 140 - 141teamwork training, 137-138 8-9 web browser, 39 technical skills wikis, 3, 45 communication skills training, 10 teaching, 9-10 Wilcoxon-Mann-Whitney CPD of teaching skills, 4 technology-enhanced test, 34 learning, 2–3 direct observation, 8-9 workplace-based assessments e-learning, 9 flipped lecture, 3 (WPBAs), 14, 15-17 educational theories, 1-2 gamification of learning, 3 working environment simulation, 3-4 effective time and resource influence on care, 137 management, 11 use of apps, 3 working hours use of mobile devices, 3 factors influencing influence on staff use of social media and social learning, 4-7 performance, 136 influence of learner networks, 3 World Federation for Medical factors, 5-6 video recording and Education, 84 influence of the learning debriefing, 4 World Health Organization environment, 4-5 virtual patients, 3 (WHO), 85 interprofessional education Texas Instruments, 38 interprofessional education (IPE), 5 time-management skills, 11 (IPE) framework, 5 large group teaching, 8 Tomlinson, Ray, 38 surgical safety checklist, 138 trainees leading departmental World Medical Association revalidation, 78 (WMA), 85 teaching programmes, 10 trainees in difficulty management and leadership Wozniak, Steve, 38 assessment of the issues, 21 skills required, 10 providing career support, 22 one-to-one teaching, 8–9 young women practical technical recognising, 19-20 issues related to consent, 108 skills, 9-10 referral to appropriate role of the medical services, 21 zone of proximal development

support for, 19-22

educator, 4

(ZPD), 2