

SEA UK

Society for Education in Anaesthesia

Summer Newsletter August 2017

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Content

Page

From the Editor's desk

2

President's blog

3

New Council members

4

Hull ASM in pictures

5

Hull ASM Summaries

Educational leadership

6

What is new in education

7

Changing culture of medical education

8

Departments in difficulty

9

Work schedules and Exception reports

10

Research & Travel Grants

11

From the Editors desk

Dr Peeyush Kumar & Dr Sue Walwyn



We started as the new editors of the SEA-UK Newsletter last year. This is our first newsletter and we hope you like the changes. We envisage that the newsletter will cover both concepts of educational theory and practical education related tips. We are eager to listen to the members and adjust the topics or format to suit you as members. Please email us at administrator@seauk.org with any suggestions to improve this newsletter.

We have had a very successful scientific meeting at Hull this year, with excellent feedback. We aim to filter learning through to yourselves as short summaries. We have included most of the topics, for those members who were unable attend the meeting. However if any further information is needed ,the presentations can be found on the website.

We invite you to attend Mindfulness & Resilience Workshop, to be held at Novotel Sheffield on the 20th of September. More details can be found on the SEA website.

Please save the dates for next years Annual Scientific meeting to be held at Cardiff on the 19th March 2018. We have an excellent provisional programme and are looking forward to working with our colleagues in Cardiff.

President's blog

Dr Janet Barrie

Welcome to new members who have joined us after the ASM. We hope that you find the society and our resources of interest and helpful in our roles as educators. We always welcome contributions from members so please get in touch if you have ideas for a meeting, or want to share good educational resources or write an article for the newsletter. We particularly welcome reports and feedback from other education meetings, so we can share good ideas and practice.

Welcome also to the new council members Omer Farooq of Hull, Cyprian Mendonca of Coventry, Richard Rasmarasan of Liverpool as consultant members. Former council member, Claire Johannides formally stepped down from Council after the vote was announced, hence the three vacancies. We also welcome Claire Halligan of Cardiff as co-opted council member and local organiser of the 2018 ASM in Cardiff on March 19th. We are already planning an exciting programme for the Cardiff ASM and are looking forwards to seeing you there.

Chris Leng has completed his term as treasurer and has handed over the purse strings to Sarah Wimlett. Many thanks to Chris for his hard work in this role, and to Sarah for being willing to take it on.

We enjoyed a fabulous ASM in Hull. Many thanks to all who spoke, led workshops, delivered podium presentations of research and submitted posters for display. Congratulations to our prize winners; their work is included in the newsletter. Many thanks to Dr Soundararajan and her team for the local organisation, to Teresa Dorman for her work on the scientific programme and particularly to Teresa and Alison Cooper for stepping in at short notice to run the excellent workshop on the new junior doctor's contract. Reports of the various presentations are also included.

Feedback from the meeting included a desire to look at resilience at greater depth and I am delighted to announce a day workshop on resilience (presented by Dr Shirley Remington) and mindfulness (presented by Dr Siobhan Lynch, who led workshops at the 2016 ASM). This will be held in the Sheffield Novotel on September 20th. Places are limited to 40 and are discounted for SEAUk members. Please see the website for further details.

After a gap of a couple of years we are planning to offer travel grants in October. Full details are on the website but please note that these must be for a trip with an emphasis on educational development (rather than delivering clinical teaching), cannot be used to fund an OoPE or conference admission fees (in the absence of presenting research at the meeting) and retrospective applications will not be considered. That leaves plenty of scope however - get thinking!

Janet

New SEA-UK Council members

Cyprian Mendonca is a consultant anaesthetist at University Hospitals Coventry and Warwickshire NHS Trust, Honorary Associate Professor at Warwick Medical School and Featherstone Professor of AAGBI (2016-2018). His interests include head & neck anaesthesia, neuroanaesthesia and medical education. Over the last decade, he has taken lead roles in both undergraduate and postgraduate education. He has designed and delivered several national educational meetings. He organises human factors and airway training at Coventry and has set up a state of the art Coventry airway skills laboratory. He has co-authored six books in anaesthesia, written chapters and published several research papers related to airway management. He is an examiner for the Royal College of Anaesthetists and the Royal College of Surgeons of Edinburgh. Over the last three years, as a Trust lead for core clinical education, he has invested considerable time towards delivering refreshed curriculum of Warwick Medical School.



Dr Ramsaran has been a consultant and educational supervisor at the Royal Liverpool and Broadgreen University Hospitals Trust since August 2016. His clinical and research focus is perioperative medicine including dual training in Intensive Care Medicine. He has an interest in medical education, having completed the PGCME and a Medical Education Fellowship. He has completed a Masters Degree and Medical Leadership Fellowship, working closely with FMLM and other bodies. He regularly teaches and has an interest in simulation as a mode of education, following on from developing courses as a trainee and completing university modules. After all this he still finds time for educational trips abroad i.e. SAFE with MERCY ships.

Dr Omer Farooq is ST7 and starting his Consultant anaesthetist post in Grimsby from September 2017. He has a keen interest in education, regional and obstetrics anaesthesia. Dr Farooq has completed 12 months OOPF as 'Clinical Educational Leadership fellow', is a member of Academy of Medical Educators (AoME) and is working towards post graduate certificate in Medical Education. Currently he is a PLAB examiner and part of the PLAB station management committee. His continued interest in simulation helped in establishing a simulation facility at NLAG Foundation Trust. Dr Farooq has led courses and workshops at national and international levels and contributed to SEAUK newsletters. He has co-organised the Yorkshire anaesthetic trainee's conference (YATC) and actively contributed in organisation of the 2017 SEAUK ASM at Hull. Dr Farooq gained immensely from his role as Trainee network Lead of GAT



Annual Scientific meeting - in pictures

March 2017, Hull



ASM 2017: Summaries

Educational Leadership: Changing the learning culture in your department for the better

Dr Sean Williamson

The workshop commenced with a brief overview of learning culture ('the way we do stuff round here') and its evolution, where we've been, where we are now & where we should be going in the future.

Focusing on the evolution of changes in medical education over the last ten years, there was a lively interactive discussion of the changes for both trainers & trainees which have occurred for better & worse over this time. Improvements include formative assessments, formal/timely feedback (the 'Educational Checklist' is a popular tool in use to promote this), appraisal of educational supervisors, making the most of ad hoc learning opportunities, GMC surveys to evaluate quality of teaching & a general positive change in teaching mentality. However, both trainers & trainees felt there was less time for teaching (compared to service delivery), duplication of assessments & summative assessments not being valued.

Whilst Dr Williamson did not want this workshop to be an 'academic theory trip', there had to be reference to the educational models & theories currently in use. Overview of these theories included the Dreyfus model of skill acquisition and using it to ask the learners where they think they are with each task as well as promoting becoming an 'expert' rather than settling for 'competence' and Collins' Apprenticeship Model. Focusing particularly on practical aspects of ensuring shop floor delivery of medical education and developing expertise, the workshop provided a good opportunity to share what is happening in different anaesthetic departments. Strategies included detailed reflection/feedback, appropriate graded supervision, trainee empowerment and encouraging ownership and adaptability of trainers to learn from the educational event as well.

Dr Williamson concluded an entertaining and very useful workshop with the implications within medical education for 'Generation Y', highlighting why we as trainers may need to change/modify what we are doing. In particular, making use of the increasing availability of technology for learning. With his enthusiastic approach to education, he encouraged us all to ensure our education is learner-focused, to get the best from the learners at all times.

What's New in Education in Anaesthesia – The College Perspective

Russell Ampofo, Director of Education, Training & Examinations

*“Management is doing things right;
Leadership is doing the right things” P Drucker*

Commencing with an overview of the four main RCoA strategic objectives designed to support and develop individual anaesthetists throughout their career, the main focus of this presentation was on the current challenges for the RCoA and the developments taking place in response to these. These challenges were put into the context of the challenges facing the wider NHS including the need for cost savings, budget cuts and increases in workforce demands. Data from the Centre for Workforce Intelligence shows a worrying trend in increasing consultant numbers far outstripping the numbers of other members of the multidisciplinary team and yet there still appearing to be a supply and demand problem for consultant anaesthetists in the future.

Recent surveys have highlighted a number of issues being faced by anaesthetists currently, particularly those in training. The GMC National Training Survey 2016 whilst reporting a high level of overall satisfaction, reports that more than 60% of trainees are moved from a training list to provide service cover. Trainers also raised concerns over the lack of provision of a supportive training environment although with the Junior Doctor contract coming into effect for all by August there may (and should) be an improvement in these areas. The full impact of this remains to be seen. At a national level; HEE, the GMC and AoMRC are all working together to improve the lives of junior doctors. Please see the link :
https://www.hee.nhs.uk/sites/default/files/documents/Enhancing%20junior%20doctors%E2%80%99%20working%20lives%20-%20a%20progress%20report_0.pdf

A particular area of concern for the RCoA is morale and welfare, following the response to the RCoA survey which highlighted issues resulting in physical and mental health problems amongst junior doctors. As a result, the RCoA are working on a number of projects including linking with College Tutors and Regional Advisors to find solutions and hosting a number of 'Listening Events'.

To encourage 'investment' in trainees, the RCoA is also promoting sharing of information and good practice. The GMC publication 'Promoting excellence', effective from January 2016 also provides support to both educators and learners.

No talk from the College would be complete without reference to the developments within the current hot topics of Quality Improvement and Perioperative Medicine. Both of these subjects are to be incorporated into curriculums at undergraduate level. For both digital natives & immigrants, the RCoA is running a programme to enhance the use of all aspects of technology. A life long learning e-portfolio is a key feature.

There have already been seismic changes within training and education in the last decade, and this highly informative talk concluded with reference to the RCoA Strategic Plan 2016-21, reflecting the vision for the future for both anaesthesia and the work of the College. As a society with education at its heart, we eagerly await the review of the Education programme coming up in 2017/18.

The Changing Culture of Medical Education: Celebrating Failure - Trudie Roberts University of Leeds

Doctors work in a culture which promotes success and values success. We are also largely individuals who have sailed through school - usually as 'top of the class' - and usually at university without hiccup. We see everybody else's careers developing smoothly and without apparent hitch.

In this context failure can be seen as a huge deal. It can lead to feelings of worthlessness, inadequacy and of letting others' down. Within anaesthesia, failure of a component of the primary or final fellowship is often the first thing that individual has failed and the personal consequences can be huge. This can lead to pressures to succeed which can manifest themselves in cheating.

Prof Roberts encouraged us to consider the potential positive aspects of failure as providing opportunities for growth, development and change, both as individuals and corporately. She explored how the current culture mitigates against this and encouraged us to develop 'safe spaces to fail' in which these can be explored. How this is done will vary from department to department and will involve pressure for change in the regulatory agencies also. Doing so however will help transform failure to something which can be used constructively and in a transformative manner and potentially even something to be celebrated.

Educating to enhance resilience: Shirley Remington

In this workshop, Dr Remington conducted a condensed version of a much longer session, however as shown in the slides on the website, there was no reduction in content. The focus was on how to educate doctors to improve their recognition and perception of stressful events as well as developing coping mechanisms and skills to face these. The initial introduction looked at why resilience is so important and current sources of stress amongst doctors. Resilience defined as the capacity to absorb negative conditions and integrate them into meaningful ways of moving forward has been studied in depth in the fields of child developmental psychology with the earliest reference by Garmezy in 1973. This has been used in other areas such as post-traumatic stress therapy in the military and post event interventions.

There are many models looking at resilience, one of which was the transition cycle, Williams 1999, (a useful diagram seen in the slides on the website), as well as linked developments in trying to understand how to understand and utilise both individual and organisational resilience. It is recognised to be dynamic with certain predisposing traits. These include clear goals and driving values, a sense of self knowledge and a positive response to negative events. There are external factors which affect the ability to develop, maintain and continued resilience such as external and leadership support, and a safe working environment.

There are recognised methods of teaching resilience. Initially, it is about perception of the incident and recognising the process of downward spiral, as well as using methods such as prioritisation and usage of coping mechanisms to promote the "bounce back" process. Other mechanisms include Charney's cognitive restructuring using techniques such as finding a resilient role model, facing your fears and developing active coping skills, as mentioned in the resilience prescription.

Lastly Dr Remington steered the participants towards alternative resources and reading, as well as looking at free online testing and websites like rainybrainsunnybrain.com.

Given the current stresses on doctors and the increasing rate of stress related problems amongst doctors, this is a welcome presentation and one we as educators can use to enhance the support we provide for our colleagues and the coping mechanisms we use ourselves.

Professor Peter Johnson workshop : Departments in the difficulty

Professor Johnson has diverse involvement in medical education from pedagogic research, curriculum delivery, setting and maintenance of educational standards and national educational quality. Despite all his knowledge, interests and widespread positions of influence he presented this interesting workshop in a discussion format, allowing the group to discuss and examine the topic, providing guidance on the recognition of associated difficulties and challenges to improving the learning environment.

The objectives allowed for this format. Professor Johnson facilitated discussion between participants sharing experiences of difficult educational environments. This was used to promote an understanding of educational culture and pointers of how to recognise departments in difficulty, as well as necessary skills to facilitate an improved learning culture.

Professor Johnson has found that departments in difficulty can be found to have unsatisfactory global scores such as mortality rates and patient satisfaction, as well poor national training survey results (both under and post graduate). In departments in difficulty, the latter showed widespread dissatisfaction with teaching, feedback, supervision and placements. Although individuals attempt to improve this at a local level, it is challenging when there are few resources, a high workload and minimal staffing, and a generally negative culture. However, Professor Johnston reiterated that the new guidance from the GMC can be used to empower local trainers in trying to improve and sustain improvement within the clinical learning environment. He emphasised that it is all doctors not just a few individuals, who are obliged professionally and personally to improve the training for future doctors.

Professor Johnson is well placed to comment on departments in difficulty as he has led a number of reviews into failing departments as a result of surveys and feedback. This has a required (a) recognition (b) the ability to communicate this in a way that is consistent and cooperative (c) the resources to support the department and if necessary pressurise the trust in order to facilitate improvement .

This was a thought provoking workshop which made us realise that departments in difficulty demonstrate similar problems that educationalists face on a regular basis, but, for a variety of reasons this then becomes the reason to alter the global educational environment and hence the experience of those who need to learn. Ultimately it is the responsibility of every individual to improve the clinical learning environment and invest in the training of the future NHS doctors

Work schedules and exception reports

In the 2016 junior doctors contract there was no mechanism of ensuring that doctors worked fair hours and were provided with good quality education. NHS employers instituted the requirement for trusts to produce safeguarding measures. These involved the creation of an independent guardian (employed by Health Education England), work schedules (generic and personalised) and the provision for exception reporting.

The generic work schedule are provided to the trainees with their contract of employment. This applies to trainees of the same grade in the same hospital and the same specialty or subspecialty area. In addition, the trainee will have a personalised work schedule (PWS) formulated at the time their initial placement educational supervisor meeting. This will cover areas relevant to training requirements, personal commitments and any special adaptation of the working pattern. It is the benchmark against which the trainee will file an exception report (ER). Sense dictates that it should be very general, make allowances for temporary exceptions but be able to be used to highlight deficiencies either of a patient safety nature or educational.

Filing of more than one exception report will necessitate a review of the PWS with the ES. The ES has ultimate responsibility for assessing the ER and deciding on a course of action, specified as within forty eight hours for patient safety, seven days (especially if payment is required) and under exceptional circumstances, fourteen. If the ES is away, then the responsibility can be given to the nominated CS. In anaesthesia, we only have ES's so this responsibility can be done delegated to a nominated colleague.

The ER is filed either for patient safety, hours of work or educational reasons. The hours reports are assessed by the ES as well as being brought to the attention of the guardian. The educational reports are reviewed by the ES and the Director of Medical Education at the relevant trust. If necessary a fine, the cost of which is stipulated on the NHS Employers website, will be levied on the department.

In addition the ER is discussed at the junior doctors weekly forum, which is scheduled weekly and attended by junior doctor representatives. Senior management is involved in relevant exception report discussion investigations as well as the local BMA representative.

Since the introduction of the reporting system, the majority of the ER's have been related to hours of work and inability to attend teaching as a result of staff shortages and rota gaps. Although this does not support the expectation that there would be a flood of reports, only some specialties have been involved. Anaesthetic specialty trainees will be formally included in the process from August 2017.

Useful links:

<https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract-2016>

<http://www.nhsemployers.org/your-workforce/pay-and-reward/medical-staff/doctors-and-dentists-in-training>

<http://www.nhsemployers.org/your-workforce/pay-and-reward/medical-staff/doctors-and-dentists-in-training/terms-and-conditions-contracts/model-contracts-for-the-2016-contract>

Research & Travel Grants

The SEA large research grant of up to £5000 and is administered by SEA UK. There are small grants which are either £1000 for an educational study, or £500 for a travel grant. The study needs to have ethical approval and adhere to accepted research format. Guidance for this can be found on the SEA UK website. They can not be used to pay salaries, can be used to pay for equipment which will be considered the property of SEA UK thereafter, and can not be used to pay for higher education degrees. The travel grants can not be used to support OOPE visits but can be used to attend an educational meeting to present with the proviso that the individual presents at the SEA ASM.

Applications will need to be submitted by the 31st of October 2017. For further information please contact the SEA UK administrator, Catherine Smith, on administrator@seauk.org.

ANNUAL SCIENTIFIC MEETING

MARCH 19TH 2018



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