

TRAINEES' PERSPECTIVES FROM CHIEF REGISTRARS, WARRINGTON HOSPITAL

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OPENING
TRAINEE
REFLECTION



EXPERIENCE
OF
RESPIRATORY
REGISTRAR



RESULTS OF
SURVEY



EXCEPTION
REPORTING



WHAT DOES
THE
RESEARCH
SAY?



FINAL THOUGHTS

CONTENT





OPENING TRAINEE REFLECTION





**EXPERIENCE OF
RESPIRATORY REG**



Tertiary Centre
placement during
onset of pandemic

Activity-reduced -
Bored!

Redeployed to ITU

Progressed to St6 in
St Helens &
Knowsley

Busy trust in
particularly hard hit
area

Steep learning
curve – teaching
others
simultaneously

Some good
practices – senior
support for decision
making and ITU
MDT

But some difficulties
- perception of "Us
vs them"

Subsequent waves
much greater impact
on mental health
and wellbeing

Many examples of
"Heartsink" cases –
will live long in the
memory

Isolation rules and
staff sickness had
significant impact
with On-call rota

Virtual Teaching –
more negatives than
positives

Significant impact
on training, attitudes,
relationships and
working practices

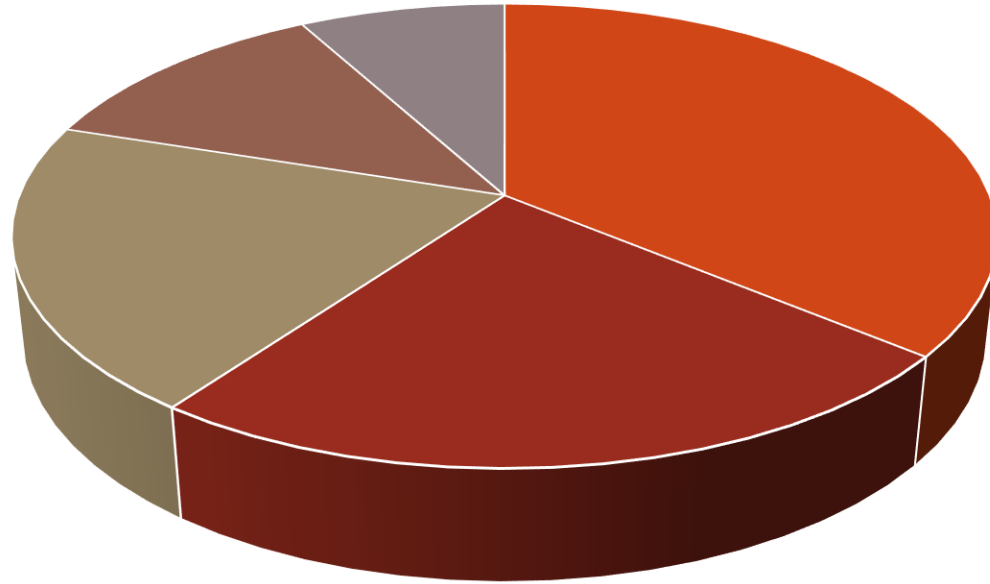




RESULTS OF SURVEY



Grade in March 2020

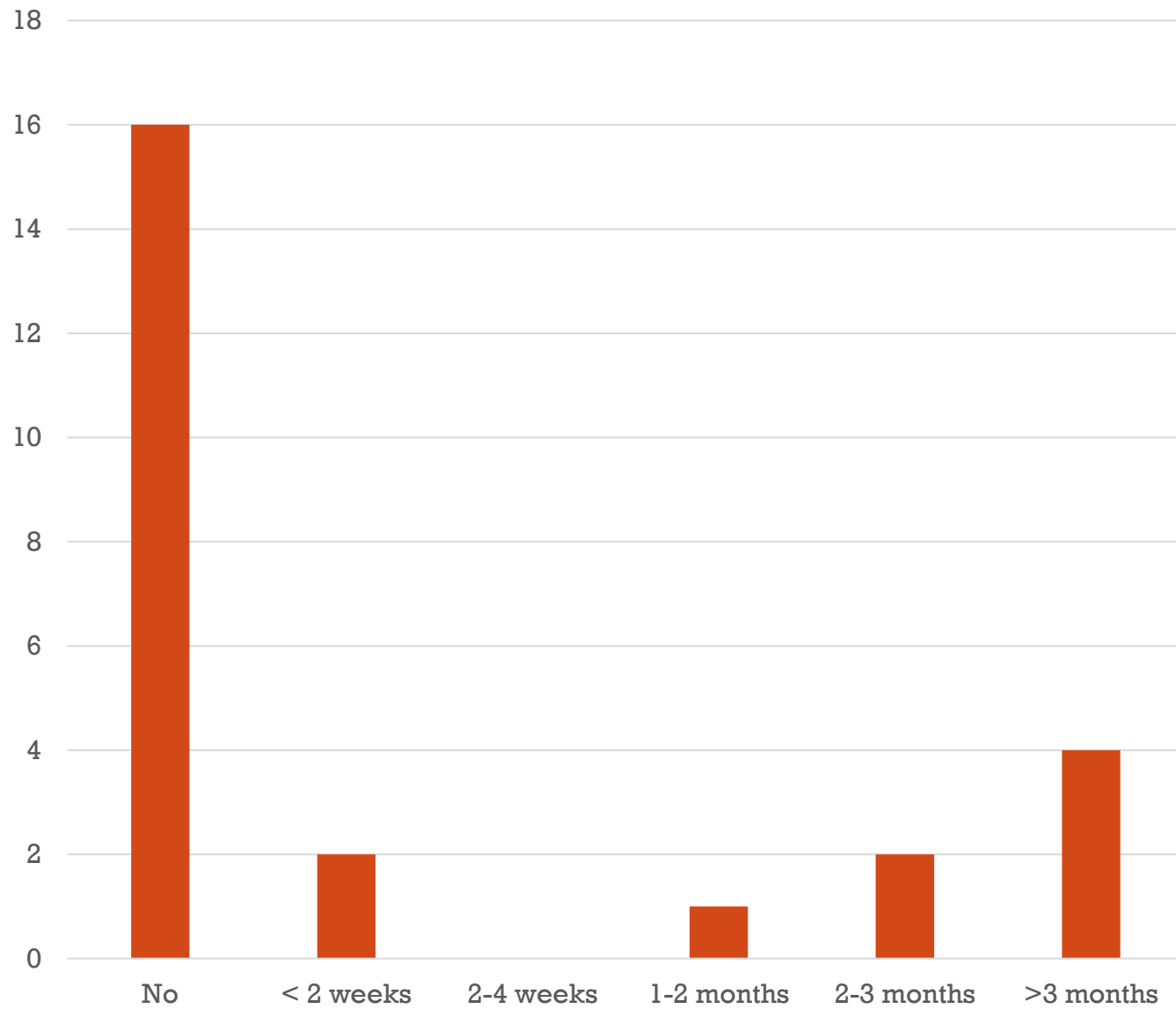


- Medical student
- FY1/2
- ST1/2
- ST3 +
- Junior clinical fellow

GRADE AND SPECIALITY

- Respiratory
- Gastroenterology
- Emergency medicine
- Obstetrics and Gynaecology
- Core Medical training
- Clinical fellow – pre surgical training

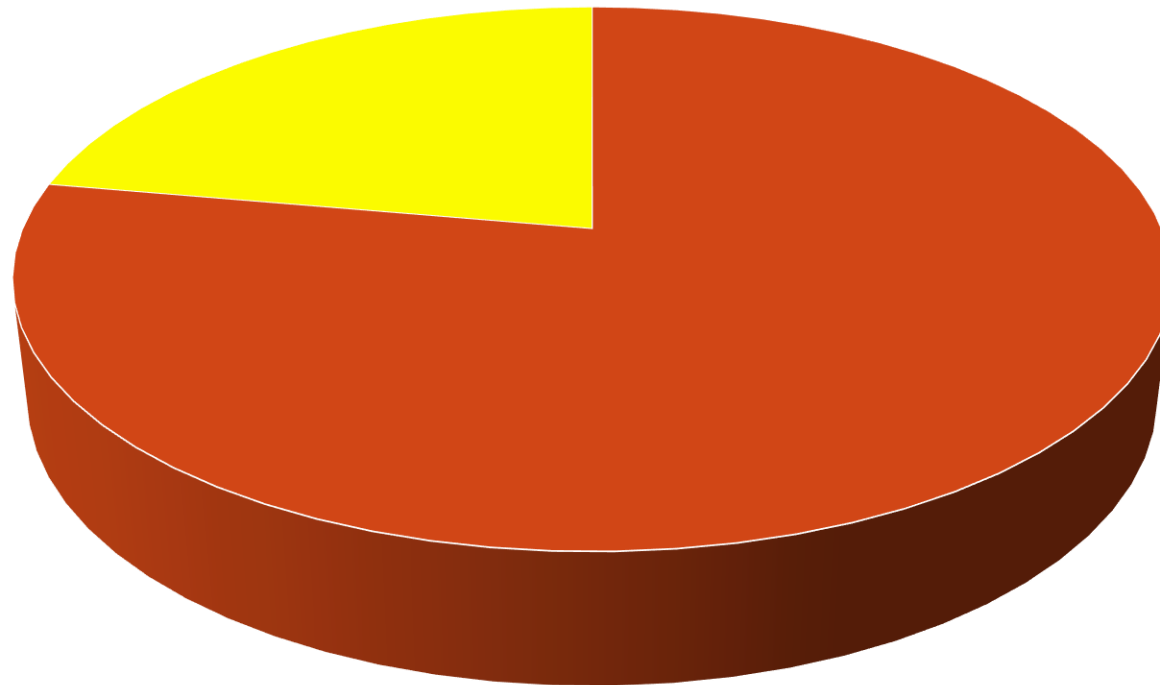




REDEPLOYMENT



SINGLE OR MULTIPLE PLACEMENTS

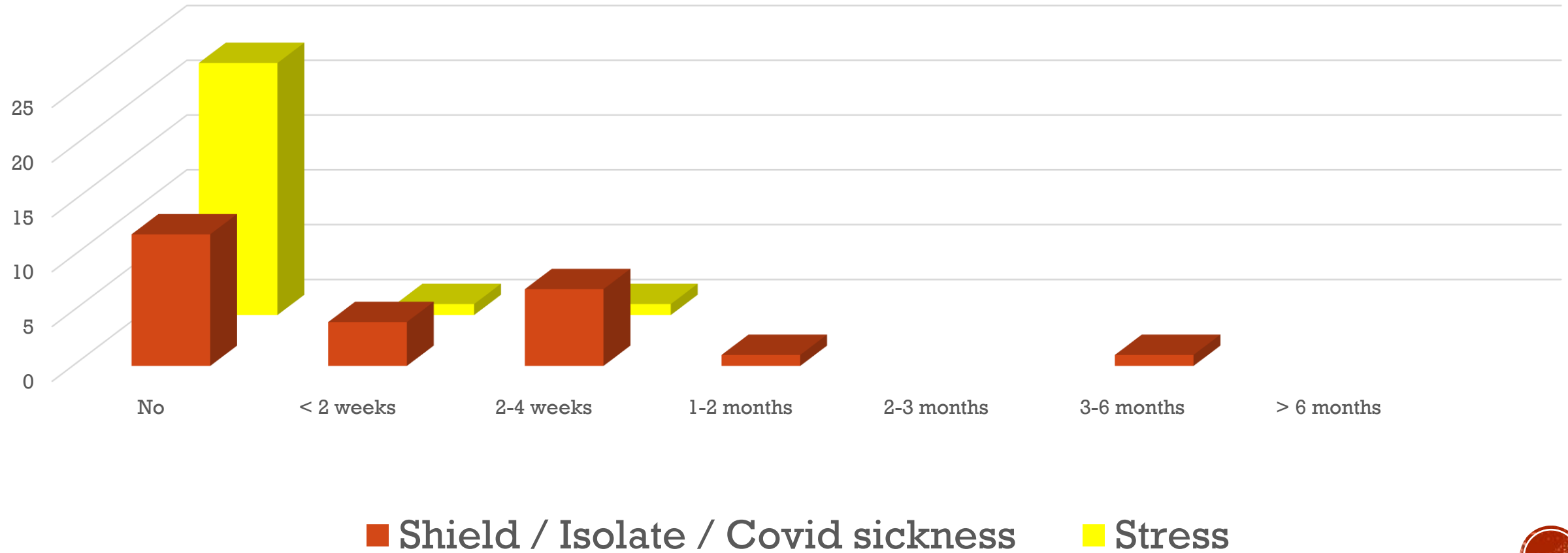


■ Single placement / area

■ Multiple placements / areas



TIME OFF



ARCP OUTCOMES 2020 / 2021

Outcome 10.1 in 2/25

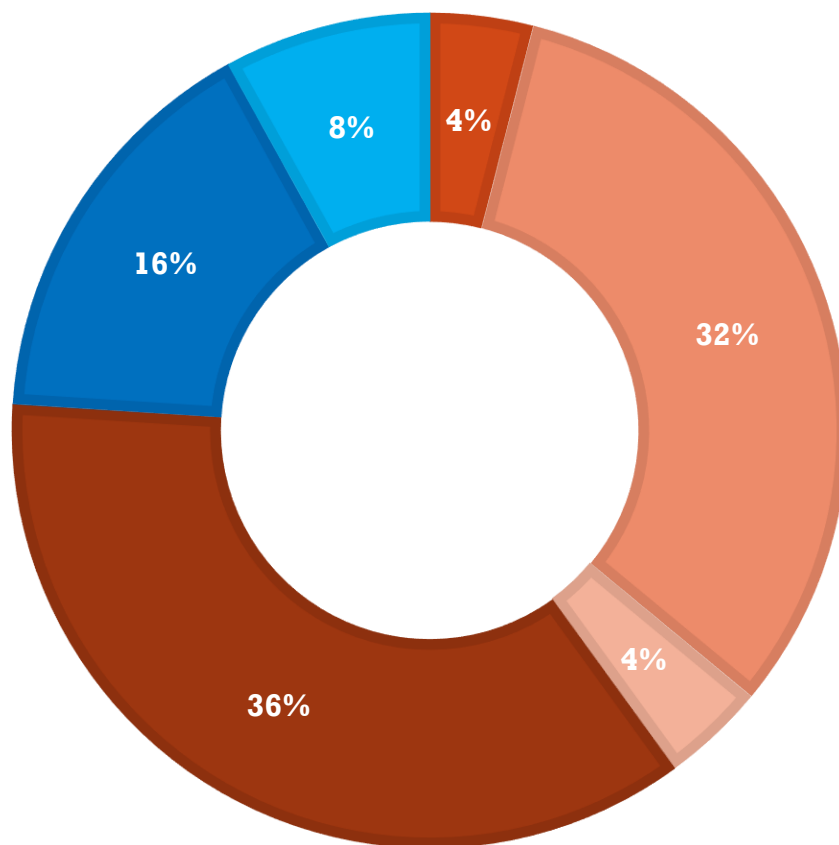
Passed but requirement change due to pandemic 2/25

- Some skills only achievable by skills lab

Not passed 3/25

- No QIP's
- Presentation opportunities limited



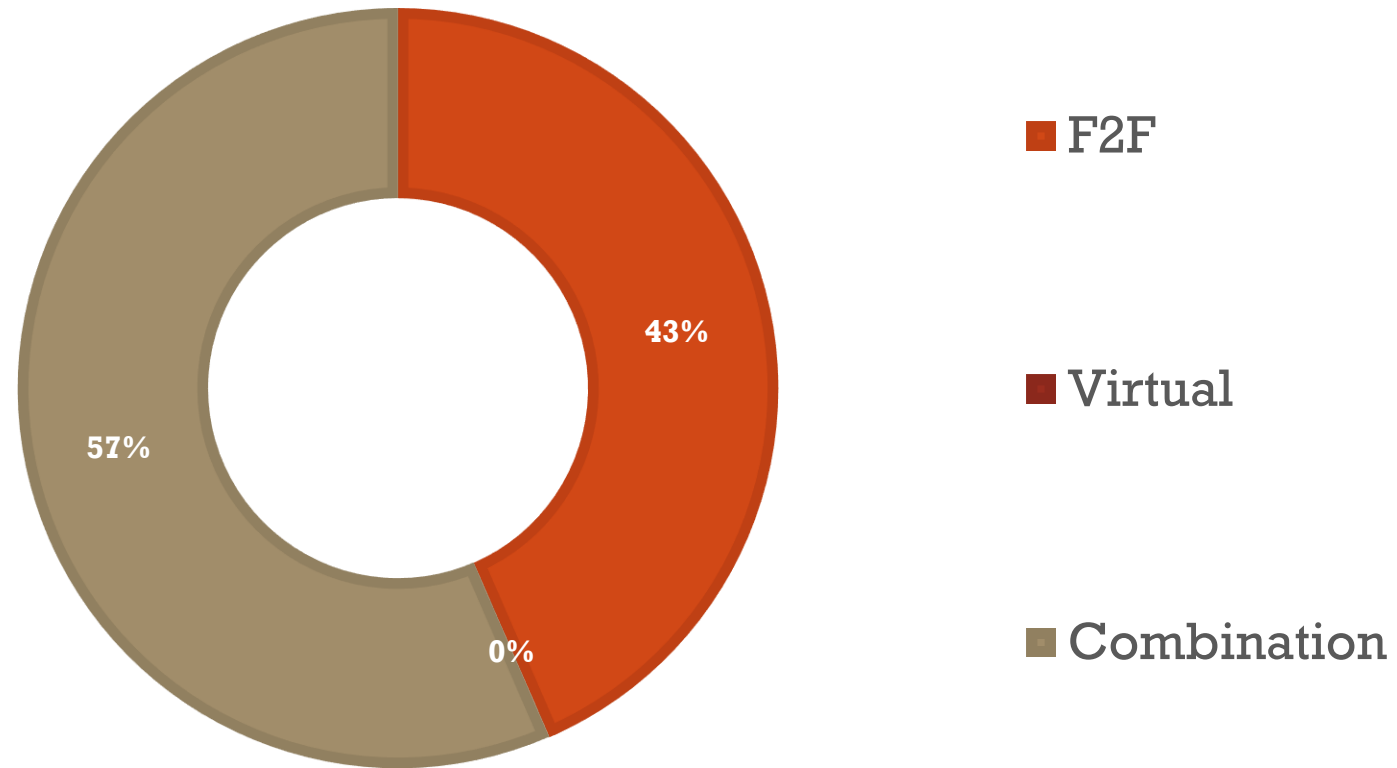


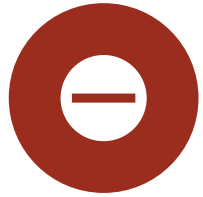
- Yes - F2F
- Yes - Virtual
- Yes - Catch up sessions
- Yes - Combination
- No - Service provision
- No - Teaching cancellation

TEACHING ATTENDANCE REQUIREMENTS MET?



DESIRED TYPE OF TEACHING





Struggle to
concentrate on
virtual
sessions



Opportunity to
meet other
trainees /
socialise



Peer support



Easier to
engage



More
interactive and
educational



Allows for
different
teaching
methods

FACE TO FACE





**ALLOWS YOU TO
ATTEND IF ON
NIGHTS / REST
DAYS**



**DIFFICULT TO
ATTEND FACE
TO FACE IF NOT
BASED AT
HOSPITAL / OFF
SITE**



**LECTURE BASED
FOR VIRTUAL /
FACE TO FACE
FOR
SIMULATIONS /
SKILLS**



**VIRTUAL IS
MORE
ACCESSIBLE,
EASIER TO
CATCH UP ON
RECORDINGS**

COMBINATION



IMPACT OF COVID-19 ON TRAINING

Limited operating time

Didn't complete university – left 6 months early

Cancellation of clinics and endoscopy lists

Paused everything, prolonged training, slows progression

Reduction in teaching

Higher speciality places reduced due to registrars taking grace periods / out of training programmes due to the stress of the pandemic

Difficult to do extracurricular work for CV development and applications

Issues with getting study leave to present due to staffing levels

Put in extra hours in and out of work in order to feel competent with curriculum requirements

Lost experience of general medical job due to redeployment, now feel lacking in this area

Negatively impacted

Good experience as working as support medical student on wards – good experience pre FY1



WHAT DO TRAINEES WANT?

More simulation sessions and courses to be funded

More flexibility in rota service provision to allow theatre / scanning sessions to be attended

Supported training and mentors for trainees who are struggling

Dedicated and protected time during 9-5 shifts away from wards and referas to catch up on endoscopy and clinics

More teaching and skills labs

Additional annual and study leave, dedicated time off to use for training days

Designated buddy system with senior trainees to help with clinical skills and knowledge, so not relying on consultant body who are also very busy

Drop in sessions with clinical education for simulation skills training

Improved staffing to allow for safe levels of staff during protected teaching time

Training sessions to be recorded and sent via email

Be flexible at ARCP, add time to training if requirements are not met

More self development time – that we actually get to use!

No easy way to catch up as training is still suffering



BASICALLY:



Better staffing



Support



Less service provision more training, especially simulations and speciality specific clinics / invasive procedures / theatre



Funding for additional teaching

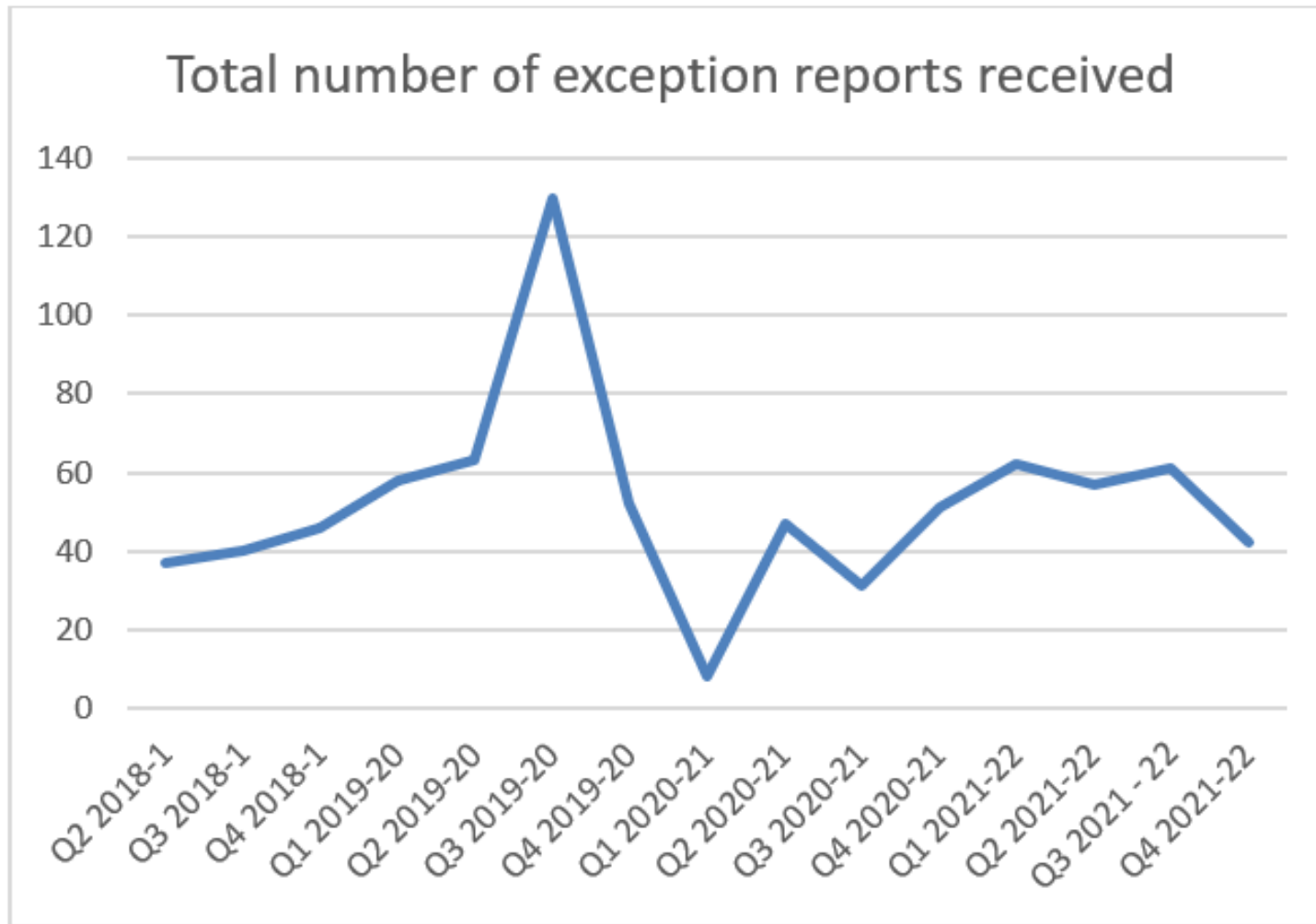


Time – Self development time / study leave / annual leave

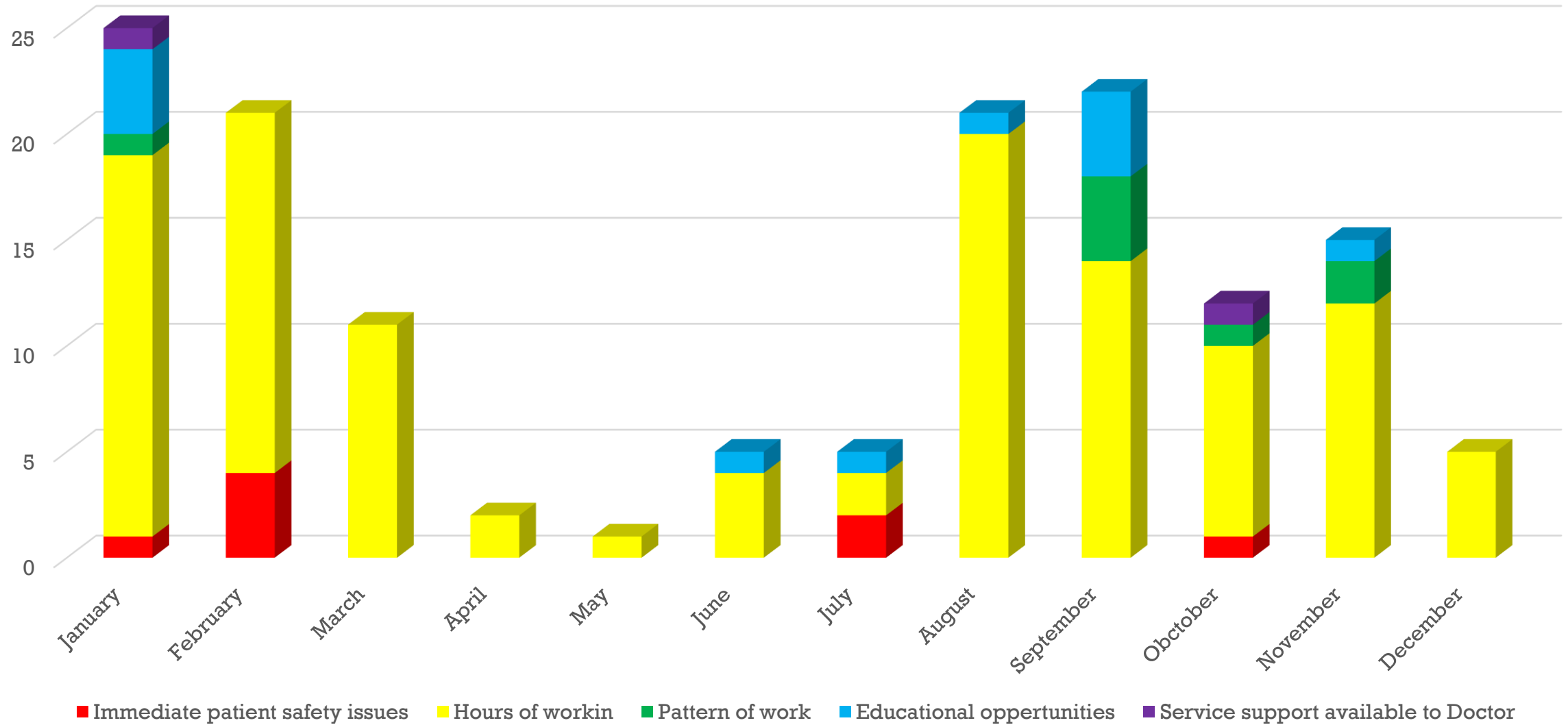


EXCEPTION REPORTS

2018 - 2022



Exception reports 2020





**WHAT DOES
THE
RESEARCH
SAY?**



WHAT CHALLENGES DID JUNIOR DOCTORS FACE WHILE WORKING DURING THE COVID- 19 PANDEMIC?

A QUALITATIVE
STUDY. BMJ

- Doctors are more vulnerable to mental illnesses (such as anxiety and depression) and suicide than the general population. In recent years, including those before the COVID-19 pandemic, UK doctors have reported understaffing, stretched resources, increased workload and burnout.
- **Conclusions**
 - The trauma that junior doctors experienced while working during COVID-19 led to powerlessness and a reduction in the benefit of individual coping strategies. This may have resulted in feelings of resignation. We recommend that, postpandemic, junior doctors are assigned to **consistent teams and offered ongoing support.**



THE IMPACT OF THE COVID-19 PANDEMIC ON TRAINING: A NATIONAL SURVEY OF UK ANAESTHETIC TRAINEES

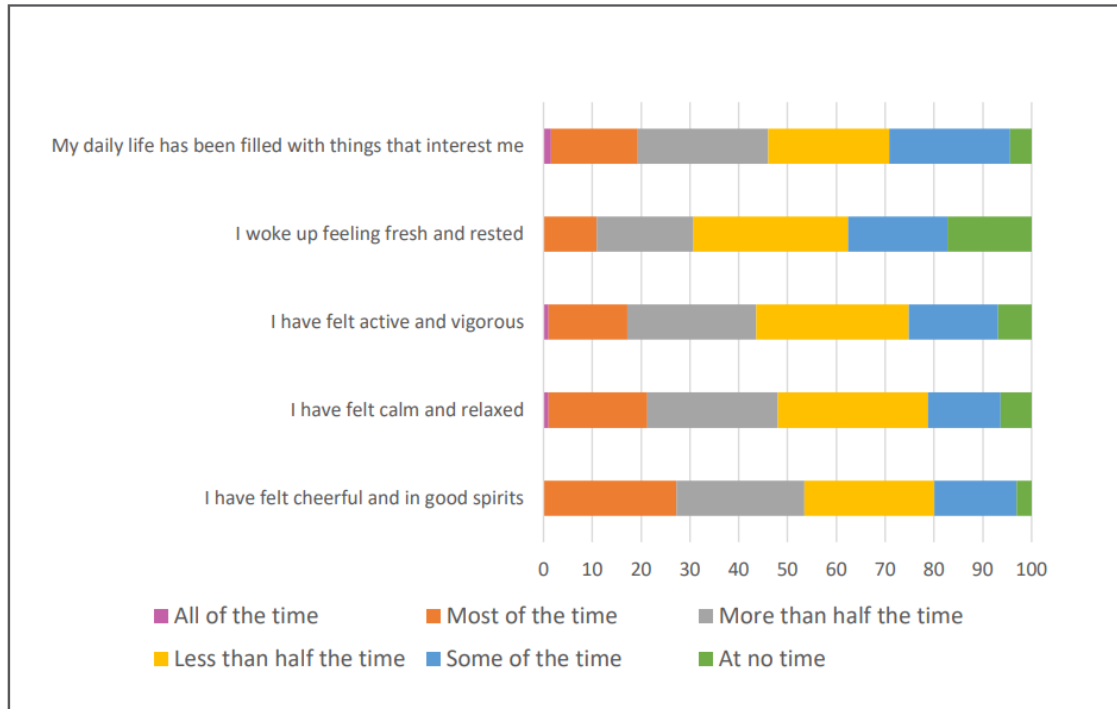


Figure 9. WHO-5 Wellbeing Index: All respondents

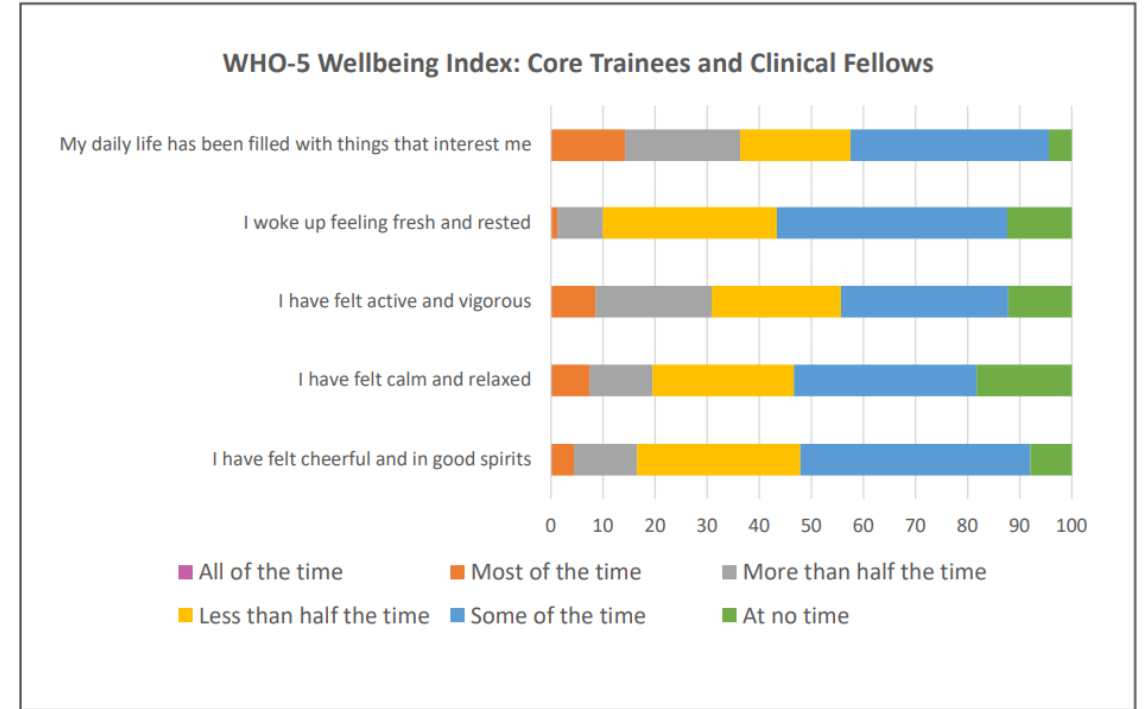


Figure 10. Markers of Trainee Wellbeing: Core Trainees and Clinical Fellows



Table 1 Breakdown of level of complexity during time frame 1

	No. of procedures in which trainees were involved				
	Complex major	Major	Intermediate	Minor	Subminor
ST1 trainees					
Control	11.7 (10, 1–34)	34.8 (30, 1–98)	75.4 (63.5, 8–290)	45.2 (33, 3–196)	33.9 (26, 1–224)
COVID	4.9 (3, 1–22)	18.6 (14, 1–103)	32.0 (19, 1–206)	13.7 (8, 1–115)	9.5 (6.5, 1–72)
% difference	–58.1	–46.6	–57.6	–69.7	–72.0
ST2 trainees					
Control	8.1 (5, 1–57)	15.8 (11, 1–75)	49.3 (41, 1–258)	21.1 (8.5, 1–229)	8.4 (6.5, 1–30)
COVID	7.0 (4, 1–30)	10.1 (6.5, 1–100)	15.1 (9.5, 1–128)	7.3 (4, 1–52)	4.5 (2, 1–16)
% difference	–13.6	–36.1	–69.4	–65.4	–46.4

Values are mean (median, range). Control period, 12 March to 7 July 2019; COVID period, 12 March to 7 July 2020. ST, specialty trainee.

IMPACT OF COVID-19 ON OPERATIVE EXPERIENCE OF JUNIOR SURGICAL TRAINEES

BRITISH JOURNAL OF SURGERY



TRAINEE DOCTORS'
EXPERIENCES OF LEARNING
AND WELL-BEING WHILE
WORKING IN INTENSIVE
CARE DURING THE COVID-19
PANDEMIC: A QUALITATIVE
STUDY USING APPRECIATIVE
INQUIRY

- Suggestions for improvement focused on **rest facilities, rota patterns** and hierarchies, creating **opportunities for reflection** and ensuring **continued educational and training opportunities despite operational demands.**

PAEDIATRIC TRAINEES' TRAINING EXPERIENCES DURING THE COVID- 19 PANDEMIC: A NATIONAL SURVEY

- Themes generated from trainees' most positive and negative training experiences.

Four over-riding themes epitomise trainees' positive experiences of training during the pandemic: **'changed practice', 'new skills', 'extra time' and 'teamwork'**. Within reported negative experiences, four key themes were also evident: **'training', 'clinical experience', 'safety' and 'well-being'**.

FREQUENTLY ASKED QUESTIONS ON TRAINEE PROGRESSION DURING THE COVID-19 PANDEMIC

JOINT ROYAL COLLEGE
OF PHYSICIANS
TRAINING BOARD

- Procedures
 - Q5. Will I be required to go back and prove competency of a procedure if I go into a Group 2 specialty? What happens if I then want to join a Group 1 specialty?
 - If you have missing procedural competencies and enter a group 2 specialty, your new Training Programme Director will assess whether you need to demonstrate the IMS1 requirement to train within your new specialty. In many group 2 specialties there will be no requirement for procedural ability whereas in others (e.g. Medical Oncology, Haematology etc) certain procedural competencies will be required. If you transfer to a Group 1 specialty then you would undergo a gap analysis on transfer and that would highlight the requirement to attain all of the IMS1 procedural competencies before the end of IMS1.
- **Q. How will trainees be supported to gain these competencies in their final year?**
- Q. Who should I speak to if my trust does not have a way of supporting procedures that I cannot perform?
- No trainee should be put in a position as a matter of service delivery of having to perform a practical procedure that they are not competent to perform. The provision of practical procedure training to support the acute take and other aspects of patient care is a clinical governance issue and is the responsibility of the medical director (see Federation statement on practical procedures). Trainees should seek access to suitable training either in a simulation setting or under close clinical supervision depending on the practical procedure and levels of previous training.






FINAL THOUGHTS



RESOURCES

 Supervision of COVID-19 Displaced or Shielding Trainees [View](#) [Sign in](#)

Programme information

Title:
Supervision of COVID-19 Displaced or Shielding Trainees





Description:
An e-learning package written for educational supervisors of displaced/ shielding trainees. It aims to aid, inform and signpost supervisors to key resources as well as define what a displaced/ shielding trainee is and how to recognise if this applies to a trainee. It also aims to help supervisors understand generally how to ensure quality of training and progression while the trainee is displaced as well as how to emotionally support the trainee during their displacement.

Created:
24 Mar 2021

Last Major Update:
29 Mar 2021

Keywords:
Supervision, displaced, trainee, shielding, educational supervisor, educational supervision, supervision, supervisor, displacement, Covid, Covid-19, corona, coronavirus, SuppoRTT, S-STAG, stag

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<https://portal.e-lfh.org.uk/Component/Details/696142#:~:text=Programme%20information,Share%20this%20item>



RESOURCES

- <https://bmjopen.bmj.com/content/11/12/e056122#:~:text=What%20challenges%20did,Spiers%3B%20johanna.spiers>
- <https://anaesthetists.org/Home/Membership/Trainees/The-impact-of-the-COVID-19-pandemic-on-training#:~:text=The%20impact%20of%20the%20COVID%2D19%20pandemic%20on%20training%3A%20a,June%202021>
- <https://academic.oup.com/bjs/article/108/1/e33/6050079#:~:text=Impact%20of%20COVID,Volume%20108%2C%20Issue>
- <https://bmjopen.bmj.com/content/11/5/e049437#:~:text=Trainee%20doctors%E2%80%99%20experiences,Randeep%20Mullhi>
- <https://ep.bmj.com/content/107/1/64#:~:text=Paediatric%20trainees%E2%80%99%20training,uhs.nhs.uk>



**THANK YOU. ANY QUESTIONS
/ COMMENTS?**