Optimal training environment for surgical trainees in a 48-hours week

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BACKGROUND:

Adequate surgical training is becoming a fundamental concerning issue for every surgical trainee, particularly in the current European Working Time Directive regulations. Despite constant effort to optimize the training environment at both trainers and trainees level, complete satisfaction has not been achieved.

AIM:

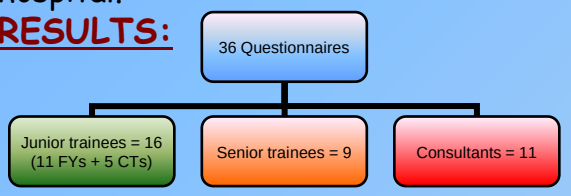
The aim of this study is to identify the optimal training environment from both trainees and trainers prospect.

METHODS:

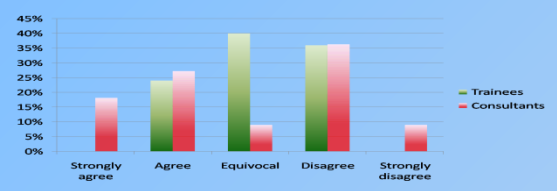
19-items questionnaire about optimal training environment was sent to all surgical trainees in our hospital at all levels (FY1 to ST3+) focusing on Work Based Assessment tools utilization, usage of simulation to optimize surgical training opportunity, how to convert the normal daily activity into a training environment where progression and development can be assessed and how to get the correct balance between service provision and training opportunity without compromising the patients' care.

A similar questionnaire was also sent to surgical trainers (Consultants) at the same hospital.

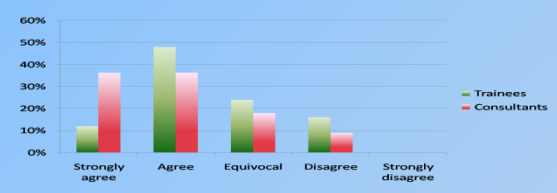
RESULTS:



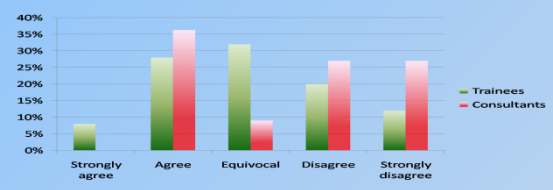
I prefer to be attached to one consultant during each surgical placement



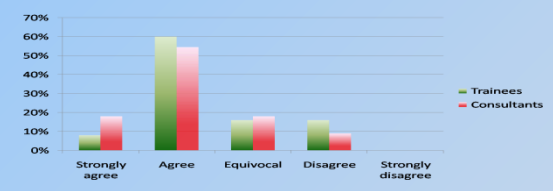
I'd rather be a unit-based/ Ward-based trainee than attached to one consultant



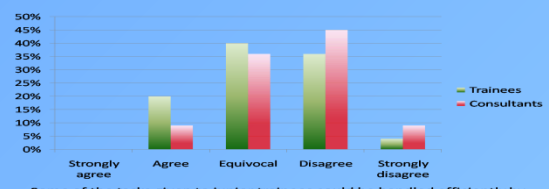
Weekly lectures can overcome the defect in training caused by EWTD?



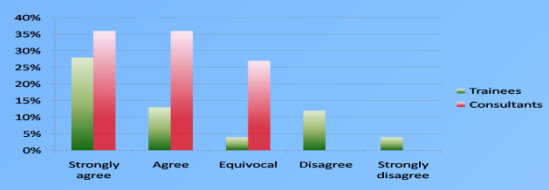
Learning objectives should be trainee-specific rather than grade-specific i.e. it should match individual needs rather than level of training



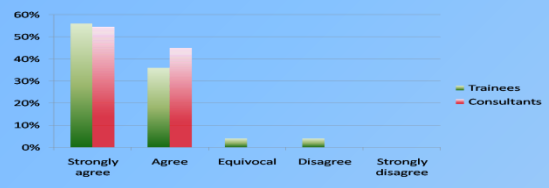
Online-based competency tools (WBAs) can sufficiently demonstrate required competency level achievement?



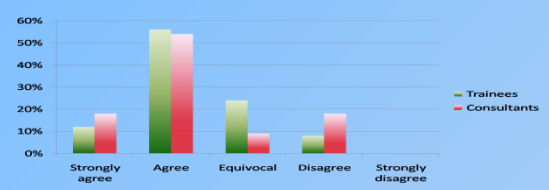
Some of the tasks given to junior trainees could be handled efficiently by other health care professionals to free the trainees for educational opportunities



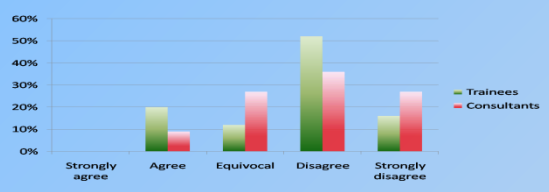
Can the consultant ward round be a good learning environment?



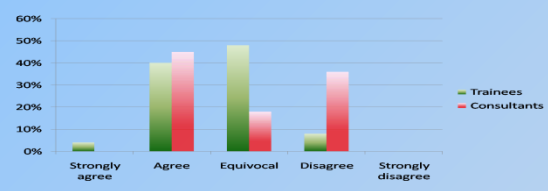
Senior colleagues's clinical commitments and pressure of service provision make supervising juniors to perform new skills or procedures very challenging



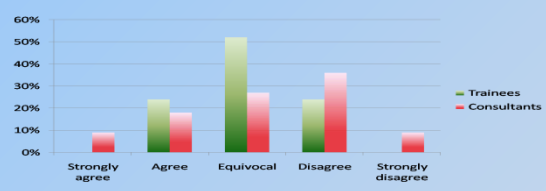
Work pattern does not conflict with my educational requirement



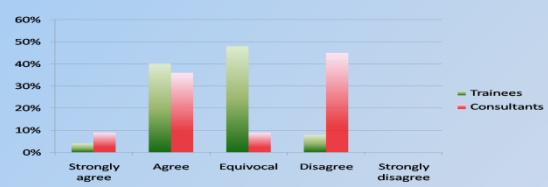
There is always time-pressure against training in the outpatient department



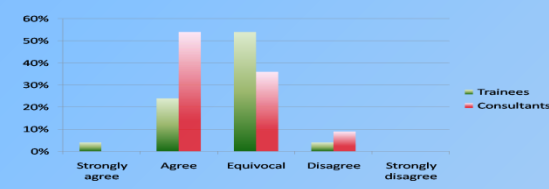
Senior trainees should manage their own complications under distant supervision, well before getting their consultant post.



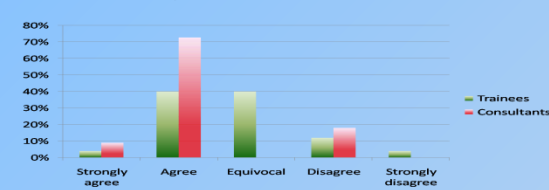
Time pressure in theatre always works against training opportunities.



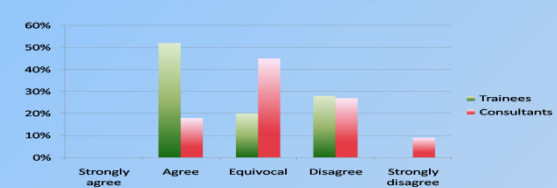
I prefer to perform part of every procedure on theatre list -where feasible- than assisting in most of the list and performing one whole procedure



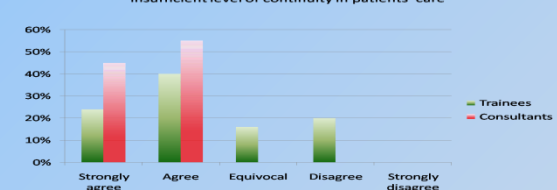
Performing the procedures in parts can be as effective as performing the whole procedures within the same time frame



Procedure Based Assessments (PBAs and DOPs) are very realistic in demonstrating competency in performing the procedures

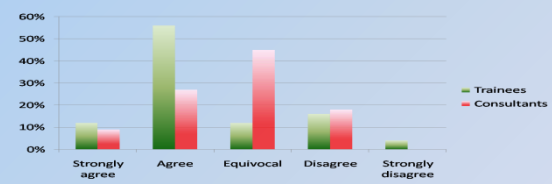


The current working pattern affects the learning opportunity due to insufficient level of continuity in patients' care

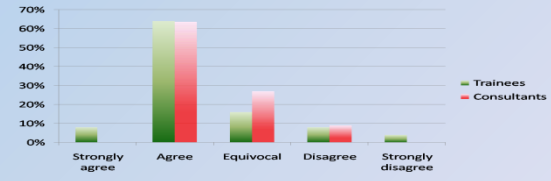


The more senior I get, the less rigidly attached to the shift system I should be to create a constant doctor-patient relationship before becoming a consultant.

Simulation training should be a recognizable tool of assessing competency



Simulation training should be supervised by senior colleagues at the same level like real cases



DISCUSSION

This questionnaire showed wide variation in opinion regarding optimal surgical training environment, even from trainees at the same level of training. Nevertheless, from the consultants' prospect.

CONCLUSION

We strongly recommend a deanery-based questionnaire or even, a nationwide-based questionnaire across all surgical trainees and trainers in order to establish an ideal training environment to cope with the current challenges in surgical training.