Crisis Management for Training for First Year Doctors

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Sessions aims

In this session I aim to describe how I developed my skills as an educator from the time I completed my part one exam through to today. I will outline what I think are the strengths of a clinical background in anaesthesia and/or intensive care as they pertain to teaching acute care medicine to PGY-1 and 2 doctors in New Zealand. I will outline a range of educational opportunities, that are available to all of us, that I found extremely helpful in my development as a clinical educator.

I would also like to outline the challenges that new graduate doctors face and how these differ from my own experience as an intern. Using anonymous survey results of interns I am able to assess their areas of need and how they change over the course of their first year. I will also highlight some of the resources you can use and challenges that you may face if you want to develop a similar course.

My learning so far

I think my development as an educator began after my completion of the primary ANZCA examination. I would give 100 to 200 power-point slide talks on Part One topics. While my intentions were good I now appreciate this was not the best use of time for either the candidate or myself. In formal teaching sessions for the next five years for both ANZCA and CICM examination candidates I employed a similar approach. Ever-increasing detailed presentations that I told candidates they didn't need to prepare for as I had what they needed!

My initial inspiration for committing to teaching my own methods started with an inspirational talk by Charles Gommersall, who suggested the best way to become an excellent teacher was to just get on with teaching and learn as you go! My first realisation that maybe training in education itself would also be of benefit was the ANZCA educators course facilitated by Maurice Hennessy. I strongly recommend this course for every anaesthetist who supervises trainees.

The anaesthetist as clinical educator for first year doctors

I think anaesthesia and ICU have become the major presence in the hospital senior work-force available 24 hours for deteriorating patients. Our hands-on approach and understanding of detection and treatment of a patient who deteriorates makes us ideal teachers for these practical skills. Crucial skills also include our understanding how we perform under pressure and methods to overcome human factors that can contribute to poor outcomes.

Formal training opportunities that are available to us include college workshops, short-courses, DHB, medical council and university workshops. Simulation is a particularly useful way of teaching for clinical practice. You could also consider papers, diplomas and degrees in clinical education. My personal view is these papers are extremely useful if you teaching regularly at the same time. Informal opportunities in education include watching each other teach, running teaching sessions together and surveying your learners on both their needs and your performance.

Challenges the intern faces

I think the intern year is one of the most exciting but stressful years of clinical practice. Potential areas of stress include;

- First job after substantial investment in terms of years, cost and stress
- Expectation versus reality of the job
- Workplace relationships
- Professional behaviours
- SMO burnout
- Student loans
- Oversupply of new graduates

- New environments
- Generational differences in attitudes to work
- Lack of "meaningful" work in some runs
- Career planning

Do not under-estimate how much they want to learn. Watching a first year doctor develop skills and confidence over the year and beyond is extremely rewarding and adds tremendous value to my own career satisfaction.

Development of my acute care programme for house surgeons
I returned to Taranaki as a consultant in 2010. I worked with some of the house surgeons. I was curious as to how they felt and concerned at how independent they are on the wards after-hours, especially when a patient deteriorates. Through anonymous surveys I came to appreciate just how under-prepared they felt for the job and where the gaps in their knowledge and skill were. I started a ten week programme for acute skills with the deteriorating patient. These sessions start with a few concepts and then move into case-based discussions that are designed to be immediately relevant and focused on the learner. I went on develop a monthly simulation programme. Feedback has consistently shown simulation to be the preferred teaching method after the ten week course.

I have also completed some audit work in the management of hypotension in ward patients with no treatment limitations who a first year doctor is typically asked to review. I encourage you to consider your approach to intra-operative hypotension and the marked contrast in detection and correction of hypotension your post-operative patient may experience on a ward.

Advice for developing a teaching programme for interns
Initially this can look overwhelming. I would encourage you to look at what your hospital provides in terms of PGY-1 and PGY-2 teaching. Your RMO unit is useful in this regard. Your prevocational educational supervisors, clinical directors and medical teachers will be able to show you what is currently available and resources you can utilise. Your own house surgeons will be the most valuable resource in terms of needs assessment. I use anonymous survey-monkey polls to establish what is needed. Your own registrars are also a useful resource.

Other groups are interested in the deteriorating patient. This includes the health round-table and the HQSC. The HQSC have developed the national EWS chart, encourage PAR teams and are auditing hospital performance. Your own DHB mortality review committee is very likely to review clinical cases that highlight delayed recognition and treatment of the deteriorating patient. Audit results and clinical cases are an excellent resource for highly relevant teaching material.

Challenges to developing a programme include;
- Time
- Funding
- Fear of failure
- Monitoring the changing needs of the intern group
- Securing the programme as an essential service

All of these challenges can be met and overcome with persistence and a genuine belief that this work is necessary, improves the intern experience and ultimately contributes to a higher standard of care for our community. I am making all of my resources available at year1doctor.com or please feel free to contact me at jonathan.albrett@tdhb.org.nz

Conclusions
I hope to have inspired at least one person here to develop their skills as an educator and possibly even develop or contribute to a similar teaching programme. I have been extremely fortunate that my programme has coincided with national health initiatives. I have also received some formal recognition for this work. The real rewards are in helping young doctors start their careers and watching them grow in competence and confidence.