Maximising Training Opportunities: A handy guide for Trainees and Trainers in T&O

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Being a T&O Trainee has changed dramatically over the last few decades. This is most starkly represented when considering the history of the term, ‘Registrar’. In pre-Calman training, the Registrar was the boss’ right hand man (or woman!). They kept a register of all the patients that were under the care of the consultant.

They lived in the hospital, seemingly night and day; working to ensure the firm kept track of who was awaiting surgery, who was post-op, and where in the hospital they resided. During the firm’s take, the first job of the registrar was to go around the wards and ask Matron how many beds were free so that they could place patients being admitted (whilst keeping a register of whom and where they were). The firm structure worked well, to build a sense of community, teamwork, and apprenticeship. Whilst it is easy to romanticise this method of training, it did lead to exhausting hours, operating in the middle of the night and being “supervised” remotely.

Thankfully, some may say, we don’t live in those days. We must appointed ST3s, “Welcome”. We are in a climate of increasingly robust assessment, appraisal, and reporting of competence within surgical training. Here are a few thoughts from people who have only recently been where you are (stood at the front of a trauma meeting, wishing you hadn’t stopped reading the moment that interview was over)…

Let’s begin with a definition of “good” training:

Good Orthopaedic Specialist Training is the alignment of the right trainee, with the right trainer, in the right environment, at the right time.

Thinking about that definition, there are obviously some things you, as a trainee, can control
and others you can’t. Any aspect of your own training you can mould to your own needs, you should. Equally, as a trainer, you can influence some aspects and not others. Together, the trainer/trainee relationship can be, at best, a thing of (platonic) beauty or, at worst, a waste of everyone’s time.

1. Pre-Job
This one is for both trainer and trainee alike; meet before the start of the job.

Trainees: introduce yourselves; make yourself known to the ward, clinic nurses, and theatre staff. Most importantly, get to know your new trainer. What makes him/her tick? What are their expectations, their pet hates? What is their timetable like?

Trainers: what expectations does your new team member have? What do they need (not want) to move forward in their training and is this achievable? Be clear to outline what you expect from them whilst they are working for you. Be flexible if their training needs cannot be met by solely working with you and help them achieve these by organising extra training opportunities, perhaps with other consultants. A trainer who is familiar with navigating the trainer profile on ISCP makes the administrative side of validating portfolio assessments significantly less laborious.

2. Administration
Working in the NHS is full of administration, forms, and paperwork. Be a help, not a hindrance to each other.

Trainees: look ahead to operating lists in the coming weeks; ask your trainer if they want you to order any kit, or anything special for the cases. Look at the forthcoming clinic lists, prepare the clinics if possible, read the patients’ electronic notes and review their imaging prior to the clinic. Learn how your trainer likes the clinic letters and operation notes to be laid out, and adjust your dictation style accordingly.

Trainers: your trainee has lots of admin too (see ISCP/ARCP). Please help them with their WBAs and Learning agreements etc. They are only valuable learning tools if both sides engage in the process. It is important that trainers should be familiar with the ISCP website, and please validate assessments in good time.

3. Clinics
Trainees: clinics can take a variety of forms in terms of how busy they can be, how consultations are undertaken (trainer and trainee in separate rooms, or trainee observing trainer, or even trainer observing trainee), and the patient mix (new, follow-up, post-ops etc.). Every clinic is an opportunity to further your knowledge, skills, and experience, as well as complete OBDs and CEXs.

Trainers: it is important to understand that all trainees are different. Some trainees may never have done a particular sub-specialty before. Taking the time to explain how you manage common conditions or even writing down how you follow up your common elective cases would be of great help.

4. Theatres
Both trainees and trainers enjoy operating. The privilege of being allowed to put scalpel to skin is what motivates a lot of surgical trainees. However, it is really important to ensure that the operating theatre is not merely a production factory but an arena where learning and training should be nurtured.

Trainees: read up beforehand. There is no excuse for not having read up before an elective list. Don’t be upset if your trainer will not let you do something, from start to finish, on day one. Don’t be afraid of learning steps of an operation over time, before putting them all together. Your trainer is aware that you have indicative numbers to achieve, but surely you want to be an excellent surgeon, rather than a high volume, mediocre one. Also, don’t push for “independent operating”. Having your trainer scrubbed in with you or in the room is how you improve. Operating solo without supervision and feedback is not training!

5. ISCP/ARCP/WBAs etc.
The ISCP and using it to record WBAs as well as achievements, is a vital part of training. Some trainees may not be keen to submit WBAs or input things into the virtual portfolio. However, it must be remembered that it is currently the most robust way of recording one’s progression and achievement of competencies. It will be scrutinised during the ARCP and the accumulated evidence is used when awarding the Certificate of Completion of Training (CCT).

Trainees: Use the ISCP properly – record everything you can in the Portfolio section. This will be assessed critically by the SAC both during and at the end of training. Keeping it up to date is so much easier than a frantic uploading session before an ARCP. Similarly, WBAs are a very good way to get and record feedback, as well as monitoring

“Practice doesn’t make perfect. Perfect practice makes perfect.”
your progression towards competency. Submit WBAs appropriately - discuss with your trainer if they are happy for you to send them an assessment and then make sure you do really reflect; think about what you did well and what you could do better. Equally, use the ARCP process for what it is, a chance to look back over the last year and identify areas where you are excelling and areas where you need further development.

Trainers: Please, please engage with ISCP. If sent an assessment, please have a look at it and, if appropriate modify it or give feedback. Trainees appreciate it can be seen as an onerous task, but it is much better and probably a more accurate reflection when assessments are completed regularly rather than numerous assessments just before the ARCP.

6. On Calls
On calls are important training opportunities as much as they are service provision. There can be a huge variation between working in a Trauma Unit and a Major Trauma Centre both in terms of numbers of admissions and complexity of cases.

Each patient/case should be taken as a training opportunity to find out more about that particular presenting problem or gain further experience in managing that patient in the hospital setting. Other on call duties involve patient reviews and working patients up for theatre, taking referrals from colleagues, consenting pre-op patients, operating on patients and reviewing post-operative imaging. All of these are important technical and non-technical skills which need to be developed into training opportunities.

Trainees: It is extremely important to be organised and efficient. Be punctual for the ever-important handover process. Keep a list of all admissions and ensure that a trainee has seen all new patients. Be supportive to the junior members of the team, and ensure that all important and relevant information is relayed to the on call consultant. All patients should have a management plan and patients requiring surgery should be prioritised and added to the theatre list appropriately.

Trainers: There will be times when your trainee gets it wrong, gets a complaint or even gets bullied whilst on call. It is important for trainers to be supportive of trainees. Errors of judgment or practice can be used constructively to highlight an area of improvement using non-judgmental feedback in a private setting.

7. Teaching
Teaching is important both in terms of overall knowledge acquisition and for consolidating what is already known. Regional teaching and training programmes have been organised for trainees. It is imperative that trainees attend as many sessions as possible. Some Deaneries have attendance at a minimum number of sessions stipulated. Teaching could take the role of providing knowledge or training to juniors or members of the multidisciplinary team.

Surveys of trainees opinions on regional teaching programmes shows that a multi-modal approach with patient case conferences, mock FRCS vivas, cadaveric dissection sessions, and consultant-level lectures focused towards the FRCS exam are best received by trainees. A grand round, journal club or regular consultant led teaching can also be very beneficial.

8. Research and Audit
Research and audit are important components of the T&O curriculum and experience/knowledge of how they should be conducted is expected for the attainment of a CCT. The T&O Specialty Advisory Committee (SAC) were the first to appreciate the importance of experience in recruiting surgical patients into a registered clinical trial, whilst others have purely focused on number of peer-reviewed publications. Clinical audit can become an afterthought for many trainees however it is expected that T&O trainees complete six audits in their specialist training with two being re-audit, to complete an audit loop. It is important to register the audit with the audit department as this provides a log of the work that has been completed. The audit department may also be able to provide help, with a list of patients and by obtaining patient notes. Trainees are required to either recruit five patients OR produce two peer-reviewed publications within six years of specialist training for CCT.

Trainees: BOTA has created a platform for conducting audit and research that provides you with toolkits, project ideas, template data collection forms, and a means to recruit/share ideas amongst fellow doctors. Sign up to www.bone.org.uk and utilise this platform to make completion of audit/research smooth and pain-free - it’s free! If you recruit a patient into a registered clinical trial, make sure you get evidence of this from your research department. Involve juniors (medical students to SHOs) - they are a great resource.

Trainers: Many of you have excellent research/audit ideas. Make sure you discuss the trainees’ goals for audit/research during the initial meeting. Bear in mind that trainees often find it very hard to say no to a project, so as to not let anyone down. Be supportive both in advice and your time to ensure your trainee has ample opportunity and time to conduct audit or research during their placement.
9. Mentoring and Career Advice

Developing a strong mentor-mentee relationship can take time and sometimes a stroke of serendipity. Mentorship is important to motivate others to follow their passion, give back to the orthopaedic community, and shape an enjoyable career path.

Trainees: Always be on the lookout for mentors. Seek out people who inspire you and let them know that you are keen for their advice and support. Pass on the same advice and support to juniors who are coming up. Remember why you chose the specialty and make sure that you and your peers see the enjoyable aspects of the career. Juniors these days are demoralised about their career progression and the light at the end of the tunnel – “the ideal consultant job”. It is important to be proactive and realistic in identifying appropriate subspecialty and fellowship training.

Trainers: Your actions and examples can inspire your trainee to achieve above and beyond any expectations. Training in Trauma and Orthopaedics to how it was five years ago. Take time to learn the challenges faced by the new generation and consider how you can help them overcome these.

Our top tip for careers fulfilment is to have a clear plan, with set, time-based goals. If you do not know what subspecialty you want to pursue, then go and find out! Attend extra clinics and lists to see if you fancy that brand of orthopaedics. Ask consultants about their fellowship experiences and start planning early. Avoid meandering through your training and hoping to stumble upon your dream job. Be proactive, seek advice, stay dynamic, and remain insightful about the challenges ahead.

10. Feedback

A very clever man once said that “feedback is the breakfast of champions” - it is true. As both trainee and trainer, although sometimes a bitter pill to swallow, we must hear, accept, reflect and action feedback to improve.

Trainees: Feedback is what you need. You can never have enough. Your trainer may or may not be very good at giving it, but be aware that any time someone is commenting on what you did, whether well or badly, whether in a formal setting or over coffee, it's feedback. Take it on board and reflect on it. Have the insight to realise that you have six years of being told what you are doing well and what you are doing less well, both are equally valuable.

Trainers: Learn how to give feedback and, regardless of how pointless an exercise you might think it is, let us know it’s coming just before you deliver it. Often, if we are either on top of the world or feeling hugely self-critical, we may not recognise feedback for what it is.

Summary

This article does not pretend to be exhaustive, nor does it cover all aspects of training. The simple take home message is that as a trainee or a trainer, we must work together with a single goal in mind; to create an environment whereby patient, trainee and trainer all get what they want; the best care, the best training and the best working environment.

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References:


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