

# SEA·UK

The Society for Education in Anaesthesia UK

# Summer 2023 Newsletter

*Inside this issue...*

*Cambridge 23rd ASM Keynotes*

*Upcoming webinars*

*Essay competition*

*SEA UK Council Opportunities*

*Educational Grants*

**Editors:**

Dr Sameh Latif, Critical Care Consultant,  
Stockport NHS Foundation Trust

Dr Megan Oldbury, CT3 Core Anaesthetics,  
The Mid Yorkshire Teaching Hospitals Trust

@SEATWEETUK

# Join SEA-UK Today



## Be part of a growing network of passionate educators in anaesthesia across the UK

The Society for Education in Anaesthesia UK is an organisation that works to provide high quality networks and professional development opportunities for education in anaesthesia in the UK and overseas. SEA-UK is here to provide the advice, support and resources you need to excel your career as an anaesthetist, trainer, educator and leader.

There are many benefits of becoming a member of SEA-UK, these include:

### Keeping up to date

Receive updates on the latest developments in educational methods with the biannual SEA-UK newsletter  
Our new website provides the latest updates in education, making it easy to navigate and find the resources you need

### Free webinars

Join and access our webinars for free

### Attending CPD accredited meetings and workshops

Discounted access to SEA-UK conferences and workshops will keep up to date with the latest developments in education in anaesthesia

### Learning from others

SEA-UK online forums provide a space for like-minded educationalists to network and share experiences and discuss future ideas for education and training (available on our website)

### Collaborating with others

Discuss the latest issues and innovations regarding the Royal College of Anaesthetists' training curriculum and the opportunities and challenges for trainees and trainers  
Get support from trainers and educators from across the UK

### Building your portfolio

Submit articles on educational topics for free. These are published in our biannual newsletter or in the RCoA Bulletin magazine  
You will be a member of an organisation that has a national influence on anaesthetic education and development

Thank you for your time and we look forward to you joining us here:  
<https://www.seauk.org/join-seauk>



Kind regards,

Cyprian Mendonca  
President

Peeyush Kumar  
Secretary

Claire Halligan  
Treasurer

Umair Ansari  
Webmaster

# WELCOME

## Letter from the Editors



Established 1999  
 Charity Number 1091996  
 Summer Newsletter 2023  
**Editors:** Sameh Latif and Megan Oldbury  
**Design:** Rachel Holmes 2022

The views expressed by contributors are not necessarily those of the editor or other members of the SEA-UK unless otherwise stated. While every care is taken to ensure that the content of the newsletter is accurate, the editor does not assume responsibility for omissions or errors. The editors reserve the right to edit copy.

### Inside this issue

Join SEA-UK today .....	2
Letter from the Editors.....	3
Letter from the President.....	4
24th ASM advert.....	5
Upcoming Webinars.....	6-7
Cambridge 23rd ASM Keynotes.....	8-19
Call for Election to Council.....	20
Educational Grants Info.....	21
Essay Competition.....	22
SEA UK Membership.....	23

Dear Reader,

A warm welcome to the summer edition of the SEA UK newsletter.

In this edition, you can read the reports from our successful annual scientific meeting covering a wide range of conventional and unconventional career and educational opportunities from speakers such as Dr Steven Bishop and Prof Mark Slack.



The research and scientific talks this year were particularly interesting, especially Prof Andrew Klein’s illuminating talk about “scientific misconduct” with tips and tricks for recognising it, and a stark warning about guarding against inadvertent complicity.

There are many opportunities for our members in this issue including an essay competition (see page 20) and information on how to apply for an educational grant (see page 19). We are always looking for thought-provoking review articles and special features to publish in our newsletters so please get in touch with any interesting ideas or projects that are being undertaken in your region!

Furthermore, we are excited to announce three non-trainee Council posts that are coming up for election. If you are interested in becoming part of our team, please get in touch (see page 18). We look forward to welcoming new members to our Council this year.

Last and definitely not least, I would like to second the president appreciation of the great effort by Dr Rachel Holmes as SEAUK newsletter editor for the last few years. I would also like to welcome Dr Megan Oldbury as a new editor of the SEA UK newsletter.

We hope you will enjoy our summer edition and we hope to see you at our next annual scientific meeting (Basildon, May 2024).

**Sameh Abdullatif**  
 Editor in Chief



@SEATWEETUK

**Megan Oldbury**  
 Junior Editor



*Featured photograph page 1  
 View of Lake Windermere from  
 Ambleside  
 Megan Oldbury 2020*



The Society for Education in Anaesthesia UK

## Letter from the President

*Professor Cyprian Mendonca*



### Welcome to the SEA-UK Summer (2023) Newsletter

It is that time of year to boost Vitamin D stores. I am sure you are all looking forward to a well-deserved summer break and some sunshine. It is reassuring to see continued increase in educational events relating to teaching and assessment. As educators, it is important that we incorporate reflective practice into our teaching activities. This includes lessons learnt from personal practice along with student and peer feedback.

This year in May, we held our 23<sup>rd</sup> annual scientific meeting in Cambridge. This was a very successful meeting with talks on supporting neurodivergent trainees and unconventional career opportunities. Summary of our annual scientific meeting talks have been included in this newsletter.

Our new logo and emblem were approved at our annual general meeting on 15<sup>th</sup> May. Many thanks to Dr Rachel Holmes on her work in designing the new logo. Dr Sue Walwyn, Dr Rachel Holmes and Dr Claire Mallinson recently completed their terms in the council. I would like to extend our sincere thanks to them for their contribution to the growth of SEA UK over the years. I am also very pleased to welcome Dr Megan Oldbury and Dr Satya Francis to the council.

We continue to run free webinars, giving the opportunity for our members to keep up-to-date with new developments in medical education. In collaboration with the Association of Anaesthetists we have a webinar on 31<sup>st</sup> August giving practical tips for trainees preparing for the FRCA exam. Our webinar on 14<sup>th</sup> November aims to explore Anaesthesia and the Inverse Care law: How to balance the needs of patients with the needs of the anaesthetic workforce.

Furthermore, we are delighted to continue to provide four educational grants each year for members of SEA UK. Medical students and postgraduate trainees are also encouraged to take part in our yearly essay competition.

Next year's ASM is scheduled for 20<sup>th</sup> May 2024 in Basildon. Please save the date and visit our website for further details.

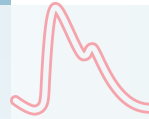
Wishing you all an enjoyable time and well-earned break this Summer.

Cyprian Mendonca

# Basildon 2024

# The 24th Annual Scientific Meeting

# 20th May 2024



# SEA·UK

The Society for Education in Anaesthesia UK



## SOCIETY FOR EDUCATION IN ANAESTHESIA

## 24th Annual Scientific Meeting 20th May 2024

Orsett Hall Hotel,  
Prince Charles Ave, Orsett,  
Grays RM16 3HS

Mid and South Essex NHS Trust  
Basildon • Southend • Chelmsford



### Education in Anaesthesia - Going into the Future

- » Greener anaesthesia: patient and environment protection
- » Future of training: AI technology to enhance the learning experience
- » Future of consent within anaesthesia - implications
- » Supporting trainee progression at each step
- » Expanding anaesthesia workforce - merging professions

- Assessment needs for neurodivergent trainees - the practical aspects
- Supporting doctors in difficulty
- Addressing concerns around differential attainment
- CESR route - clearing the path
- Organising formal teaching - courses and simulations - behind the scenes
- Poster presentations with exciting Prizes





## SEA-UK Webinar August 2023



# FRCA EXAM - ROAD TO SUCCESS

Thursday 31<sup>st</sup> August 2023





## SEA-UK Webinar November 2023

**SEAUK** Webinar

### Anaesthesia & the Inverse Care Law: How to balance the needs of patients with the needs of the Anaesthetic Workforce

Online

Register here or use the QR code: <https://tinyurl.com/SEAUKweb23>

14<sup>th</sup> November 2023

18:00 – 20:00

[www.seauk.org](http://www.seauk.org)

 @SEATWEETUK



# Cambridge 23rd ASM Keynotes



## Trainee Support and Development

# Supporting the Trainee with Neurodiversity

**Dr Jennifer Taylor**

**Consultant Anaesthetist, University Hospitals of Leicester  
NHS Trust**

*Summarised by Dr Tracy Langcake, SEA UK Council  
Member*

Dr Taylor wanted to address the difficulties facing neurodivergent trainees and the journey she had during training. Firstly, it is important to understand what is meant by neurodiversity – ‘The range of differences in individual brain functioning and behaviour traits, regarded as part of the variation in the human population’. In other words, it is expected that there are differences in the way we all think and behave.

There are a few important things to remember - not everyone who is neurodivergent has a diagnosis or can be diagnosed; there are a wide range of neurodivergent diagnoses (dyslexia, dyspraxia, OCD, autism - to name a few) and, depending on where you look, up to 15% of the UK population are thought to have some neurodivergence. Why then is it seen as a ‘bad’ thing, rather than celebrating our differences and utilising our different strengths and weaknesses for a better workforce.

Dr Taylor began her anaesthetic journey in 2010 and has experienced multiple difficulties throughout the years, but what she found most difficult was being labelled as a ‘failing trainee’, simply because she did not conform to the typical way of thinking or managing the curriculum. She has successfully completed a Masters and attained CCT in January 2023.

Dr Taylor wants to use her own experiences to highlight the difficulties faced by neurodivergent individuals, even if they may not have an official diagnosis. It is also important to understand that people might not be willing to divulge that they are neurodivergent.

There are several clues that could hint that an individual is neurodivergent: comments about bluntness on MSF; difficulty with paperwork; difficult relationships with colleagues; poor paper trail; task focused; awkward in society; desire for structure; clinically good but struggling with exams – this is not an exhaustive list, but some things to look out for.

From her own experiences Dr Taylor advises that if you think you are dealing with a neurodivergent individual, ask them what works for them or what adjustments can be made to help them achieve the tasks they need to. For instance, for her things are easier when there is a clear structure, when things are ambiguous it can be overwhelming and more difficult. She also found mentoring and coaching to be beneficial.

She concluded her presentation with a number of helpful resources:

[Bdadyslexia.org.uk](http://Bdadyslexia.org.uk)  
[Dyspraxia.com](http://Dyspraxia.com)  
[Autisticdoctorsinternational.com](http://Autisticdoctorsinternational.com)



# Cambridge 23rd ASM Keynotes



## Trainee Support and Development

# Equality and Diversity in Medical Education

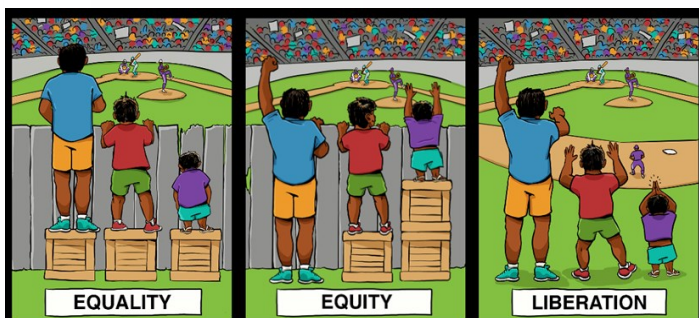
**Dr Brigit McWade**

Lecturer in Medical Sociology, Lancaster Medical School

*Summarised by Dr Cliff Shelton, Scientific Officer*

When the National Health Service was established 75 years ago, it was founded on the principles of being free at the point of use, comprehensive, and available to all. Despite this laudable focus on equity, the intervening time has illustrated that inequalities are pervasive in healthcare and profoundly difficult to overcome. The social determinants of health are well known, including economic, educational and cultural factors. The impacts of these factors are not limited to patients, however. They have far-reaching impacts in medical education, including the capacity to amplify health inequalities for patients. As such, educators in anaesthesia should have an awareness of how to support diversity and overcome inequalities amongst learners.

Dr McWade's presentation introduced the concepts of equality - 'treating everyone the same', equity - 'supporting people to achieve the same outcome', and justice/liberation - 'removing structural barriers' (figure 1). Clearly, the latter is the aspirational goal, but in the interim, equity is the optimal approach. This may include, for example, reasonable adjustments for learning or assessments, or financial support for learners in need.



**Figure 1.** Graphical representations of equality, equity and liberation.  
Image Credit: Center for Story-based Strategy (<https://www.storybasedstrategy.org/the4thbox>) and Interaction Institute for Social Change (<http://interactioninstitute.org/>)

Dr McWade went on to describe some of the evidence for differential attainment in medicine, which was replete with sobering statistics. Perhaps most striking was the impact of financial disadvantage – studying medicine is an expensive endeavour, yet medical students and doctors may find it difficult to access support due to an assumption of wealth. A concept that is increasingly prominent in public discourse in the context of the current industrial action.

Dr McWade's presentation served as an effective reminder that equity, diversity and inclusion is a core duty of all medical educators. If we are to provide an equitable service for patients, a key foundation is an equitable medical workforce. If you want to know more, a series of relevant links and resources are provided.

Data on differential attainment in the Fellowship of the Royal College of Anaesthetists examination: <https://www.rcoa.ac.uk/sites/default/files/documents/2019-09/Differential%20attainment-FRCA-curricular%20components.pdf>

Recent data on the demographics of the UK anaesthesia workforce: <https://www.rcoa.ac.uk/sites/default/files/documents/2020-11/Medical-Workforce-Census-Report-2020.pdf>

The Royal College of Anaesthetists analysis of future workforce needs: <https://www.rcoa.ac.uk/policy-communications/policy-public-affairs/anaesthesia-fit-future/anaesthetic-workforce-uk-state>

Royal College of Anaesthetists Equality, Diversity and Inclusion strategy: <https://www.rcoa.ac.uk/about-us/strategy-vision/equality-diversity-inclusion>

Association of Anaesthetists Diversity and Equality policy: <https://anaesthetists.org/Home/Resources-publications/Diversity-and-equality>

Association of Anaesthetists resources for anaesthetists-in-training, including signposting to support on pay, parenting and wellbeing: <https://anaesthetists.org/Home/Membership/Trainees>

A short article on 'ThisGirlBlocks', a campaign that seeks to narrow the gender gap in regional anaesthesia training: <https://esraeurope.org/newsletter/article-posts/narrowing-the-gender-gap-supporting-women-in-regional-anaesthesia/>

# Cambridge 23rd ASM Keynotes



## Trainee Support and Development

# Interprofessional Education and COVID-19

**Dr Cliff Shelton**

**Consultant Anaesthetist, Manchester University NHS**

**Foundation Trust**

**Senior Clinical Lecturer in Anaesthesia, Lancaster Medical School**

*Summarised by Dr Umair Ansari, Webmaster*

Dr Cliff Shelton very kindly and at very short notice volunteered to cover a gap in the annual scientific meeting programme. He chose to speak to us about interprofessional education and the great role it played when preparing and planning during the Covid-19 outbreak.

The idea of planning brought about a multitude of challenges, many of which were common I suspect across the nation. There was clearly a need to have a strategy to maintain safety whilst ensuring infection control and the function of being able to do our job was made as easy as possible. There was also an influx of new members of staff to complex areas, such as intensive care, where nurses and operating department staff were drafted in, some never having experienced that environment before.

The way in which Dr Shelton and his team met this challenge was by utilising both high and low fidelity simulation, to test systems and processes that were pre-existing, and designing new pathways to deal with the complexities of doing these jobs whilst wearing PPE (personal protective equipment). They utilised in-situ simulation and enlisted both participants (in various roles) and observers to learn the new protocols. The simulations covered many scenarios including intubation, proning and trialing intubation boxes. They even simulated bed pushing down a corridor!

The simulations proved the need to customise protocols, and this required insight from the entire team including patients, porters, ODPs, simulation practitioners, nurses and doctors. Once these were formulated, they were piloted on patients who were enrolled into the test programme.

There were some protocols that required comprehensive overview and for these Dr Shelton's team used a MDT approach, asking for help across healthcare professionals to optimise them. The take home messages from this talk for me were, we always have something to learn from other healthcare professionals and team working works best in collaboration with others.

The work that Dr Shelton did with his team has led to the appointment of a permanent simulation lead for his department (which is, of course, an ACSA standard). They have also started monthly critical incident training in-situ in theatres. His tips for starting somewhere were using the SimMON® app which is relatively cheap and can offer a method of presenting monitoring in an in-situ environment. He also mentioned the very important need for buy-in from all staff members involved as well as being flexible with sessions provided. Finally, some form of CPD points or sign off for mandatory training really helps people get involved.

Overall, a fascinating take on how interprofessional education and interprofessional collaboration was used to better prepare and plan for COVID-19.

## Cambridge 23rd ASM Keynotes

### Trainee Support and Development

# Unconventional Career Opportunities 1

**Prof. Mark Slack**

**CMO and Co-founder of CMR Surgical  
Consultant Gynaecologist, Cambridge  
Associate Professor, University of Cambridge**

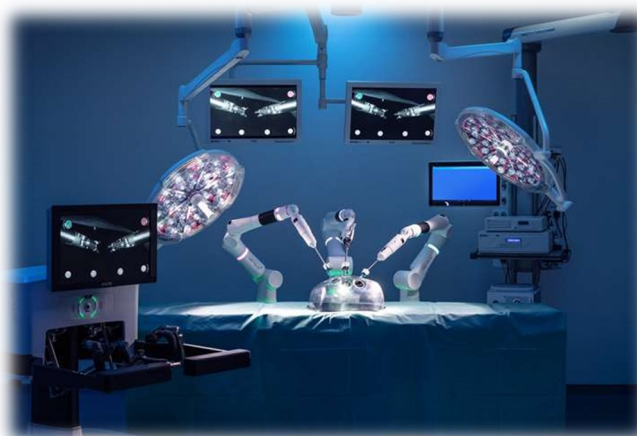


*Summarised by Dr Claire Halligan, Treasurer*

This was a fascinating talk surrounding the building of a robot for surgery. The negative outcomes from poor surgical procedures were presented which made for compelling evidence for the use of robotics in surgery, with a statistic of >90% of surgical deaths being due to human error. Minimal access surgery (as is done by robots) also has the benefit of a reduction in hernia rates, reduced pain and infections according to data presented by Professor Slack.

As a medical entrepreneur Prof. Slack saw the need for a new improved robot and had the medical knowledge and clinical experience to back this up. This resulted in the production of a robot with similarities to the human arm. It is clearly a lengthy process going from conception to project completion and this presentation gave insight into the hurdles that need to be overcome and the possibility of failure.

Professor Slack gave an inspiring and interesting presentation on a career pathway outside the usual medical one and demonstrated how clinical knowledge and knowledge of the “system” can be utilised to enhance other career pathways.



(CMR Surgical's Versius Robot)

Photo credit: [cambridgeindependent.co.uk](http://cambridgeindependent.co.uk)

## Cambridge 23rd ASM Keynotes

### Trainee Support and Development

# Unconventional Career Opportunities 2



**Dr Steven Bishop**  
Director of Clinical and Artificial Intelligence at Flok Health, Cambridge

*Summarised by Dr Claire Halligan, Treasurer*

A fascinating talk on a different career pathway coming from a medical degree. Steven started with a Computer and Science degree before medicine and embarking on the usual hospital career pathway in anaesthetics before following his entrepreneurial spirit coupled with his computer background. He acknowledged that leaving medicine wasn't an easy decision but in order to thrive in his new career pathway it was necessary and encouraged the audience not to shy away from doing the same if it aligns with your goals. He talked about the skills and attributes of medics that are really useful in other career pathways and acknowledged that being an entrepreneur isn't for everyone!

He encouraged anyone that is thinking of pursuing a different career pathway to reach out and speak to people who have already done so as they can advice on strategy and potential pitfalls.



Photo credit: <https://flok.health>

## Cambridge 23rd ASM Keynotes

### Trainee Support and Development

# Unconventional Career Opportunities 3

**Dr Simon Lambden**  
**Chief Medical Officer, Inotrem SA**



*Summarised by Prof. Cyprian Mendonca, President*

Dr Simon Lambden presented his personal experience of success and failures in his career with emphasis on what motivated him to choose an alternative career. He recalled a quote from George Orwell “Autobiography is only to be trusted when it reveals something disgraceful. A man who gives a good account of himself is probably lying, since any life when viewed from the inside is simply a series of defeats.”

Dr Lambden’s career path was mainly driven by failures at various levels. Some of them are minor failures and, at some stages, decisions were taken involving major risks.

He discussed how exams are rate limiting steps to personal development. An important message to trainees is to complete the exams in the early part of your career, so that you have plenty of time to explore a huge range of opportunities.

An educational fellowship gave Dr Lambden the opportunity to undertake high fidelity simulation research and publications. Subsequent academic clinical fellowship (NIHR) promoted his interest in developing precision medicines for inflammatory disease. Initially, he rolled out a biotechnology company (Critical Pressure Ltd) in 2016 to develop new therapies for diseases mediated by endothelial dysfunction. The wealth of experience gained from this encouraged him to climb up the ladder further.

Now he is chief medical officer at Inotrem, a Paris based biotechnology company that is focused on developing novel therapies targeting the TREM-1 pathway, an important regulator of the innate and endothelial immune response in acute and chronic inflammatory disease.

Dr Lambden’s talk highlights reliable alternative career pathways exist for clinicians. These alternative pathways provide different experiences, opportunities and challenges. There is, of course, a spectrum of risk associated with some career options. Acceptability of risk is a personal choice and determines what options an individual may choose.

# Cambridge 23rd ASM Keynotes

## Trainee Support and Development

# Unconventional Career Opportunities 4

**Dr Tim Baker**  
**Consultant Anaesthetist, Cambridge University Hospitals**

*Summarised by Prof. Cyprian Mendonca, President*



Dr Tim Baker gave a brief account of his experience in setting up quality improvement projects to enhance patient experience. He shared his experience of creation and use of medical data systems.

Dr Baker identified that there are times when patients in critical care units are not able to communicate their needs with staff and relatives and so, he developed the ‘MyICUvoice’ app after recognising the urgent need for his patients to communicate their symptoms and emotions when they were unable to speak. In addition, the app has shown to help nursing staff to detect symptoms that otherwise might not have been detected.

Dr Baker also developed a peri-operative data model which allows capture and analysis of various symptom-based data sets to improve patient outcome. His key message regarding career opportunities is to be actively doing things as he explained the “worst activity is inactivity”. One should focus on the outcomes and work around the hurdles. Networking and collaboration are vital for developing innovative ideas.

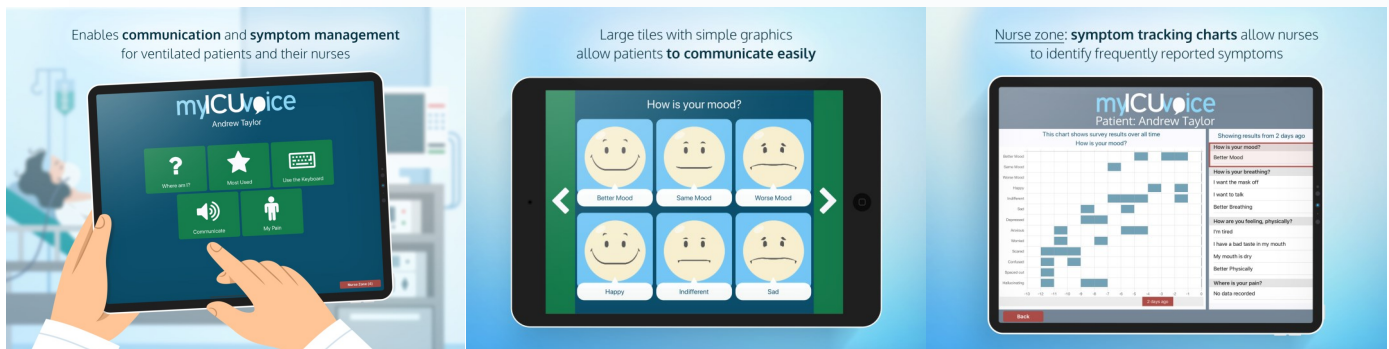


Photo credit: <https://iteamsonline.org/myicvoice-scaling-in-a-pandemic/>

# Cambridge 23rd ASM Keynotes

## Trainee Support and Development

# Educational Fraud

**Professor Andrew Klein**

**Consultant Cardiothoracic Anaesthetist, Royal Papworth Hospital**

**Editor in Chief of 'Anaesthesia'**

*Summarised by Dr Sarah Fadden, SEA UK Council Member*

This compelling talk, delivered by the Editor-in-Chief of 'Anaesthesia', Professor Andrew Klein, was illuminating and perturbing in equal measure. Myriad examples of "scientific misconduct" were described, accompanied by tips and tricks for recognising it, and a stark warning was imparted about guarding against inadvertent complicity.

Whilst plagiarism and duplicate publication are perhaps more conspicuous forms of scientific fraud, manipulation of images and data (the latter comprising fabrication and falsification) are also indefensible. Professor Klein revealed that 1.9% of scientists have apparently admitted to falsification of data and, even more worryingly, nearly 15% of them believe that colleagues have been guilty of it. 14% of 526 randomised control trials (RCTs) submitted to 'Anaesthesia' during the period 2017-2020 were found to contain false data. If we consider that this is merely the percentage identified for just one type of study, during a short period of time, by a single journal (and one that employs strategies to specifically seek out falsification of data) then one can only begin to imagine the full extent of the problem.

Technology, such as 'bots' (for example the chatbot ChatGPT), has played a huge part in the rise of educational fraud. Professor Klein's advice is that "nature is random" so data that looks too perfect to be true has probably been fabricated. A number of journals, including 'Anaesthesia', require individual patient data to be provided as part of any RCT submission. Technology was even key to Mario Schietroma's modern-day equivalent of "the dog ate my homework", when he cited destruction of his laptop during an earthquake as explanation for the



alleged loss of raw data for his now-debunked research recommending liberal use of peri-operative oxygen. However, technology is also used in the detection of educational fraud. Professor Klein recommends that we should exercise a healthy level of scepticism when reading publications and should all be using readily available plagiarism-checking software before putting our own names to publications.

Oscar Wilde may have asserted that "Imitation of the sincerest form of flattery" but let there be no doubt that plagiarism is not regarded as an academic compliment!

Useful resources:

Carlisle, J.B. (2021), False individual patient data and zombie randomised controlled trials submitted to *Anaesthesia*. *Anaesthesia*, 76: 472-479. <https://doi.org/10.1111/anae.15263>

Scribbr free plagiarism checker <https://www.scribbr.co.uk/plagiarism-checker/>

# Cambridge 23rd ASM Keynotes



## Trainee Support and Development

# Trainee as a Teacher

**Dr Nicola Jones**

**Consultant in Cardiothoracic Intensive Care Medicine,  
Royal Papworth Hospital**

*Summarised by Dr Rachel Holmes, Junior Editor for  
SEA UK*

Dr Nicola Jones is a Consultant in Cardiothoracic Medicine at the Royal Papworth Hospital and has recently been appointed as Director of Medical Education. At the University of Cambridge she is a Year 4 coordinator, final MB examiner and is currently undertaking a doctorate at the Faculty of Education. She gave us a very enlightening talk on the importance of the trainee as a teacher, both in influencing current practice, but also shaping the future of the NHS.

### Imparting knowledge

Nicola reflected on her years as a medical student and junior doctor when she was in awe of the anaesthetic and intensive consultants. These individuals had ‘god-like’ aura and she felt they knew everything. Now, having been a consultant herself for 10 years, she finds herself learning a great deal from junior doctors, and especially those who have been rotating to ITU and anaesthetics from other departments. Surely a junior who has just come off a stroke rotation, clerking in a number of such patients on a daily basis knows more about current guidelines for management of stroke than an ITU consultant who may only see a handful of these patients a year? So, she questions herself, should she know everything as a consultant? The trainee can indeed also be the teacher.

### Reflective practice

Nicola referred to a book called ‘Mindset’, by Carol Dweck who had once heard a teacher say “every student has something to teach” and reminds us “every student can

make you become a better teacher”<sup>1</sup>. Nicola discussed the reflective cycle of teaching, self-assessing, considering and practicing; this cycle of reflection applying to both the clinician and the teacher.

### Train future educators

Discussing the Royal College of Anaesthetists (RCOA) curriculum 2021, Nicola highlighted the domain of ‘Education and Training’, with competencies progressing from responsibility of a trainee’s own learning in Stage 1 to practicing the roles of a clinical supervisor by the end of Stage 3<sup>2</sup>. Consultants all have a professional responsibility to teach trainees but may take on additional roles as college tutor or educational supervisor. Teaching is a skill which can be learnt, and Nicola discussed the RCoA ‘Anaesthetist as Educators’ course, which has modules suitable for all anaesthetists wanting to develop their teaching skills<sup>3</sup>.

### Peer Support

This refers to trainees teaching other trainees. Nicola reflected on the fact that trainees are often better at teaching skills they are using on a regular basis compared to consultants. Take a central line for example, it is easier to break it down if you have learnt it recently. Also, trainees have niche knowledge in teaching non-technical skills like those for interviews. Who better to get you through how to think and speak in an interview than someone who has just come through the other side after similar practice themselves?



# Cambridge 23rd ASM Keynotes

## Trainee Support and Development



# Trainee as a Teacher

### Influencing practice.

New additions to a department or trainees from other areas help to open 'old timers' eyes to new suggestions. They are a means to develop and influence practice in a department which may bring about changes to local practice.

### Improve Culture

The modern age of education is moving away from didactic teaching to shared learning, which needs to take place in a suitable environment. Nicola refers to the Josiah Macy Junior Foundation conference 'Improving Environments for Learning in the Health Professions' 2018, which consensually agrees that a learning environment is made up of personal, social, physical and virtual space or organisational components<sup>4</sup>, and by working on each of these areas we can improve the culture of learning. She discussed the increasing prevalence of burnout amongst anaesthetic trainees and the correlation of this with poor aspects of the clinical learning environment.

### Longer term benefits

Finally, Nicola talked about 'Anaesthesia, fit for the future'<sup>5</sup>. Trainees who feel listened to feel valued and are more likely to stay in the NHS, adding to the future workforce.

Nicola concluded that the concept of the trainee as teacher represents a shift from a traditional paradigm of imparting knowledge, to one of facilitating learning, including that of more senior anaesthetists. This approach may have benefits at a systems level.

### References

1. Dweck, CS. *Mindset: The new psychology of success*. New York: Random House; 2006.
2. Royal College of Anaesthetists. *2021 Curriculum for a CCT in Anaesthetics. Version 1.1*. London: Royal College of Anaesthetists. August 2021. <https://www.rcoa.ac.uk/sites/default/files/documents/2023-02/2021%20Curriculum%20for%20a%20CCT%20in%20Anaesthetics%20v1.1.pdf> [Accessed 12/6/2023].
3. Royal College of Anaesthetists (RCOA). *Anaesthetists as Educators Programme*. <https://www.rcoa.ac.uk/events/anaesthetists-educators-programme> [Accessed 12/6/2023].
4. Gruppen L. et al. Interventions designed to improve the learning environment in the health professions a scoping review. In: Irby DM. *Improving Environments for Learning in the Health Professions: Proceedings of a Conference sponsored by Josiah Macy Jr Foundation in April 2018*; New York. NY: Josiah Macy Jr Foundation; 2018. p57-103.
5. Royal College of Anaesthetists (RCOA). *Anaesthesia fit for the future*. <https://rcoa.ac.uk/policy-communications/policy-public-affairs/anaesthesia-fit-future> [Accessed 12/6/2023].

# Cambridge 23rd ASM Keynotes



## Trainee Support and Development

# Hot Topics in Medical Education

**Dr Catherine Bennett**

**Academic Lead for Faculty Development and Course**

**Director of the Masters in Medical Education**

**Warwick Medical School, University of Warwick**

*Summarised by Dr Sue Walwyn, Immediate Past President of SEA UK*

Dr Catherine Bennett delivered a fascinating presentation on hot topics in the current educational arena. The research options were varied, ranging from subjects involving equality and diversity, cultural competency, the process of learning, interacting and teamwork to the role of technology within learning. The three articles Dr Bennett chose to discuss involved the process of learning by work-based assessment (WBA), the interactions between the assessor and the person being assessed, methods to improve assessment, educator resilience and the potential for artificial intelligence to change the face of written assessment within medical education.

1. Castanelli, DJ, Weller, JM, Molloy, E, Bearman, M. Trust, power and learning in workplace-based assessment: The trainee perspective. *Med Educ.* 2022; 56( 3): 280- 291. doi:[10.1111/medu.14631](https://doi.org/10.1111/medu.14631)

Qualitative research conducted in Australasia on 24 anaesthetic trainees, looking specifically at the trust dynamic between trainee and supervisor during the conduct of work-based assessments. Trainees still viewed formative WBA's as high stakes assessments and felt unable to expose their own authentic practice for fear of criticism. Although not well explored, the trainee trust in supervisors was presented as a fundamental part of the learning process. Given the perceived power of the supervisor, it was noted that supervisors should be mindful of this and use reflection to improve their own assessment process.

Dr Bennett went further to look at Goehler's construct of power and how we need to be mindful of the duality of power with respect to the interaction of dominance versus acquiescence, in other words, the power and control over an individual versus power enabling the individual to act. As supervisors this is not always considered and can be lost in the day-to-day interaction, but in order to encourage trust and hence development, the supervisor needs to be aware of the power dynamic and aim to empower the trainee in their learning.

2. Elisa Sottile (2022) Twelve tips for mindful teaching, *Medical Teacher*, 44:1, 32-37, DOI:[10.1080/0142159X.2021.1887466](https://doi.org/10.1080/0142159X.2021.1887466) <https://doi.org/10.1080/0142159X.2021.1887466>

Elisa Sottile has given us twelve tips to improve our mindful teaching centred on curiosity, awareness and acceptance. Under current circumstances the centredness of teaching has the potential to improve our understanding, empathy and ability to teach. As educators, we need to be mindful of our own preoccupations, and biases, recognising and addressing sources of distraction. Through the process of discussion, we can explore biases and feelings, involving the learner in a transparent and open manner.

As part of the twelve tips, the author mentions curiosity and the power of questioning, with the full knowledge that answers may be ambiguous, but using the process exploration as part of learning and an opportunity for role modelling. The trainer needs to encourage questions from the learner, be flexible and be open to debate.

# Cambridge 23rd ASM Keynotes



## Trainee Support and Development

# Hot Topics in Medical Education

Practising mindful teaching may be difficult to achieve but, ultimately will allow teachers to deliver teaching more effectively, and learners to learn without feeling that they are merely a trainee, but actually a valued individual and respected member of the team. The benefits of mindful teaching include quality individualised teaching, educator resilience and motivation as well as creating an empathic, compassionate and responsive teaching environment.

3. Mohammadreza Farrokhnia, Seyyed Kazem Banihashem, Omid Noroozi & Arjen Wals (2023): A SWOT analysis of ChatGPT: Implications for educational practice and research, *Innovations in Education and Teaching International*

<https://doi.org/10.1080/14703297.2023.2195846>

The debate regarding Artificial Intelligence, specifically ChatGPT (Chat generative pre-trained transformer - developed in November 2022) is current and topical. Dr Bennett chose this article as it defines the AI and models used, as well as the potential for use and abuse in medical education. This is an area that is developing fast and has potential to add to and challenge routine medical education practice. As educators how do we recognise a ChatGPT generated essay? Does it really matter? And how do we use AI within education processes in the future? Unfortunately, there were no answers, it seems that the rapid expansion of AI and the potential impact on medical education is yet to be explored.

## Updates from the Society



# Society for Education in Anaesthesia (UK) Election to Council

Nominations are sought from members of SEA(UK) for election to THREE non-trainee Council posts (Consultant or non-consultant career grade) with effect from October 2023.

Members wishing to stand should nominate themselves by completing all sections of the nomination form. The nomination form and the personal specification can be found by scanning the QR code above or by following the link <https://www.seauk.org/cv>

Nominations open on 1<sup>st</sup> August 2023 and completed forms should be returned by e-mail in Word format to Dr Peeyush Kumar at [secretary@seauk.org](mailto:secretary@seauk.org) OR by post to Catherine Smith (SEAUK Administrator) by **5pm on Friday 15th September 2023**.

Cath Smith  
SEA-UK Administrator,  
PGME,  
Rotherham NHS Foundation Trust,  
Moorgate Road,  
Rotherham  
S60 2UD

Receipt will be confirmed by e-mail.

Details of candidates will be circulated to all SEA(UK) members and posted on the website. Ballot will take place electronically from Monday 18<sup>th</sup> September 2023 and close at **5 pm on the 16th of October 2023**.

Candidates will be informed of the results of the election by 18<sup>th</sup> October 2023

Terms of office will be for 4 years.



Please read the personal specification for the Council role <https://www.seauk.org/cv>

If you require any further information, please contact Dr Cyprian Mendonca ([president@seauk.org](mailto:president@seauk.org)) or Dr Peeyush Kumar ([secretary@seauk.org](mailto:secretary@seauk.org)).

Nominations open: Tuesday 1st August 2023

Nominations close: 5pm on Friday 15th September 2023

Voting open: Monday 18th September 2023

Voting close: 5pm on Monday 16th October 2023

Results: Wednesday 18th October





## Educational Grants

### How to apply

Application: Use 1-inch margins max, strictly in 11 point Arial script, single spaced, submitted as a word document or pdf file.

Page 1: Single page detailing title of project, applicants (names, positions, qualifications, contact numbers and emails).

Page 2: The body of application must be no longer 500 words. This should include details of the project undertaken and the costings involved.

Please send applications to: [administrator@seauk.org](mailto:administrator@seauk.org).

We are pleased to invite members to apply for one of 4 x £500 educational grants.

Criteria: SEA-UK grants can be used towards any prospective educational research and quality improvement activities that falls within the broad interest of education in anaesthesia.

Funding may be sought for:

- Travel to undertake an educational activity that is generally not available in the region.
- Travel to present the original research activity
- Projects that develop education for anaesthetists which strive for excellence above and beyond current available activities
- Necessary fees for access to data or to complete the project which must be justified

Applicant must already be a SEA-UK member to apply (or join at the time of submission).

Specific Exclusions: No retrospective funding can be given. We cannot subsidise OOPE. We cannot support teaching on courses and postgraduate courses.

All publications must acknowledge SEA-UK as a funder. On completion of the activity a report, including an 800-word article for the newsletter, is expected. You may be invited to speak at our ASM.

## Guidance

Entries are now invited on the following essay titles from medical students & trainees in anaesthesia (CT1-ST7).

Only one author per entry will be accepted.

All entries will be anonymised and judged by members of the SEA UK council. The judging panel looks for well-written entries that demonstrate critical thinking and reflective practice.

Max. 1200 words (excluding title and references).

Please use Times New Roman size 12 font and double line spacing.

Maximum five references can be cited using Vancouver style.

References must be numbered sequentially as they appear in the text.

Winners will also receive complimentary registration to the 2023 SEA UK Annual Scientific meeting.

The winning essay will be published in the SEAUK Winter Newsletter. Any further queries should be emailed to [secretary@seauk.org](mailto:secretary@seauk.org)



## Essay Competition 2023

**Trainee Prize: £50**—Should interprofessional education (IPE) be included in the anaesthesia curriculum?

**Medical Students £50**—Should non technical skills be taught and assessed at undergraduate level?

**DEADLINE: MIDNIGHT on FRIDAY 29th SEPTEMBER 2023**

## How to enter

Please send your submissions to Dr Peeyush Kumar (Abstract Coordinator) at [secretary@seauk.org](mailto:secretary@seauk.org) with a copy to Mrs Cath Smith (SEA-UK Administrator) at [administrator@seauk.org](mailto:administrator@seauk.org) as a Word document.



## Membership

Membership fees:

Full membership is £25 per annum paid by direct debit

How to join:

**Online form:** <https://www.seauk.org/join-seauk>  
or download and fill in the GoCardless direct debit form available at [www.seauk.org](http://www.seauk.org)

**Please send to:**

Cath Smith  
SEA-UK Administrator,  
PGME,  
Rotherham NHS Foundation  
Trust,  
Moorgate Road,  
Rotherham  
S60 2UD

[administrator@seauk.org](mailto:administrator@seauk.org)



## Benefits of joining

- Receive updates on latest developments in education
- Bi-annual newsletter
- Free webinars
- CPD accredited meetings and workshops
- Learn from others in our educational forums
- Updates regarding curriculum changes for trainees and trainers
- Build your portfolio
- National influence within anaesthetic education
- Opportunities for website development
- Discounted entry to ASM





**@SEATWEETUK**