

SEA UK

Society for Education in Anaesthesia

*Winter Newsletter
December 2017*



*Wishing you all a Merry Christmas
& Happy New Year 2018*

*SEA UK Council
December 2017*

From the Editors desk

Dr Peeyush Kumar & Dr Sue Walwyn



As this reaches you all we are sure you will be heavily involved in preparations for the festive season. We wish you the best for this busy time and hope that there will be time for rest and recuperation.

In our last newsletter, we looked at some of the issues related to welfare, namely resilience, departments in difficulty and the newly introduced exception reporting system. As a society, we have continued with these themes and have an excellent summary of the workshop in Sheffield. We hope that the tips and techniques will be of use to the SEA members. The article on coaching complements that on resilience, as techniques demonstrated in the resilience workshop can be highlighted during coaching sessions.

Both the RCoA and the AAGBI have focused on wellbeing this year and we would urge you to attend our conference in March as this provides interesting insights. As a small society, we continue to work with bigger partners looking at collaboration. This is highlighted in the article about the anaesthetist as educators workshop run recently in York in collaboration with RCoA.

We are always looking for people to contribute articles and some potential areas would be the improving doctors working lives, personal experience of exception reporting and how this can be used to improve the educational experience.

As always, we look forward to feedback.

Sue Walwyn

Peeyush Kumar

President's blog

Dr Janet Barrie

It is a pleasure to introduce the winter newsletter for 2018. This year has proved to be a busy year for SEA UK and with all the changes in contracts and portfolio's we have been asked to be involved in and comment on a wide range of issues. Themes from our ASM in March are similar areas of concern for both the RCoA and AAGBI.

Wellbeing has become increasingly important both in education and our own lives. Following on from the resilience workshop at this year's ASM and the workshop on mindfulness at the 2017 meeting, we have combined the two sessions to form a wellbeing day. This was run for the first time in Sheffield in September and was well received with a number of delegates identifying steps they can take to increase their own wellbeing. There are plans to repeat the day in other areas of the country – watch the website for details.

Fatigue is another factor in well-being which has been recently widely discussed within the anaesthetic community. Less well considered is the educational aspects to fatigue, both as trainer and recipient of education. We are delighted that Prof Mike Farquar has agreed to lead workshops on this at the 2018 ASM in Cardiff (March 19th – save the date!) which will contain new material and a different focus to his previous lectures on this topic. The AAGBI has published some excellent guidance: <https://www.aagbi.org/professionals/wellbeing/fatigue/fatigue-resources>. Fatigue makes it harder to control our 'inner chimp' (or our emotional reactions to situations) and Dr Gedeon from CHIMP management has agreed to discuss how we can develop rational rather than emotional responses, to educational situations and the implications this has for trainee attainment. Staying with attainment, it is well known that different groups have different levels of attainment and this will be explored under the guidance of Prof Woolf from Southampton. See the website for the full 2018 ASM programme.

Other news includes our attendance at meetings such as the specialist society and the NIAA. As a result of attendance at the former, we have opted to look at our governance procedures, due to changes in new rules regarding charities. We have been working with the RCoA and will result in delivery of a new workshop at the College tutors meeting. In addition, we continue to publish articles in the bulletin under the SEA UK banner, with the most recent looking at a personal perspective of a trainee with dyslexia. We would urge you ALL as members, to get involved in these and all aspects of the society. For trainees, It may even be an opportunity to address the domain areas required in Appendix G.

Please, can I also remind you that abstract submission is open. Let's hear about all the great educational initiatives out there.

Thank you to Sue and Peeyush for putting together an interesting series of articles.

See you in Cardiff in March 2018.

Report on the Mindfulness & Resilience Workshop September 2017

I attended the SEA UK mindfulness & resilience workshop at the Sheffield Novotel in September.

The aim, of the program, was to give an “understanding of the theories underpinning the application of mindfulness and resilience to doctors using a range of practical exercises to facilitate the application of mindfulness and resilience in daily practice.”

During the 1st workshop on resilience, Dr Remington demonstrated by reductive questioning how although we know how important our own health and certain practises are to our physical health, we fail to achieve even a minimum requirement to maintain good health. Questions included hours of sleep, hydration, appropriate diet and use of cigarettes or alcohol in excess. This was an engaging way to highlight the approach and, amusingly, left one person standing at the end. The relevance, in this context, is that to be resilient we need the foundation of our own good physical health.

There was many more interactive moments & time to think about resilience throughout the workshop:

For example, rating ourselves on 10 points contributing to resilience.

One of these was developing a positive thinking style and looking at 3 good things which happened during the day. As an associated feature, looking at “unhelpful thinking styles” and reflecting on how to become more positive. Furthermore, at the outset of the workshop, we were asked to think and record physically on a piece of paper, any nagging thought, worry or stress we were experiencing. We were then asked to screw up the paper and throw it away, with the idea of “parking” the negative thoughts for the duration of the workshop. This is a practice designed to help one to compartmentalise, a process helpful in managing stress and anxiety. Easier said than done!

I learnt the concept of a “reservoir of well-being” that can be added to (by intellectual stimulation, psychosocial support, physical health & mentorship, reflection or deep thinking) or drained away (by stress, time demands, internal conflict.) I liked this concept for myself and could see the application when dealing with a trainee suffering from stress.

I came away feeling I had a better understanding of the many steps that can contribute to resilience and, by contrast, those which can undermine this.

For practical exercises we were given five “take away” messages to fulfil; one of which was “perform a random act of kindness” and another (which lead nicely to the next workshop) was to practice, daily, four deep breathing exercises.

I was pleased to then spend an afternoon learning about the concept of Mindfulness from an expert and to hear about the background theories. I have some experience of mindfulness, practising it regularly, using the app “Headspace.” However, my routine was wavering and I was looking forward to using this workshop invigorate my practise.

We started by attempting the difficult task of defining Mindfulness. Dr Siobhan Lynch from Southampton University, who facilitated the workshop explained that it is "paying attention in a particular way - on purpose, in the moment and non-judgementally." A short video (<https://www.youtube.com/watch?v=dSsAEWkmBF>) was used to complement the explanation of mindfulness. The striking opening quote on this video was "Change your thoughts, and you can change your world."

We then went on to complete 3 practical exercises:

The 1st was to sit or lie down (well done to those who had remembered yoga mats!) in a comfortable position and focus on the breath. The 2nd to walk slowly around the room and focus on each step and the feeling of the foot on the ground.

The 3rd was using playdough, using the tactile sense to keep us in the moment.

Siobhan explained that it is totally normal for the mind to wander during periods of focus & meditation, and that we should be gentle with ourselves and calmly bring it back to a mental "anchor" (for example the breath or the feeling of the walking or the sensation of the dough, in our exercises). Accepting distractions and then letting them go without getting cross, nor frustrated or judging at all, is such an important concept in mindfulness. I personally found these exercises difficult to do in the environment of a workshop, which I think is inevitable, however, it gave everyone an idea of the practise of mindfulness and different focuses used during meditation.

We learnt of some of the evidence for mindfulness; It has repeatedly been shown to have benefits in depression and anxiety. People who are mindful may be less likely to procrastinate or become overwhelmed by the tasks. Mindfulness can help us realise when we are ruminating or becoming obsessed with negative thoughts.

We were given references and recommendations. Ruby Wax's amusingly written book "Frazzled" is to be recommended. She has completed a Masters Degree in mindfulness-based cognitive therapy at Oxford University and writes openly about her experiences and about the neuroscience of mindfulness together with the MRI evidence (a good chapter for skeptical medics!)

The workshop has improved my knowledge of mindfulness and encouraged my ongoing own practise. I think it is a simple, easy and evidence-based way of reducing personal stress and improving relationships.

Thank you to both Shirley Remington & Siobhan Lynch for facilitating these 2 interesting sessions.

Penny Gorton

Coaching conversations in educational delivery

As a consultant anaesthetist at the Royal Liverpool and Broadgreen University Hospital Trust, I have an interest in improving quality, leadership and education. Whilst training I completed a neurolinguistics programming (NLP) diploma in coaching. Skills learnt in my diploma help me in my role as an educational supervisor. I will try to give a brief synopsis of coaching and its uses in medicine.

Mentoring vs Coaching

Mentoring is around building a long-term relationship to share and grow, where the mentor has a greater area of expertise and where both parties will learn from each other. This may fall within the remit of an educational or clinical supervisor. Since the mentor's role is also to provide a role model, guidance, support and feedback it encompasses a holistic view of development and corresponds well to the apprenticeship model within medicine.

Coaching, however, is goal focused, often helping to find answers to specific problems, usually of a finite time scale. The coach is often someone unknown to the person being coached, which allows them the distance needed to explore issues, facilitating the process of the coachee finding answers without impressing any personal influence or judgement.

Coaching conversations with others

As mentioned before I used neurolinguistic skills learnt in my diploma, to help with educational supervision but also for short, often one-off educational conversations with trainees. I find that they aide me in communicating with clinical and non-clinical colleagues and, even my children. I approach these conversations with specific tasks and goals in mind. These are not formal coaching sessions but I use my knowledge and experiences to add value.

Specifically with clinical colleagues, areas I have coached in are career planning and exam preparation. The latter includes themes such as building resilience, organisational and leadership qualities. Traditionally coaching conversations have required an issue to be brought to the table and this is to be viewed as an opportunity, not a problem. The coaching conversation allows time to explore issues, learning opportunities and self development in the attainment of specific goals. Areas to explore include ;

- Self-awareness, come to AGM in Cardiff to hear more about managing your Chimp
- Transformational learning
- Beliefs and values
- Performance
- Support
- Time management
- Confidence
- Resilience

Techniques and tools

The aim of these conversations is to support the coachee in their own process of exploration. This is achieved using all elements of communication; questioning, active listening and understanding, with a close eye on non-verbal communication. Types of questioning include appreciative enquiry and advocacy by enquiry. The former, appreciative enquiry is a technique used to understand positive aspects, what is already working, why it has happened, what would you want it to look like and develop a way to make it happen or improve what is already happening. One of the ways of doing this uses the ASSET model (what are your strengths and how will you develop these further.) The latter, advocacy by enquiry describes the coaches understanding of what's been said then using questions to explore the issue further "so what I am hearing is this.... So why did you do that? What could be done to do it differently?" We can also use the more traditional style of what's wrong? and how can we fix it, but I find by using the above techniques it is possible to explore the issue in a more positive way. The questions asked should always be open in style, non judgemental and allow confidence building, affording better dialogue between participants.

Active listening uses all senses to listen carefully to the coachee without framing this in one's own mental models and experience, looking at both verbal and non-verbal behaviours during the conversation. It requires insightful questioning and reflection, clarification of points and use of summaries. The coachee may need encouragement either verbal (further questions, summaries or acknowledging that you are listening) or non-verbal (nodding your head) in order to progress further in the conversation.

There are many coaching frameworks available. Although the AAGBI uses the Egan's skilled helper model, I am familiar with the T-GROW model. The models only exist to guide the conversations and enable coaching to occur.

T	Topic
G	Goals - objective
R	Reality - plans
O	Options - suggestions to improve or achieve goal
W	Wrap up - what specific goals will you accomplish and how

What is the most difficult aspect

Active listening is a difficult skill to acquire as it means total separation of ones appreciation of information from ones personal experience and attitudes. One has to show a degree of empathy and share specific personal experiences in order to facilitate the conversation. Allowing time for silence is one of the most difficult aspects to master and not advising is most challenging

Richard Ramsaran

Annex G: Is there an easier way to achieve the requirements?

During a recent SEA UK council meeting, the difficulty in interpreting RCoA Annex G¹ requirements for trainees was highlighted. I would like to signpost opportunities that fulfil portfolio and curriculum requirements.

First, it is vital to read the document thoroughly well ahead of the ARCP date. The annex G domains incorporate most of the activities carried out on a daily basis. It is just a question of identifying the domain and demonstrating the applicability. As an extension to the ARCP requirements, such quality improvement can be used to demonstrate aspects of Annex G. Such a project requires aspects of leadership, management and teaching skills. However, this may be limited by the trainee's level of participation. Formal quality improvement programmes run by the NHS improvement academy, provide an in-depth knowledge whilst being free to access.

Research is considered a complex area but it is possible to obtain a 'Good Clinical Practice' certificate by completing a free online or face to face course. Trainee networks like Anaesthetic Audit & Research Matrix Yorkshire 'AARMY' and Research & Audit Federation for trainees 'RAFT', not only provide collaborative research opportunities but also organisational and managerial roles like Chair, communications lead or IT lead. As an addendum, critical appraisal of journal articles demonstrates a commitment to evidence-based practice. Guidance is easily found on websites such as jamaevidence.mhmedical.com or www.cebm.net>critical-appraisal.

Facilitation skills can be demonstrated by organising clinical governance meetings and examination revision courses. In addition, volunteering to be hospital trainee representative for local committees, such as the hospital mortality review committee provides valuable 'Safety and Governance' experience and understanding. Negotiation skills are always well honed when acting as the rota coordinator.

Teaching and simulation experience is always easy to find. Simulation requires a large number of faculty, and organisers are always looking for willing volunteers. Participation not only satisfies the teaching requirements but also demonstrates a degree of technical and non-technical skill, as well as an understanding of emotional intelligence.

Advanced training as well as out of programme experience in simulation, education and research can provide the opportunities to attain the majority of skills mentioned in Annex G.

In summary, the apparently steep mountain of Annex G can easily be scaled during training. Daily opportunities need to be recognised and exploited, for example even leading a team brief provides evidence of team-working, communication and management skills. However, awareness of curriculum requirements is key. Your eyes don't see what your mind doesn't know.

Reference:

1. CCT in Anaesthetics- Teaching & Training, Academic & Research (inc audit) & Management for Anaes, CC & PM (Annex G). RCoA 2010 <http://www.rcoa.ac.uk> node/1438

Omer Farooq

Anaesthetists as Educators

The Royal College of Anaesthetist's 'Anaesthetists as Educators' (AaE) programme was set up with significant involvement of the then council of SEAUK. With time the organisations have diverged as new members have joined both the SEAUK Council and the AaE faculty and there is now no formal link between the two. However, we want to share our experiences of completing the elements of the programme and encourage others to follow us in joining the faculty.

The AaE programme begins with an introductory day which introduces adult learning theory, lecture and small group teaching, maximising learning in theatre, principles of assessment, principles of feedback as well as identifying and supporting doctors with difficulties. These are unpacked in greater detail in the two-day 'Teaching and Training in the Workplace'. Numbers are small and the format is heavily workshop based with an interactive discussion of real world problems and issues.

After each of these courses, participants are invited to submit an optional reflective piece on a topic given by the faculty on the day. Completion of both courses, together with reflections, allows the participant to apply for membership of the Academy of Medical Educators (AoME). The introductory day is suitable for all with an interest in teaching, whilst 'Teaching and Training in the Workplace' is more suited for senior trainees and career grade doctors, who are developing an educational interest. These two fit naturally together, as is recognised by the AoME accreditation. From there the path depends on the interests, expertise and learning needs of the individual. Further days cover Anaesthetic Non-Technical Skills (ANTS), Simulation and some of the thorny issues in Educational Supervision.

Simulation unplugged deals with the educational aspect of delivering a high quality simulation programme. The focus of the day is based around learning outcomes adjusted to individual learning needs. It highlights educational aspects of interaction with the learners and incorporation of fidelity to achieve learning outcomes. Throughout the day, experienced faculty share their experience and troubleshooting tips. The ANTS course focuses around the application of ANTS framework and rating system. Issues around situational awareness, decision making, task management and team working are discussed. A short powerpoint presentation, a video highlighting one of the ANTS domain, small group discussion facilitated by experienced faculty, followed by large group interaction takes place for all four domains. The Educational Supervision day is aimed at experienced educational supervisors and is focused on the more challenging aspects of supervision, including writing difficult reports and designing action plans for the doctor in or with difficulties. It also looks at the new junior doctors' contract and its implications for the educational supervisor.

Whilst it is recommended that a participant undertakes the introductory day and 'Teaching and Training in the Workplace' before signing up for any of the further three courses, they are all complete in themselves and can be done in any order or not at all.

The courses do not in themselves confer clinical or educational supervisor status. Indeed, it is preferable that accreditation as a CS or ES involves deeper engagement with and reflection on the individual components of the role than can be obtained on a single study day or two! However, these courses are mapped to the GMC generic standards for trainers¹ and can be used as evidence towards achieving CS or ES competencies, or of continuing professional development as an educator.

Faculty are not invited from previous participants (as per life support courses). Rather educators interested in joining the faculty are invited to submit their CV to the working group for consideration. If accepted, they are then invited to observe the course in question and discuss the role with the faculty members on the day. If appropriate after that, aspiring faculty are invited to teach with experienced faculty members, share ideas and receive feedback until both parties are happy for the new member to go solo.

We have enjoyed attending these days as participants and faculty (observers). All these days are focused around educational aspects of delivering teaching and training. It provides a platform to discuss challenges posed by the educational environment with like minded "education enthusiasts". Joint ventures incorporating cross over of faculty from different societies, to deliver high quality education facilitates communication and increases the influence of SEA UK.

We hope that this article will enthuse others to investigate participating in the faculty and invest in the future of education. Further details are given on

<https://www.rcoa.ac.uk/anaesthetists-educators-aae>

Have a look!

Omer Farooq

Janet Barrie

[1 https://www.rcoa.ac.uk/anaesthetists-educators-aae/gmc-recognition-and-approval-of-trainers](https://www.rcoa.ac.uk/anaesthetists-educators-aae/gmc-recognition-and-approval-of-trainers)

ANNUAL SCIENTIFIC MEETING

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