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Clinical Vs Non-Clinical Competencies: A competition in today's training environment?

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Anaesthetic trainees today are all too aware of the need to gain clinical competencies in the face of reduced time spent in the operating theatre, set against the importance of demonstrating non-clinical competencies in diverse subject areas. Experience also tells us of the need to develop an acceptable work-life balance to ensure we are a well-rounded person who will be seen as a valuable asset to a department when looking for consultant jobs (although, fortunately, without the need to be head-girl and captain of the hockey team that was previously required to secure a place at medical school.) We often judge ourselves, first and foremost, on our basic clinical competence – after all “what good is an anaesthetist who cannot cannulate?” we think - especially when having an off-day. There are clearly some circumstances in which we can surprise ourselves with our excellent technical abilities, and others in which all our skill deserts us and we are left feeling overwhelmed by the expectations of our training.

Although many of our non-clinical competencies (such as research, publications, audit, management, teaching, and presentations) obviously have their roots in clinical work, the fact remains that in order to achieve them

we must spend at least some time away from anaesthetising patients. How, then, can we best reconcile and manage these two dichotomous aspects of trainee life, especially in today's culture?

Time Vs Competence

Maybe part of our answer lies in exactly that – today's culture: the competency-based culture that is at the core of our training. Trying to move away from the time-based training of our predecessors is, however, arguably more difficult when they are the very people on consultant interview panels, but move away we must in order to compete on today's level playing field.

One way to get around the time versus competence problem is to obtain a dedicated job (such as an out-of-programme training or research post – OOPT/R) in one of these areas. Some of these jobs may well have an extra clinical component. As the Modernising Medical Careers (MMC) reforms progress, it remains to be seen how available these jobs will remain. The advantages they confer in terms of dedicated time, facilities, guidance and achievements are obvious and will be viewed as an asset towards any trainee's Curriculum Vitae (CV).

When problems occur

What about those who are unable to go down this dedicated route? Indeed, what about the rest of the competencies required by those who have done a dedicated job covering one area only? Clearly there is a potential problem in terms of acquiring all required competencies in a shortened time-frame if time has been taken to do either a dedicated job or an advanced training post in one of the clinical areas. How can we ensure that we continue to acquire our competencies evenly? If this seems a familiar problem then that is because it is not dissimilar to answering the short-answer questions in the Final Fellowship of the Royal College of Anaesthetists (FRCA) Short Answer Question (SAQ) paper – risking failure by running out of time to attempt the last question if too much time and effort is spent on an excellent answer to an earlier question.

The best guidance on this can be obtained from your Programme Director/Deanery and Royal College of Anaesthetists Regional Advisor (RA). They will have been involved in any discussions regarding OOPT/R, and any concerns regarding acquiring competencies should be brought to them as early as possible to allow for maximum opportunity to solve any potential problems.

One top tip is to not allow anything which you start on to go to waste. Even if your numbers are low, your data quality is poor or your results are not what you might have wished for, think about what you could do with the data. Could a planned paper become a letter to a journal? Would an audit presentation be better as a poster? Would a different meeting with another target audience be a better platform for presenting your data? If you feel that there is nowhere suitable for you to take it, why not set



Dr Nargis Ahmed, the winner of the inaugural GOSH trainee prize, receives her award from Dr Daniel Martin

up your own local meeting? That would cover several competencies in one go. This would be an excellent way of demonstrating possession of what is now commonly termed “completion skills” which will certainly gain you more points than a selection of “pending completion” projects on your CV.

An example

Great Ormond Street Hospital (GOSH) has between 26-30 anaesthetic trainees rotating through the department annually, both on local training rotations and OOPT post-holders. Every trainee is encouraged to participate in a project and an annual prize has been created, the aims of which are to recognise, encourage and reward excellence in non-clinical work undertaken at GOSH. Anaesthetic trainees who have completed any non-clinical project whilst at GOSH within the last two years are encouraged to submit entries. The initial application is in the form of an abstract of no more than 500 words. Last year there were seventeen entries in

total. There was a shortlisting process, and the top six entries were invited to give an oral presentation at the prize evening. The meeting was advertised internally via posters and e-mail.

January 2008 marked the inaugural GOSH Anaesthetic Trainee Prize Evening. Good wine and canapés did little to allay the nerves of the six finalists; however they were conducive to a very relaxed and informal atmosphere for those of us in the audience. Over 40 past and present members of the GOSH anaesthetic department were in attendance in the hospital's boardroom. Our chair for the evening was Dr Jonathan Smith, a current consultant anaesthetist, who kept the panel of three judges and the audience under control. Each presentation lasted six minutes, with a further two minutes allocated for questions from the judging panel. The candidates were judged using a closed point-scoring system, awarded for the Introduction, Methods, Results, Conclusion, Verbal presentation and Visual presentation.

The first prize of £300 towards registration and travel to a scientific meeting was awarded to Dr Nargis Ahmed for her presentation on "The anaesthetic implications of paediatric mastocytosis." Dr Daniel Martin (the external member of the judging panel) brought the evening to a close with an eye-opening presentation on his personal experiences and involvement in the unique Caudwell Xtreme Everest project.

The high standard of the presentations was testament to the amount and variety of non-clinical work that goes on in the anaesthetic department at GOSH, taking place alongside the ever-increasing volume of clinical work.

How this applies to you

GOSH may be a specialist hospital with an academic department attached, but most trainees in other hospitals are involved in valuable non-clinical projects in the pursuit of competencies. Most of us would welcome the opportunity to present our work at a similar informal evening, and the carrot of a prize at the end is a great motivator and an excellent CV booster. Setting up a similar meeting yourself would be a great boost for your management competency box, not to mention raising your local profile amongst both trainees and consultants. For further guidance re-read the GAT page article "Organising a Medical Meeting" in *Anaesthesia News* August 2008 [1] which is also available on the GAT web-pages.

Conclusion

There will always be competition between the clinical and the non-clinical aspects of our job, as well as the rest of our lives outside anaesthetics. Reconciling these could prove increasingly difficult in the face of further anticipated reductions in working hours as the European Working Time Directive (EWTD) limits us to 48 hours a week on average in August 2009. Awareness of the potential problem, as well as innovative ways to combine collecting competencies and some forward planning on our part, should help to ensure that we remain as well trained and competent as possible. To borrow a phrase from Professor Tooke, we should all be "Aspiring to Excellence", not simply competence.

Reference

[1] Broomhead R, Shewry E. Organising a Medical Meeting *Anaesthesia News* 2008; **253**: 13-14.

The Anaesthetist and the Environment

The NHS recently published a strategy for reducing its carbon footprint 'Saving carbon, Improving Health; NHS Carbon reduction Strategy for England' (available at www.sdu.nhs.uk). This exhorts us to 'actively raise carbon awareness at every level of the organisation'. The AAGBI welcomes this strategy, and is delighted to be able to offer a new seminar on 'The Anaesthetist and the Environment' organised by Professor Sneyd which will address this increasingly important topic.

The seminar brings together a number of world-class speakers and experts in the field including the NHS Sustainable Development lead, Dr David Pencheon.

The seminar will take place on Tuesday 16th June 2009 at 21, Portland Place. Details and direct booking are available on-line at www.aagbi.org/events.htm

Val Bythell
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