

Trainee preparedness for being a new consultant



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The transition from being a trainee to working as a consultant is a stressful one¹. The new consultant is expected to fulfil clinical, research, teaching, management and leadership roles and the Royal College of Paediatrics and Child Health (RCPCH) curriculum suggests that competency should be acquired in all of these domains during training². However the European Working Time Directive has resulted in a reduction in trainees working hours and less working time for them to develop skills across these domains to facilitate this transition to consultant life.

A recent study has suggested that, in the main, newly appointed neonatal consultants feel they are competent at treating ill babies and dealing with clinical aspects of consultant work³. The recent study also suggested that new consultants felt adequately prepared for teaching and research roles (although they were not as comfortable in the latter as they were in the clinical role). This is likely to be because of an increased availability of modular courses, such as post graduate certificates in Teaching and Learning and masters in Medical Science modules at local universities to help trainees to develop these skills. In addition, trainees regularly teach, give presentations (sometimes receiving feedback on their performance), and take part in regular journal clubs and evidence-based medicine sessions thus integrating the process of developing teaching and learning, and research skills into their curriculum.

The study suggested however, that trainees are very unprepared with respect to aspects of management and leadership when they become consultants. Research carried out among consultants in other specialties has also highlighted that the biggest change experienced by new consultants is their role in management issues⁴; new consultants reported that they had little knowledge of how the National Health Service worked and that this information was often imparted to them late on in their training. Any new role generates a period of relative uncertainty and it is arguably the non-clinical aspects of the consultant's job that often provide the biggest challenges after all the years of clinical training. They also felt that management courses were not enough to equip them in their new role and that they needed to experience much more in the way of day-to-day management activities, in particular management meetings, in order to understand the management role that lay ahead. The research also suggested that, once appointed, consultants valued highly support from more

senior colleagues when acting in management roles and they perceived that this helped them to perform their job effectively¹. These informal support networks were often developed by the pro-activity of new consultants seeking advice from across specialties within Trusts and beyond¹.

From these studies, it appears that there is a long way to go before management and leadership exposure is integrated into the curriculum of trainees, specifically those in neonatal medicine. Provision of management and leadership training at present is in the form of courses. Local deanery management courses are available but because of their generic nature, they may not put management issues in context for neonatal trainees. This is exacerbated by the localised nature of some managerial issues that cannot be addressed or foreseen in generic management training. These challenges are often Trust specific so exposure to such experiences would really only be transferable if new consultants had experience of training within the same department as a specialist trainee. A three-day course for higher specialist trainees in neonatology, run annually and supported by a pharmaceutical company, covering management and leadership issues has been very well received. There is also the possibility of obtaining a variety of leadership qualifications by studying for a more prolonged period with an academic institution.

There is clear evidence that experiencing a situation at first hand is much more likely to result in learning⁵, and immersion in management and leadership activities during the whole period of training is likely to be the optimal approach to improve trainee's skills in these areas. Using simulation to experience some of these activities is also possible – an approach which is being developed by Great Ormond Street Hospital⁶.

What might be the barriers towards improving management and leadership skills for trainees? Some of the courses described above may be expensive with not all of the funding being reimbursed from study leave budgets. Without any doubt, the time needed away from the clinical area to develop leadership and management skills is likely to be the major sticking point. As well as the practicalities of covering clinical rotas, negative attitudes of trainers, who may not prioritise time out for skill development, may prevent the trainee from taking learning opportunities.

What is the way forward? The Neonatal CSAC (College Specialist Advisory Committee) has revitalised, and made mandatory, the already existing neonatal curriculum to include a section on management and leadership skills, with some suggestions on learning approaches to try and improve these⁷. Some of these skills do not necessarily have to be practised in a real environment, but could be in a simulated environment.

Feedback to the trainee who has been involved in management and leadership activities, in any case, will be key to facilitating their learning. Many of the activities in the curriculum can be experienced and trainee's performance assessed using some of the learning approaches in the Liberating Learning Strategy document produced by COPMeD (The Conference of Postgraduate Medical Deans of the United Kingdom)⁸, such as peer

observation, shadowing, significant incident reporting, directly observed procedures and case-based discussion. Although some of these techniques are frequently used in the clinical area, they can be easily adapted for use in management situations.

In conclusion there is a need to integrate management and leadership activities throughout the whole specialist neonatal training curriculum, allowing trainees away from the clinical area to pursue them. There should be clearly defined aligned learning outcomes with appropriate and timely feedback to trainees and mentoring by senior colleagues. This will enable trainees to develop a portfolio of evidence and reflection which raises awareness of the managerial demands that lie ahead and documents their development and progress towards becoming fully equipped as a new consultant.

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