

Maximising Operative Training Opportunities for Non-Training Grade Doctors in Neurosurgery

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Abstract

Neurosurgery is an extremely competitive specialty to enter in the United Kingdom, and a successful application to the run-through training from Specialty Training (ST) 1 requires the demonstration of a good understanding of the day-to-day neurosurgical practice, in addition to theoretical knowledge and other qualities. There is a limited number of Foundation Year (FY) 2 rotations in Neurosurgery nationally. As a result, many aspiring neurosurgeons opt to take up a 'non-training grade' position at the Senior House Officer (SHO) level in an NHS Neurosurgical Department. Generally, the operative cases are designated to the registrars, but there are sometimes opportunities for SHO doctors to be involved. In this article, we aim to highlight key work habits that promote productivity and thereby increase the possibility of scrubbing into surgeries as an SHO. This would also apply to any other surgical specialties outside Neurosurgery.

Key Words

Medical Education; Neurosurgery; Non-Training Grade; Specialty Training; Surgical Training

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Introduction

Neurosurgery is an extremely competitive specialty to enter in the United Kingdom, and a successful application to the run-through training from Specialty Training (ST) 1 requires the demonstration of a good understanding of the day-to-day neurosurgical practice, in addition to theoretical knowledge and other qualities.¹ There is a limited number of Foundation Year (FY) 2 rotations in Neurosurgery nationally. As a result, many aspiring neurosurgeons opt to take up a 'non-training grade' position in an NHS Neurosurgical Department. In these positions, doctors can gain further insight into the specialty and exposure to surgeries amongst other clinical activities, which can help their long-term career planning. Usually, this is a Senior House Officer (SHO) level post in which the daily responsibilities include handover from the night team, generating clinical and non-clinical tasks ('jobs') from the ward round, clerking new patients of both emergency and elective admissions, and attending to medical and surgical emergencies on the ward. The SHO would then go on to complete these jobs whilst the specialty registrar and consultant operate or attend clinics. Generally, the operative cases/lists are designated to the registrars, but there are sometimes opportunities for SHO doctors to be involved. This is primarily important so that doctors can understand the logistics of

preparing cases, assist with perioperative care, and consolidate their technical learning from cadaver and simulation courses.² However, with the increasing complexity and intensity of managing neurosurgical inpatients, it is getting more difficult to find time during the normal SHO working shift for scrubbing into theatre. The recommendations in this article would also apply to any other surgical specialties outside Neurosurgery.

How to Maximise Opportunities to Scrub

Challenges

As they are not routinely rostered into theatre, SHOs often stay behind and work beyond contracted hours or return to the hospital on the weekends for an opportunity to scrub. This can directly impact social commitments and overall work-life balance, especially if there is no pressure to reach operative case number targets.

Recommendations/Action

Nevertheless, there are ways to maximise opportunities to scrub:

Efficient Handover and Ward Round: Having a handover and ward round that is clear, informative and focused is essential in the everyday functioning of the Neurosurgical ward. A succinct job list is not

only clearer; it also aids communication.

Prioritisation: A prioritised jobs list is important to complete the tasks efficiently in the appropriate time frame³, thereby increasing productivity and time for surgeries.

Delegate Jobs Amongst the Team: Working in a team where tasks are split between the doctors and nurse specialists is rewarding. Prioritise the jobs and complete them to maximise time for theatre.

Anticipate Tomorrow's Tasks: Prepare discharge medications and letters for the patients that will be discharged the day after. Likewise, prepare blood forms/requests and imaging requests early in the day and in advance for the next day. This will reduce the number of jobs for the next day and increase the chances to scrub.

Introduce Yourself to the Patient/Family: It is invaluable to introduce yourself to the patient/family if you are going to be involved in the operation. Make an active effort to be present during the consenting process as this can facilitate learning and gain a level of trust from the patient/family. Ultimately, consultants are happier knowing that you were involved at all levels of the patient journey rather than just looking for an opportunity to scrub in.

Pre-operative Bloods and Cannulation: Always try to get pre-operative bloods and cannulation done yourself as this will give you a chance to introduce yourself to the patient and/or family if you have not done so yet. It also establishes a collaborative working relationship with the anaesthetic and theatre team, who will be more understanding when you join theatre halfway through a case.

Discussion of the Case with a Senior: Discussion of the surgical steps of a case not only enhances the learning of a practical skill, i.e., operating through the Kolb cycle⁴, but it also identifies stage(s) of the surgery which is/are most appropriate for the SHO's stage of training if he/she can only participate for a limited time of a long operation.

Conclusion

Scrubbing into surgery is a great educational experience for clinicians in training and non-training positions. Neurosurgery patients need comprehensive medical care usually delivered on the ward by SHO doctors. Overall, the main responsibilities of the SHO should be attended to and, if done effectively and consistently, can pave the road to scrubbing into surgeries. We recommended some simple steps in maximising theatre experience as an SHO.

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