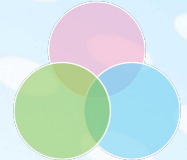




**INTRODUCTION**

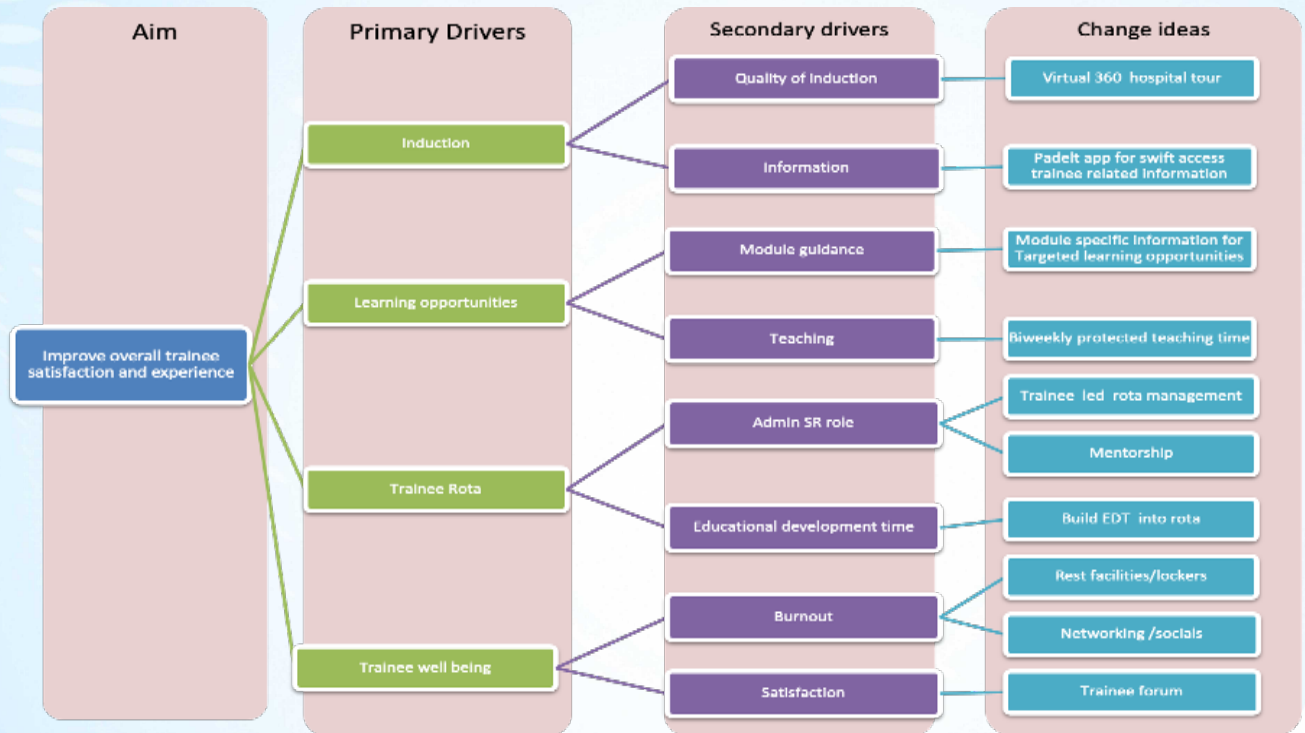
The trainee fraternity broadly models a good department as, one which welcomes its trainees, focusses on educational activities, provides timely guidance, supports its trainees in difficulty, facilitates a good learning experience and promotes a healthy morale by investing in trainee well-being.<sup>1</sup> GMC trainee/trainer survey data<sup>2</sup> from the last few years identified several problem areas in our trust which needed to improve. Hence, we embarked on this QIP with the aim to improve overall trainee experience at Hull university teaching hospitals.



**METHODS**

We started by process mapping a trainee's journey through their rotation at HUTH and identified key target areas(primary drivers) that impacted their experience. A baseline survey via survey monkey was done to collect ideas, common themes, and areas of possible change both from trainees and trainers. We prioritized relevant specific problems, used QI methodology and tools (driver diagrams) to implement change ideas which were achievable. We measured our success with satisfaction (Likert) scores on microsoft forms from further surveys conducted at the start and end of each six-month period.

Driver diagram identifying key target areas for improvement



**Problems /Issues Identified**

Snippets from the surveys conducted prior to changes

We were all given alot of information at induction.

1. How easy do you find getting the information given at induction to use now?

Easy Neither good nor bad I don't know where to find it 65

Is there anything that you needed to get the best training missed on induction?

Answered: 9 Skipped: 2

**RESPONSES**

- DIRECTIONS FOR THE VENUE WERE VERY VAGUE.
- Better access to teaching from castle hill
- It was assumed at induction (Feb starters) that we were familiar with the HUTH IT systems Lorenzo/Pattie etc. A lot of the information on the day went over my head.
- A tour of the departments would have been good - I mainly work in labour ward and when I am scheduled for theatres elsewhere I don't know where or how to get there!
- Might be useful to have a reference with consultants with a photo. Can be hard to try and find the consultant you are working with for a list when you don't even know if they are male or female! Especially with such a large consultant body.
- Combined information of training opportunities/ audit / M&M etc in Anaesthetic and ICU on one page with dates
- A tour at both sites
- Providing the lectures / information given at the induction at the start.
- A tour of the anaesthetic dept including labour ward, ICU, the wider hospital

**Comments/ideas by trainees to improve experience at HUTH**

**RESPONSES**

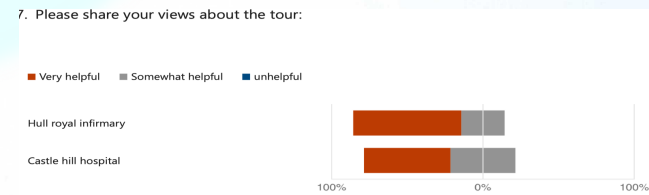
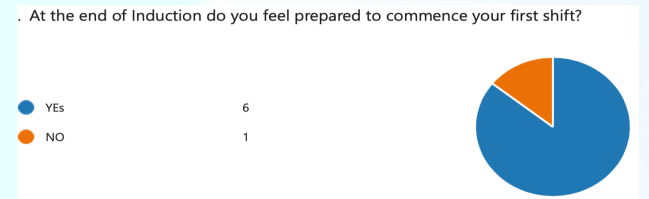
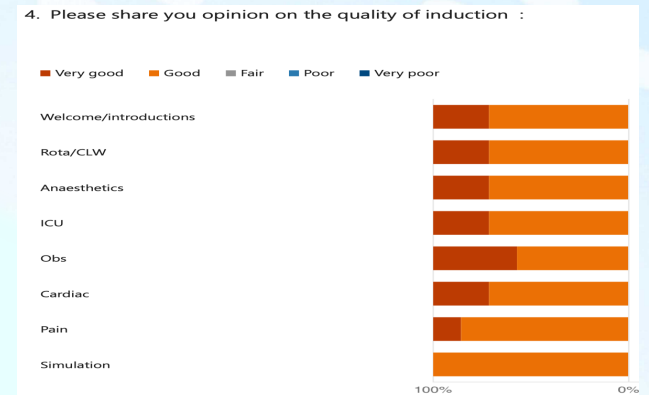
- A bit more openness and acceptance for the areas of improvement
- Alter attitudes towards trainees among wider consultant body
- It's a really helpful and friendly department, very supportive
- Tell HEE to increase ST4 training post numbers
- I find because of the size of the hospital that things can be impersonal. Often working with a different consultant everyday who doesn't always know what your personal training needs are. Adds to anxiety of not knowing what to expect on a day to day basis. Although I understand the challenges in terms of rota allocation and needing to get mixed experience, this could be improved with more structured list allocation.
- Improve the working culture within HUTH, supportive and more investment in trainees' interests. Give constructive feedback and make trainees feel they are appreciated, valued and heard - by action. Trainees rotated across different trusts and they know where suit them best, they certainly stay if they feel part of the team
- Nothing that I haven't already mentioned
- More consultant-led teaching

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**Changes / Improvement**

Snippets from the surveys conducted post changes

Word cloud of comments from trainees



**Padlet**

HUTH Anaesthesia and intensive care + 2 - 1mo

**HUTH Anaesthesia and critical care**

Swift access trainee related information



## DISCUSSION

The quality of induction was significantly improved by investing in time, content, virtual tours and creation of an app based rapid access system(padlet).We continue to improve learning opportunities by giving module specific guidance/tips and more dedicated consultant led biweekly teaching sessions.

Trainee rota administration has been devolved from a manager role to trainee reps/SR who also act as mentors guiding junior colleagues struggling with assessments and portfolio. Trainee chaired forums during audit days collect ideas, concerns and communicate redressals to the senior management in the department.

We keenly continue to improve trainee well-being by organizing socials, networking ,improving rest facilities and are also seeking to reduce burnout by changes to the rota pattern.



## REFERENCES

1.What is a good department? A trainee perspective.

<https://anaesthetists.org/Home/Wellbeing-support/Career-support/What-makes-a-good-department/A-trainee-perspective>

2. GMC trainee survey.

<https://edt.gmc-uk.org/indicator---trainee/post-specialty-by-trust-board>



## CONCLUSION

As they rotate between trusts, trainees observe different training experiences, which places them at a unique position to advice and suggest changes to anaesthetic departments. The central tenet in this ongoing QI project is to implement an active listening culture in our department with continued focus on improving trainee experience.

By implementing ideas that trainees have suggested we have succeeded in improving trainee experience in Hull consistently. This project is still ongoing and though we have along way to go , we are striving to improve every hurdle we encounter and thereby create a good ethos in our department with more trainee involvement and continued focus on trainee well-being.



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