

'Acting Up': using participatory action research to develop best practice in implementing a new senior resident role

RF Saleh, R Lewsey, R Dryden; University Hospital Crosshouse

Introduction

Our department established a new 'Duty2' role

Anaesthetic resident doctors would '**act up**' on the consultant on-call rota with consultant support.

Three resident doctors used **Participatory Action Research (PAR) methods** to assess the impact of this new role

We produced guidelines that would improve the delivery of future 'acting up' posts.

Duty2 shifts trialled

Methods

We took a **PAR discussion approach** based on our experiences of the Duty2 role, facilitated by a PAR expert.

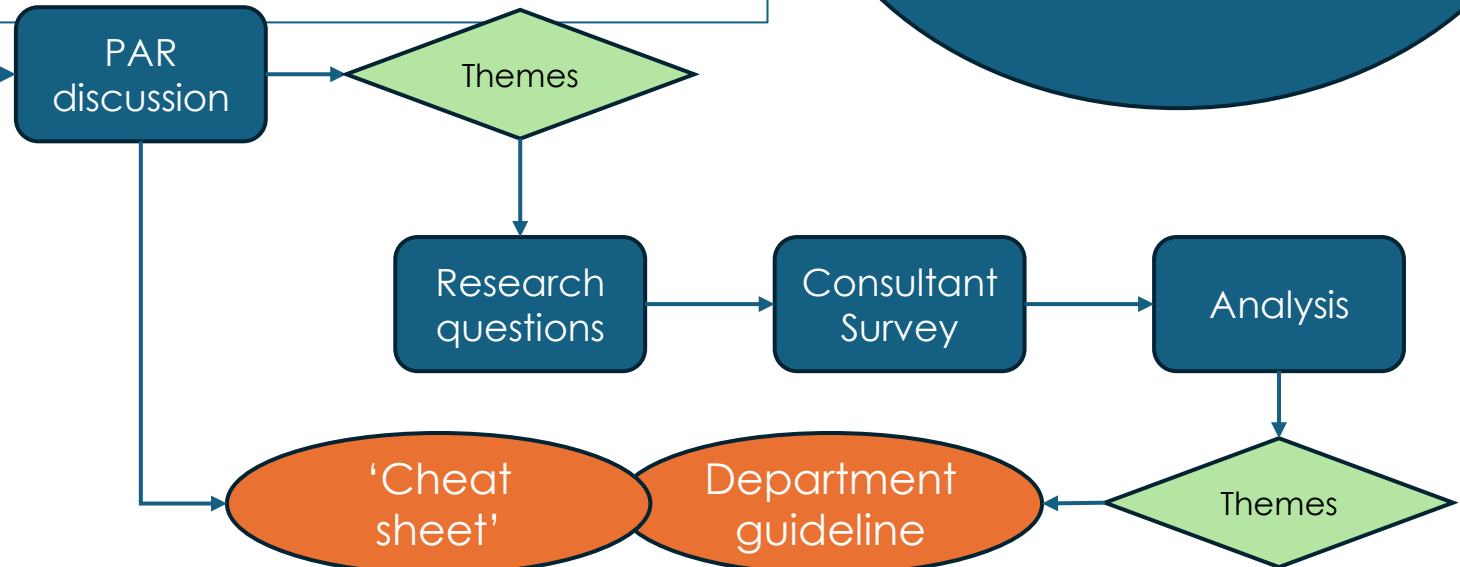
Identified themes using **personal reflection and participatory counting, then co-analysed them.**

These themes generated questions for a survey of consultants.

The eventual output was a 'cheat sheet' guide for future residents transitioning into similar roles and a department guideline

Participatory Action research principles

- ❖ "Research with people, not on people"
- ❖ Participation, leadership, and research by those affected by the research



'Acting Up': using participatory action research to develop best practice in implementing a new senior resident role

RF Saleh, R Lewsey, R Dryden; University Hospital Crosshouse

Results

- We received 11 responses from 33 consultants.
- All reported they understood the role of Duty2.
- All felt it had a positive impact.

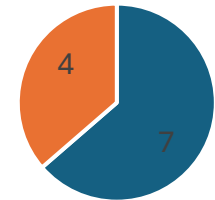


What do you understand the role of Duty2 to be?

- **'Acting Up'** – gaining experience in the consultant role
- Supporting juniors
- Distant supervision



Is this different to the same doctor working in their usual on-call role (ie, SpR shift) from calling the Consultant?



■ Yes ■ No



What do you understand to be the threshold for a Duty2 doctor to call the Consultant?

- "When the thought arises" / "uncertainty" / "anything"
- Requirement for 'extra hands'
- **Complexity** – paediatrics, critical incidents, outwith skillset



If you answered 'Yes', please give details

- Extra staffing – consultant not automatically required to attend for theatre
- Consultant-level decisions



'Acting Up': using participatory action research to develop best practice in implementing a new senior resident role

RF Saleh, R Lewsey, R Dryden; University Hospital Crosshouse

Do you have any further reflections on your experience of the duty2 role?

"Reduces anxiety levels on on call consultant"

"more independent decisions and management plans for fairly complex cases"

"Good experience in list management and complex patients"

"found my mental load to be much reduced by having a capable senior trainee present"

"excellent and essential preparation for working as a consultant"

"allows them to practice judgment and prioritisation"

"provides great insight into clinical and non-clinical decision making"

"appreciation of the weight of their decisions when not shielded by a consultant"

"experience on call from home which can at times be more stressful than being resident"

Conclusions

- Consultant responses aligned broadly with resident reflections.
- **Duty2 is empowered to act up in the consultant role**, providing value as a supervisor and senior decision-maker.
- The threshold for Duty2 to call for consultant help shows **wide individual variation** and should be discussed at the beginning of a shift.
- The **PAR approach helps us reflect on individual and team roles in anaesthesia**; may help achieve personal growth and team cohesion as residents transition to roles of increasing responsibility.
- As the subjects of the Duty2 intervention, **we generated our own research questions**, so can provide unique insight and analysis into this transitional role.