



# The Effectiveness and Impact of a New Primary FRCA Teaching Programme at University Hospitals Derby and Burton Trust

Dr G. Buckingham, CT2 Queen's Hospital Burton, Dr A. Foulkes, CT1 Royal Derby Hospital

## BACKGROUND

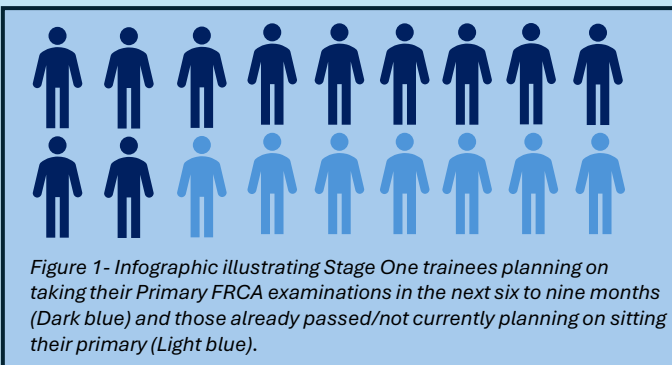
Anaesthetists in training are required to complete the Primary FRCA in order to progress to higher training. The examination covers a wide range of material, often unfamiliar, requiring hours of self-directed learning alongside heavy work schedules. To support trainees at University Hospitals of Derby and Burton, a new Primary FRCA-focussed teaching programme has been developed, delivering weekly teaching sessions to those planning to sit the Primary FRCA. A departmental teaching programme also provides the opportunity for senior trainees to gain teaching experience.

## AIM

To successfully design a tailored teaching programme for Stage One trainee's planning to undertake the Primary FRCA examinations in the near future.

## METHODS

Commonly, anaesthetic departments will provide regular local teaching for trainees. It was identified that over 50% of Stage One trainees within RDH and QHB were planning to take their Primary exam within the next six to nine months (Figure 1).



A trainee was identified from each hospital as Teaching Programme Coordinator. Each representative met with the respective college tutors to discuss perceived trainee benefit and logistical challenges. A weekly 3-5pm slot on a Wednesday was identified as the optimal time, primarily minimising impact on running of each list.

Post-primary anaesthetic trainees and staff grade doctors were invited to deliver teaching via a sign-up link. Each session was divided into three topics: 'physiology', 'pharmacology' and 'physics and equipment'.

Immediately after each session, a short survey was sent to learners. This was created using Google Forms (Figure 2) and the link circulated via trainee Whatsapp groups.

Surveys were presented in the format 'strongly agree to strongly disagree', with a set of statements.

Statements were as follows:

1. Content was relevant to my learning
2. Teaching was delivered at an appropriate pace
3. The session was of appropriate duration
4. The slides were useful and easy to follow

Additionally, learners were encouraged to provide topic suggestions in free text boxes for future sessions.

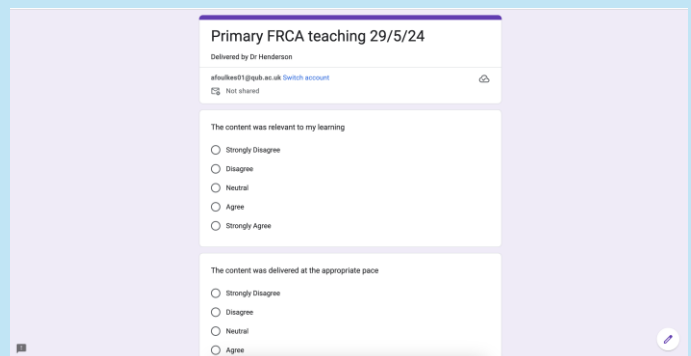


Figure 2 - Screenshot of electronic feedback forms sent to trainees after each teaching session.

# The Effectiveness and Impact of a New Primary FRCA Teaching Programme at University Hospitals Derby and Burton Trust

Dr G. Buckingham, CT2 Queen's Hospital Burton, Dr A. Foulkes, CT1 Royal Derby Hospital

## RESULTS

Teaching feedback across seven weeks was amalgamated. A total of 39 responses, ranging from four to ten responses per session (Figure 3).

1. For the statement 'content was **relevant to my learning**', 100% responded with 'strongly agree' or 'agree'.
2. For the statement 'teaching was **delivered at an appropriate pace**', 87% responded with 'strongly agree' or 'agree', 10% responded with 'neutral' and 3% responded with 'disagree'.
3. For the statement 'the **session was of appropriate duration**' 97% responded with 'strongly agree' or 'agree', 3% responded with 'disagree'.
4. Finally, for the statement '**slides were useful and easy to follow**', 84% responded with 'strongly agree' or 'agree', 16% responded 'neutral'.

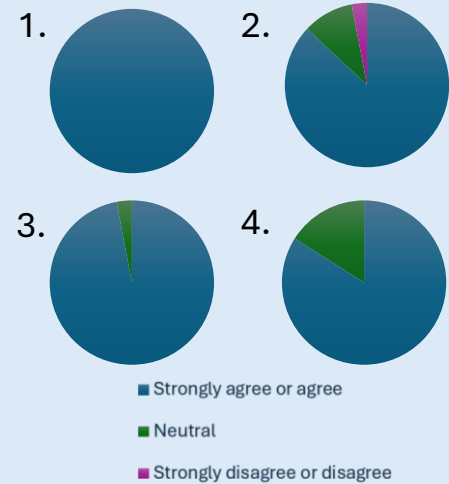


Figure 3- Pie charts illustrating feedback responses. 1- Relevance, 2- Pace, 3- Duration, 4- Presentation.

## CHALLENGES

- DGH's generally have a smaller pool of potential teachers, compared to larger hospitals. We have adapted and combined the resources across two linked DGH's, allowing for regular teaching to occur.
- Balancing on-call duties and delivering teaching. It cannot be guaranteed that teaching would be bleep free. Additionally, those due to work on the intensive care unit or in emergency or trauma theatre lists may be unable to leave. This was navigated by pre-organising cover or allowing the teacher to deliver the session from their location via MS Teams.
- Cross-site teaching has been delivered via MS Teams, allowing those unable to leave the theatre complex, and those off-site, to participate.
- Teaching clashed with Trust-wide medical trainee teaching. This meant trainees based in ICU found it difficult to attend due to clinical pressures.

## FUTURE PLANNING

- Our focus remains on small group teaching to facilitate group discussion. This is particularly useful when working through exam questions. This simulation of the exam is a highly effective tool in enhancing deep learning.
- Consideration of the duration of teaching is important. We have found that one hour is sufficient to cover a number of topics in depth whilst avoiding learner fatigue.
- Other specialty (e.g. medical trainees) teaching days should be considered to mitigate clashing on ICU.
- Teaching occurring on the same day every week potentially excludes less than full time trainees with fixed off days.
- Formalisation of the programme with the support of College Tutors will empower trainees to attend teaching on a weekly basis.

## CONCLUSION

We believe that we have achieved our aim of providing a teaching programme, tailored to those sitting the Primary FRCA in the near future. Reflection and future planning will allow us to develop the programme and further support the learning needs of trainees. The positive feedback regarding the relevance of the content and regular attendance is encouraging and suggests that learners are engaging with the programme. It reflects the variety in the teachers and the accessibility of topics. Some topics may lend themselves to longer session with more question practice.