Exploring the Learning Environment in Anaesthesia

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Introduction
The role of the anaesthetist is widening substantially, with anaesthetists involved in the care of up to two thirds of patients in hospital (1) and in places out with the operating theatre.

Training in anaesthesia therefore requires a learning environment which is adaptive and which can empower the trainee to overcome diverse and varying pressures through the course of their training, as well as facing the challenges of high clinical demands impacting on time available for educational opportunities (2).

Anaesthesia offers a unique environment for postgraduate training with one-on-one supervision readily available in the operating theatre. By gaining a better understanding of learning environments, we may be able to harness them as a tool for improving outcomes at all stages of anaesthetic training.

Methods
This study utilised an online survey and semi-structured interviews to identify and explore factors that influence the learning environment within Aberdeen Anaesthetics department.

The survey comprised a modified version of the UCEEM questionnaire (3). This is a 25 point educational environment evaluation tool, containing questions examining the following domains: Opportunities to learn in and through work; Workplace interaction patterns and student inclusion; Quality of supervision; Preparedness and engagement.

Face to face or telephone interviews were conducted to explore features of the anaesthetic training environment identified from UCEEM responses, as well as exploring wider learning and training issues across all anaesthetic learning/training environments.

Results
A total of 41 anaesthetists responded to the survey (40% department: 24 consultants, 17 trainees). Responses were generally positive.

<table>
<thead>
<tr>
<th>Demographic Descriptor</th>
<th>Number</th>
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<tbody>
<tr>
<td>Sex (M/F)</td>
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<tr>
<td>Grade</td>
<td></td>
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<td>ST3/4</td>
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<td>STS-7</td>
<td>9</td>
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<tr>
<td>UK Medical School Trained? (Y/N)</td>
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</tbody>
</table>

Differences between consultants and trainees were noted in supervisor preparedness for formal teaching and familiarity with learning outcomes. Trainees felt that supervisors were more prepared and familiar with learning outcomes than the consultants reported (p<0.001).

This positivity from trainees was also reflected in feeling they received useful feedback from their supervisors, although consultants felt that this was not the case (p=0.032).

Trainees also felt more comfortable to ask questions of their supervisors than was reported by the consultants (p=0.036).

Ten participants (24%) were interviewed. Interviews highlighted the importance of role modelling, mentoring, peer learning and a supportive environment (Figure 1).

Conclusion
By gaining a better understanding of learning environments, the subtleties within them, and how they are formed, we might in the future be able to harness them as a force for change and ultimately as a tool for improving outcomes at all stages of anaesthetic training.

References
2. General Medical Council 2013 – Medical education’s front line.