

The trauma meeting – encouraging educational value for all trainees

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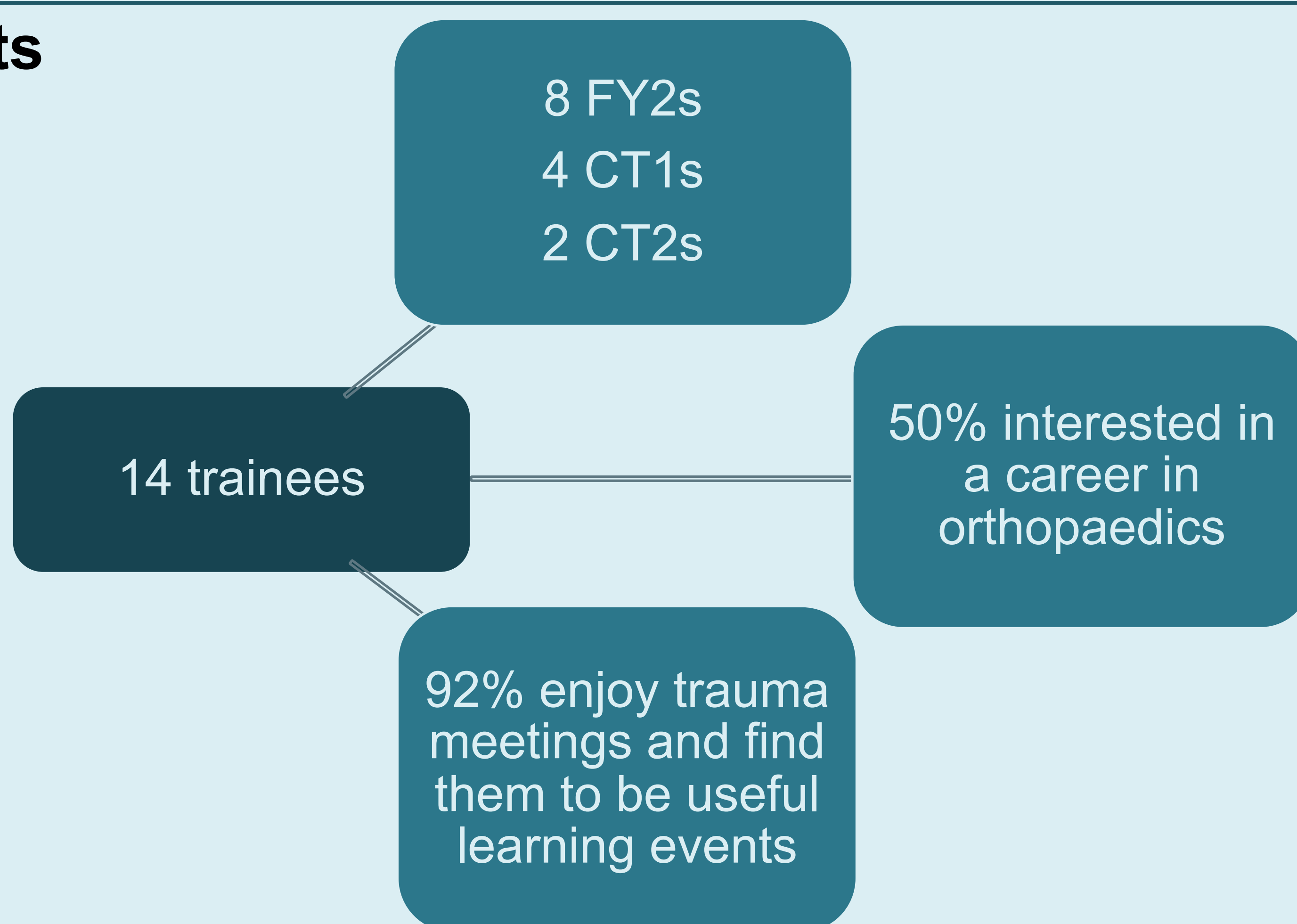
Background

- Trauma meetings provide valuable educational opportunities.
- There is a duty to meet the educational needs for all juniors, including those who will not pursue a long term career in orthopaedic surgery.
- Little is known about the hidden curriculum of the trauma meeting, particularly for those not interested in a career in orthopaedics.

Methods

Cohort	Orthopaedic Core Surgical Trainees and FY2s
Comparative groups	Those interested vs not interested in a career in orthopaedics
Data collection	Online questionnaire, created from the thematic analysis of semi structured interviews
Quantitative measures	Number and type of work based assessments (WBAs).
Qualitative measures	Ratings and free-text responses exploring the educational components of the meeting and potential barriers to learning

Results



Both groups reported that:

- Educational value of the meeting is 'very consultant dependent.' 'Some consultants foster learning more than others by...pointing out useful learning points.'
- Faster meetings with high volume of cases are less educational.
- 'Smaller meetings are less intimidating and more relaxed,' which encourages learning and the 'ability to ask questions.'

Other beneficial elements, suggestive of a hidden curriculum to trauma meetings:

- Understanding the working relationship between orthopaedics and other specialties (GP, A&E, medicine etc).
- How to effectively refer to orthopaedics.
- Social element of meetings, 'the opportunity to meet consultants and feel part of the department'.

	Trainees interested in a career in orthopaedics	Trainees NOT interested in a career in orthopaedics
Number of WBAs from trauma meetings (mean)	3.4	1.5
Factors that encourage WBAs	<ul style="list-style-type: none"> • Complex case • Case generated discussion 	<ul style="list-style-type: none"> • Straightforward case • Consultant interested in case
Factors that promote education	<ul style="list-style-type: none"> • Presenting (and taking a lead on management) • Direct questions from the consultant • Discussion 	<ul style="list-style-type: none"> • Presenting • Knowing the case well • Direct questions from the consultant • Discussion less beneficial to learning • Radiograph interpretation
Confidence in managing these conditions	<ul style="list-style-type: none"> • Wrist fractures • Hip fractures • Ankle fractures • Tibia fractures • Cauda equina syndrome 	<ul style="list-style-type: none"> • Fragility fractures • Septic arthritis
Lack of confidence in managing these conditions	<ul style="list-style-type: none"> • Hand fractures • Spine fractures • Diabetic feet 	<ul style="list-style-type: none"> • Paediatric fractures • Diabetic feet

Conclusion and Implications

- The educational component of trauma meetings is valued by all juniors.
- Consultants' engagement with case encourages education.
- Critical conditions are not proportionately represented.
- Developing transferable skills from meetings has the potential to upskill rotating junior doctors and increase work satisfaction.
- Educators should use these findings to consider how to encourage and promote the learning of trainees, including those not interested in a career in orthopaedics.