Thank them trainees! TTT workshops have positive influence on trainers

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Abstract

European Network of Trainees in Obstetrics and Gynaecology requested of Standing Committee for Training and Assessment at the European Board and College of Obstetrics and Gynaecology that trainers are at least minimally trained. Following this request the Royal College of Obstetricians and Gynaecologists (RCOG) organized Training the trainers (TTT) workshops for European trainers. Two of our senior trainers attended these RCOG workshops and subsequently organized TTT workshops at our institution on a voluntary basis. Till February 2012, 145 participants from more than 20 different medical specialties attended 25 one-day workshops. In basic workshops tools for proper feedback, teaching practical skills, assessment and appraisal were demonstrated. In advanced TTT2 workshops the topics were: difficult appraisal, teaching on models, reminder on professionalism, how to fight burn-out, how to use 6 thinking hats tool etc. Participants were given autonomy, road to mastery, and have seen purpose in TTT. They all acknowledged the need of workshops and expressed wishes to attend TTT workshops at least once every two years. As participants were from different specialties, personal communication among different departments in a big hospital increased. Trainers were enthusiastic because workshops are held in a relaxed but interactive atmosphere. They discovered hidden potentials they themselves had. Problems in training, which they thought were only theirs, were found to be general. With the aid of appropriate thinking tools and by being proactive, ideas for better training are pouring out. TTT also greatly helps self-improvement of trainers.

Key words: **Medical education, feedback, appraisal, proactive attitude, burn-out, six thinking hats.**

Introduction

As the science and technology of medicine are developing, so is the science of adult education. Medical teaching is specific, not ordinary adult teaching (Grant, 1998). Trainers are medical doctors, but most have not had any formal education how to teach. In human affairs generally there is less progress than in technology (de Bono, 2009). Despite this, when first entering medical education field, one finds that a huge amount of literature is available. In the beginning, short tips are very welcome, just to get oriented (Ramani, 2006; Garden, 2009).

European Network of Trainees of Obstetrics and Gynaecology (ENTOG) requested of Standing Committee for Training and Assessment (SCTA) at the European Board and College of Obstetrics and Gynaecology (EBCOG) that trainers are at least minimally trained. The goal of Training the trainers (TTT) workshops is giving trainers basic information about tools to make the training more efficient and fun, to appraise, supervise, assess and support trainees.

How to start the TTT process

Royal College of Obstetrics and Gynaecology (RCOG) have been organizing TTT workshops for more than 15 years. In 2007 RCOG organized TTT workshops especially for EBCOG trainers in London and in Turin with Professor Chiara Benedetto. After attending these workshops the principal author and Dr Vasilij Cerar started TTT at the University Medical Centre Ljubljana (UMCL), with the formal support from the Committee for Education of UMCL. Medical Chamber, which in Slovenia is in charge of training, officially recommended TTT to tutors and supervisors and awarded 7 CPD points for

participation. This is one tenth of CPD points needed for one licensing period. TTT workshops were publicized on the intranet, in internal newsletter of UMCL, in official Journal of the Medical Chamber, by letters to chiefs of departments, and key tutors and supervisors from all specialties were personally invited. Participation was on voluntary basis.

Contents

We adapted the standard structure of the RCOG TTT workshop's first day and named it "basic TTT". The main topics of this 7-hour workshop are explained below. All are presented in mini-lectures of about 15 minutes, followed by 1h exercises/training.

Basic adult medical education theory is discussed with participants. Adults take responsibility for learning, they learn from experience and reflection on experience. They are motivated to learn when they have autonomy, can proceed to mastery and see purpose in their work.

Giving proper feedback is a skill and an art a good trainer should know. Feedback should promote self reflection in the trainee about strong points s/he knows and those s/he is not aware of. S/he should reflect on weak points and trainers show how these can be improved. Proper feedback improves training and must not be insulting. The importance of feedback does not end with the end of training. Superior performers intentionally seek feedback continuously (Goleman, 1998).

Practical skill is taught in a four-step cognitive training method (Murphy et al., 2008). In our training we all advance from being unconsciously incompetent, through conscious incompetence and conscious competence, to the final level of unconscious competence. When teaching a practical skill the trainer first performs the task without talking – this is important for motivation; trainee makes a mental pattern of the skill. In the second step trainer talks through and performs the task; trainee learns why and how the skill is performed. By verbalizing the skill trainer moves down to the trainee's level. In the third step the trainee talks and the trainer performs only what is correct; this step is important for safety. In the fourth step trainee talks and performs. In training a practical skill the trainer becomes again consciously competent, even though s/he is already unconsciously competent to perform the skill.

Appraisals are very welcomed by trainees; they show the tutor really cares for their development. In the induction interview (Pendleton & Wakeford, 1988) trainee explains his/hers expectations and the tutor is specific about expectations, goals and time schedules of the institution; a kind of contract is signed. At the TTT workshop this is practiced as a role play. Regular appraisals are meant to guide and support the trainee (not solve personal problems, but acknowledge them), to set goals, to find areas where improvement is needed, and plan how to address this. Logbook and use of logic of plan – do – study - act (PDSA cycle) (Deming, 1982) is helping. Appraisal should be informal.

Assessment is, on the other hand, formal. It is generally done for a licensing body, and compares knowledge, skills, behaviour and attitudes of trainee against agreed standards. Assessment of **theoretical knowledge** goes from recall of data, to comprehension, application, analysis, synthesis and evaluation. Regarding **skills**, structured assessment tools are given to participants. Reliance on expert human judgement in clinical environment is scientifically justified and should be used (van der Vleuten et al., 2010). Objectives and standards must be known before the assessment; assessors should be trained; what passing and failing means should be clear. Assessment should be transparent, feasible, valid, reliable, and training should improve because of assessment. **Behaviour and attitude** are usually not regularly assessed; multi-source feedback is offered to participants - a tool already used in obstetrics and gynaecology training in Slovenia (Novak Antolič & Steblovnik, 2012, in press).

The contents of TTT2, which we named "advanced" workshops (adapted from the second day of RCOG workshop) are: difficult appraisal, teaching on simulators/ models, reminder on professionalism, basics of negotiations, communication of bad news, how to fight burn-out, how to cope with stress, how to use 6 hats parallel thinking tool, basics of mnemotechnics.

There are few trainees who fail to meet reasonable standards. Nevertheless, these trainees require most of trainers, tutors and supervisors educational work. The article in this Monograph ***Managing trainee doctor in difficulty*** discusses this issue at length. At the TTT2 workshop real life scenarios are role played and participants are encouraged to find solutions.

Simulation learning on models and simulators is reality. Trainers should know advantages and limitations of simulation learning, including the emotional feedback of participants and possible oversimplification of a complex reality (Reynolds et al., 2011). Planning the simulation scenarios (Paver Eržen et al., 2012, in press) should include meticulous planning of debriefing sessions (Fanning & Gaba, 2007).

Professionalism can be taught, trained and assessed (Cruess et al., 2009; Cruess et al., 2008).

What we do, in fact, when we see patients or work with colleagues, and also in everyday live in our society, are **negotiations**. Everybody is special and

everybody deserves special approach: but there are some principles of negotiations that are good to know to make our lives easier. Life is not ideal. To live it without too many frustrations, it helps being assertive and master specific social skills. Integrity and mutual understanding make basis of efficient negotiation. There is no place for anger, information hiding, ridicule, threat with ultimatum – as we will have to work on with the same people for a long time.

As doctors we face sad moments; we should not leave our patients alone then. It is valuable to know how **to communicate bad news**, be as direct and realistic as minimally necessary, but at the same time be there for the patients and support them (Buckman, 2001; Hollis et al., 2007).

Seeing how medicine fail to cure everybody, long working hours, years of being most of the time away from the family, all these may lead to **burn-out** in doctors. Those who know **how to cope** with everyday stress – which is the most devastating – will be good trainers, good doctors and good partners.

In medicine, there is much to remember even in the computer era. **Basics of mnemotechnics** are shown for everybody to work on to achieve mastery if they feel like it (Foer, 2011). Dr Edward de Bono invented **6 hats parallel thinking tool** (de Bono, 1985) for shorter and, at the same time, more efficient meetings. It works best in small group. Participants of TTT workshops never fail to marvel how great the potential of many brains together is compared to one!

How to keep TTT going

In Slovenia with 2 million inhabitants UMCL is one of two tertiary centres with 7800 employees. Out of around 1100 physicians more than 300 are trainees of various specialties. All physicians are very busy and at first did not see the use of attending TTT. Making workshop mandatory would just prolong the list of all mandatory things (reports, meetings etc) doctors hate. As TTT was recommended for supervisors and tutors only, trainers thought it was not meant for them (see the definitions at the end of the article). Expressions like supervisor, tutor, mentor and trainer do not have the same meaning in different countries and more confusion is added with translation. To avoid misunderstanding, information on TTT was published (Novak et al., 2010) and explaining was done personally by those who organized TTT workshops, and by those who already participated.

In this way continuous demand of participants was served, from March 2008 until February 2012, with organization of 20 basic TTT workshops, 2 basic TTT on demand, and 3 advanced TTT2 workshops. 145 different participants were from more than 20 medical specialties and also from fields of biochemistry, pharmacy and biology. Criterion for participation in advanced TTT2 was that person already attended the basic TTT; thus 25 participants of the three TTT2 workshops are not counted as additional participants. Two TTT on demand were for two teams of the same specialty, one in UMCL and one in another hospital. Less than 8 percent of participants came to UMCL from other parts of Slovenia.

Organizing TTT also led to disappointments. Workshops work best in groups of 8 to 10, with one facilitator per 4 participants. Doctors are very busy; sometimes even when planning in advance, they were not able to attend. They found out they could not come very late, usually on the very day of the TTT workshop. It was then not possible to call somebody else from the waiting list, because s/he would have already planned commitments for that day. 6 thinking hats tool helped us to solve this problem and this also turned out to be an exercise in accountability. Namely, everybody who registers, must at the same time find his/hers deputy who will come if the registered participant is unable to come.

EBNE: Excellent but not enough

The most important feature of TTT workshops was interactivity and relaxed atmosphere. As for the contents, the important feature was flexibility. In the article ***The art of medical education*** in this Monograph it is stated that we are educating for the near future. That is why trainers should be flexible, given various tools (and they will themselves invent new) adapted for challenges of the future. We can not solve the problems and challenges of future with models and modes that have led to these problems in the first place.

Trainers from different specialties from UMCL added value to TTT. Again, as stressed in ***The art of medical education***, mono-disciplinary solutions are not as good as solutions from different disciplines, in this case, different medical specialties. The same goes for the age of participants: at first mostly supervisors and tutors participated. However, simple mathematics shows that it is much more profitable if already very young trainers learn the basics of how to train. They will be able to use appropriate tools for a very long time in their professional life. Attendance of young doctors adds to better understanding among generations, respect and good learning climate.

A good physician is always on the learning curve, no matter how old s/he is. New methods of treatment are coming, new procedures... Complications are the price for development. Even in the time of simulators and models. But if one only performs what one is very good at, the moment will come when s/he will not be able to provide her/his patients the best possible care.

Very few physicians are geniuses – those very rare who find new, better solutions. The majority of us, however, should be prepared to accept these solutions, when there is enough evidence that they really improve patient's care. We should take novelties with a grain of salt, but being an eternal sceptic will not benefit anyone in the long-run.

The future of TTT

The 2011 TTT workshop, organized in Turin by Professor Chiari Benedetto, was for trainers and trainees in obstetrics and gynaecology from many countries. It was organized as a template for future workshops within EBCOG. Convinced of the benefit of TTT, the president of EBCOG named a group for TTT support. Members of this group are: Prof Chiara Benedetto, Dr Angelique Goverde, Prof Tahir Mahmood, Dr Jacky Nizard, Prof Fedde Scheele and led by the first author. All departments that apply for EBCOG hospital recognition will be asked if they have already had TTT workshops. If the answer is no, they will be offered support in organizing these workshops. TTT is only a part of the process of medical education. It should remain voluntary: commitment to education, organization, hospital, medicine and patients is thus expressed.

Conclusions

Why did we give such name to the monograph: *When training becomes fun for trainers and trainees*? To emphasize that by commitment and flexibility everything is easier for all parties involved. Besides, it was already William Makepeace Thackeray who said: "Good humour is one of the best articles of dress one can wear in society." Everybody can contribute: the sum of contributions is enormous. Those who do nothing because they think their contribution is not big enough make the greatest mistake. Adaptation to new demands in medicine (more patients, better educated and informed patients, tendency towards lawsuits; more trainees, less time spent with trainees, increasing number of different procedures, less invasive procedures, shorter hospital stay; different modes of obtaining information, and the enormous amount of information) is the way forward. Physicians should not complain over enormous amount of work. A lot of work means a lot of success. In addition, complaining can only make one feel worse and does not solve the problem. What separates experts from the rest is that they tend to engage in a very directed, highly focused routine, called deliberate practice (Ericsson et al., 2006). They focus on their technique, stay goal oriented and get immediate and constant feedback on their performance. Surgeons get better with time, because the feedback is immediate. In specialties where feedback is not immediate, this powerful tool is lost. World class status is achieved (regardless of the field: in violin playing, sports or medicine), after 10 000 hours of practice (Ericsson et al., 2006). In medicine, we are lucky. Our success is good for the patients. This, in turn, gives immediate value to our everyday work and sense to all the training needed to achieve this success.

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Idis redibis non morieris in bello. The sentence in Latin can mean two completely opposite things: You will go, you will not come back, will die in the battle. Or, it can also mean: you will go, you will come back, you will not die in the battle. It depends where you put the comma.

The title of this article also has two meanings. By *Thank, them trainees!* trainers thank trainees for pushing the process of TTT. Trainers appreciate very much that for a change they are the centre and cared for. The first author wants to express gratitude to the ENTOG and trainees in general, for stimulating us seniors to perform better. By *Thank them, trainees!* trainees thank trainers for becoming better teachers and that training is becoming more efficient. We would especially like to thank good trainers in all EBCOG countries for their constant endeavour to become better in training trainees.

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Definitions
Trainee: resident, doctor in training
Trainer: specialist, who works with trainee every day; coach
Tutor: senior colleague, who takes care of the trainee during whole training
Supervisor: academic colleague, who supervises the whole process of training

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