

Improving the quality and experience of anaesthetic resident post-fellowship educational meetings

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Introduction

Since the pandemic virtual education has become the norm, however many students have negative perceptions of online learning (1). Educational motivation has been shown to be influenced by external and environmental factors (2), responding to resident doctor learning preferences can broaden the appeal of teaching. We aimed to evaluate and improve the resident doctor experience of the educational bimonthly post-fellowship meetings (PFM).

Methods

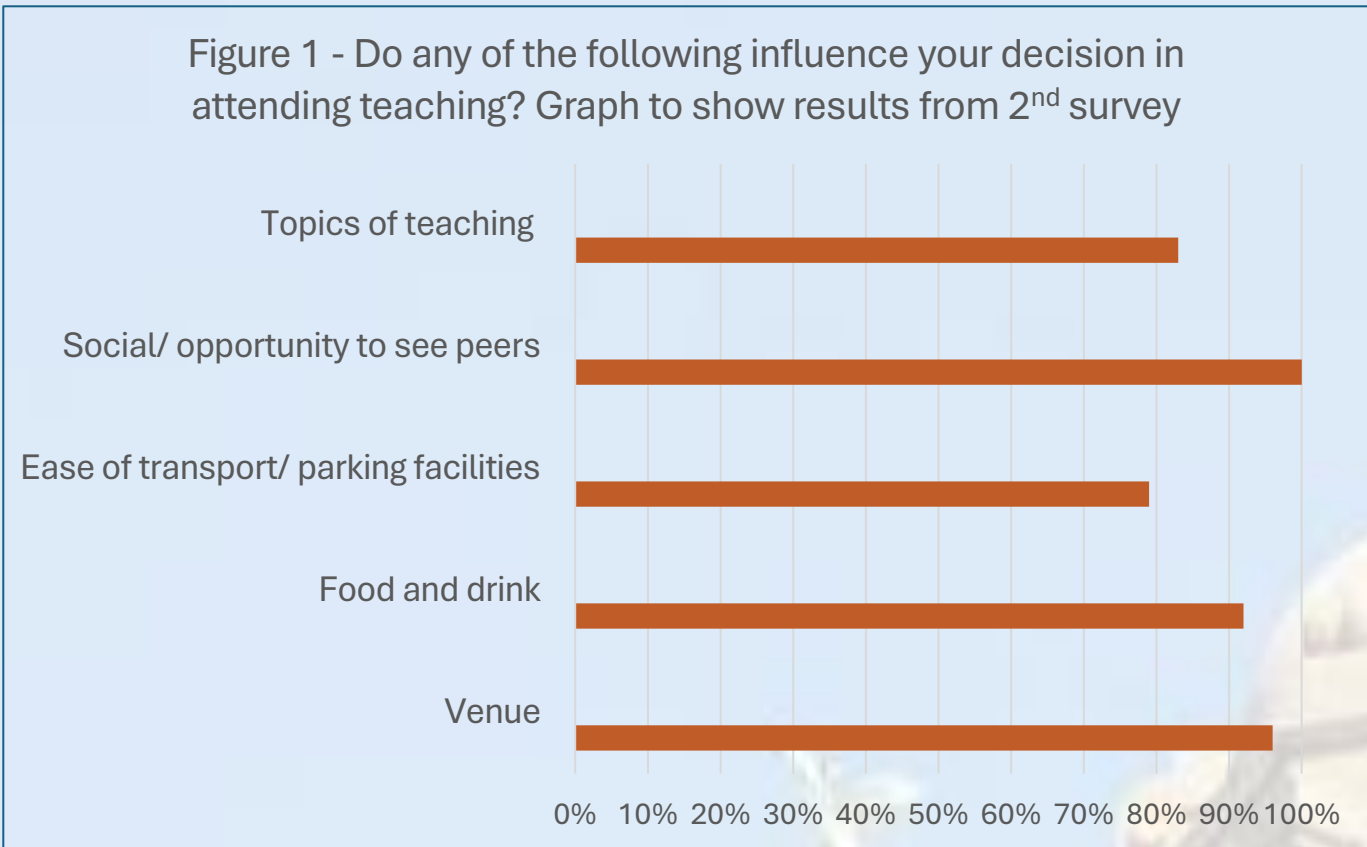
A survey was carried out by resident doctors attending PFM in September 2023. Anonymised data was collected from 34 resident doctors using multiple choice and free-text questions. Domains assessed included virtual compared to in-person teaching and preference for location of in-person teaching. Using the results, rather than meeting virtually or in hospital, future meetings were organised in-person and in a non-hospital setting. A second survey using multiple choice and open text comments was completed in May 2024. The data was used anonymously to evaluate the change.

Results

The first survey (33 respondents) demonstrated that **76% prefer to attend PFM in person. All resident doctors preferred the non-hospital environment.** If attending in person, a majority (88%) stated that a maximum of two virtual talks from external speakers were acceptable.

Acting on these results future meetings were held in non-clinical environments (Liverpool Central Library and Duke Street Markets) which were easily accessible by public transport and allowed provision of high-quality catering. Educational programmes were adjusted to include a balance of in-person and virtual speakers.

Results from a repeat survey (24 respondents) demonstrated that all resident doctors felt that the non-clinical setting improved their learning experience, with **70% saying they would be less inclined to attend PFM if in a hospital environment.** Decision on attendance were based on factors beyond the teaching agenda, 17% of doctors did not cite the teaching agenda at all in their decision making (see figure 1). Opportunities to see peers was the top factor that influenced resident decisions on attendance. **All residents now preferred in-person teaching.** Open text comments reflected a positive impact on well-being and enjoyment of the meeting.



Discussion

Overall resident doctors have experienced an improvement in their educational experience and well-being through using an in-person non-clinical environment. Providing a pleasant non-clinical environment also increased the percentage of resident doctors favouring in-person teaching over virtual. Virtual speakers were still occasionally used in ‘in-person’ meetings, allowing scope for distant and international speakers to be part of the programme.

References

1. Greig PR, Darbyshire JL. Medical educational theory in practice. BJA Educ. 2019 Feb;19(2):40-46.
2. Koja G, Abazaj E. A cross-sectional study of online learning during the COVID-19 pandemic: Student perceptions. Health Sci Rep. 2024 Mar 13;7(3):e1946.



PFM organisers enjoying Liverpool central library



Liverpool central library roof top used for coffee and lunch



Duke Street Market meeting room

“Really value the nicer space and improved food...turns an educational day into almost a wellbeing day...”

“so nice to get out of hospitals!”

“Nice to socialise with fellow trainees in a non-work environment and promote peer wellbeing”

“Good for wellbeing”

“Moving to sites outside of hospital setting has been a huge improvement.”

“These days are one of the best wellbeing initiatives I’ve experienced”

