# Introducing a formal handover document for anaesthetic resident doctors rotating within the North West deanery

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## **Background**

Rotational training is a well-established part of medical training across specialities in the UK. Anaesthetic resident doctors are often required to rotate to gain sub-speciality experience, particularly in Stage 2 of the 2021 RCOA curriculum<sup>[1]</sup>. Within the North West of England there are multiple tertiary referral centres, meaning that anaesthetic resident doctors rotate frequently to gain valuable training in anaesthetic sub-specialities.

Despite the undoubted merits of rotational training, the frequent changes in environment, colleagues, processes and IT systems can be challenging for resident doctors to manage. These challenges are often amplified for those who may be experiencing other difficulties during these periods of rotation. Having to re-discuss difficult issues with new supervisors at each rotation can be intimidating and traumatic, and if not done before arrival at a new placement can lead to loss of support mechanisms and reasonable adjustments which had been established in previous placements.

Within the North West deanery there was no formal process in place by which the details and requirements of resident doctors who were experiencing difficulties could be handed over to the next department.

### **Objective**

To introduce a formal handover process by which resident doctors experiencing difficulties could voluntarily have their needs shared with their upcoming department prior to their arrival, giving departments and resident doctors time to make provisions to allow for ongoing support.

### **Method**

An initial survey was distributed to all anaesthetic resident doctors within the North West deanery to explore their experiences of rotational training and identify those who had experienced professional or personal difficulties during anaesthetic training. Those who had experienced difficulties during training were invited to provide further information about their experiences of rotation, the level of contact with their upcoming department and what support they were offered.

### **Results**

A total of 44 resident doctors responded to the survey with the majority stating that they found rotation to be stressful (Figure 1). 59.1% of respondents had experienced challenges with physical or mental health during anaesthetic training (Figure 2), however, only 16.2% had received an offer for their current challenges and additional support needs to be handed over to their upcoming department. Whilst 28.6% of respondents chose to directly contact an upcoming department to inform them of their difficulties and support needs, those that chose not to contact the department cited concerns about standing out, not knowing who to approach and not wanting to re-tell traumatic experiences as the main reasons for doing so.



Figure 1: Resident doctor responses to "How stressful do you find rotating to a new trust?"

There was support from respondents for a resident doctor handover document to be introduced to the region. As a result, a resident doctor handover document was developed (Figure 3) with the aim of allowing residents to have pertinent information and requirements passed on to upcoming departments before their arrival, to enable support mechanisms to continue between rotations.



*Figure 2: Experiences of mental or physical health difficulties during anaesthetic training* 

The document was reviewed and approved by senior educators within the North West deanery before being shared with resident doctors and college tutors in the region alongside guidance on how and when to use the handover document.

### **Discussion**

The introduction of the resident doctor handover document was aimed particularly at those doctors who are experiencing difficulties at the time of rotation to allow for ongoing provision of support. The guidance provided alongside the document details the process by which the handover can occur. The process can be initiated by either resident doctors or college tutors, however, it was important to clarify that this is an entirely voluntary process and that resident doctors must consent to any information about them being shared.

Rotating to:		
	al support (very brief):	
	Ie Adjustments required (e.g. Rota support for appointment of clinical activities, Exam support, etc.):	nts, Reduced
exposure to certain	clinical activities, Exam support, etc.):	
Resident Doctor is I	happy to be contacted by department prior to arrival to dis	scuss support
needs? Yes / No		

*Figure 3: North West Resident Doctor Handover Document* 

The information provided by the resident doctor contains a very brief description of the reason for requiring additional support, alongside details of what support they require. This may include such things as rota adjustments for appointments, reduced exposure to certain clinical activities, exam support or flexibility to support caregiving responsibilities. This document is then shared with the college tutor of the upcoming department along with the resident doctor's educational supervisor prior to their arrival, allowing time for relevant adjustments to be made to provide ongoing support.

Future work aims to investigate uptake of the resident doctor handover document and the impact this has had on resident doctor experiences during rotation.

#### **References**

1. Royal College of Anaesthetists. *The Anaesthesia Curriculum*, RCoA, 2021.