

Improving medical trainees' experiences of intensive care – a regional survey

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Introduction

Medical trainees are commonly placed on intensive care (ITU) as part of core medical training (CMT). The programme has now been expanded as part of the introduction of Internal Medicine Training (IMT) to give all medical trainees a placement on intensive care. This expansion is in keeping with the evolution of critical care beyond a purely anaesthetic domain. In accordance, training of non-anaesthetic trainees must be rigorously evaluated and continuously refined. CMTs across the south London region were surveyed and their experience evaluated.

Materials and methods

A 21-question survey was designed collaboratively between medical and critical care teams and distributed to south London CMTs on ITU between August 2018 and July 2019. Responses were submitted through an anonymous online portal. Questions were designed to elicit trainees' views on 1) curriculum objectives 2) adequacy of support 3) learning opportunities 4) overall enjoyment and experience and 5) impact on career objectives.

Results and discussion

Twenty trainees from eight hospitals, tertiary and district general, responded with an equal proportion from year 1 and 2 of training. All had 4-month rotations and 13 were placed on the on-call rota.

Trainee overall experiences

19/20 of medical trainees found their placement enjoyable, of which nine said 'extremely enjoyable'. 17 described the placement as 'very valuable' for their medical training. 19/20 felt competent to perform common ITU procedures, eg central lines and arterial lines with minimal or no supervision.

Trainee impressions of curriculum and learning outcomes

Only half of trainees felt that their learning outcomes for the placement were clear and only 3/20 strongly agreed that there was

sufficient intensive care teaching on medical training days. Despite this, 19 said they were able to obtain the necessary assessments for the block.

Qualitative feedback and trainee suggestions

Trainees reported positively on bedside teaching and access to senior members of staff. Respondents described increased confidence managing sick patients and knowing when to refer to intensive care.

However, multiple trainees reported feeling under-confident with ventilators even at the end of the placement, and a desire for more understanding of ITU drugs and basic airway skills. Many suggested a formal intensive care intro course at the beginning of the placement and that simulation training would be helpful.

Conclusions

Our survey supports current opinion that medical trainees find ITU placements valuable and that increasing ITU placements for medical trainees is a positive step in medical training. However, our survey identified a consistent message that trainees would like greater clarity on learning outcomes and more training on aspects of ITU care unfamiliar to them at the start of the placement.

Our survey provides evidence to support the creation of national ITU-specific learning outcomes for medical trainees and provides guidance for those supporting and designing education for medical trainees at the local level embarking on ITU placements. ■

Conflicts of interest

None declared.

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