

00556 Stressors Encountered During Overnight Duties by Anaesthesiology Senior Residents Impedes Their Role as Teachers & Learners

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Aims: Anaesthesiology Senior Residents (SRs) take on roles of supervising and teaching junior residents during 16-24 hour overnight duties. They concurrently learn through managing emergency cases in the operating theatre and intensive care unit. A recent study¹ demonstrated that the sensorimotor and executive function of anaesthesiologists were slowed after these shifts. We studied the impact of stressors on the cognitive abilities of the SRs as clinicians, teachers and learners.

Methodology: We adopted the constructivist approach and conducted a qualitative research, using the semi-structured interview format. 7 SRs participated in focus group and individual interviews. An inductive and iterative process of information collection, analysis and thematic classification was conducted. Data collection continued until data saturation was reached. The audio-taped interviews were transcribed, analyzed, and themes identified.

Result: Participants experienced high levels of stress. Categories of stressors included (1) clinical, (2) psychosocial and (3) cultural. Clinical stressors included inexperience in managing complex cases and crises, and demands in perioperative resource management. Psychosocial stressors included concerns with poor patient outcomes, complaints and self-doubt. Work-place cultural stressors included concerns of conflicts with other stakeholders, and appearing deficient to supervising faculty. Collectively, these impacted negatively on their cognitive abilities, resulting in increased tunnel vision, poorer clinical judgement, and rash decisions. The SRs were less motivated to teach and guide juniors, and to allow procedural attempts. Their own ability to learn were significantly impaired.

Conclusion: We identified stressors that impeded clinical management, teaching and learning. Reluctance to consult faculty for fear of appearing were concerning. Recommended strategies include (1) reducing impediments to faculty consults, (2) providing case-based training, (3) improving communications with stakeholders, (4) equipping with team based management skills, and (5) engaging in inter-professional collaborations. While stressors during overnight duties can hamper the clinical, teaching and learning abilities of Anaesthesiology SRs, strategies can be employed to reduce their impact.