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Trainees and complications of surgery, burnout and recruitment

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Editorial

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Medical education has evolved since the days of 'see one, do one, teach one'. An increasing role of simulation should help to increase the efficiency of skill acquisition.[1] Although some of this trend may be driven in part by shorter training programmes and fewer working hours, ultimately it is about optimising patient safety. Structured approaches to the teaching of operative skills and careful supervision by more senior colleagues, as the trainee moves from novice to expert, hopefully will reduce complication rates whenever trainees operate, either as primary operator or assistant. However, despite good preparation, when the trainee engages in real patient care, there is an inevitable emotional burden when things do not go well. Whether the operator is a junior or senior surgeon, complications are inevitable, as 'surgery is a hard taskmaster'. This truism is often applied to any discipline that involves complex knowledge, skills and decision-making, which certainly includes all surgical specialties.

This issue of *The Journal of Laryngology & Otology* has an article by McLaren and colleagues from Plymouth and Torquay on the topic of complications and trainees.[2] The authors found that patient safety incidents 'can have deep and long-lasting effects on the health professionals involved', and discussed the concept of a 'second victim phenomenon' in which professionals suffer psychological harm after patient safety incidents ('medical errors'). A previous article in *The Journal* on European surgeons' anxiety levels in paediatric adenotonsillectomy is of interest here,[3] as it showed that the potential for life-threatening bleeding caused anxiety in all doctors, even though this diminished to some extent with experience.

Recent years have seen an interest in the concept of 'burnout' among surgeons, as well as the role of non-technical skills and teamwork in the delivery of complex care. The need to be able to cope with the emotional burden of being a surgeon and show 'resilience' to avoid burnout is a feature that should be considered at the stage of career choice, and is relevant to undergraduate and post-graduate training, as well as specialty selection. Type A personalities are known to be more drawn to surgery than type B. A study previously published in *The Journal* by Vijendren and colleagues[4] showed that a higher proportion of type A personalities was seen in ENT trainees compared to foundation doctors. In type A people, the capacity of self-criticism has negative as well as positive features. Surgery is not unique in this – all medical careers involve stress and a capacity for burnout. In the post-pandemic world, we can ill afford to lose doctors who have been expensively trained. This would be tragic if it was as a result of preventable emotional trauma leading to burnout and even more premature early retirement than is currently being experienced by the system. This problem was predicted in an article in *The Journal* that welcomed the new millennium, and discussed the medico-legal aspects of ENT and its effects on the professionals involved.[5]

To help prevent this, we need to ensure that the most appropriate trainees are recruited. Mayer and colleagues' review[6] showed it is crucial to ensure that undergraduates have exposure to ENT in their curriculum and are given the opportunity to experience positive role models, as Bhutta and colleagues had shown in a previous article in *The Journal* on the topic.[7] Competition for time in the undergraduate curriculum has led to 'minor' specialties such as ENT becoming optional in some undergraduate courses. This is far from ideal, as no exposure means less recruitment of the 'right' trainees, and is thankfully being resisted by our specialty leaders.

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