

ERICSSON: Training opportunities are much slimmer than they were.  
And training time is much more precious.  
Having a trainee that is a little bit pushy,  
in terms of asking continuously:

“Can I do this case? Can I do part of it?”

They have to be prepared to do that now.  
[And] one of the things a trainer needs to do  
is give the trainee enough room to make mistakes.

JEAN: There are mistakes and there are mistakes.

ERICSSON: Struggling,  
and having a resolution, while you're struggling  
makes you learn. Keeping 'hands-off'  
is definitely a learned skill.

JEAN: You've got to be sensible about that.

ERICSSON: They're cutting down through subcutaneous fat.

You see a blood vessel, they don't.  
They cut through it. And it bleeds.

That's actually a very valuable training experience.

JEAN: It must be a positive experience.

ERICSSON: I think they are rather too supervised at times.

You can learn a certain amount  
from getting into trouble and watching  
how someone else gets out of it. But  
you learn a shed load more  
from getting into trouble  
and getting yourself out of it.

So, it's an experiment, to be honest: but  
it's in safe limits. Because we're not  
actually causing any harm to anybody. Obviously,  
if you have any doubts about their operative ability  
you're not going to let them operate near the aorta:

because the consequences are dire

JO: *(Knowing I've got someone at the end of the phone, is good enough for me to start on things.)* ""

ERICSSON: If we've got junior reg's on call with us at night, and there's a 'perf' that comes in, I like them to actually get the patient on the table—

JEAN: Dealing with what you find there could be another matter: that's where you may well need assistance

ERICSSON: —start the laparotomy, and give me a call with the findings. You know, tell me what's going on, so that I can then judge whether or not to come in.

JO: *(My peers are doing laparotomies without having a consultant in the operating theatre. All the way through.)* ""

VEE: if they're on their own  
I feel a much greater sense of responsibility myself to look out for what's going on surgically,  
  
which..., you know.., seems a bit crazy when I'm an Anaesthetist,  
but there we have it,  
that's what I feel..,  
  
that it's down to me to keep a closer eye.  
  
There's this sort of unspoken thing with the scrub nurse.

JEAN: We're keeping an eye on them

ERICSSON: I know he's a safe person. He knows his limits.  
  
He'll call me if there's a problem.

JEAN: Part of your learning is when to realise that you need help.  
  
And to call for help.  
  
And don't see shame in that.

JO: *(I do like to sort out my own mess, if you see what I mean: if it goes wrong and you have to call for help outside of theatre you feel as if you're not at the level which you're expected to be at.) ""*

JEAN: Recognising the problem  
is more than enough,  
compared to not recognising  
and trying to mask it.

JO: *(You feel as if.., as if it's going to be fed on to other people. And that people will generally perceive it to be, not incompetent, but.., somebody needs to keep an eye on you, basically.) ""*

VEE: If you do something and you're not ready  
and you're taking too much on  
not only will the patient suffer,  
badly, but you may suffer yourself.  
On a personal and a professional level.