

A National Bootcamp for New Cardiology Trainees

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Dear Editor,

Major transition points in the careers of junior doctors can be accompanied by significant stress, burnout and mental health issues.(1, 2) Basic training may not adequately equip trainees with the specific knowledge and skills required to confidently adapt to the demands of their new roles. Annual staff changeovers may increase the risk of adverse patient outcomes as trainees adapt to their new roles and responsibilities.(3)

In response to these concerns, 'bootcamps' have been developed to help trainees transition more effectively to their new roles. Such programmes have been widely adopted by surgical specialties but are less common among medical specialties.(4) We sought to design a national bootcamp for new cardiology registrars working within the Irish health system. To our knowledge this is the first reported bootcamp for cardiology trainees at a national level worldwide.

The curriculum for the bootcamp was devised by a core group consisting of senior cardiologists, recent graduates from the cardiology training programme and recent entrants. An anonymous web-based survey was circulated to current trainees and trainers to identify the highest yield topics. A blended structure including didactic lectures, small group interactive tutorials and hands-on simulation sessions was selected based on successful bootcamps reported elsewhere.

The bootcamp was run in the education centre of an academic hospital one month prior to the annual July changeover. Consultant cardiologists from hospitals around the country were invited to give lectures and supervise small group and practical sessions. Industry partners provided simulation equipment for practical sessions, as well as lunch and refreshments for attendees. The course was offered free of charge to any doctor commencing their first post as a cardiology registrar in Ireland

36 trainees completed the bootcamp in the first two years. Anonymous web-based surveys were circulated to attendees before and after the bootcamp to assess trainee confidence and obtain feedback. The average consultant: trainee ratio was 2.1 across the two years. 100% of attendees found the course useful and would recommend it to a colleague. Significant increases in self-reported trainee confidence were seen across all topics covered in the bootcamp as shown in Figure 1.

While attendees scored all sessions highly, they appeared to find the small group sessions most useful. 70% of respondents in the first year felt the course was too short and therefore it was extended from a half-day to a full-day programme for the second year. Most respondents preferred a single day event. 74% of respondents preferred a weekend course. Based on feedback from the first year, pre-learning was circulated to attendees prior to the second bootcamp. This included guidelines for reporting of cardiac investigations, video demonstrations of basic skills, recommended reading lists and links to online resources and courses.

In conclusion, new cardiology registrars felt more confident with key skills and responsibilities following the bootcamp. Our experience suggests that the bootcamp model, which has been extensively replicated among surgical specialties, may be equally useful for medical specialties, particularly those with a procedural component.

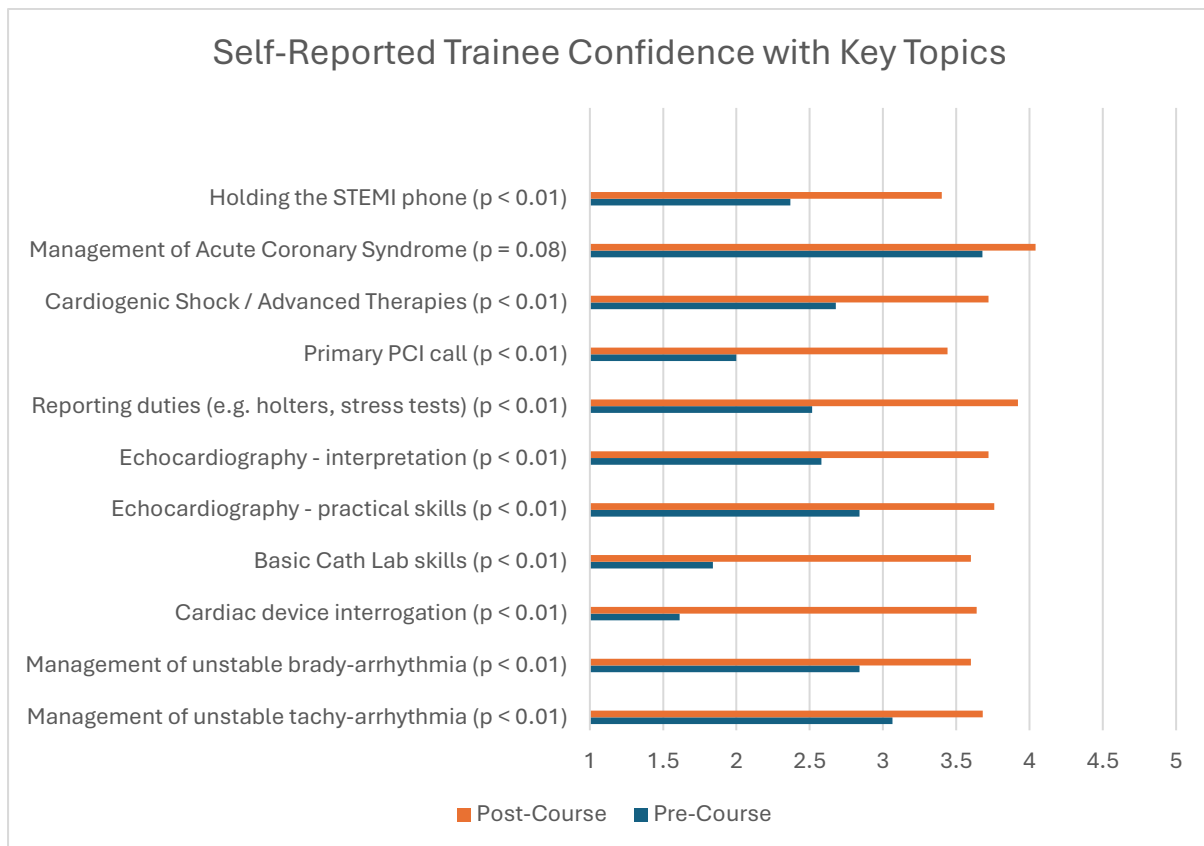


Fig 1: Self-reported trainee confidence with key topics before and after bootcamp using a 5-point Likert scale (1 = not at all confident, 5 = very confident)

Declarations of Conflicts of Interest:

Educational support for the Bootcamp, including simulation equipment and refreshments, were supplied by Boston Scientific and Cordis. The authors have no individual conflicts of interest to declare.

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