

Audio file

[Episode 9 - Aditi Siddharth \(14 Oct 2024\).mp3](#)

Transcript

00:00:14 Speaker 1

Welcome to conversations and made it the people behind the research.

00:00:26 Speaker 1

Hi DT, thank you for joining us today.

00:00:29 Speaker 2

Thank you Nikki for having me.

00:00:32 Speaker 1

Maybe you can just introduce yourself to our listener. So who are you? What do you do? And where are you located?

00:00:38 Speaker 2

Super. I'm I'm a DT Sidharth. I am an obstetrics and gynecology trainee in my in the last two years of my training and I'm currently in just starting my fourth year of my default and I'm based at Aux Star which is in NDC.

00:00:56 Speaker 2

Then, but my research sort of balances both simulation as well as education.

00:01:02 Speaker 1

OK. So you've mentioned your diesel and as you said, it's involved in sort of simulation education, but how does someone like a medical doctor and an OBGYN trainee get involved in education? Was there some sort of interest? Where did that interest emerge? Was it some sort of significant event? What triggered your move into education?

00:01:24 Speaker 2

I think my path has been quite sort of like meandering. So initially what sparked my interest so my interest in education is more sort of from the perspective of organizing education effectively.

00:01:39 Speaker 2

More than you know from individuals, sort of like theory of education, things like that didn't really interest me in the beginning. It was more sort of how can we effectively organize education within all of the constraints that we have in the NHS.

00:01:53 Speaker 2

So I think the first project that comes to mind when you ask me this question is when I was in ST3. So in my third year of training in reading, I was given the opportunity and and I was given sort of like a free hand to organize lectures for the multidisciplinary team. So midwifery as well as obstetric.

00:02:12 Speaker 2

Sort of. All levels of trainees as well as the consultants to to sort of enhance our shared learning.

00:02:20 Speaker 2

And so I sort of took that on really seriously. I was just told to do something with that like concept, but I was given a free hand. So essentially I set up like this project where we would have like weekly lectures and it would be topics that was of interest to everyone. And I would get like experts to come and speak on it from other departments as well.

00:02:40 Speaker 2

And it became really successful. So that's when I first thought, Oh my God, OK, maybe I'm actually good at this and and and it it was really sort of interesting project that I was then able to hand on to the next person taking from me when I moved away from reading.

00:02:57 Speaker 2

And so that got me thinking about education. And so it kept coming up in my years of training something or the other education related would come either I would be delivering lectures or would be organizing education something or the other. The research element of it came because I started a masters in surgical science and practice was on.

00:03:16 Speaker 2

Education.

00:03:18 Speaker 2

And I met Helen, who was my supervisor. So she was, you know, talking about simulation. And I was, like, actually mesmerized, like the fashion with which she was talking about it. And I thought, OK, actually, if I ever do a PhD, this is what I should be like doing.

00:03:32 Speaker 2

It.

00:03:32 Speaker 2

On. Yeah. And and then when it became apparent to me that actually I do need to do a PhD to progress.

00:03:39 Speaker 2

My career in in, in the direction I wanted to go.

00:03:41 Speaker 2

Then and I was thinking about all of the sort of areas in which I could do a PhD, this is the one thing that stood out to me and that was of actual interest to me and I didn't want my PhD experience to be just another tik toks like I just didn't want to do something just for the sake of getting a qualification. I wanted to actually be really interested in it. And the other thing is that really appealed to me.

00:04:02 Speaker 2

But research and education is that there was a lot of qualitative research methodologies that were being used more than any of the sort of clinical.

00:04:11 Speaker 2

Topics I could have picked and I really liked qualitative research and though up until that point I hadn't really done anything in qualitative research, it just really appealed to me. So I just thought, OK, putting all of those things together and then looking at my CV and the story my CV was trying to say other than the clinic.

00:04:32 Speaker 2

Work there with it became very clear that I needed to do something in simulation, in education and and using qualitative methodologies. So that's.

00:04:39 Speaker 2

How I'm here now.

00:04:40 Speaker 1

No, I love it. I think many of our listeners will be sort of maybe in similar situations where an educational opportunity falls in their lap or that sort of comes across their path and you sort of dip your toe in the water and when you saw positive outcomes and you know your training is enjoying it, it really encourage you to go further. Are you able to share a little bit more?

00:05:00 Speaker 1

About what your doctoral research project is about, something in simulation. What in SIM?

00:05:06 Speaker 2

So again, when I started the deferral, it looked the what I was researching looked a little bit different to where I am right now. So I think that's sort of normal for the default journey. But when I started my default, it was very much just post pandemic. So there was a lot of worry about technical skill training in surgical specialties.

00:05:26 Speaker 2

About us not being able to go to theatre and there was loss of skill and and pretty much people were very worried as to how we would recover from that.

00:05:34 Speaker 2

And and so I started out looking at the impact of COVID on surgical training. But very soon it became apparent that some of the issues that we had were only enhanced by the pandemic. It already existed before the pandemic, though nobody was really like talking about it or thinking about it. All of the issues were only magnified by the pandemic.

00:05:54 Speaker 2

So it became very, very clear that I needed to sort of think about training from, you know, from the foundation level onward.

00:06:01 Speaker 2

And the problem was that we all had access to simulation, but we were not able to use it very well alongside training. So it's sort of now it it is about implementing simulation along the training that we already have all the access to opportunities that we already have and and so that's.

00:06:19 Speaker 1

Where I am now fantastic about.

00:06:20 Speaker 1

Using or sort of more directly and intentionally embedding an existing technology and pedagogy alongside a traditional training. That's great. So you've mentioned how your research project has evolved over time.

00:06:34 Speaker 1

Are you able to sort of expand on that a little bit? So you started off looking at surgical skill training COVID just revealed an underlying or deeper problem. Where has your work taken you since then?

00:06:46 Speaker 2

Yeah. So I'm so when I was doing the exploratory work, I obviously looked at training before the pandemic during the pandemic. When I looked at the curricular curriculum, the surgical curriculum to see what was being said about simulation and how to use simulation and and it was very clear there was not very much actually written on paper.

00:07:06 Speaker 2

Guide educators or even trainees of how best to use the resources that they had.

00:07:11 Speaker 2

And and so I needed to look at like the barriers to what is preventing us from using simulation, because actually working in the NHS and especially in a developed country, most hospitals do have some access, dissimulation and. And so the issue of resources is less, it's more about how do you fit it in into the busy schedule.

00:07:32 Speaker 2

And about believing that simulation is effective, so there's already lots of evidence saying that simulation is really effective, but there still is like a bit of ambiguity in the trainees mind, or the faculty's mind about, you know, is it really?

00:07:44 Speaker 2

Effective, but the point is we've already proved that, so we don't have to keep asking questions that we already know the answers to, and it's about saying that actually it needs to be used alongside your routine training. It's not trying to replace routine training. It's trying to enhance it so that when you're in theater, you already have the basic skills you need in order to, you know, get more out of the theater session.

00:08:05 Speaker 2

As opposed to replacing the theater session with simulation, that's not what we're.

00:08:08 Speaker 2

Trying to do and so when I designed my studies, I wanted to combine this aspect of using simulation alongside regular training, but also use an educational sort of theory like a framework in order to make sure that the that what we are designing is not just.

00:08:30 Speaker 2

A whim. It's actually based on some evidence and. And so that's what I did. I use COPD as theory theory on in learning technical skills to design the interventions that I used for the studies that I did for the default.

00:08:44 Speaker 2

And so that actually makes the interventions quite transferable. So you could adapt the simulations that I've done to any surgical specialties, because actually how we learn technical skills is pretty much the same. The process our brain and our hands take to learn a technical skill. It's the same irrespective of which surgical specialty you are. Obviously the technical skill itself will change.

00:09:05 Speaker 2

But actually the process of learning it, whether you're using simulation or not is is the same.

00:09:11 Speaker 2

And so that made my findings quite transferable and applicable to a larger you know, cohort of trainees. Then the studies were originally done in.

00:09:20 Speaker 1

That's very exciting. Yeah. So I know that work is sort of in its concluding stages. So I didn't want to, you know, share the news yet. Wait for those publications, everyone. But you've mentioned some very, I think, interesting points around moving from just a clinical focus into an educational focus, such as, you know, seeing.

00:09:20 Speaker 2

If that makes sense.

00:09:25 Speaker 2

Yes.

00:09:39 Speaker 1

The gap in your CV and you know finding something you're really interested and passionate about, especially you're committing years of your life into your research.

00:09:47 Speaker 1

Steady and being open and willing to learn a new skill like qualitative research methodologies, do you have any advice for students who are maybe or or trainees who are thinking about potentially bringing education or diversifying their careers and including education in their futures based on lessons you've learned over the many years?

00:10:08 Speaker 2

I think looking at my own sort of default journey, so the default journey is never straightforward, even if you.

00:10:15 Speaker 2

You are absolutely the best researcher you are and you pick. You have the best supervisor and you've got the best resources. It is not an easy journey because there are, it's unpredictable and you know you sort of have to. You have to have a.

00:10:29 Speaker 2

Thick skin, yeah.

00:10:31 Speaker 2

So having said that, I think most important is to pick a.

00:10:35 Speaker 2

A subject that you absolutely love and and you don't mind that that actually the goal that you're trying to achieve is worth so much to you that you don't mind all of those sort of stumbling blocks that come along the way.

00:10:46 Speaker 2

I think that's the first thing to say. And the second thing to say is that surround yourself with people that you actually.

00:10:52 Speaker 1

Get along with.

00:10:53 Speaker 2

Because, you know, having people that you don't get along with the supervisor is not like, supportive. Who, who you don't sort of like, why? But we'll just make these three years or these four years that you spend doing research. Absolutely miserable. I think I've met.

00:11:06 Speaker 2

Like so many lovely people along the way and people I could like text or like e-mail and say I'm having this difficulty and then they would just step up to like, you know, help me and I've done the same for people as well. I think that's like the most important.

00:11:19 Speaker 2

Thing to do.

00:11:21 Speaker 2

In terms of the CV, I always feel a CV needs to tell a story about who you are and so I feel like I need to have like a story that my clinical work is saying and my story that like my, you know, extra the things that I do apart from clinical work is saying so me clinical work is about urogynecology and menopause and about that sort of like.

00:11:41 Speaker 2

Cohort of people and helping them.

00:11:43 Speaker 2

And in terms of non clinical work, it has always been about training and education. So I sort of have, you know, committed to that because that's what gives you know, me joy. So and that's the direction and I feel like if you if you look at a CV and they have people have multiple interests, it's very difficult to understand what who they are. And I sort of always believe that it should tell a story.

00:12:05 Speaker 1

That's great. Yeah. So having a coherent story, but also finding something that reflects you and your joy. I think that's really powerful.

00:12:11 Speaker 1

Any last words in terms of, you know, transitioning into education or thinking about simulation, how you can embed it, any sort of word of advice or practitioners you did say, you know, it needs to be evidence based and you're using theory to ground your research, which can also be tricky to pick up as a clinician and something not really exposed to.

00:12:32 Speaker 1

But any lost reflections for our listeners?

00:12:37 Speaker 2

I think from like a clinical perspective, we shouldn't try and really reinvent the wheel. Somebody you know close around you could be doing something really efficiently and it's about learning it from that person and and implementing it in your context because lots of people are doing really amazing things.

00:12:57 Speaker 2

It might not be in your specialty. It might be in the same hospital, in another specialty, but to sort of have that sort of network where you can, you know, ask for help and get ideas from.

00:13:07 Speaker 2

Will reduce your own set of like burden as to like coming up with an idea and implementing it. So I think yeah that's that's the way we should, you know think about this that that it doesn't your specialty is not like in a silo it exists within a context and other you can learn from other people but in terms of like doing research and education.

00:13:27 Speaker 2

If your and if you have any doubts or you think it's like too big a leap, then a masters is a good place to start because it gives you that like you know you you're not. It is a bit more taught and it's a bit more structured. The default is very unstructured in comparison. So actually starting off with the masters and seeing whether you like it and whether it's for.

00:13:41

The.

00:13:46 Speaker 2

To you is a good place to start for me, certainly.

00:13:50 Speaker 2

If I had tried to do this without doing my masters, it would have been a really big leap for me to take. So actually doing the masters in surgical science and practice and having that like experience of writing assignments, the scientific, you know, writing that I needed to do was really, really helpful because it would have been too big a leap to to.

00:14:10 Speaker 2

Directly get into AD.

00:14:11 Speaker 2

And like it you know, find my.

00:14:13 Speaker 1

Way definitely.

00:14:14 Speaker 2

So yeah, that's that's.

00:14:17 Speaker 1

That's a really nice segue for me to promote our Masters program, and Eddie has come and spoken to our students before in the past where we have a two year part-time program where again we're introducing students to core educational topics, including educational.

00:14:32 Speaker 1

And research methodologies so that you know they can undertake their own research project in the second year with the support of a supervisor and really see, you know, is this something they're passionate about? Does it give them joy? Is it something they can see themselves committing to and potentially doing it? Do you feel and in the future? So I do think that's that's great. Great advice. Do do something for us before.

00:14:52 Speaker 1

Something to a doctorate, because that's that's quite a commitment. So thanks to Didi for your time and we wish you all the best as you finish your doctorate and I look forward to reading those publications.

00:15:05 Speaker 2

Thank you so much for having me.

00:15:07 Speaker 1

Pleasure.

00:15:09 Speaker 1

I am Danika Simms, your host and producer. Thank you for joining conversations in Madrid.

00:15:16 Speaker 1

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00:15:19 Speaker 1

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00:15:28 Speaker 1

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00:15:43 Speaker 1

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00:15:55 Speaker 1

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00:16:01 Speaker 1

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00:16:03 Speaker 1

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00:16:06 Speaker 1

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