**Balance or tension? Walking the tightrope between training and patient care**

*“Well, the way of paradoxes is the way of truth. To test reality we must see it on the tightrope. When the verities become acrobats, we can judge them.”* [1]

In this issue, Cleland et al use paradox theory to examine a surgical department’s responses to the ever-present tensions between service delivery and training. Here an interesting aspect of the debate is illuminated: the fact that such tensions exist is not in question; rather, the important thing is how we react to them at individual and at organisational level. The divergent perspectives of the different stakeholders can make this a complex area to navigate. Using a quadrifocal paradox lens (performing, organising, belonging, learning) has allowed the authors to explore these relationships in more detail and to consider potential solutions.

Whilst the above study has been carried out in the context of general surgery, this ‘tightrope walk’ has long been observable in many areas of patient care in the UK and elsewhere [2,3]. Indeed, recent studies in the USA have sought the perspectives of a number of stakeholders in primary care regarding this issue. In particular, articles by Turner et al [4] and by Kesselheim [5] highlight not only that the organisational structures of hospitals and of training programmes are constantly subject to change, but also that the aforementioned divergent perspectives are widespread. Cleland et al bring a fresh approach to the UK context by including the wider healthcare team and those involved in hospital management roles.

**The tightrope walk – more complex than it looks**

The balance of service delivery and training operates within a complex environment, involving multiple variations in factors such as personnel, physical location, models of care and implementation. As Cleland et al point out, there is increasing interest in research in this area, particularly with respect to the complexity of the workplace. One of the potential hazards of management theory – and it is not alone here – is that we occasionally set aside complexity in order to simplify variables. Porter [6] suggests that we risk losing the complexity (and therefore the correct perspective) this way, and that is true, but rather than doing so to try to control the variables, if we do so to begin to understand them more easily, we are more likely to keep them in the right context. With an increasing range of complex interventions being evaluated in primary care, this is all the more important.

**Keeping your balance**

When considering the meaning of *paradox*, we usually refer to the existence of two simultaneous but inconsistent states. Whilst it is true that service and training are sometimes perceived to be in conflict, it is arguable – perhaps via an effective ward round, for example – that they are not always inconsistent. Tension need not necessarily mean conflict, although we are certainly describing something that is regularly stretched to its limit; perhaps it is more helpful to consider balance rather than tension here.

Cleland et al suggest that interventions which bring about greater balance still try to compartmentalise training, ‘rather than acknowledging training and service cannot be separated’. Most would not suggest that it should be prioritised over patient care – which would place it in direct conflict with the patient-centred philosophy advocated by the Medical Councils and others – training need not necessarily be compartmentalised, but sometimes it does need to be protected. This is consistent with Turner et al’s encouragement of a ‘shared mental model’ of service and training. The authors in this issue are quite correct that resolution is not achievable in this situation; nor is it desirable, since prioritising one side will, inevitably, have a negative impact upon the other [7].

**Falling off – safety nets**

With the UK National Health Service rarely out of the headlines, the situation is increasingly precarious. It is reasonable to expect that the Trusts currently experiencing staff shortages, recruitment problems, funding crises and/or special measures regimes will frequently be subjected to the redefinition of relationships and priorities within healthcare teams mentioned by the authors [8,9]. So how do we adapt? The day-to-day responses of individuals are important, as are the longer-term strategies. Cleland et al observed that the issues at hand related not just to direct tensions but also to indirect tensions in the wider organisation. Factors which facilitate or hinder the service-training balance have previously been evaluated at the individual, interpersonal and organisational level [3], but with respect to the interventions they influence rather than the responses they elicit. It would be interesting to see more research in this area, particularly in the broader primary care context. There are a number of additional frameworks in the management literature that may be applicable here, particularly with respect to stakeholders.

**Becoming an acrobat**

A brief journey back into high-school physics informs us (or at least, those of us unfamiliar with the circus) that acrobats maintain their balance by keeping their centre of mass directly over that which supports them. It is when this balance is disrupted that the tensions – or the verities, to quote Oscar Wilde – become most visible, as was the unfortunate case with the surgical department which became the focus of the paper in this issue. Successful ‘acrobats’ in healthcare must, therefore, be properly supported by the development of educational policy and practice at the individual, interpersonal and organisational levels. Improved communication is needed to enhance relationships and patient outcomes, and support at organisational level is vital to enable the balance to be maintained. This requires a thorough understanding of the effect of interventions on both patients and healthcare providers, alongside an awareness of the potential for differences between perception and reality.

If you are an acrobat, it is worth remembering that the tightrope will only allow you to balance on it, if it is itself under tension.

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