Training tips

Basic surgical training tips

Louis Deliss

Christchurch Park Hospital and Suffolk Nuffield Hospital, Suffolk, UK

I have been privileged to have studied basic surgical training in many hospitals. My observations have depressed me because so many people are trying to re-invent the wheel. I hope that putting down my personal observations may help others move towards the 'round wheel' of surgical education. The ideas are really stolen from people I have met. I hope to encourage discussion and trial of other people's best practice.

The surgical tutor

The job of the surgical tutor is greatly underestimated – they need to be an enthusiastic inspiring leaders, with enough time. On them depends the standard of a hospital's SHOs.

Postgraduate centre

Manager

This is an essential job but one that cannot be done by one person even in a small district general hospital. The remit includes CPD of consultants, NCCGS, trainees (HST, BST, VTS, Etc.) and general practitioners.

Database

An electronic database recording the details of all trainees should include basic demographics, jobs done, examinations taken, courses taken, papers published and assessment and appraisal records.

Coffee rooms

These act as a base for trainees and promote a learning ethic and group co-operation. Details of all postgraduate courses both local and national should be available here.

Photographs

Photographs on a notice board with names of trainees is helpful to trainees and trainers. It helps in writing references.

Library

A qualified librarian is essential. The standard textbooks and journals must be available together with those recommended for the MRCS examination. The library must be open 24 hours every day. Good computers are needed with Internet access and the same software that is used in the hospital and audit department.

Nurses and wards

Nurses as teachers

Specialist nurses in stoma care, endoscopy, casting, cancer care and pain management can provide teaching, especially at the basic surgical training level.

Bleep policy

A bleep policy which restricts which nurse may bleep a doctor, with a discussion before doing so, helps nurses

Correspondence to: Louis Deliss, Consultant Hand and Orthopaedic Surgeon, Playford Mount, Great Bealings, Woodbridge, Suffolk IP13 6PH, UK. Tel: +44 1473 735600; Fax: +44 1473 735106; E-mail: louisjdeliss@aol.com

and juniors, and improves patient care. It also reduces work-load, if audited at regular intervals.

Office

An office or room for the trainees on the ward, with computer access to departmental guidelines and to basic textbooks.

Department bench books

These should be available in the ward office and the theatre.

Special areas

Learning opportunities require identification. Teaching inevitably conflicts with work-load and this must be accepted when targets are set.

Theatres

Time must be set aside with 25–30% of operating designated for basic surgical training. This can be achieved by a specific list or by identifying suitable cases on each list.

Clinics

About 25–30% of out-patient clinic time should be set aside for basic surgical training so that trainees initially sit in and later see patients to present to the consultant.

Procedure rooms

Areas such as plaster rooms and endoscopy areas can provide good learning opportunities.

Support at work

Clerical in wards and clinics

Ward clerks are essential, need to be of high quality and should work 08:30 to 18:00. Clerks are important in pre-admission clinics.

Secretarial

Junior doctors need access to a secretary separate from the consultant's personal assistants.

Audit/research

The audit secretary is an essential person in all hospitals and each major department should have its own. Trainees

need support with audit and preparing presentations and papers.

Nurse practitioners

These are useful if they are kept to their original job description of allowing the trainees to make the best use of learning opportunities. The danger is that they perceive themselves as assistants to the consultant to improve undefined aspects of patient care.

Part-time doctors

Ward duties have been successfully covered in some hospitals by employing a part-time doctor, a post that is attractive to those who want to work short hours.

Staff grade and 'Trust' doctors

These can be useful in the short-term but have problems long-term. They compete for learning opportunities.

Personal support

Career guidance

Short- and long-term career counselling should be available. Basic surgical training is a time when decisions are made for the long-term.

Personal

Few trainees are aware that the occupational health department can be very helpful.

Teaching

Formal teaching must be in protected, time-tabled, and bleep-free time.

Basic surgical training

It is important that there are structured basic surgical training lectures and tutorials which relate to the MRCS syllabus and the STEP course containing anatomy, pathology and physiology. Too many basic surgical training lectures concentrate on specialist treatment and leave out the basic sciences.

Individual training plan

The individual training plan for each post should contain the timetable and teaching opportunities and a list of

achievements to be attained, of operations, procedures and diseases that will be covered. This requires co-ordination for those on a basic surgical training rotation.

'Generic' lectures

There are many areas that need to be covered by trainees in all specialities and they should share the specialist lectures.

Monitoring

Formative assessment (appraisal)

This is the process whereby the supervising consultant or educational supervisor provides confidential, constructive and regular dialogue, with feedback on performance and progress (at the start, during, and at the end of each attachment).

Summative assessment

This measures and makes judgement about mastery of skills and knowledge, measures improvement, defines strengths or weaknesses, motivates and may rank for progression or for exclusion. This is the job of the College and the basic surgical training committee.

Records of assessments and feedback

These should be kept and given to the trainee.

Feedback

Feedback is needed on day-to-day performance, after appraisal, in the individual training plan, on the trainee assessment forms and if performance is unsatisfactory.

Committees

Committees sometimes seem of little help in the practical organisation of basic surgical training but have use when guided by the chairman. Few regions are compact enough for regional and hospital committees to be combined.

Regional committees

These are most useful for exchanging ideas and problems, and in dealing with poorly performing trainers and trainees. This committee is the point of contact with the postgraduate dean.

Hospital committees

These have to encourage good teachers, to decide which poor performers need to be referred to the regional committee and to support the surgical tutor, as well as ensuring that administrative tasks are completed (publishing the lecture programme, monitoring the trainee database and liaising with the personnel department).

Hospital managers

These supply and administer the money and wish to have input into how it is spent. The assistance of the managers is essential and should be enthusiastic because the standard of all hospital staff is influenced by the standard of teaching. The important factors are trust and dialogue.

Postgraduate deans

These are important because they monitor education, pay half the salaries and can remove posts. They must be involved in cases of under-performing trainees or trainers.

Conclusion

It may be better to steal an idea than to spend time conceiving one.