Postgraduate Surgical Training in Malta - General Aspects

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Post-graduate Training Coordinator in Surgery
Surgical training

Post Graduate training Trainer is committed to get a complete novice through to

- being fully competent
- deal with foreseeable problems
- supervise a trainee
Where did we start?

“If you don’t know where you are going, any road will get you there” Lewis Carrol

Where do we need to go?
Knowledge
Clinical and technical skills

• At the end of training the Surgeon can deal with straightforward and difficult cases to the level at which one would expect a consultant surgeon to function.- JCST

Non operative surgical skills

• Professional and Behaviour skills
• Leadership abilities
• Academic skills
Knowledge
Clinical and technical skills

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Non operative surgical skills

• Professional and Behaviour skills
• Leadership abilities
• Academic skills
Level of consultant

• Generalist
  – Covers run-of-the-mill cases
  – Cannot deal with rare or complex cases

• Super Specialist
  – Manages all levels of complexity in specialty
  – Does not retain skills as generalist

• Generalist with a specialty interest
Level of consultant

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The Road There
The Learning Cycle

1. Identification of Learning Needs
2. Learning Design
3. Delivery of Learning Programme
4. Learning Evaluation

Diagram: A circular flow with arrows connecting the steps.
Johari Box

- Known by TRAINER
- Unknown by TRAINER
- Unknown by TRAINEE
- Known by TRAINEE
Johari Box

Unknown by TRAINER

Known by TRAINEE

Beginning of training

Unknown by TRAINEE

Known by TRAINEE
Johari Box

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Johari Box

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**Johari Box**

**Beginning of training**
The Learning Cycle

1. Identification of Learning Needs
2. Learning Design
3. Delivery of Learning Programme
4. Learning Evaluation
Knowledge

- Formal lectures
- Recommended book list
- Journals
- Web-based learning
- Webinars
- Tutorials
- Teaching medical students and colleagues

The Learning Pyramid

- Lecture: 5% Average Retention Rates
- Reading: 10%
- Audio-Visual: 20%
- Demonstration: 30%
- Discussion Group: 50%
- Practice by Doing: 75%
- Teach Others: 90%

National Training Laboratories, Bethel Maine
Clinical and technical skills

• Personal development plan with defined, measurable objectives
  – *Different speed of development*

• 4 stage approach with feedback
  – *Time constraints with waiting list pressures*
  – *Trainers skills as medical educator*

• Ethical challenges, learning curve - Simulation training
  – *Cost, games effect*
Non operative surgical skills

• Situation awareness
• Decision making
• Communication and teamwork
• Leadership

– Teaching by example, simulation models
– Still being developed

• Academic skills
  - University links - M Phil, Masters, PhD
The Learning Cycle

- Identification of Learning Needs
- Learning Design
- Delivery of Learning Programme
- Learning Evaluation
Problems with delivery

- Time constraints
- Aptitude
- Ability to teach
- Ability to learn
- COST and bureaucracy
The steps
Length of training

• Minimum of 10 years post-graduation

• Progression from one year to another is not time-based but competence-based

• European Working Time Directive
Foundation Years

- 2 years rotating through specialities
- Introduction to audit
- Part of the British foundation doctor program
BST 1 and 2

- MRCS level
- CCBST requirements as advised by SAC
  - MRCS
  - Surgical skills course
  - ATLS/ ETC/ cCRISP
- 2 years in a number of subspecialties
- Basic knowledge from books
- Most trainees doing Masters in Surgical Sciences
HST 1 and 2

- Breadth of surgery
- Exposure to special interests
- Journals as reading material
HST 3 and 4

- Fully competent in emergency and general surgery
- Able to manage on call at senior level
- Academically competent
- Interest in speciality
- Most trainees started Masters in Surgery
HST 5 and 6

• Declare and train in speciality
• Prepare for CCST
• ? Training abroad
Assessments
Individual assessments (continuous and summative/ OSCE/viva)

- Knowledge
- Clinical skills / non-operative-
  - communication, management plans, decision taking
- Surgical skills
  - PBA
  - Log book
  - Surgical procedure discussion
- Academic skills
  - Progress in research
  - Critical appraisal of paper given beforehand
- Observation and feedback from trainers

Educational exercise --- IMMEDIATE FEEDBACK
Validity

• **Construct** – trainees’ performance reflected their current performance
• **Face** – feedback from trainees
• **Content** – different aspects of surgical curriculum were assessed
• **Concurrent** – concurrent validity confirmed over 3 assessments
• **Predictive** – results compared well to future performances
Which exit exam suits our needs?
LOCAL EXIT EXAM

Ideal scenario but Difficult to validate due to small number of trainees coming through per year
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<th>FRCS (Gen. Surg.)</th>
<th>EUROPEAN EXAM</th>
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<tr>
<td>Speciality</td>
<td>General Surgery-interest can be declared</td>
<td>Different specialities including General Surgery</td>
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<tr>
<td>Format</td>
<td>Written, Viva, OSCE, clinical and Academic</td>
<td>Still developing MCQ and OSCE</td>
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<td>Skill requirements</td>
<td>Assessed locally</td>
<td>Logbook – point system</td>
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<td>Syllabus requirements</td>
<td>Similar Pre-CCST</td>
<td>Some differences 3 years post CCST</td>
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<td>Cost</td>
<td>2150 Euro Two sessions</td>
<td>700 Euro</td>
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WAY FORWARD

- Simulation laboratory

- External funding for transnational projects in clinical and academic fields – EU grants

- Mentorship and collaboration with local and external mentor