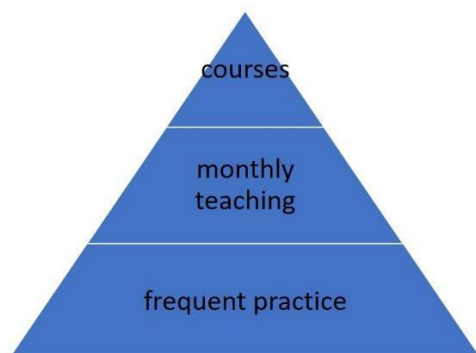


THE STRATEGY



Years 1-2

Boot Camp (yr 1)
CCrISP (yr 1)
BaSiCS (yr 2)

Skills centre days

In hospital skills clubs
& at home, eg ILPS

Many people think of simulation as mainly delivered in courses, however we would like to see courses as the tip of the iceberg. More challenging may be to see frequent instruction (in monthly teaching days) and frequent practice (in local skills clubs and even at home) take root.

Courses

These 3 courses are covered in the new funding package, and they already exist. In addition, trainees will have attended Basic Surgical Skills before starting CT1/ST1, and ATLS.

1. The Scottish Surgical Boot Camp (early in year 1) www.surgicalbootcamps.com

- Hosted in Inverness Clinical Skills Centre by local and national faculty, booking through RCSEd. 3 camps (Sep, Oct, Dec), 16 per camp.
- A 4 day intensive induction course, addressing key skills and setting key standards, in domains where surgeons can struggle, using simulations with immediate feedback/debrief
- Technical skills include:
 - Wet labs with repetition: bowel anastomosis, skin flaps, tendon repairs, vascular anastomoses (3 of 4)
 - Laparoscopy – Portable Laparoscopic Simulators start-up (see below)
- Non-tech skills:
 - Introduction to non-tech skills (including common error traps)
 - Prioritisation exercise and phone calls (experiencing both ends of the call)



IMPROVING SURGICAL TRAINING SCOTTISH PILOT

SIMULATION STRATEGY

- Simulated ward round: leading the round, managing the environment, gathering and understanding right data before decision-making, communicating
- Advanced communication challenges
- Writing operation notes and clinic letters with various readers in mind



- Other:
 - Getting the most from your trainer, resilience, trainers' anecdotes, social programme

2. CCrISP – Care of the Critically Ill Surgical Patient (later in year 1)

- An interactive course that explores the skills and knowledge needed to look after surgical patients including those who are deteriorating or at risk of doing so.
- Provided on a variety of College-approved sites.

3. BASICS – Basic Surgery Cadaver Skills (year 2) rcpsg.ac.uk/events/cascbasics

- A 2 day course provided by the RCPSG in the Clinical Anatomy and Skills Centre Glasgow
- Fresh frozen cadaver material
- Puts together component skills into whole operations:
 - Laparotomy, laparoscopy
 - Laparoscopic / open appendicectomy
 - Inguinal hernia repair
 - Small bowel resection / anastomosis
 - Approach to the femoral artery

Monthly teaching programme

Funding is secured to support the provision of simulation components in about 8 of the monthly teaching days per annum, shifting these into skills centre facilities if necessary. These may be mixed methods sessions in classroom and in simulation.

The training programme directors and Simulation Lead are currently liaising with the faculty for these teaching days (still separate for East and West programmes).

NES will provide a web-based booking and attendance record system on TURAS, where blended learning resources can also be developed over time, and recording of immediate feedback and follow-up.

Frequent practice

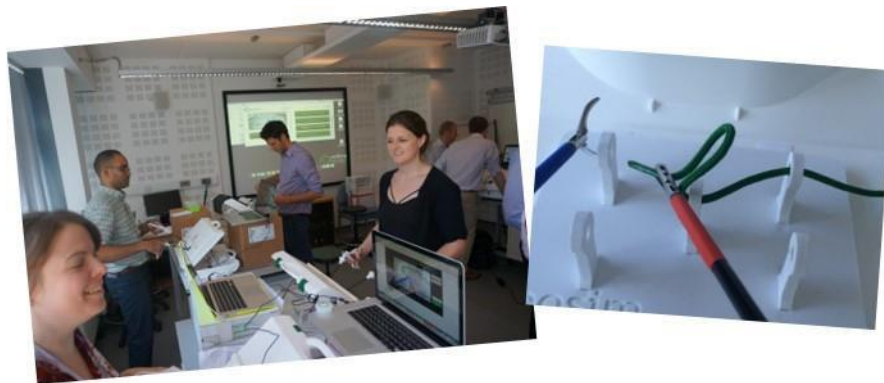
Musicians and tennis-players don't practise only during gigs or matches. Precious live operating theatre time should not be spent on learning basic instrument and tissue handling, rather these motor skills should already be there and your attention free to learn the higher cognitive functions required for the operation. Prior deliberate practice (DP) with feedback, allows motor skills to be developed beforehand, so we now really value this.

The strategy includes the Incentivised Laparoscopy Practice (ILP) project and Hospital-based Surgical Skills Clubs.

1. Incentivised Laparoscopy Practice

We have learned from previous experience in our own programmes and in other regions, and have designed the following programme.

- At Boot Camp each trainee will receive induction and be issued with a portable laparoscopic simulator to use at home or in the workplace. A returnable deposit will be required, but you do not need to purchase the simulator.
- There will be a series of online modules to follow, with demo videos, and target metric scores to achieve.
- In addition to practice in your own time, we will set up skills clubs in your base hospital, perhaps once a fortnight, for supervised practice (along with other tasks, eg open bowel or vascular anastomoses).
- At the final monthly skills day before ARCP, an OSATS or Lap Passport assessment will be done and the kit returned. Pass is required at ARCP.



2. Hospital-based Surgical Skills Clubs

- We engage best with regular deliberate practice if it is on-site and at predictable, manageable times, a bit like going to the gym.
- Having consulted with trainers, we believe most hospitals could run a regular skills club, perhaps alternate weeks with journal club or CBD club.

IMPROVING SURGICAL TRAINING SCOTTISH PILOT SIMULATION STRATEGY



- Ideally each skills club session of an hour or so will offer either portable laparoscopic simulator practice or a simulated small bowel or vascular anastomosis using pig tissue.
- Each session will have a consultant or senior trainee available for immediate feedback.
- Attendance will be recorded on TURAS.
- We will need you please to look after the facilities and do the washing up!