

Report on National Educational Course for ST7 Specialty Trainees in Vascular Surgery (Aspire 7)

Introduction;

The second National Annual Education Meeting for ST7 Specialty Trainees in Vascular Surgery took place in the Hull Institute for Learning and Simulation (HILS) on Monday 11th February & Tuesday 12th February 2019. The overall aim was to provide an exam preparation course for the trainees.

Trainees;

22 trainees were invited to attend the course after being identified as eligible to attend through their Vascular Training Programme Directors. 20 trainees attended the course.

<u>Faculty</u>; we aimed to ensure all faculty had an interest in education. Each trainee was allocated an individual mentor who provided 1 to 1 feedback to trainees at the end of each day.

Faculty:

Name:	Title:
Mr Bankole Akomolafe	Consultant Vascular Surgeon, Hull Royal Infirmary
Miss Rachel Barnes	Consultant Vascular Surgeon, Vascular Institute of
	Cornwall (Course Co-convenor)
Mr Paul Bevis	Consultant Vascular Surgeon, North Bristol NHS Trust
Mr Daniel Carradice	Senior Lecturer Hull York Medical School/
	Consultant Vascular and Endovascular Surgery, Hull Royal Infirmary
Professor Ian Chetter	Chair of Surgery, Hull York Medical School (Course
	Convener)
Mr Shiva Dindyal	Consultant Vascular and Endovascular Surgeon, Basildon &
	Thurrock University Hospitals
Mr Karim El Sakka	Consultant Vascular Surgeon, Brighton & Sussex University
	Hospitals
Mr Murray Flett	Consultant Vascular and Endovascular Surgeon, Ninewells
	Hospital Dundee
Mr Andrew Garnham	Consultant Vascular Surgeon/Vascular TPD, Royal
	Wolverhampton NHS Trust
Mr Seamus Harrison	Consultant Vascular Surgeon, Cambridge University
	Hospitals
Mr Neil Hopper	Consultant Vascular Surgeon, Vascular Institute Cornwall
Mr Brian Johnson	Consultant Vascular Surgeon, Hull Royal Infirmary
Mr Rakesh Kapur	Consultant Vascular Surgeon, Hull Royal Infirmary
Mr Simon Kreckler	Consultant Vascular Surgeon, Cambridge University Hospitals
Mr Patrick Lintott	Consultant Vascular Surgeon, Buckinghamshire NHS Trust

Mr Jagjeeth Naik	Consultant Vascular Surgeon, Royal Liverpool Hospital
Mr Hosaam Nasr	Consultant Vascular Surgeon, Heart of England NHS
	Foundation Trust
Mr Paul Renwick	Consultant Vascular Surgeon, Hull Royal Infirmary
Mr Nick Shaper	Consultant Vascular Surgeon, Bradford Royal Infirmary
Mr George Smith	Consultant Vascular Surgeon/Honorary Senior Lecturer,
	Hull York Medical School/Hull & East Yorkshire Hospital
	NHS Trust
Mr Max Troxler	Consultant Vascular Surgeon, Leeds Teaching Hospitals
	NHS Trust
Tom Wallace	Academic Clinical Lecturer, Hull York Medical School

Quality Assurance:

Mr Douglas Orr, Chair JCIE/Consultant Vascular Surgeon, Queen Elizabeth University Hospital in Glasgow

Program; the program consisted of

Day 1: Formative Exam & Academic papers

Day 2; Summative exam & Lectures

a) Academic Papers Workshop:

Learning Outcomes:	Based on feedback from 2018 this session was split into themes
	and trainees were asked to show applied evidence to their
	practice in the management of their allocated theme.
Aims:	Use an "adult learning model" to review all 25 papers listed as recommended reading by JCIE
Delivery:	25 papers /5 themes (Carotid/Aortic Disease/PVD/Secondary Prevention in PVD/Venous)
	Trainees to work in pairs on their allocated theme and to bring 3/4 cases and give a 10/15 minute presentation followed by a 10-15 discussion by all trainees
Trainees Comments:	Overall Feedback:
	 Clearer instructions required pre-course
	 May be a good idea to suggest more simple cases rather than controversial ones?
	 Less focus on cases and more on papers
	 Stressful but good practice
	 Advise the candidate to focus on one paper:- then specify ? 4 papers to discuss in EBDecision making

b) Formative and summative examinations

Long Case Station:

Learning Outcomes:	Candidates to become familiar / comfortable with long case FRCS
	(Vasc) format

Aims:	To provide examples "typical" FRCS (Vasc) long cases
Delivery:	2 patients with complex vascular problems were assessed by the Vascular trainees
Trainees Comments:	 If notes aren't available in the main exam, having them visible is a distraction

Short Case Station:

Learning Outcomes:	Candidates to become familiar / comfortable with short case FRCS (Vasc) format
Aims:	To provide examples "typical" FRCS (Vasc) short cases
Delivery:	4 patients with complex vascular problems were assessed by the Vascular trainees
Trainees Comments:	 Very good to include common and rare events Pictures with imaging with the patient i.e. Thoracic Outlet Show axillary thrombosis where possible. Imaging didn't work for one of the cases Some of the patients didn't seem to understand why they were there. Some of the faculty hadn't met the patients prior to starting exam and didn't know their history

CBD (Aneurysm and Lower Limb):

Learning Outcomes:	Candidates to become familiar / comfortable with CBD (Aneurysm and Lower Limb) FRCS (Vasc) format
<u>.</u> .	
Aims:	To provide "typical" examples of FRCS (Vasc) CBD (Aneurysm and
	Lower Limb) cases
Delivery:	2 cases were covered and examiner generated their own cases
	and were asked to generate at least 4 CBDs
Trainees Comments:	No Comments

CBD (Endovascular & Miscellaneous)

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Learning Outcomes:	Candidates to become familiar / comfortable with CBD	
	(Endovascular & Miscellaneous) FRCS (Vasc) format	
Aims:	To provide "typical" examples of FRCS (Vasc) CBD (Endovascular &	
	Miscellaneous) cases	
Delivery:	2 cases were covered and examiner generated their own cases and were asked to generate at least 4 CBDs	
Trainees Comments:	No comments	

Viva Oral (Emergency Vascular Surgery)

Learning Outcomes:	Candidates to become familiar / comfortable with FRCS (Vasc)
	oral viva in emergency vascular surgery.
Aims:	To provide "typical" examples of FRCS (Vasc) oral viva in
	emergency vascular surgery questions.
Delivery:	Trauma – 1/2 themes; Periop management / critical care- 2/3
	themes
	- Approx 5 mins per theme
	- Examiners were asked to develop own questions and generate 6
	themes
Trainees Comments:	No comments

Viva Oral (Elective Vascular Surgery)

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Learning Outcomes:	Candidates to become familiar / comfortable with FRCS (Vasc)
	oral viva in elective vascular surgery.
Aims:	To provide "typical" examples of FRCS (Vasc) oral viva in elective
	vascular surgery questions.
Delivery:	Basic principles and Interventional radiology
	Approx 5 mins 3/4 themes to be covered
	Examiners were asked to develop own questions and generate 6
	themes
Trainees Comments:	No comments

Viva Oral (Evidence Based Decision Making)

Learning Outcomes:	Candidates to become familiar / comfortable with FRCS (Vasc)
	oral viva in academic papers
Aims:	
Delivery:	Cases to evoke discussion re: academic papers 2-3 cases to be discussed referring to academic papers. List of 25 academic papers sent to trainees and faculty. Trainees given instructions to read all papers on the list.
Trainees Comments:	 Warn us that papers on the ISCP website have changed since our exam in Jan, otherwise very useful I had focused on the paper I had to present and some that I had already read, but these weren't on the list – please advise. Future candidates to read the papers in more depth prior to the course, but it was a lot of papers to read in a short time for me. It will be done before the exam, but could the paper list go out before it did and let candidates know they would be examined in detail on these. An understanding on how this will be examined by JCIE

 this could develop further Much improved with theme based approach great course.

c) Lectures:

Learning Outcomes:	Candidates to appreciate / understand key principles in the								
	management of vascular patients in specific "difficult" situations								
Aims:	To provide summary of appropriate management of vascular								
	patients in specific "difficult" situations								
Delivery:	1 x 30 minute Lecture at the start of the Summative Day on "What the Exam Entails"								
	6 x 30 minutes lectures with small group discussions								
	Vascular Trauma								
	Vascular Access								
	Deep Venous Interventions								
	Managing Infected grafts								
	Carotids: who, what, when and why?								
	How to pass the FRCS Exam								
Trainees Comments:	No Comments								

Feedback

<u>Trainees</u>; completed a questionnaire at the end of the course. The questionnaire contained Likert scales graded

- Excellent (1)
- Good (2)
- Satisfactory (3)
- Poor (4).

These Likert scales were used to assess lectures, hospitality / admin and practical sessions.

Chart 1: Mean Likert scores for Admin and lectures

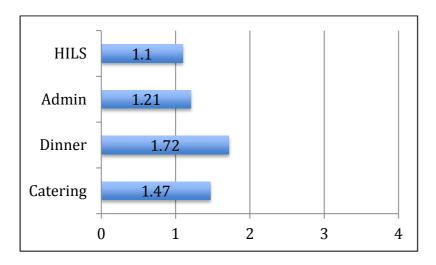


Chart 2: Mean Likert scores for Day 1: Formative

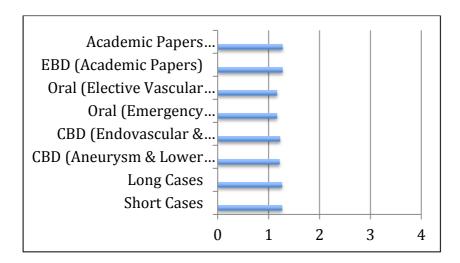


Chart 3: Mean Likert scores for Day 2 Summative Exam

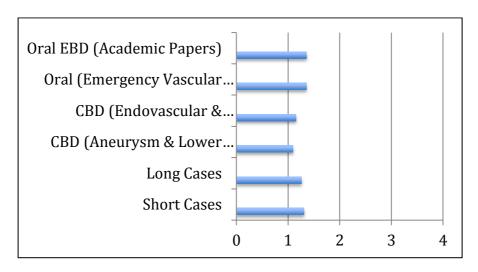
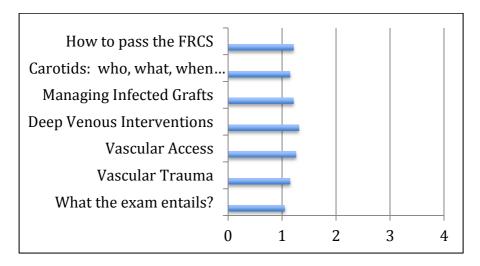


Chart 4: Mean Likert scores for Day 2 Lectures



Other Comments:

- Study Summary: Perhaps offer a template pre-course for us to complete the evidence R/V, otherwise great exam practice
- Excellent all round
- Faculty were brilliant, keen, approachable, supportive, level was perfect
- I can't praise it high enough!!
- Overall this was an excellent course and highly beneficial prior to undertaking second part of exam. Thanks.
- Great course, thank you
- If time allows could be useful to get immediate feedback after doing station to reinforce learning and allow notes to be taken.
- Overall this was excellent, great preparation for exam, really appreciate significant amount of work by faculty and all staff organising.
- Definitely include lectures trauma especially useful
- Academic Session Good to have cases to illustrate papers, make it clear to trainees that 20 papers are crucial but don't limit to just that, fewer trainees to keep it simple.
- Brilliant Course
- Outstanding, thank you.
- Longer time for Carotid Lecture
- Very good practice for exam
- Good to see what it entails
- Enjoyed Feedback
- Learned strengths and weaknesses
- Would highly recommend
- General comment for all stations: more feedback during session on technique, right and wrong answers, ideal/correct answer etc. as this would improve skill/technique.
 All cases and practicals and faculty were excellent and useful.
- Overall excellent and vital course, well organised. Thank you very much.
- Excellent Course
- Well co-ordinated
- Really good faculty
- Really enjoyed it!
- Excellent Course
- Good practice
- Organisation was excellent and the days ran very well
- Thank you to all the organisers and faculty for a very useful 2 days
- Fantastic course
- Very much appreciate examiners taking the time to run this
- Better place for dinner please
- A really fantastic course, thank you very much.

Patients Feedback

Vincent Hanson, patient with AAA

"Dear Professor Chetter, thanks for including me in the recent
'Assessment Day' at the Clinical Skills Site on 12th Feb 2019. It was
a privilege. Such hopes and skills for the future. Above all, what
every candidate, with their different personalities displayed was
a courteous approach where kindness was evident. Patients for
all their chat and bluster are vulnerable. Their clothes are missing,
their surroundings new and their fears are exposed. This is more
so in the elderly. We thank you all and wish all the candidates successful years saving
lives"



John Bowring, patient with carotid stent in ACST2

"I really enjoyed being a patient for the day of the mock exam for the vascular surgeons. I learnt a lot from them and I hope I helped them. Please thank the examiner who was with me for the day. He was very kind and did a professional job. Vascular surgeons do a wonderful job which is appreciated by all your patients"

<u>Results;</u> candidates' performance was scored using JCIE scoring templates during summative exam sessions. The "Top Gun" candidate and winner of the ASPIRE7 trophy was Mr Huw Davies.



Trainee Scores

See Appendix A

Reflection

a) Academic paper session

The reformatted version (thematic discussion and an academic viva rather than a journal club scenario) resulted in better feedback from trainees. Trainees made aware that these and related publications are the foundations for evidence based practice as a consultant, thus would expect in depth knowledge as a matter of training not simply exam preparation.

- b) Formative and summative exams
- i) Summary sheets were introduced for long cases which were appreciated by faculty. These also should include imaging. Faculty also requested summary sheets for short cases.

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	-					1	Day 1	Forma		1			1	1			1	1			
Station A - Short Cases	7	6	7	8	7	6	6	7	6.5	7	7	6	6	7	6	6	no score	6	6	5	
Station A - Short Cases	7	6	7	7	6	6	8	7	7	6.5	6	7	6	7	7	7	no score	6	7	7	
Station B - Long Cases	7	7	6	7	5	6	7	6	6	7	5	6	6	6	6	5	no score	7	6	5	
Station B - Long Cases	7	5	7	7	5	6	6	6	7	7	6.5	6	7	6.5	6	7	no score	7	7	6.5	
Station C - CBDs Anuerysm & Lower Limb	7	6	6	7	6	7	5	6	7	6	6	7	7	7	7		no score	7	6	6	
Station D - CBDs Endovascular & Miscellaneous	5.5	6	7	8	7	6.5	7	6	6	7	7	6	7.5	7	6	5	no score	8	7	5.5	
Station E - Oral Emergency Vascular Surgery	6	6	6	7	5	7	5	6	7	5	6	6	7	5	6	5.5	no score	6.5	6	5	
Station F - Oral Elective Vascular Surgery	6.5	6	5.5	8	5.5	6	7	6	6	7	6	7.5	7	8	6	6	no score	7.5	5	6	
Station G - Oral Academic	6	6	7.5	8	5	5	5.5	5	6	6.5	6.5	7	7.5	8	7	6.5	no score	6	6	5	
Total Score	59	54	59	67	51.5	55.5	56.5	55	58.5	59	56	58.5	61	61.5	57	48	0	61	56	51	54.2
Station A - Short Cases	5	6	7	7	7	6.5	6	6	6	6	6	6.5	5.5	7	6	8	7	7	6	no score	
Station A - Short Cases	7	7	6	7.5	5.5	7	6	6	6	6.5	5.5	5	6	7.5	6.5	6	7	7.5	7.5	no score	
Station B - Long Cases	6.5	5.5	6	7	7	7	6	6	7	6	5.5	5	6.5	7	7.5	6.5	7	7	5	6	
Station B - Long Cases	7	7	8	8	7	7	6.5	6	7	7	6	6.5	5	6	6	6	6	7	6	6	
Station C - CBDs Anuerysm & Lower Limb	7	7	6	7	7	6	7	7	7	7	6	6	6	7	7	6	6	7	6	6	
Station D - CBDs Endovascular & Miscellaneous	8	7.5	7	8	6	6	8	7	7.5	7	5.5	8	6	7.5	6	7.5	8	6.5	8	6	
Station E - Oral Emergency Vascular Surgery	7.5	7.5	6.5	7.5	6	6	6	5	6.5	6	6.5	7.5	7.5	6.5	6.5	5	5	6	8	5.5	
Station F - Oral Elective Vascular Surgery	7	7	7	7	7	6	7	6	7	6.5	6.5	7	6	7.5	7	6.5	8	7	6	6	
		-	5.5	8	5	5	5.5	6	7	7	5	5	7	5	5	5	5	7.5	5.5	5.5	
Station G - Oral Academic	6	5	5.5	U																	
Station G - Oral Academic Total Score	6 61	59.5	59	67	57.5	56.5	58	55	61	59	52.5	56.5	55.5	61	57.5	56.5	59	62.5	58	41	57.68
		59.5			57.5	56.5	58 114.5	55 110	119.5	59 118	52.5 108.5	56.5 115			57.5		59	62.5 123.5	58 114	92	5