



24 October 2013

Macdonald Burlington Hotel, Birmingham

Faculty of Surgical Trainers Annual Meeting Playing for Real – Simulation in Surgical Training



FACULTY OF SURGICAL TRAINERS

THE ROYAL COLLEGE
OF SURGEONS OF
EDINBURGH

FROM HERE, HEALTH

The Faculty of Surgical Trainers

The Royal College of Surgeons of Edinburgh launched the Faculty of Surgical Trainers in March 2013.

The purpose of the Faculty is to support the role of the surgical trainer and to champion high quality surgical training.

The Faculty will support surgical trainers with annual educational meetings focused on surgical training, with educational content relevant to surgical training (shortly to be available on our website), and with a set of standards for surgical training.

You can join the Faculty as an Associate, Member or Fellow commensurate with your level of involvement in surgical training. Members and Fellows are awarded the post nominals MFSTEd and FFSTEd.

The Faculty is open to consultants, career grade doctors and trainees in specialty training, regardless of College affiliation.

Further details can be found at www.rcsed.ac.uk/fst

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Convenor's Welcome



CRAIG MCILHENNY
Convenor and Surgical Director
of the Faculty of Surgical Trainers

The manner in which we deliver surgical training is changing. As surgical trainers we now train in a manner that is almost unrecognisable in comparison to that traditional Halsteadian model. We no longer expect our trainees to spend long hours in apprenticeship style training – picking up discarded scraps of surgical experience delivered from on high and only producing a finished surgeon due to the sheer volume of hours put in by the trainee.

Patient safety is also now firmly where it should be – at the forefront of everything we do for our patients. As surgical trainers we therefore need to also be able to assure the public, and the regulator, that our surgical training schemes produce safe and competent surgeons. We also need to be able to reassure ourselves and our patients that involvement in surgical training as a patient, a trainee or a trainer does not compromise patient safety or quality of care.

These changes have seen welcome moves towards a competency based training system, with increased delivery of educationally sound training methods and more rigorous assessment systems. We now have regular assessment of trainees in the workplace to chart their progress through their training programme. We have well-designed curricula for each specialty to ensure that the end product of our training programmes – the new consultant – is fit for purpose. In overseeing this process, we now have a system of educational and clinical supervisors acting to support, educate and assess the progress of our trainees.

These time pressures on training and increased need for ensuring patient safety means that we can no longer rely on the more traditional methods of letting our trainees loose to learn new procedures 'on the job' and on live patients. Recognition of this has resulted in simulation now earning its place within the curricula of all surgical training programmes. While simulation is not new in surgery, it is still used in an inconsistent manner, and incorporation into these curricula will ensure that simulation is reliably used to the advantage of our trainees, and ultimately our future patients. I therefore welcome you to our meeting on surgical simulation where we present the state of the art in simulation in surgical training today.

President's Welcome



MR IAN RITCHIE
President, The Royal College
of Surgeons of Edinburgh

Welcome to the Second Annual Meeting of the Faculty of Surgical Training.

The NHS is increasingly focused on outcomes and quality so it is only right that we should include a focus on the outcomes and quality of training that will ultimately benefit of our patients.

One of the tools available to trainers is simulation so it is timely to consider this from the viewpoint of the trainer. On the other hand, with the introduction of revalidation for trainers, it is inevitable that our Fellows and Members will be looking for guidance on how to ensure that it is a seamless process.

The College's Faculty of Surgical Trainers is a way to harness the obvious enthusiasm for training that exists among trainers everywhere and to disseminate best practice.

I am impressed by the enthusiasm that has greeted the introduction of the Faculty and I look forward to its continuing development. I urge you to consider applying for Membership or Fellowship of the Faculty as a way of demonstrating your commitment to training which will be part of the evidence that you will use for re validating as a trainer.

The programme is stimulating and the speakers are all experts in the field so I anticipate a most enjoyable day.

24 October 2013

The Macdonald Burlington Hotel, Birmingham

Programme

PLENARY SESSION

08.15 Registration and Coffee

09.00 Welcome, **Mr Ian Ritchie President, RCSEd**

09.15 *The Essential Role of Simulation in Surgical Education* – Keynote Lecture, **Dr Douglas Smink**

10.00 *Simulation in Commercial Aviation*, **Captain David Rowland**

10.30 *From Simulation to Education: Skills, Rules and Knowledge*, **Dr Mark Wentink**

11.00 Coffee Break (Poster Display)

11.30 *Development of a Curriculum Around Surgical Simulation*, **Professor Oscar Traynor**

12.00 *Real World Surgical Simulation – Surgical Boot Camp*, **Professor Ken Walker**

12.20 *Real World Surgical Simulation – Pop-Up Operating Theatre*, **Dr Fernando Bello**

12.40 Lunch (Poster Display)

13.30 *Faculty of Surgical Trainers Update*, **Mr Craig McIlhenny**

13.45 *Simulation and TEL in Surgery: Development in the UK*, **Professor Pramod Luthra**

14.30 *A Program for Operating Room Team Training*, **Dr Douglas Smink**

15.00 Coffee Break (Poster Display)

15.30 Free Paper Session X 10 @ 9 mins, **Chair: Mr Craig McIlhenny**

17.00 Award of Poster Prize, **Mr Ian Ritchie President, RCSEd**

Close

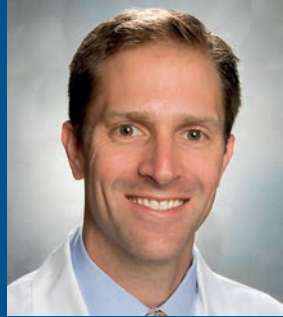
RCSEd Awarded 6 Hours of CPD

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Speakers' Biographies



DR DOUGLAS SMINK
Assistant Professor in Surgery
at Harvard Medical School



DR FERNANDO BELLO
Reader in Surgical Graphics &
Computing in the Department
of Surgery and Cancer at
Imperial College London



PROF PRAMOD K LUTHRA
Associate Post Graduate
Dean & Consultant Hand
and Plastic Surgeon



MR CRAIG MCILHENNY
Surgical Director, Faculty
of Surgical Trainers,
RCSEd (Convenor)



MR IAN RITCHIE
President, RCSEd



CAPTAIN DAVID ROWLAND
Former Concorde Pilot and
Training Captain, British
Airways



PROF OSCAR TRAYNOR
Director of the National
Surgical Training Centre and
Professor of Postgraduate
Surgical Education at the
Royal College of Surgeons
in Ireland (RCSI)



PROF KENNETH WALKER
Director of Highland
Surgical Boot Camps,
Colorectal & General
Surgeon



DR MARK WENTINK
Director of Technology
at Simendo Ltd and
Director of Technology
at Desdemona Ltd

Speakers' Biographies

DR DOUGLAS S SMINK – KEYNOTE SPEAKER

Dr Douglas S Smink, MD, MPH is an Assistant Professor in Surgery at Harvard Medical School and a Minimally Invasive General Surgeon at Brigham and Women's Hospital. At Brigham and Women's, Dr Smink is the Program Director of the General Surgery Residency and the Associate Medical Director of the Neil and Elise Wallace STRATUS Center for Medical Simulation. Dr Smink is involved in surgical education nationally, serving as a member of the editorial board of SCORE (Surgical Council on Resident Education). He is also the Editor of Weekly Curriculum (a curriculum for surgery residents published by 'ACS Surgery'), and is the Associate Editor of the 'Journal of Surgical Education'.

DR FERNANDO BELLO

Dr Fernando Bello is a Reader in Surgical Graphics and Computing in the Department of Surgery and Cancer at Imperial College London. His main research interests are in modelling and simulation, medical virtual environments and haptic interaction. His work spans technology and education, including development of patient specific simulation, e-learning applications for a number of surgical procedures, and exploring the integration of simulation and context. He has published widely in technological, as well as, medical and educational journals. Dr Bello is involved in several simulation-based training programmes in the UK and abroad, is co-director of Imperial's MSc in Surgical Technology, and leads a module in technology and simulation in the UK's only Masters in Education in Surgical Education.

PROFESSOR PRAMOD K LUTHRA

Professor Pramod K Luthra is a Consultant Hand and Plastic Surgeon at Pennine Acute NHS Trust. He holds the position of Associate Postgraduate Dean, North Western Deanery, Health Education North West and Visiting Professor at Manchester Metropolitan University and Edge Hill University, Ormskirk, West Lancashire. As a Member of the JCST Simulation working group, he has worked on promoting inclusion of simulation-based learning and education into the surgical curriculum and on Faculty development to provide learning in simulation. He is also a Member of the Board of North West Simulation Education Network and Lead for the North Western Deanery for simulation-based education in the Deanery. Professor Luthra developed the Technology Framework wheel for the Department of Health publication, 'A Framework for Technology Enhanced Learning'. He has developed and teaches on a taught programme which leads to a Postgraduate Certificate in Simulation and Clinical Education at Edge Hill University and is developing a module on Technology Enhanced Learning for a Masters programme on Academic Practice at Manchester Metropolitan University.

MR CRAIG MCILHENNY

Mr Craig McIlhenney is a Consultant Urologist working in NHS Forth Valley. He has had a long interest in surgical education and training. He has a subspecialty practice in stone disease, and particular interests in human factors and assessment in surgery. He was appointed founding Surgical Director of the Faculty of Surgical Trainers in 2011.

MR IAN RITCHIE

Mr Ian Ritchie is President of The Royal College of Surgeons of Edinburgh and a Consultant Trauma and Orthopaedic Surgeon at Stirling Royal Infirmary. He previously held the position of Vice-President for External Affairs at the College, from 2009 to 2012, and has Chaired the International Strategy Group, the Exams Strategy Group and acted as co-Chair of the Trainee Committee. He has a strong interest in training and supporting trainers and has delivered courses on training techniques and the principles of adult learning since 1996. He also introduced and directed the College's Regional Surgical Adviser Network.

CAPTAIN DAVID ROWLAND

Captain David Rowland joined BOAC (later British Airways) in 1969 as a co-pilot/ navigator on VC10 aircraft. He joined the Concorde fleet as a co-pilot in 1976. Having left Concorde to obtain his command on BAC 1-11 aircraft, he became a Training Captain and Skills Examiner. He returned to Concorde as a Captain and Flight Manager of the fleet, later becoming Concorde Commercial Manager and then General Manager, combining operational and commercial responsibilities, while continuing to fly regularly and maintaining his involvement with training at a senior level. Captain Rowland's training background involving aircraft and simulator training includes responsibilities for training standardisation, as well as, the training of other trainers. He was also a member of a small core team within British Airways that designed and delivered a leading-edge 'crew on the flight-deck' based behavioural, leadership and team skills training programme in

which all 3,500 flight-deck crew members in the company were required to take part. He retired from British Airways in 1999. Captain Rowland is a Fellow and Past-President of the Royal Aeronautical Society (2008–09). He is also a Fellow of the Royal Institute of Navigation and a Liveryman of the Guild of Air Pilots and Air Navigators.

PROFESSOR OSCAR TRAYNOR

Professor Oscar Traynor is Director of the National Surgical Training Centre and Professor of Postgraduate Surgical Education at the Royal College of Surgeons in Ireland (RCSI). He is also a Consultant Surgeon at St. Vincent's University Hospital, Dublin, Ireland and Director of the National Liver Transplant Programme for Ireland. As Director of the National Surgical Training Centre at RCSI, he has been responsible for introducing several innovations to surgical training in Ireland including the world's first e-learning programme for surgical trainees, a comprehensive curriculum based surgical simulation programme for teaching technical skills and an integrated human factors training programme. He has developed a comprehensive assessment process for surgical trainees (Competence Assessment and Performance Appraisal) which is now used for all surgical specialties in Ireland. He has published widely on various aspects of surgical training and has also lectured extensively on the subject of human factors in surgery in Europe, Australia and in the United States. His clinical interests are based around hepatobiliary and pancreatic surgery, including liver transplantation. He heads up a very busy HPB surgery unit at St. Vincent's University Hospital in Dublin. He played a leading

role in developing the National Liver Transplant Programme in Ireland in the early 1990s. The HPB unit at St. Vincent's University Hospital in Dublin is the sole national tertiary referral centre for liver transplantation and for pancreas cancer surgery in Ireland.

PROFESSOR KENNETH WALKER

Professor Kenneth Walker is a Colorectal and General Surgeon in Inverness and an Associate Postgraduate Dean in the North of Scotland. He graduated from Aberdeen, completed Surgical Training and a research MD in Glasgow, and a fellowship year in Sydney. For a year and a half he was a GI Surgeon and Trainer in Nepal, before 'settling down' to a Consultant post in Inverness. A growing interest in surgical training has taken him through roles as Educational Supervisor and Associate Postgraduate Dean, and into development of simulation in clinical training. He directs Highland Surgical Boot Camps, a simulation-rich, technical and non-technical course for core trainees. Professor Walker now chairs the Scottish Surgical Simulation Collaborative, a bi-collegiate group with close ties to NHS Education for Scotland and various skills centres, which aims to help integrate simulation into training programmes in Scotland. Research and validation projects arise from this, so the University of Stirling have recently awarded him an Honorary Chair of Surgical Training, and he supervises two research fellows.

DR MARK WENTINK

As Co-owner and Director of Technology of two simulator companies, Simendo Ltd. and Desdemona Ltd, Dr Mark Wentink has a wide experience in the field

of applied simulation for research, training and education. At Simendo Ltd, he is responsible for research and development of training solutions in surgery and at Desdemona Ltd, he operates a unique motion simulator for (military) pilot training and perception research. Dr Wentink received his Master of Science Degree at Aeronautical Engineering working on flight simulation at the Delft University, and obtained his PhD-degree 'cum laude' with a thesis entitled: 'Hand-eye coordination in minimally invasive surgery: Theory, practice & training'. In this thesis the scientific basis was established for what later became the Simendo simulator and its educational philosophy.

Dr Douglas Smink

INTERVIEW

In the September issue of 'Surgeons News', keynote speaker, Dr Douglas Smink speaks about his work and why he believes simulation for assessment is inevitable

Based at Boston's Brigham and Women's Hospital, the STRATUS Simulation Centre is a 6000sqft world-class facility that serves the entire 800-bed hospital. The facility is used by clinical staff of every grade and specialty, but more and more it's being used by consultants learning new techniques.

It's not surprising the centre is in demand as its facilities range from hi-tech virtual reality surgical simulators to low-fidelity task trainers which can focus on laparoscopy, endoscopy and open surgical skills. There are simulators to teach transoesophageal echo, standardised patients for OSCE-type exams and a mock operating room for interdisciplinary team training.

“ I am sure that at some point in my career I will have to prove my skills on a simulator – it may not be technical – it may be teamwork, but as we move forward we are going to see more assessment of competency

“STRATUS is quite a resource for our institution,” remarks Dr Douglas Smink, the centre's Associate Medical Director. “We are a large hospital with over 1000 trainees. Over the five years I've been involved, usage of the centre has grown by 20% each year. We're getting close to capacity and the challenges now are space and faculty within the centre who work with the groups who use it.”

For such a popular facility serving a large hospital, the STRATUS core faculty is surprisingly small; there's Dr Smink plus a medical director, a director for education and research, and a surgical skills nurse. This leaves much of what happens at the facility up to the groups who use it. As Dr Smink puts it, “We help them plan what they want to teach – make sure that it's going to be high quality – and then we leave the teaching and clinical expertise to them; that's where they shine.”

One of Dr Smink's particular areas of interest also happens to be one of the biggest challenges in the use of simulation: “I am sure that at some point in my career I will have to prove my skills on a simulator – it may not be technical – it may be teamwork, but as we move forward we are going to see more assessment of competency – that only makes sense.”

Ultimately, he believes this type of assessment will be tied to credentialing and certification and cites the precedent in the US where anaesthetists must prove their skills in a simulated environment every 10 years. But surgery is not at that stage yet, Dr Smink says, “The simulators aren't good enough yet to assess a practising surgeon and the data to show the level of competency needed are not available yet. Until we address those issues it will be hard to convince the authorities that this is the way to go.

“Assessing competency is one of the hardest things we do with a simulator – simulators are used for a lot of different reasons; this is one of the things I will talk about during my lecture at the Faculty of Surgical Trainers meeting. Simulators are mainly used for teaching, but their use for assessing competency requires a higher level of use; I think we in the medical profession don't use simulation to assess competency as well or as much as we'd like to.”

Having said that, there is a clear indication of the direction of travel; he cites the Fundamentals of Laparoscopic Surgery programme in the US, the scheme that allows trainees to receive board certification based, in part, on the demonstration of basic laparoscopic skills.



Douglas S. Smink, M.D., MPH

Brigham & Women's Hospital
Department of Surgery

DOUGLAS S
SMINK
MD MPH
SURGERY
BRIGHAM AND
WOMEN'S HOSPITAL

Dr Douglas Smink Interview

Some of the challenges around using simulation to demonstrate competency can be attributed to its integration with training programmes in the US. Although some use of simulation is a requirement of all training programmes, there is no specific guidance on exactly how it should be incorporated, and – as Dr Smink points out – there are variations in curricula around the country.

“ On a given day, we can make sure that trainees receive the right amount of training on the condition or procedure that we want them to be trained on. But in a real setting, a lot depends on what type of condition a patient presents with. It’s about trying to make learning in the real world more efficient and safer

In support of this and to move towards greater standardisation there are a number of groups, headed by the American College of Surgeons, who have come together to create specific simulation curricula. One such is the Association for Program Directors in Surgery (of which Dr Smink is a member) who have created a simulation curriculum in three phases: for basic skills; procedural skills; and team-based communication skills.

A second challenge for simulation concerns the evidence to demonstrate retention of skills after simulator training. This, Dr Smink concedes, remains an area of much-needed research and debate continues around the best ways to use simulators. Dr Smink believes the evidence is in favour of using simulators in short sessions over a longer time: “It’s one of the reasons we try to match the topic covered in simulation with what trainees are doing at that point in their rotation. If you can teach a skill that will then be used in a clinical environment during the next few months, then the likelihood that it will be retained is so much higher.”

One of Dr Smink’s reasons for speaking at the FST conference stems from his keen interest in RCSEd’s non-technical skills for surgeons (NOTSS) project: “I am a huge convert to the importance of NOTSS following attendance at an RCSEd Masterclass on the topic. When you show that nomenclature to surgeons, they know that it makes sense, but they’ve never seen it so clearly articulated before. Now our challenge is to teach it.”

Dr Smink sees so much potential for simulation in this area that one of the original members of the NOTSS working group, Dr Steven Yule, is now Director of Education and Research at the STRATUS unit.

Does Dr Smink believe simulation will ever replace learning from patients? “Simulation is never the same as it is in the real world; you can teach people to tie knots and to suture in simulation but in the real world tissues feel different. So simulation can bring trainees to a much higher level of skill but it’s only in

a real setting that you know for sure that someone can do it.”

Although he’s clear that there’s nothing to equal learning skills in a real clinical setting, Dr Smink is a reasoned advocate for what simulation can offer by way of support to learning in the real world: “On a given day, we can make sure that trainees receive the right amount of training on the condition or procedure that we want them to be trained on. But in a real setting, a lot depends on what type of condition a patient presents with. It’s about trying to make learning in the real world more efficient and safer.”

One gets an impression that a few final pieces of evidence need to fall into place before simulation can make a major breakthrough in the practice of surgery: “We know simulation is beneficial but we perhaps need more evidence for its educational value and how it will result in better patient outcomes. It’s an obligation of those of us who do simulation to show those things because once you have that data it will be impossible for people to not do it.”

His quest may be nearing completion, but for the moment at least Dr Smink seems happy to continue exploring and gathering evidence in the simulated world.

Exhibitors



Association of Simulated Practice in Healthcare (ASPiH)

ASPiH's aim is to enable wider sharing of knowledge, expertise, and educational innovation related to simulated practice and technology enhanced learning across the healthcare professions. They are a rapidly growing membership Association with a number of Special Interest Groups and members can register at their events at concessionary rates.

www.aspih.org.uk



Centre for Medical Education

The Centre for Medical Education within the School of Medicine in the University of Dundee is one of the leading international centres in medical education. The Centre provides educational support for the Medical School and collaborates with a number of other institutions in the UK and overseas. Their major focus is to make teaching and learning more effective in all phases of education including undergraduate, postgraduate and continuing education. The Centre has more than 30 years' experience of running courses in medical education and over 5000 participants from more than 73 countries have taken part. The Dundee qualifications are recognised throughout the world.

www.dundee.ac.uk/meded



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For over 20 years Limbs and Things has been designing, manufacturing and supplying quality medical training products for healthcare professionals. Their catalogue includes task trainers, synthetic soft tissue anatomical simulation models and demonstration models.

www.limbsandthings.com



Simendo

Simendo is an efficient and validated simulator for training endoscopic skills. It is an ideal tool for structuring a basic skills training program for general surgeons, urologists, gynaecologists and orthopaedic surgeons. In combination with their online e-portfolio they offer training and certification 'anywhere' at 'anytime'. Their credo is: *from simulation to education*. The Simendo company is closely linked to the world's most advanced flight simulator, called the Desdemona. They train both jet pilots and surgeons.

www.simendo.eu



Inovus Surgical Solutions

Inovus challenges the traditions in surgical education by bringing you the world's most affordable range of minimally invasive surgical simulators. The Pyxus range offers the perfect adjunct to skills courses and on the job learning for trainees of all level. The Pyxus Pro is perfect for institutional teaching. Their innovative and forward thinking design team will help you bring your personal simulation needs to an affordable reality

www.inovus.org



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Abstracts

ABSTRACTS SELECTED FOR ORAL PRESENTATION

Zaid Awad

Can Simulation be used for Assessing Endoscopic Rhinology Skills?

Zaid Awad

Competency in ENT Surgery, the Pace of Learning

Woan Yi Chan

The 'Round-the-Clock' Training Model for Microsurgery Skills

Lucy Green

Validating Endovascular Simulation as a Potential Tool for Vascular Training

Lucy Green

Validating Procedure-based Assessment for Vascular Cadaveric Simulation Training

Kwan Joo Lee

Defining Surgical Role Model from the Perspective of Medical Students Studying in Foreign Countries

Jason Fleming

Validation of a Theatre-Based Immersive Microlaryngoscopy Simulator

Badrul Hussain

Developing a Virtual Reality Training Curriculum for Ophthalmology

Muhammad Ehtesham Ahsan Khan

Four Years On – Post-EWTR: Are UK Hospitals Best for Surgical Training and Patient Care? Preliminary Results of an On-going Perspective Online Survey

Roland William Partridge

Laparoscopic Instrument Tracking ('InsTrac'): Construct Validity in a Take-home Box Simulator

ABSTRACTS SELECTED FOR POSTER PRESENTATION

Keng-Leong Ang

Improving Thoracic Surgical Training – what Trainees want in a Thoracic Surgery course

James Langlands Barrie

How do Specialist Trainees Experience Reflection? A Phenomenographic Study

Aroon Baskaradas

Orthopaedic Simulators: What Do Surgeons of the Future Think?

Fiona Carter

Development of Scenarios for Management of Post-operative Complications using SimMan 3G

Fiona Carter

Use of Cadaveric and Synthetic Simulators to Teach Total Laparoscopic Hysterectomy for Benign Conditions

Peter Coe

The Role of Simulated Operations using a Human Fresh Frozen Whole Body Cadaveric Model

James Douglas

Telford Tonsillectomy Trainer; a Modification of the AirSim Model

Jon De Siqueira

Evaluation of a Novel Skills and Simulation Programme for Core Surgical Trainees: the Good and the Bad!

James Edward Frankland Fitzgerald

ASiT National Mentoring Scheme Pilot: Survey of Mentee Expectations

James Edward Frankland Fitzgerald

The Surgical Training & Education (STagE) Planner, a Universal Checklist for Improving Training in Operative Surgery

Nader Francis

Development and Evaluation of a Cadaveric Training Curriculum for Low Rectal Cancer Surgery in the English LOREC National Development Programme

Rehana Hafeez

A Snapshot of Lower GI Endoscopy Training among Higher Surgical Trainees in UK

Aenone Ruth Harper

The Role of Self-assessment in Surgical Training – A Qualitative Study of Trainees' Opinions

Badrul Hussain

Repeatability and Reproducibility of Performance on the Eyesi Ophthalmic Surgery Simulator

Mark Jones

Human Factors Training For Core Surgical Trainees – The Severn Experience

Michael David Kipling

Paediatric General Surgery: a Trainee Survey

John Laszlo

Building Holarchies from Hierarchies: A Transactional Analysis Improving Safety for Patients, Passengers, Practitioners and Pilots.

Vikas Malik

Use of the 8 Minute Micro Teach: A Tool for Delivering Regular Teaching

Georgios A Markides

General Surgical Trainees' Experience of Training Feedback in a District General Hospital; is the Current Process Up-to-date and Effective?

Peter Isaac Shafik Mekhail

Optimal Training Environment for Surgical Trainees in a 48-hours Week

Jennifer Nichols

Use of a Virtual Learning Environment in Post-graduate Orthopaedic Trainees

Thilina Paliyawadana

The Skills of Video Gaming and Laparoscopy Tasks are Interchangeable: A Promise for the Laparoscopy Surgical Training

Vaikunthan Rajaratnam

Open Online Surgical Education – the Experience with Hand Surgery

Vaikunthan Rajaratnam

Social Media for Continuing Surgical Education

Vaikunthan Rajaratnam

Using Instructional Design Principles In Developing Skill Acquisition Workshops In Hand Surgery – Our Experience

Shahab Robati

Surgical Trainees' Perception of CAOS (Computer Aided Orthopaedic Surgery)

Ian Robertson

Implementation of a Peer Led Surgical Teaching Programme Improves Learning Outcomes for Junior Trainees

Ben Rymer

An Innovative and Cost-Effective Undergraduate Surgical Skills Course

Gursevak Singh

Evaluating the Effectiveness of Future Surgeons Key Skills Course for Medical Students and Foundation Doctors

Moez Zeiton

Time for Training using Dedicated Core Trainee Operating Lists

**Official Magazine of the Faculty of Surgical Trainers Meeting 2013**

MEdSim Magazine aims to promote the best education and training practices for the next generation of healthcare professionals. It is written by experienced professionals in medicine, simulation and training. Each issue contains at least six major features and it is published in four issues per year in print and online.

www.halldale.com/medsim



FRIDAY 21 MARCH 2014

PRESIDENT'S MEETING AND AUDIT SYMPOSIUM 2014

Emergency Surgery in the 21st Century

With the increasing challenge of delivering an effective and safe emergency surgical service, the focus of the **2014 President's Meeting** will be on models of service provision and will include updates from each of the Specialty Associations.

In addition to the main sessions, the Specialty Association Symposia will run in parallel with the Annual Trainees' Audit Symposium.

INVITATION TO SUBMIT ABSTRACTS

We are now accepting abstracts for the Audit Sessions of the President's Meeting. The closing date for submission is **Monday 6 January 2014**.

The Lister Medal and the Surgeon in Training Medal will be awarded on the day for the best oral presentation.



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Email: presidentsmeeting@rcsed.ac.uk
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KEYNOTE SPEAKERS

Lister Legacy Lecture

Dr Ernest E Moore, Chief of Trauma at the Denver General Hospital and Editor, *Journal of Trauma and Acute Care Surgery*

McKeown Lecture

Professor Gordon Carlson, Hon Professor of Surgery at University of Manchester, Hon Professor of Biomedical Science at University of Salford, and Consultant Advisor to NICE and DoH

SPEAKERS TO INCLUDE

Mr Iain D Anderson, Consultant Surgeon at Salford Royal Hospital, Manchester, and Senior Surgeon on the UK's Intestinal Failure Unit

Mr Simon Paterson-Brown, Consultant General and Upper Gastrointestinal Surgeon and Honorary Senior Lecturer at the Royal Infirmary of Edinburgh

Professor Sir Keith Porter, Honorary Professor of Clinical Traumatology at the University of Birmingham and Civilian Clinical Lead for the care of injured soldiers returning to the UK from Iraq and Afghanistan

Mr Richard Ward, Consultant Vascular Surgeon at Aintree University Hospital Liverpool and founder of the Aintree Major Trauma Ward

Mr Peter Sedman, Upper GI and Laparoscopic Surgeon in Hull and Education Director of ALS

Dr Ian Zealley, Consultant Radiologist, Ninewells Hospital, Dundee

SPECIALTY SYMPOSIA SPEAKERS

Mr Paul Blair, Vascular Surgeon in Belfast and Vice-President Elect of the VSGBI

Ian Beckingham, President-elect of AUGIS, Consultant Surgeon at Queens Medical Centre and Honorary Senior Lecturer at the University of Nottingham Medical School

Mr Roger Currie, Consultant Oral and Maxillofacial Surgeon, Ayrshire, and RCSEd Council Member (representing BAOMS)

Mr Timothy R Graham, Consultant Cardiothoracic Surgeon and Senior Lecturer in Clinical Surgery at the Queen Elizabeth Hospital Birmingham, University of Birmingham and Royal Centre for Defence Medicine UK, and President-Elect of SCTS

Mr John Hartley, Honorary Consultant in General Surgery, Hull and East Yorkshire NHS Hospitals Trust (representing ACP)

Mr John Keating, Consultant Orthopaedic Surgeon, Royal Infirmary of Edinburgh and Honorary Senior Lecturer, University of Edinburgh (representing BOA)

Mr Umraz Khan, Consultant in Reconstructive Plastic Surgery at Frenchay Hospital, Bristol (representing BAPRAS)

Professor B Nirmal Kumar, Consultant ENT Surgeon and Director of Medical Education at WWL NHS Foundation Trust (representing ENTUK)

Mr R Nelson, Consultant Neurosurgeon, Frenchay Hospital, Bristol, and President of SBNS

Mr Bruce Okeye, Consultant Paediatric, Adolescent and Neonatal Surgeon at St Georges Hospital NHS Trust, London, and Honorary Consultant Paediatric Surgeon at the Royal Marsden Hospital, London (representing BAPS)

Professor John Primrose, Professor of Surgery at the University of Southampton and President of ASGBI

Mr Mark Speakman, Consultant Urologist, Taunton (representing BAUS)