Time for training using dedicated core trainee operating lists

Zeiton MA¹, Siddiqui A², Jones DJ¹

1. Department of Surgery, University Hospital South Manchester (UHSM) 2. Department of Postgraduate Medical Education, UHSM Academy

Background
Better Training Better Care (BTBC) is a Health Education England (HEE) initiative to develop sustainable and adoptable models to maximise learning opportunities in the time available for training.

This pilot developed a model to provide ring-fenced dedicated training lists for Core Surgical trainees (BTBC lists) using existing resources in order to improve training in operative surgery.

Aim
To evaluate the time taken to complete an open inguinal hernia repair on a BTBC list compared to the time taken on an ordinary operating list (Non BTBC list).

Methods
The study included all patients undergoing a unilateral open inguinal hernia repair between 1st August 2012 and 31st July 2013.

The length of time to complete the operation (skin to skin) was obtained from the Operating Room Management Information System (ORMIS).

The mean length of stay from admission to discharge was noted.

The number of open inguinal hernia repairs in the year prior to the BTBC pilot (1st August 2011 – 31st July 2012) was obtained.

All BTBC operations are completed with a Consultant Supervisor – Trainer Scrubbed (STS). A Procedure Based Assessment (PBA) is completed at the end of the procedure.

The times taken to complete hernia repairs in the BTBC and Non-BTBC groups were compared using the two sample two tailed t-test (statistical significance < 0.05).

Results
111 patients underwent open inguinal hernia between 1st August 2011 and 31st July 2012 (prior to the introduction of BTBC).

120 patients underwent open inguinal hernia repair between 1st August 2012 and 31st July 2013 during the BTBC pilot. 24 of these were on BTBC operating lists (see table for analysis).

<table>
<thead>
<tr>
<th></th>
<th>No. Of Operations</th>
<th>Mean Length of Operation (minutes)</th>
<th>Mean Length of Stay (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BTBC List</td>
<td>24</td>
<td>89</td>
<td>23.8</td>
</tr>
<tr>
<td>Non-BTBC</td>
<td>96</td>
<td>74</td>
<td>28.9</td>
</tr>
<tr>
<td>P-Value</td>
<td>---</td>
<td>&lt; 0.002</td>
<td>0.293</td>
</tr>
</tbody>
</table>

Conclusions
- Supervised Core Surgical Trainees on a dedicated training list take longer to complete an inguinal hernia operation, which needs to be taken into consideration when planning training and service.

- Service delivery, however, was maintained as a similar number of patients were treated using the same resources in the equivalent 12 month period prior to the BTBC pilot and the mean length was unaffected.

- This study provides data which may be of value when commissioning for training and service.