

Surgical Education

Facilitating the implementation of the American College of Surgeons/Association of Program Directors in Surgery phase III skills curriculum: training faculty in the assessment of team skills



Louise Hull, Ph.D.^{a,*}, Sonal Arora, M.D., Ph.D.^a,
Dimitrios Stefanidis, M.D., Ph.D.^b, Nick Sevdalis, Ph.D.^a

^aImperial Patient Safety Translational Research Centre (Imperial PSTRC), Department of Surgery and Cancer, Imperial College London, St Mary's Campus, London, W2 1PG, UK; ^bDepartment of Surgery and Carolinas Simulation Center, Carolinas Medical Center, Charlotte, NC, USA

KEYWORDS:

Assessment;
Teamwork;
Nontechnical skills;
Faculty development;
Training

Abstract

BACKGROUND: Effective teamwork is critical to safety in the operating room; however, implementation of phase III of the American College of Surgeons (ACS) and Association of Program Directors in Surgery (APDS) Curriculum that focuses on team-based skills remains worryingly low. Training and assessing the complexities of teamwork is challenging. The objective of this study was to establish guidelines and recommendations for training faculty in assessing/debriefing team skills.

METHODS: A multistage survey-based consensus study was completed by 108 experts responsible for training and assessing surgical residents from the ACS Accredited Educational Institutes.

RESULTS: Experts agreed that a program to teach faculty to assess team-based skills should include training in the recognition of teamwork skills, practice rating these skills, and training in the provision of feedback/debriefing. Agreement was reached that faculty responsible for conducting team-based skills assessment should be revalidated every 2 years and stringent proficiency criteria should be met.

CONCLUSIONS: Faculty development is critical to ensure high-quality, standardized training and assessment. Training faculty to assess team-based skills has the potential to facilitate the effective implementation of phase III of the ACS and APDS Curriculum.

© 2015 Elsevier Inc. All rights reserved.

This article represents independent research supported by the National Institute for Health Research (NIHR) Imperial Patient Safety Translational Research Centre. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

L.H., S.A., and N.S. are affiliated with the Imperial Patient Safety Translational Research Centre (www.cpssq.org), which is funded by the National Institute for Health Research (Grant number: RDPSC 79560), London, UK.

* Corresponding author. Tel.: 0044-207-594-3149; fax: 0044-207-594-3137.

E-mail address: l.hull@imperial.ac.uk

Manuscript received November 11, 2014; revised manuscript January 5, 2015

The modality and scope of surgical education have evolved considerably in recent years, shifting evermore away from the traditional Halstedian apprenticeship model. Increased concerns over patient safety¹ and reduced clinical exposure have forced educators to explore alternative training methods.² We are now in an era in which simulation-based training is increasing in popularity^{2,3} and attention toward interdisciplinary and interprofessional teamwork skills is gaining momentum.^{1,4-6}

In response to the changing face of surgical education, the American College of Surgeons and Association of Program Directors in Surgery (ACS/APDS) have established a National Surgical Skills Curriculum. This simulation-based curriculum is a comprehensive, standardized surgical skills program consisting of 3 phases, which focus on the development of technical and teamwork skills. Phase I consists of 20 modules covering basic/core skills and tasks (eg, knot tying and suturing), phase II focuses on 15 advanced laparoscopic procedures (eg, laparoscopic ventral/incisional hernia repair), and phase III consists of 10 team-based training modules (eg, preoperative briefing).⁷

The ACS/APDS curriculum has been met with considerable support from program directors; more than 80% believe the curriculum has the potential to help standardize surgical training, improve patient care, and improve technical skills and teamwork training.⁸ Despite such positive perceptions, however, implementation rates remain discouragingly low across all 3 phases: phase I, 36%; phase II, 19%, and phase III, 16%.⁸ Lack of awareness regarding the existence of the curriculum,^{8,9} expenditure associated with implementation,¹⁰⁻¹² and lack of trained faculty have been cited as major barriers to full-scale curriculum implementation.⁸ The changes in surgical training and curricula mentioned earlier have not only placed increased demands on residents but also on faculty who are now faced with the daunting task of delivering training using methods that many lack experience in.² Furthermore, with the expanded skill set that residents must develop and maintain, the demands on faculty have never been greater. Considering the complexity of integrating phase III of the ACS/APDS curriculum and the shortage of trained faculty, lack of faculty protected time, and challenges of co-ordinating team-based training (ie, getting everyone in the same place at the same time), it is hardly surprising that adoption rates remain low.⁸ To increase implementation rates and ensure high-quality training, it is critical that faculty are equipped with the necessary skills to implement phase III of the curriculum.

Against this backdrop, phase III modules are currently being revised and updated and assessment tools to capture interdisciplinary and interprofessional teamwork skills are to be added to ensure robust performance assessment.¹³ These developments are encouraging; incorporating assessment into simulation-based team training is critical to maximize the value of such training.¹⁴ However, simply modifying the modules will not tackle the shortage of faculty who are trained to deliver training and assessment in team-based skills. Furthermore, availability of effective assessment tools does not ensure that the resultant assessment is accurate (ie, valid and reliable). Accurate assessment is dependent on the use of robust assessment tools coupled with faculty who are trained to use them.¹⁴ Training faculty to evaluate residents' technical and team-based performance accurately is, therefore, important.^{15,16} Training guidelines and recommendations for faculty development have recently been

published.¹⁷ These guidelines were devised by teamwork skill assessment experts with experience in the development and validation of performance assessment instruments. All these experts, however, originated from 1 country (United Kingdom), were not routinely involved in the training and assessment of surgical residents (with their own logistical challenges) and did not have previous experience with phase III of the ACS/APDS curriculum. It is, therefore, critical that these guidelines are further evaluated and agreed on by faculty currently tasked with delivering training and assessment of team-based skills across US surgical programs who have or are planning to implement phase III of the ACS/APDS curriculum.

The primary aim of this study was to establish consensus among faculty of the US surgical programs responsible for implementing phase III of the ACS/APDS curriculum on faculty training and development requirements.

Methods

A multistage, survey-based consensus study was undertaken, adhering to standard consensus methodologic guidelines.¹⁸

Survey development

The survey was developed by an international panel of experts in surgical education and simulation (S.A.: surgeon, D.S.: surgeon, and N.S.: psychologist) and training and assessment of teamwork skills (L.H.: psychologist, S.A., and N.S.). The survey captured characteristics of survey respondents (specialty, expertise in skills training, and regularity of technical and teamwork skills training delivery). Seven key themes were explored in the survey to establish guidelines to train faculty in the assessment of team-based skills. Respondents were asked the following questions:

- (1) Who should deliver a training program to teach faculty to train and assess teamwork skills?
- (2) Who should be targeted as faculty to attend a training program to develop the skill of training and assessing teamwork skills?
- (3) What are the essential content elements of such a training program?
- (4) What format should such a training program follow?
- (5) What level of proficiency should newly trained faculty achieve to be considered competent?
- (6) How regularly should faculty be recertified in teamwork skill training and assessment?
- (7) How should the effectiveness of such a training program be evaluated?

The themes explored in the survey were based on an expert consensus study recently conducted with nontechnical and teamwork skills assessment tool developers to establish guidelines and recommendations for training faculty to assess such skills in the operating room.¹⁷

Download English Version:

<https://daneshyari.com/en/article/4278266>

Download Persian Version:

<https://daneshyari.com/article/4278266>

[Daneshyari.com](https://daneshyari.com)