

Association of Women Surgeons

Evaluation of a blended learning surgical skills course for rural surgeons



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Abstract

BACKGROUND: Rural surgeons have unique learning needs not easily met by traditional continuing medical education courses.

METHODS: A multidisciplinary team developed and implemented a skills curriculum focused on leadership and communication, advanced endoscopy, emergency urology, emergency gynecology, facial plastic surgery, ultrasound, and management of fingertip amputations.

RESULTS: Twenty-five of 30 (89%) rural surgeons who completed a follow-up course evaluation reported that the knowledge acquired during the course had improved their practice and/or the quality of patient care, particularly by refining commonly used skills and expanding the care options they could offer to their patients. The surgeons reported incorporating changes in their communication and interaction with colleagues.

CONCLUSIONS: This course was successful, from participants' perspectives, in providing hands-on mentored training for a variety of skills that reflect the broad scope of practice of surgeons in rural areas. Attendees felt that their participation resulted in important behavior and practice changes.

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One of the primary goals of the American College of Surgeons (ACS) is to improve the care of surgical patients. In an effort to support optimal patient care in rural areas,

the ACS asked surgeons working in rural areas how the college could best support them in providing optimal surgical care. The surgeons identified a lack of relevant continuous professional development (CPD) programs for their particular needs to be a significant problem.

The overall goal of the CPD is to provide physicians with the knowledge and skills they need to provide excellent patient care while in practice.¹ While new knowledge may be acquired from individual study, technical surgical skills are most effectively learned with hands-on mentored training.² Surgeons in rural areas typically have a variety of roles in

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their community hospitals and are required to cover trauma and critical care and perform emergency cesarean sections, as well as emergency procedures for gynecologic, orthopedic, vascular, urologic, and head and neck problems.³ Barriers to participation in CPD courses include the need to travel long distances, the difficulties in finding coverage for the surgeon's practice while away, and the loss of income while away from the practice.⁴ In addition, there are no published CPD programs that address the specific learning needs of surgeons in rural areas. Consequently, the purpose of this project and study is 2-fold: (1) to develop and implement an innovative skills course based on a gap analysis and needs assessment for surgeons in rural practice and (2) to evaluate the 2 initial offerings of the program. Assuming that the education programs are fundamentally designed to change surgeons' knowledge, skills, and attitudes, then the evaluation of the success of an education program should be determined by the changes that result from that program, both at the surgeon and patient levels.⁵

Methods

The course was planned by a multidisciplinary advisory group consisting of rural surgeons, academic surgeons, and

educationalists with expertise in instructional design and evaluation. Our group used a comprehensive job-based model to develop the course, specifically tailored to the practice of rural surgeons.⁶ The model comprised 5 phases: analysis, design, development, implementation, and control. In the *analysis* phase, we conducted one-on-one and group interviews with rural surgeons to identify potential topics for a skills course. Based on these interviews, an advisory group then administered a needs assessment survey to assess the usefulness of potential topics.⁷

In the *design* phase, we used the results from the needs assessment to determine the content and duration of the course. Given the broad scope and volume of content that we planned to deliver, we opted to divide the curriculum into 2 course offerings 18 months apart. This time interval allowed the skills course to be offered in conjunction with a separate rural surgery symposium and the ACS Clinical Congress. The 1st course offering (Course 1) contained 5 modules: (1) leadership and communication; (2) advanced endoscopy; (3) emergency gynecology; (4) emergency urology; and (5) facial plastic surgery – lesion excision. The 2nd course offering (Course 2) contained 4r modules: (1) facial plastic surgery – soft tissue laceration repair; (2) breast ultrasound; (3) ultrasound for central line insertion; and (4) management of fingertip amputation (Fig. 1). We used a

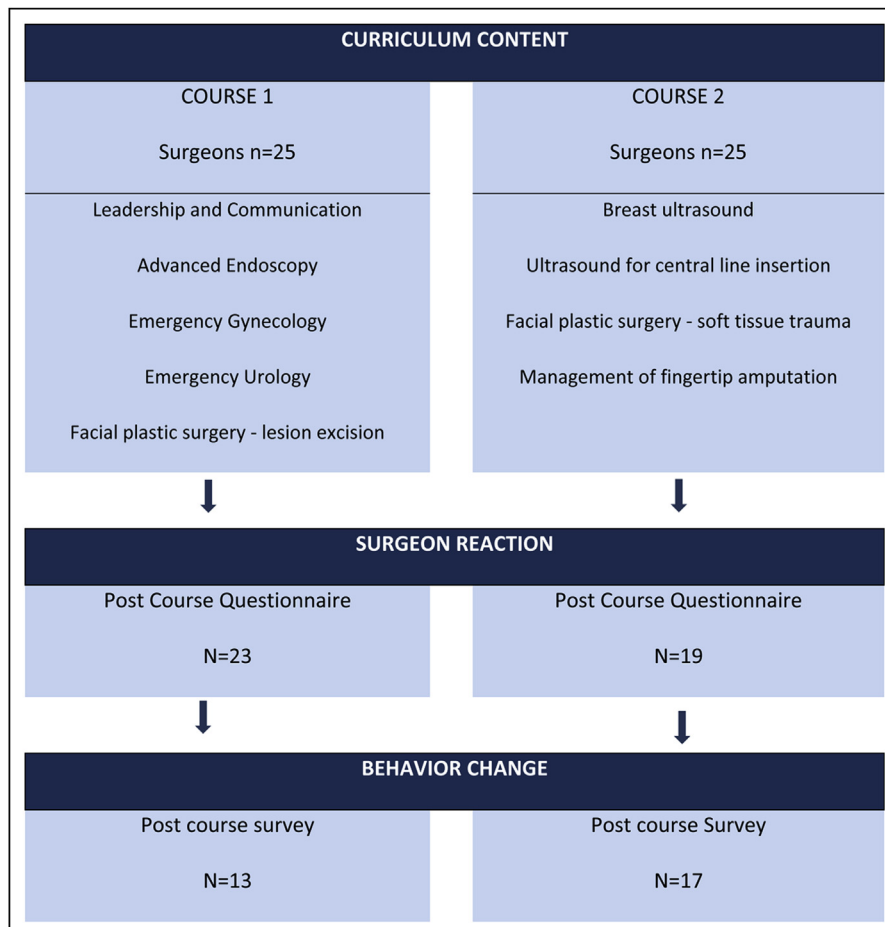


Figure 1 Curriculum outline and evaluation.

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