Vital skills for neighbours

A Definitive Surgical Trauma Care Course held in Auckland has given Pacific Islands surgeons vital skills

The College's AusAID-funded Pacific Islands Program (PIP) earlier this year sponsored two surgeons from Fiji and one surgeon from Tonga to travel to Auckland to participate in a Definitive Surgical Trauma Care (DSTC) Course.

One of the most highly regarded surgical trauma care courses now provided around the world, the DSTC course was developed by the International Association for Trauma Surgery and Intensive Care to provide surgeons with both the decision-making and practical skills needed to save the lives of patients within the first hours following injury.

The course held in Auckland took place in August at the University of Auckland and the Auckland City Hospital and was attended, among others, by trainee surgeons Dr Sonal Nagra and Dr Alipate Navunisaravi from Fiji and Dr Saia Piukala from Tonga.

According to College President and course instructor, Mr Ian Civil, many hundreds of surgeons from Australia, New Zealand and overseas have now taken the DSTC course in Australia or New Zealand since its introduction in 1996.

He said that in a time of increasing sub-specialisation and with studies continuing to show that up to a third of trauma deaths may be preventable or potentially preventable in areas without dedicated trauma systems, the skills transfer made possible through the DSTC course was crucial.

With growing recognition of its value, the Board in General Surgery has recently decided to make the DSTC course a mandatory requirement of general surgical training from 2013.

Mr Civil said the course had particular value given that it worked on almost a one-to-one ratio between students and instructors, was only offered to small groups of surgeons per course and included topic presentations, decision-making scenarios and practical laboratory work.

"The central issue of trauma care is that decisions often have to be made extremely quickly, yet the consequences of those decisions can be profound," he said.

"However, the chance to learn the skills needed, both practical surgical skills and decision-making skills, in a calm environment under the guidance of highly experienced senior surgeons is extremely limited.

"Trauma is relatively uncommon in peaceful countries like Australia and New Zealand so there is limited ability to learn from experience, or watch others dealing with trauma patients which is why this course is so valuable."

Mr Civil said the DSTC course differed from the EMST course in that it was designed to teach the surgical decision-making skills needed to treat patients after resuscitation or stabilisation had occurred.

He said it was of particular importance to general surgeons, but also had relevance to other specialties such as orthopaedics and neurosurgery.

"One of the scenarios we practice, for example, is what to do if a trauma patient has developed a clot on the brain," Mr Civil said.

"The life-saving technique is to do a craniotomy, or make a burr hole, to drain the clot before serious brain injury can occur.

"However, this has to be done quickly, ideally within two hours, so what does a non-neurosurgeon do if a neurosurgeon is five hours away?

"The best outcome is for there to be contact with the neurosurgeon, and after confirmation that a burr hole is appropriate, for the local surgeon to undertake this procedure as soon as possible. The local surgeon needs the confidence to be able to undertake such a procedure.

"When participants on the DSTC course do a burr hole and craniotomy in the lab, with a neurosurgeon beside them guiding them through the process, they develop confidence in their abilities to do what must be done when it must be done.

"This also goes for other time-critical surgery such as with injuries to the liver, the great blood vessels and within the chest cavity.

"Surgeons need to know what to do and how to do it given that cardiac or thoracic or hepatobiliary surgeons are not in every hospital."

Mr Civil also said that the skills and techniques taught through the course were of particular importance in an era of increasing surgical specialisation.

"In days gone by, everyone did so much of everything that there was broad experience to call on when dealing with severe trauma, yet now many surgeons sub-specialise within a few years of completing their training," he said.

"This means their experience with time-critical trauma patients can be quite limited and they greatly benefit from the teaching available in the DTSC Course.

"It is often said that there is a great deal in common between being a surgeon and a pilot. Pilots, however, train extensively for emergencies they may never have to confront. The concept that training for critical surgical emergencies is more important when the frequency is low, has not been widely appreciated in medicine.

"Time-critical surgical emergencies are uncommon events for most surgeons and the DSTC course is a valuable addition to that training."

Mr Civil said that the course was now offered in more than 20 countries around the world, with some Australian and New Zealand Fellows acting as instructors not only on local courses but, because of their experience and teaching skills, on courses in Asia and around the world.

The Director of Surgery at the Auckland City Hospital, a major trauma centre, Mr Civil said the course had long been a requirement for General Surgeons and most senior general surgery trainees completed the course during their time in Auckland.

And he said the course had particular relevance to the Fijian and Tongan surgeons given the limited options for patient transfer in those countries.

"Either these surgeons do something or the patient outcomes suffer," he said.

"There is no neurosurgeon in Fiji, there is no tertiary trauma hospital so surgeons need to know what they can do, what is reasonable to do and when to do it."

Dr Sonal Nagra from Fiji described the two-and-half-day course as excellent, not only in terms of skills learnt, but also for the chance to meet senior surgeons from Australia and New Zealand and he thanked the College for the financial support provided.

"Most of the sessions were very informative and contributed greatly to our understanding of advanced surgical care," he said.

"The most exciting part was the actual surgical labs supervised by the highly-trained faculty. As such we were given the opportunity to carry out life-saving procedures in a realistic fashion while we were also able to accumulate teaching material and presentations to share with our trainees in Fiji.

"Being exposed to high level presentations, demonstrations and activities improved our confidence level in providing definitive surgical care or undertaking damage control surgery."

Dr Alipate Navunisaravi described the course as offering fascinating access to the equipment available to New Zealand surgeons, describing the luxury of having CT scans and angiography to minimise mistakes as "amazing".

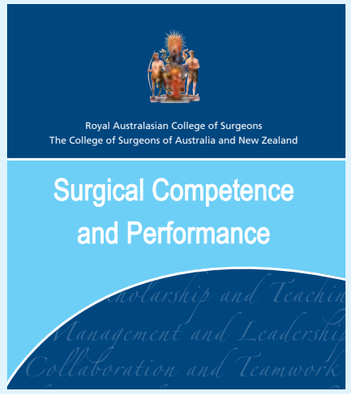
"I enjoyed the practical sessions while the course provided real life scenarios with very helpful discussions," he said.

"I enjoyed having my first feel of doing a thoracotomy, median sternotomy, pericardial window and the principles of damage control I will now master."

With Karen Murphy

How do you rate?

An opportunity to reflect on your own performance



David Watters
Chair, Performance Assessment Steering Committee

How am I performing as a surgeon? How should my performance be assessed? What tools exist that surgeons can use to stimulate performance development? To address these three questions the College developed a framework to inspire all practising surgeons to review their performance across all nine College competencies.

This work resulted in the publication of the first edition of the Surgical Competence and Performance guide in 2008. This described performance, not just across the traditionally valued competencies of clinical decision making, medical expertise and technical expertise, but also included a range of non-technical competencies relevant to surgical practice – communication, professionalism, collaboration and teamwork, health advocacy, management and leadership, scholarship and teaching.

It was always intended that this would be an aspirational guide, encouraging all surgeons to reflect on their performance as they read and re-read it. Many surgeons have found the guide helpful for this purpose. It has also been used by surgical department heads and hospital managers to identify and address underperformance. In addition, the Surgical Competence and Performance guide has received international acclaim and promoted the College as a leader in this field.

The second edition of the guide is still intended to promote reflection, learning and improvement. However, the guide also incorporates a performance assessment and feedback tool that is able to be used for self-reflection or given to colleagues and co-workers for peer review or multisource (360 degree) feedback. It is designed for all surgeons, not just those whose performance is under scrutiny.

In reviewing the first edition of the guide, we also refined the way in which several of the 'patterns of behaviour' and 'behavioural markers' were described. This was done on the basis of feedback from Fellows who had used the framework for reflection and assessment.

The guide complements the College Continuing Professional Development (recertification) program. Over the coming months, the Board of Professional Development and Standards will be considering options for integrating the assessment and feedback tool into the CPD Program from 2013. The intent is not to produce a checklist nor to promote a culture of blame or retribution, but rather to provide a tool for positive and constructive use by surgeons who wish to develop their performance across all nine surgical competencies.

I encourage all Fellows to read this guide and to share the performance assessment and feedback tool with peers and surgical colleagues as an opportunity for reflection and professional development. Your colleagues will benefit from the honest assessment and feedback that you provide, just as you will benefit from theirs.

If you have any questions or comments regarding the guide, please contact Professor David Watters, Chair Performance Assessment Steering Committee or Dr Pam Montgomery, Director Fellowship and Standards at email pam.montgomery@surgeons.org