ISCP INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

Curriculum Top Tips at Two Years - July 2023

Chair: Keith Jones, ISCP Surgical Director

Panel:
Tim Jones, Paediatric Cardiac Surgeon & Chair, Cardiothoracic Surgery SAC
Kirsty Mozolowski, Association of Trainees in Surgery (ASiT)

Questions and Answers:

Kirsty Mozolowski: ***What are the most important areas of the curriculum that that we need to be aware of?***

Summary of points covered by Keith Jones:

- It is important to be aware of what the curriculum entails as a whole and the best way to do that is to read the curriculum. You can also review the relevant parts as you start each phase to understand what should be done.
- The easiest way to find the surgical curriculum is from the home page of the ISCP website. Click on the first carousel image and scroll down the resulting page to find your specialty curriculum PDF.
- Appendix 3 lists the Critical Conditions, these are specialty-specific and can be assessed using the CEX and CBD and should be completed to level 4.
- Appendix 4 lists Index Procedures for each specialty, these cover the breadth of the curriculum and can be assessed using PBAs (or if a PBA is unavailable, a CBD).
- Section 5.4 lists the certification requirements for each specialty.
- These can be used as a 'Gap Analysis' to compare your current knowledge with the requirements of the curriculum.
- If there is anything you do not understand, ask your Assigned Educational Supervisor or Training Programme Director.

****

Tim Jones: ***What is the best way of carrying out an MCR assessment?***

Summary of points covered by Keith Jones:

- The aim of the MCR is to enhance a trainee's competency progression.
- It is important to understand how the MCR assessment is split up. There are two components – the Capabilities in Practice (CiPs) and the General Professional Capabilities (GPCs) that are brought together.
- It is also important to know what phase of training a trainee is at before assessing these areas as the GPCs are assessed as whether or not the trainee's performance is 'Appropriate for Phase'. They are not assessed at the standard of CCT.
- The descriptors can help when trainees are in need of 'Areas of Development'.
- Even when a trainee is 'Appropriate for Phase', descriptors can be 'cut and pasted' to explain further or show where there could be further development. Free text can also be used for example where development is not required but advice could be given for how they could better move on to the next phase. Free text can also be used if there are examples of excellence.
- The MCR should focus on GPC Domains 1 – 5, the clinical areas. Domains 6-9 (quality improvement, safeguarding, education and training and research and scholarship) should only be assessed with regard to what has been observed in the workplace. The AES's final sign off focuses on the educational feedback related to domains 6-9.
- The Self-Assessment should be considered in the feedback session for comparison with the trainee's view. Both the Self-Assessment and MCR can help to formulate the next set of objectives in the Learning Agreement.
- Trainees should be given space to have say in their MCR feedback meeting
- Overall, the MCR should provide a 'pen portrait' of the trainee. It could be a good idea for each Clinical Supervisor to consider writing this in advance of the MCR, asking themselves 'How do I see the trainee?', 'What impressions do they give to date?'
- MCR meetings must have a minimum of 2 Clinical Supervisors. The more Clinical Supervisors in the MCR meeting, better the feedback for trainee, and greater the protection for the Lead CS.
- The Lead CS must moderate any difference of opinion about the trainee.
- Additional comments can be made by Clinical Supervisors in the 48 hour window after MCR completion. After expiry of the 48 hour window, the AES signs off MCR. The AES sign-off will complete the process for the portfolio. No MCR can be deleted once the MCR has been submitted to the AES.

Tim Jones: ***What's the meaning of the CiP 5, 'Multidisciplinary Working', and how can trainees and trainers evidence this and assess it?***

Summary of points covered by Keith Jones:

- CiP 5 is about the ability to work with the wider team, who are part of the patient journey. It includes the ability to discuss, take advice, incorporate that advice into management plans at MDT meetings and so on.
- It also includes the ability to collaborate with para-specialists such as nursing staff, physiotherapists, other clinician colleagues and others in different settings pre and post intervention.
- Developing skills and confidence in this area can take a considerable time and involves working with while others in different disciplines who may be more experienced
- The patient is at the centre of team-working skills of a trainee.

****

Kirsty Mozolowski: ***What is benefit for trainees in doing a Self-Assessment?***

Summary of points covered by Keith Jones:

- The trainee's view is crucial and trainees have to know where they are for feedback to be beneficial. It lends more weight to the trainee's view in the feedback meeting.
- Trainees can showcase their own strengths and weaknesses and insight.
- Any difference between the trainee's Self-Assessment and the MCR, if highlighted early can help align viewpoints for a better understanding of performance.
- Discrepancies between a trainee's Self-Assessment and the MCR can also provide prompts for discussion at the MCR feedback meeting.
- Trainee must fill out the SA honestly, there is no right or wrong way to fill out a Self-Assessment.
- It might be useful for trainees to draw on their MSF feedback as evidence to add into their Self-Assessment.
- The Self-Assessment can be a good gap analysis exercise when used to compare it to where trainee should be within the curriculum currently. Trainees can compare their portfolio with the curriculum in advance.
- Trainees can raise any issues or concerns that need addressing, using the free text field, such as areas that have been assessed in previous placements that cannot be repeated. This can then lead to a focused action plan which incorporates the trainee's learning style as part of the feedback session.
- Finally, completing the Self-Assessment can be a good prompt for trainers to complete the corresponding MCR.

Kirsty Mozolowski: ***What is expected of the trainee in their Self-Assessment?***

Summary of points covered by Keith Jones:

- Giving an honest and balanced appraisal of where you are.
- The Self-Assessment is the trainee's representation of their performance which will be looked at by their supervisors and it stimulates feedback.
- Approach it as a gap-analysis, comparing where you think you are and where you need to be in relation to the curriculum and evidencing it. You will be able to identify for yourself areas for development. The more you can identify for development the successful the discussion is likely to be and the quicker and better the progress you are likely to make.
- A well organised portfolio is key.
- The Self-Assessment is also discussed as part of the Learning Agreement meeting.

****

Tim Jones: ***What impact should the Self-Assessment have on the MCR process?***

Summary of points covered by Keith Jones:

- The Self-Assessment is part of the MCR feedback and is the most important part of MCR.
- It is critical for trainers to understand the trainee's view; where they think they are and where they think they should be and to compare that with the MCR.
- Evidence has shown that trainee and trainer views match quite well on the whole but if there is a discrepancy it can stimulate the conversation. These are important matters to deal with early on.
- Where performance might normally fluctuate over time but if you see a sudden dip, you can see that as a prompt where a trainee may need extra support. It allows the trainer to come up with a development plan with the trainee.
- It is important for the trainer to see what the trainee sees as the main issues which may be very different from what is seen in the MCR. For example, trainees might have a view on their best learning style in which case some useful changes might need to be made. Or their may be development needs that are not being addressed.

****

Kirsty Mozolowski: ***How do we use Work-based Assessments (WBAs) now?***

Summary of points covered by Keith Jones:

- WBAs clearly stipulate where you use the CBDs, CEXs, PBAs and MSF.
- There is no longer a specific number of WBAs required per year.

- WBAs now are essentially for the index cases and critical conditions. Check the curriculum, specifically appendices 3 and 4 for WBA requirements which indicate the Critical Conditions and Index Procedures and the related CEX, CBD and PBA respectively required in each phase of training.
- Trainees should be showing their journey towards level 4. Evidencing progression is important as well as managing areas for development.
- If a case is not an index one, a trainee can use a CBD, using the free text areas to highlight the case description, what was done well and areas for development.
- WBAs should be used to address any areas of concern or underdevelopment with the trainee and could be used as part of an ongoing plan for addressing a gap analysis.
- The requirement for WBAs may result from the discussion with trainees in MCR feedback. They can also be used as evidence of a trainee's progression for the MCR.
- WBAs should be followed by constructive feedback and action points of WBAs and these should be discussed in Learning Agreement meetings with the trainee.
- WBAs can assess the trainee's ability to assist in surgical procedures, an important skill to develop and not time wasted. Time spent in the operating room provides a rich environment for learning. For example, PBAs and CBDs in Cardiothoracic Surgery are a good way to evidence major cases and index cases.

****

Tim Jones: ***Is the midpoint MCR really necessary?***

Summary of points covered by Keith Jones:

- Within each placement, one MCR is mandatory; the final MCR, in order to sign off the Learning Agreement and produce the Assigned Educational Supervisor's end of placement report.
- It is important to complete a midpoint MCR in a six month or longer placement, but not so critical in a four month placement.
- Consider the number of Learning Agreements that can be developmental for a trainee. A 12 month placement is better divided into two 6 month placements, providing two Learning Agreements and 4 MCRs.
- There is evidence that a midpoint MCR is beneficial. It can identify areas requiring development or highlight ways in which training could be improved or optimised to work with the trainee's learning style before the final MCR.
- Feedback from a midpoint MCR should include action points for improving progression during the placement. It helps trainees get the most out of that placement.
- The midpoint MCR must be completed before the midpoint Learning Agreement is started, otherwise it will be lost and it will not count.
- The more MCRs completed, the better the feedback, and the better the development of the trainee.

- Trainees should not worry if they need to start a new placement when the final MCR in their previous placement is not signed off. Some MCRs are being completed after the end of a placement but they are signed off.

****

Kirsty Mozolowski: ***Why do we need to do an MSF as well as an MCR?***

Summary of points covered by Keith Jones:

- The MSF gives feedback from a broad range of people – nurses, peers, senior colleagues, para specialists and so on, assessing professional competence in team working. It includes probity, health, patient safety, record keeping, clinical care, communication and decision-making in the workplace and feeds back to the Assigned Educational Supervisor in order to help develop trainees in these areas.
- The MCR provides a much more holistic professional judgement from those who inhabit the consultant role (minimum 2) and who are best placed to assess trainees on their readiness for consultant practice. The MCR also provides a judgement about the quality of trainees' educational, quality improvement and research work which are not assessed in the MSF. From the trainer's point of view, the MCR feedback is key to foster trainee development towards consultant practice.
- Trainees can draw on their MSF feedback as evidence for their Self-Assessment.

****

END