2021 Best Research Poster Award

Barwon Health

DEAKIN UNIVERSITY

Optimising surgical training in the time of COVID-19 - Victorian regional teaching hospital experience

Project Team Leader: Mr Richard Grills
Project Team Members: Dr Angela Holmes, Dr Sophie Tissot, Dr Kathryn McLeod

INTRODUCTION

Reductions in elective surgery due to the COVID-19 pandemic led to a paralleled reduction in patient based surgical training opportunities.

The physical patient, as a training resource, was in short supply. Worldwide, emergency surgeries decreased by 8 - 81% and elective surgeries by 33 - 62%.(1)

In order to achieve competency and proficiency, surgical training in Australia and New Zealand is structured around each of the ten Royal Australasian College of Surgeons (RACS) competencies (2) and occurs predominantly in a patient based clinical setting. The reduction and alteration in exposure to patients may however, not necessarily, mean that a trainee doesn't have the ability to be able to progress through the Surgical Education and Training (SET) program.

OBJECTIVES

To quantify the impact of COVID-19 on surgical training, we appraise the establishment of our local regional hospital provision of urology service plan and assess the impact COVID-19 had on unit workload. We review the adaptive approach to surgical training taken up in our institution and highlight the unique challenges trainees were faced with due to the pandemic, allowing them to demonstrate many of the RACS non-technical skill competencies.

METHOD

To quantify the impact of COVID-19 on surgical training, we completed a retrospective audit of the Urology Department activity during each Victorian pandemic wave in 2020 at our large regional teaching hospital. Corresponding weeks in the year prior were used as the control.

Interviews with department members illustrated the adaptive approach to surgical training used at our institution.

RESULTS

A State of Disaster Surgical Triage Team (SODSTT) was established with surgical operations split between one public and two private hospitals in our region. A pandemic triaging protocol was established and 335 Category-2 patients were re-triaged. All meetings were moved to online video conferencing formats.

The first wave saw a 13.8% reduction in clinic reviews, with the second wave having an overall increase of 8.8% with 56% being telehealth. The second wave saw an 11.0% reduction in overall operating, with reduced emergency operating in both the first and second wave of 17.4% and 45.5% respectively.

DISCUSSION

These reductions impacted surgical technical skill training, resulting in surgical education provided through technology platforms including webinars, podcasts and pre-recorded operative videos.

Behavioural (non -technical) skills in the RACS competencies are arguably one of the most important skills for a trainee to master. include: collaboration and teamwork; communication; health advocacy; cultural awareness, judgement decision-making; management and leadership; professionalism and scholarship and teaching.

In the regular training environment, supervisors are often only reminded of their existence when lapses exist. However, in the unique COVID environment, there exists additional opportunities for trainees to demonstrate and improve their non-technical skills

CONCLUSION

The COVID-19 pandemic has created widespread and unique challenges for the health system with significant uncertainty for the patients we treat and how they are treated. These continued pandemic pressures may continue to result in reduced surgical exposure for trainees, highlighting the need to rely on flexible and innovative means to support candidates through their training.

REFERENCES & ACKNOWLEDGEMENTS

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