



NATIONAL
DOCTORS
TRAINING
& PLANNING

Development Funding 2022-2023 Cycle



Abstract Booklet

Table of Contents

Development Funding 2022-2023 Cycle Project Summaries _____	2
Project Abstract 1-CAI01 _____	4
Project Abstract 2-CAI02 _____	5
Project Abstract 3-PSY01 _____	6
Project Abstract 4-PSY02 _____	7
Project Abstract 5-ICGP01 _____	8
Project Abstract 6-IEHG01 _____	9
Project Abstract 7-ICO01 _____	10
Project Abstract 8-RCPI01 _____	11
Project Abstract 9-RCPI02 _____	12
Project Abstract 10-RCSI01 _____	13
Project Abstract 11-RCSI02 _____	14
Project Abstract 12-RCSI03 _____	15
Project Abstract 13-RCSI04 _____	16
Project Abstract 14-RCSI05 _____	17
Project Abstract 15-UHL01 _____	19
Project Abstract 16-ICGP202 _____	20

DEVELOPMENT FUNDING 2022-2023 CYCLE

PROJECT SUMMARIES

1. The College of Anaesthesiologists of Ireland (CAI)

Project: Improving medical education (Internal Jugular Central Access/ Vascular Access) through proficiency based progression programme.

2. The College of Anaesthesiologists of Ireland (CAI)

Project: Changing leadership culture in relation to flexible/ less than fulltime training.

3. The College of Psychiatrists of Ireland

Project: Simulation-based Training to Develop and Maintain Physical Healthcare Skills in Psychiatry Trainees.

4. The College of Psychiatrists of Ireland

Project: Supporting individualised programmes of remediation and targeted resources for trainees who experience serious illness or disability.

5. Irish College of General Practitioners (ICGP)

Project: Maximising mentorship in GP Training.

6. Ireland East Hospital Group (IEHG)

Project: Scalable Sustainable Simulation Solution to Advance the Medical Education and Training of Interns.

7. Irish College of Ophthalmologists (ICO)

Project: Preparing new training sites and trainers for incorporation into the National Training Programme.

8. Royal College of Physicians of Ireland (RCPI)

Project: Education Programme for BST and HST (Phase II).

9. Royal College of Physicians of Ireland (RCPI)

Project: An introductory boot camp for NON-EU Doctors commencing employment in Obstetrics and Gynaecology in Ireland.

DEVELOPMENT FUNDING 2022-2023 CYCLE

PROJECT SUMMARIES

10. Royal College of Surgeons in Ireland (RCSI)

Project: Development of the delivery of ATLS courses on a regional basis.

11. Royal College of Surgeons in Ireland (RCSI)

Project: Sustainable Remote Basic Skills Training with Mentoring.

12. Royal College of Surgeons in Ireland (RCSI)

Project: Return to work upskilling programme.

13. Royal College of Surgeons in Ireland (RCSI)

Project: Emergency Neurological Life Support Course (ENLS).

14. Royal College of Surgeons in Ireland (RCSI)

Project: Simulation Training for Cardiac Surgical Skills: an intensive program based on a distributed deliberate practice model to rapidly advance junior cardiac surgical trainees' skills.

15. University Hospital Limerick (UHL)

Project: Intern's Introduction to Orthopaedics – A booklet as a guide for new interns to excel at their job.

16. Collaborative project in association with the Irish College of General Practitioners, the College of Anaesthesiology and the Royal College of Surgeons

Project: A study to establish the experience of less than full time training in Irish Postgraduate Medical Training Programmes and to advise how that experience can be improved.

Project Abstract 1-CAI01

- ▶ **Project Title: Improving medical education (Internal Jugular Central Access/Vascular Access) through proficiency based progression programme.**
- ▶ **Lead Agency: Anaesthesiologists of Ireland**

Abstract

Simulation-based training is being increasingly deployed for both technical and non-technical skill acquisition in healthcare with the aim of reducing medical error and patient harm. There is a need for an evidence-based approach to such training to ensure that the resources used can reliably deliver a quantifiable improved skill set rather than just an enhanced educational experience.

Proficiency-based progression (PBP) training is a form of outcomes-based training that involves training individuals to achieve a proficiency benchmark. The process involves 'deliberate' practice against a set of clearly defined objective metrics. The proficiency benchmark is set as the mean performance of clinicians who undertake the procedure regularly in clinical practice. It has been shown to improve the performance of individuals undertaking technical procedures¹.

This project developed the curriculum, learning outcomes and assessment strategy for a proficiency based progression programme module on Internal Jugular Central Access/Vascular Access. Metrics are operationally defined in Proficiency based progression education to facilitate objective scoring. The metrics and inter-rater reliability involved with medical education teaching and learning about vascular access have now been published.

The creation of high quality training material and associated proficiency based progression curriculum taught us not to do this in isolation, so that we could transfer the learning to other projects. Indeed we also plan on transferring the learning to other countries. At an early stage we expanded the project team involved in the development of this project. The diversity of team members added a rich dimension to our project and contributed to its success.

During the project funded by HSE NDTP we systematically gathered and analysed data to form a comprehensive evidence based PBP programme. World class learning material have been developed to accelerate learning and accommodate a range of learning styles through the pre-course reading material provided and simulation curriculum validated by international experts. At all times we have been conscious of sustainability, optimising resource allocation and maximising outcomes, so a core tenet of the project has focused on developing a knowledge transfer capability to support the development of future PBP medical education.

¹ Breen D, O'Brien S, McCarthy N, et al, Effect of a proficiency-based progression simulation programme on clinical communication for the deteriorating patient: a randomised controlled trial, *BMJ Open* 2019;9:e025992. doi: 10.1136/bmjopen-2018-025992

Project Abstract 2-CAI02

- ▶ **Project Title: Changing leadership culture in relation to flexible/less than fulltime training**
- ▶ **Lead Agency: College of Anaesthesiologists of Ireland**

Abstract

Attempts to embed flexible or less than full-time working for doctors can often be undermined by unspoken, deeply held, traditional beliefs. Such beliefs can manifest as a culture where hidden messaging discourages uptake of much desired opportunities despite genuine attempts to create them. Changing culture requires firm commitment from leadership of organisations to be effective.

The project aimed to foster positive attitudes and behaviour changes among participants. Surveys and interviews revealed a positive shift in participants' mindset, attitudes and motivation towards LTFT however two important process changes were highlighted by participants:

- Communication and awareness of process of application and job description of LTFT training posts (Nationally)
- Enhanced description of process of application for LTFT training and details relating to training requirements and ways they can be achieved to be produced by the Training body

Participants in the LTFT project expressed increased confidence, enthusiasm, and commitment to LTFT and spoke of importance of having range of LTFT options. These attitudinal changes were considered indicators of the program's impact on participants' overall personal and professional growth. A major barrier has been identified during the project which is being addressed through the forum of postgraduate training bodies, which will have a material impact on the practical solutions that can be found as per our learning outcomes. We realise that the flexible time available at the end of training will have a material impact on the acceptability and take up of LTFT working culture. Ultimately we are trying to create the conditions to support meeting an uptake in demand for LTFT and this project has supported those goals.

When we set out on this project we envisaged that the educational material developed and leadership shown by college to promote and support could make a difference. However through our interviews with those impacted and having developed a greater understanding through this process the project team realise that to create meaningful change we need to change how we work, and have pivoted to include this in our project.

Project Abstract 3-PSY01

- ▶ **Project Title: Simulation-based training to develop and maintain physical healthcare skills in psychiatry trainees**
- ▶ **Lead Agency: College of Psychiatrists of Ireland**

Background

People with mental disorders have higher rates of physical illness compared with the general population and there is a real need to ensure that psychiatry trainees continue to develop skills in physical health care. People with severe mental illness (SMI: schizophrenia, schizoaffective disorder, bipolar disorder and severe depression) have significantly reduced life expectancy compared with the rest of the population (Brown, 1997; Thornicroft, 2011) and this excess mortality is associated with co-morbid physical conditions including cardiovascular disease, COPD, metabolic disease etc.

The College of Psychiatrists of Ireland has commenced a programme of e-learning which is building educational resources on physical healthcare available to trainees. In addition to building core knowledge, there is a need for the development of skills for confidence and competence in clinical practice.

In order to appropriately manage medical emergencies in psychiatry, a set of clinical skills are required. Given the role of the NCHD on call managing patients who may be acutely ill and/or present challenges in engaging with the assessment, these encounters may be stressful and anxiety-provoking for the NCHD.

The overall purpose of this project is to develop a programme of training to improve the skills and confidence of trainees in psychiatry in performing important clinical tasks.

The Project

This project was designed to develop national protocols for the delivery of simulation-based training for key medical emergencies for trainees in psychiatry. It will scale up pilot initiatives and make them available to basic specialist trainees (BST) in psychiatry across the country. This built on existing developmental work to provide in-person simulation-based training which is available to all trainees.

This training programme aimed to provide the following outputs: a fully developed training programme for psychiatry NCHDs in psychiatric emergencies, to form the basis of programme which can in the future be rolled out via 'train the trainer' course handbook for use nationally and to align with specific competencies described in the College of Psychiatrists' curriculum.

Project Abstract 4-PSY02

- ▶ **Project Title: Supporting individualised programmes of remediation and targeted resources for trainees who experience serious illness or disability.**
- ▶ **Lead Agency: College of Psychiatrists of Ireland**

Supporting individualised programmes of remediation and targeted resources for trainees who experience serious illness or disability.

The majority of issues that arise for trainees, requiring additional support or remediation, can be provided locally by those involved in training. A small number of trainees, in each training year, will require specific and individualised supports and remediation. This may be due to illness, disability, extended time out of work or specific areas of deficit that are impeding their progress. The issues that present are variable and hence require specific interventions.

With the support of the NDTP developmental funding the College of Psychiatrists can provide a positive and systematic approach to these trainees. A 'Trainee support unit' has been established with the specific purpose of identifying needs and providing specific remediation and supports to individual trainees. This process is designed to be developmental and runs parallel to other processes like Annual review of progress (ARP).

For each trainee referred, a panel of consultants is convened who have experience in training and specific relevant skills. Remediation and support plans are agreed with the trainee and clear goals and timelines are defined. Specific and individualised supports that have been implemented include one-to-one guided reflection over a defined period, provided by an experienced consultant with the required skills. Support has been provided for trainees to complete specific training courses, enhanced mentoring processes implemented and regular review of goals with the trainee support panel.

A policy is now in place which outlines the process for trainees who require reasonable accommodations at either the point of entry to the training scheme or where these requirements arise during the course of their training. The postgraduate training department is supporting individual trainees who require accommodations to ensure that they are appropriately supported and can continue to progress in training.

Project Abstract 5-ICGP01

- ▶ **Project Title: Maximising mentorship in GP Training**
- ▶ **Lead Agency: ICGP (Irish College of General Practitioners)**

Clinicians who have been mentored are more motivated, resilient, have better developed professional identities and feel better supported in their jobs than doctors without mentors.

With the assistance of NDTP development funding, the ICGP National Specialist Training Programme has achieved the following two objectives;

- Longitudinal mentorship training to existing GP educators
- Development of a near-peer mentoring pilot programme

Mentorship training to GP educators

In new structures for GP training, each trainee in the country has an identified individual scheme director/assistant director mentor with structured one to one review twice a year.

Mentorship consists of academic oversight of trainee progress through tracking of trainee professional development using exam, educational assessment data and workplace assessment data. Among scheme directing staff, each trainee has their own individual identified mentor in a longitudinal relationship, and the mentor has a pastoral role also. Two x two hour workshops and an online module to have been delivered to the scheme directors to support and teach about the mentoring relationship.

Peer Mentoring Programme

In consultation with The Portfolio Clinic, (a UK based NCHD mentoring programme), the ICGP has built a national peer mentoring structure for GP trainees. Recruitment has commenced into 30 peer mentor places available on the first year, 2-4 places per schemes. This will provide capacity for 90 mentees among incoming first year GP trainees.

The supporting structures consist of:

- Mentor and mentee agreements
- A dedicated website for matching and meeting
- Dedicated videoconferencing software with "rooms" in which to hold mentoring meetings
- 5 hours of training for the mentors, during which the ICGP is supported by The Portfolio clinic to develop their own training for future years
- An evaluation planned for 2023/2024

Project Abstract 6-IEHG01

- ▶ **Project Title: Scalable Sustainable Simulation Solution to Advance the Medical Education and Training of Interns**
- ▶ **Lead Agency: UCD Intern Network**

Abstract

An NDTP Development Funding Project delivered at the UCD intern training hospital sites including the Mater Misericordiae University Hospital and St Vincent's University Hospital from November 2022 – May 2023. The National Strategic Guide for the Implementation of Simulation on Clinical Sites underpins this simulation training pilot, (University of Galway, 2023).

The aim of this project was to design and implement a tailored simulation training programme for UCD Network interns with a core focus on specific Entrustable Professional Activities. Specifically EPA 6 (Deterioration of Ward based Patient) and EPA 3 (Perform essential procedural skills) fostering skills such as human factor training and demonstration of clinical skills in line with the eight domains of good professional practice.

Three cycles of simulation training led by a multidisciplinary team across the intern year cycle took place at the two main UCD intern teaching hospital sites. Participant feedback was gathered via poll software and reported as encouraging with interns confirming that the skills were transferable for SHO scheme posts and found the debrief and guidance critical. Challenges were noted that interns would prefer this training during induction or closer to the commencement of their intern post including workshops during protected intern teaching sessions.

This project demonstrated both the enthusiasm levels of interns as participants and an overwhelming response from senior academic staff to assist. A multi-layered doctor cohort were beneficiaries, including NCHD leads who were empowered to transfer skill sets beyond the workshop environment onto the wards. Increased awareness of the simulation training created a network effect and publication of EPA3 videos will support the new intern cohort.

The endpoint of this project demonstrated sustainability in the gradual migration from a time-based to competency-based internship to support the introduction of simulation training to support EPA6 with recommendations for further investment in simulation education.

Project Abstract 7-ICO01

- ▶ **Project Title: A Toolkit for Preparing New Training Sites and Trainers for Incorporation into the National Training Programme**
- ▶ **Lead Agency: Irish College of Ophthalmologists**

Sláintecare reform is transforming how we deliver healthcare in Ireland. Under the reform programme, there will be a significant expansion in primary and community health services.

The National Clinical Programme for Ophthalmology has developed a new model of care for the delivery of eye services, which includes the expansion of specialty care in the non-acute setting. This presents a significant opportunity to expand the locations of ophthalmology training.

The incorporation of new training sites requires purposeful planning. This project aims to develop a toolkit, which will be used to assess potential new training sites, prepare for their integration into the national training programme and to advise new Trainers and their colleagues of the training requirements of specialty training.

The toolkit will support the implementation of the Sláintecare reform agenda by assisting in the incorporation of novel training sites into the National Training Programmes.

Purpose

As service delivery is reconfigured along the Sláintecare reform agenda, specialty care will increasingly take place outside the non-acute setting. National training programmes must be purposefully designed to produce graduates that can lead the transfer of care to the non-acute setting and once transferred, deliver high quality specialist care to the highest of international standards. The sites in which Training is delivered must evolve to reflect the new reality and include experience for trainees in both the acute and non-acute setting. In order for training to be delivered in these sites, it is the responsibility of the Training Body to ensure that appropriate training opportunities and supporting structures are in place to quality assure the training experience both for Trainers, their colleagues and Trainees.

This project aims to produce a toolkit for use in identifying training opportunities and support structures that are required to assist in addressing some of the challenges experienced in expanding speciality training into novel arenas.

The project will benefit Trainers, Trainees and their support colleagues and is adaptable across specialties.

Project Abstract 8-RCPI01

▶ **Project Title: Education Programme for BST & HST (Phase II)**

▶ **Lead Agency: Royal College of Physicians of Ireland**

Dr Diarmuid O'Shea, Clinical Lead; Dr Ann O'Shaughnessy, Head of Education; Aisling Smith, Education Manager; Alex St John, Education Development Manager; Ciara McGurry, Education Delivery Manager; Lauren Kerchner, Project Manager.

The aim of this project is to design and implement a formal education programme for BST and HST, delivered in a series of modular elements to ensure formal education components of the curriculum are relevant and provided at the correct stage of training in a cost effective and sustainable way.

The project is managed according to the three primary threads – communication, development, and delivery. Communication includes keeping stakeholders (including Trainees and Trainers) informed about progress and plans for delivery. Development involves creating new online and tutorial content while restructuring some elements of current programmes for a more streamlined learning experience. Delivery focuses on the implementation of the model, logistics of rollout of the programmes, resourcing and support.

The BST Taught Programme is being introduced to all incoming Year 1 BST Trainees in July 2023. It is a pre-allocated programme of teaching consisting of a combination of online self-directed learning and live virtual tutorials. Based on the Integrated Strand Model, the programme seeks to integrate the content of RCPI-led courses into each programme curriculum, delivering content at the appropriate time, linking to the Outcome-Based Curriculum and clinical practice, while also providing explicit direction for Trainees about when content should be engaged with to derive the most benefit.

The Induction block is being used to enhance learning, orientation, and preparation for Trainees entering their training programme by front-loading relevant content pre-programme. The project is supported by a wide range of stakeholders. The project team has been active in engaging with representative committees and management groups, led by the Clinical Lead to ensure clinician buy-in at all levels. Successful implementation will be of benefit to all training schemes and doctors on the general division wishing to seek recognition of learning. The effectiveness of the project will be monitored through ongoing structured evaluation.

Project Abstract 9-RCPI02

- ▶ **Project Title: NDTP International Graduate Induction Programme**
- ▶ **Lead Agency: RCPI**

Project: An introductory bootcamp for NON-EU Doctors commencing employment in Obstetrics and Gynaecology in Ireland

This introductory bootcamp was developed with the support of NDTP to support international medical graduates commencing their first post in Ireland.

The objectives of this four day pilot were to improve the integration newly appointed NCHDs and to practice the communication and technical skills to perform in this role. Ultimately improving patient safety and protecting our international colleagues from preventable complaints.

There were no national or speciality-specific induction programmes to familiarise them with differences in the structure of the Irish healthcare system, cultural norms (patient shared decision making, aspiration for equal treatment irrespective of race, religion, LGBTQI+), contractual entitlements, training supports available, and access to the specialist register.

The programme content was developed following engagement with relevant stakeholders to identify the existing challenges our international graduates may likely encounter e.g. community delivered women's health, a reluctance to escalate to senior colleagues for fear of being viewed as a failure etc.

The pilot phase of the project received interest from 29 international trainees who had recently/ were taking up their first clinical post in Ireland.

Those participating in the programme identified the following benefits:

"It was a very well planned and informative programme with clear goals, very helpful"

"RCPI Obs/Gyn is doing a great job for international doctors"

"The course was a really good opportunity for us as international doctors starting in Ireland. It was difficult for most of us to attend the full course days due to work commitments. However, any day we attended was very worthy and valuable"

Overall, the programme had high interest but poor attendance with only 38-48% (n = 11-14) of trainees being released from their clinical commitments. However, 100% of participants felt the course sufficiently prepared them for working in obstetrics and gynaecology in Ireland.

The National Taskforce on the NCHD Workforce in their April 2023 recommendations recently identified the need for enhanced induction processes for international medical graduates who are new to the Irish health service. JOGS / IOG will have their second pilot of this programme in January 2024 in support of the new recommendations.

Project Abstract 10-RCSI01

► **Project Title: Development of the delivery of ATLS courses on a regional basis**

► **Lead Agency: RCSI**

Progress on your project's outcomes:

The key activity of this project is to source the equipment required to develop the ATLS programme to reach a greater audience of both trainees and non-trainee doctors. This project has a number of positive outcomes planned most notably:

Developing the skill level of doctors by ensuring that ATLS courses are accessible to a wider range of doctors including both trainees and non-trainees, the goal of which is the improvement of patient care. Expand the training infrastructure by providing more locations for this training to take place. The learning from this project has included the complexity of establishing a multi-centred approach to training, and developing a collaborative arrangement where resources are shared.

The equipment required has now been purchased and is in operation. To date Sligo University Hospital and St. Luke's Hospital Kilkenny have utilised this equipment for their course which took place in March and May 2023.

Four courses regionally are planned for 2nd and 3rd quarter this year. All centres have indicated the requirement to use this equipment purchased in order to increase training numbers.

St Vincent's University Hospital - "New Centre" are planning on running their first ATLS courses late 2023, this will be the first of a planned schedule of courses. This will further reduce the waiting list for ATLS courses, it would not be possible to hold the courses without the investment received from HSE/NDTP.

One day re-certification:

The RCSI has linked with the RCSEng who have established a review panel to develop an online recertification course, Prof Fergal Hickey is the Irish representative on this, it is anticipated that this work will be concluded in 2024, however, the next meeting of the ATLS committee is scheduled to take place in September and a report will be available then. In order to ensure that the one day certification course is benchmarked internationally the RCSI decided to collaborate with the RCSEng.

Increased in courses and attendees:

The College previously had 7 training sites this is now increasing to 8. The number of courses run this year is 10, with 200 attendees. Although this is not a significant increase on 2022 the plan for 2024 is to increase the number of courses.

Project Abstract 11-RCSI02

▶ **Project Title: Sustainable Remote Skills Training**

▶ **Lead Agency: RCSI**

The prototype for both the educator and surgical trainee is now complete and undergoing initial prototype testing at the Core surgical trainee boot camp this week on Wednesday the 5th of July.

The prototype was designed with a rotating circular base so the camera could be placed from an assistant view and the surgeon's view. One of the main challenges was getting a webcam that does not autofocus on the back of the trainee's hand but on the surgical task. The distance of the camera and light is standardized so that future-proofing of video footage can be achieved for possible use in the assessment of skills.

The trial to test the efficacy of remote teaching versus in-person teaching has been postponed until next year as the prototype needs improvement and we also need the control and intervention group to be at a similar pre-test level. From a logistic point of view, we will do pretesting before the boot camp of 2024 and intervention during July and August of 2024. Ethics approval has been sought and minor changes have been requested by the ethics committee.

Based on the feedback this week changes will be made to the following prototype (see Fig 1-3 below): Fig 1. Webcam and light on the "birds eye view" armature.

Project Abstract 12-RCSI03

- ▶ **Project Title: Return to work upskilling programme**
- ▶ **Lead Agency: RCSI**

Abstract

Many trainees take a period of time out of their training for a variety of reasons. The time away from clinical practice may be because of personal or health reasons, which may be planned or unexpected, or to allow for academic or research career development. The return to work after protracted periods of absence can cause significant anxiety and stress for the trainee, as it is often presumed that they will return to full clinical duty despite the possibility that they have had limited skills practice in the preceding months.

We designed and piloted a skills-based programme for trainees returning to work in General Surgery. This training occurred over two days, on September 25th and 26th 2023. The skills programme was conducted in a simulated environment and focused on core clinical, technical and non-technical skills required for a safe return to work.

The technical skills emphasized patient cases and procedures which would most commonly occur in the on-call setting where there is less direct supervision by senior colleagues. The non-technical skills encompassed the revision of communication skills for dealing with complex patient interactions and team-working, personal management skills including management of workload, stress and maintaining work-life balance.

Following the completion of the course, participating trainees were given an anonymous survey to complete. Of the 7 participating trainees, 4 fully completed and submitted the survey. The results collected support the successful delivery of the course. All trainees rated the course 4 out of 4, in the excellent category, on the importance of the course. They also gave the same response in the helpfulness of the course in the implementation of skills they learned in their everyday working lives.

Overall, the course was delivered and received with great success, supporting the possibility of implementing this programme as an ongoing part of training in all surgical specialties.

Project Abstract 13-RCSI04

- ▶ **Project Title: Emergency Neurological Life Support Course (ENLS)**
- ▶ **Lead Agency: RCSI**

Abstract

The Emergency Neurological Life Support Course (ENLS) is a fully accredited, internationally recognised course developed by the Neurocritical Care Society. It aims to standardise and improve the care delivered to patients who present with various neurological emergencies. ENLS is suitable for all healthcare professionals who treat patients with neurological emergencies, and adopts a user friendly blended learning approach, including online, interactive and face-to-face components. Certification requires successful completion of a post course examination designed to validate learning, and re-certification is required every 2 years. RCSI is the first recognised institution in Ireland to provide this course. This course is available to all NCHDs, Hospital Consultants, Nurses and other Allied Health Care Professionals involved in the management of Neurological Emergencies.

Project Abstract 14-RCSI05

▶ **Project Title: Simulation Training for Cardiac Surgical Skills**

▶ **Lead Agency: RCSI**

September 2022 – March 2023

This project proceeded as planned from September 2022 and was extremely well received by both trainees and consultants in cardiothoracic surgery.

Training Days During the Year:

The following two full training days were held for our junior cardiothoracic trainees in the Simulation Centre in RCSI:

- Friday 4th November
- Thursday 19th January

These involved brief didactic sessions and simulation training, using a program devised from the Thoracic Surgery Directors Association curriculum. This curriculum is a deliberate practice model, with repeated distributed practice of technical skills. It has been used in large simulation centres in the USA with multiple studies published demonstrating its effectiveness. To facilitate this, we used perfused aortas and hearts (both used for the first time in RCSI) to teach and practice cannulation for cardio-pulmonary bypass, anastomosis of bypass grafts and aortic valve replacement. Feedback from the trainees was excellent.

Unfortunately, due to clinical commitments, the ST3 trainees were unable to attend. As such, both of these days involved the ST2 trainees only (5 trainees). In addition, each trainee was given a set of cardiac instruments and a synthetic vascular anastomosis simulator to perform individual unsupervised practice between the sessions. Unfortunately, due to faculty time constraints, individual supervised practice with each trainee was not feasible.

Ramphal Cardiac Surgical Skills Course March 2023:

This was the highlight of the project. Professor Paul Ramphal from Nassau, Bahamas, attended RCSI with his Ramphal Cardiac Surgical Simulator for a two-day course with all cardiothoracic trainees on 21st and 22nd of March 2023. This simulator was designed by Professor Ramphal, and is capable of performing full cardiac operations on a perfused pig heart. Using hydraulics (the model was fully hydraulic for the first time in RCSI), the heart appears to be beating. This is the highest fidelity model available in cardiac surgery and is an excellent resource for training. It was used in the large USA studies on simulation in cardiac surgery and continues to be used in renowned simulation centres there. It has not previously been used in Europe.

The trainees spent two days in the Simulation Centre in RCSI, with time spent between the Ramphal Cardiac Surgical Simulator, and moderate fidelity models (perfused aortas, porcine hearts) with supervision by faculty. The benefit in the junior trainees, having practiced during the year, was evident.

In total, 9 trainees attended: 4 ST2; 3 ST3; 1 ST4; and 1 ST6. This was very good attendance from a small specialty, which has in total 14 trainees from ST2 to ST8. Two senior trainees are pursuing thoracic surgery, and as such this course was not relevant to their studies; importantly one senior trainee attended as faculty. One senior trainee is currently on fellowship in the USA. One ST5 trainee was sitting USMLE exams, and one junior trainee could not attend due to clinical commitments.

The course was extremely well attended and supported by consultants, with a ratio of at least 1 consultant surgeon per two trainees at all times, and often 1 on 1 training. The consultants were very impressed with the fidelity of the simulator, and hugely enthusiastic about the potential for training. All were keen to continue to use this simulator and be involved in future courses. Unfortunately, due to the low number of senior trainees, it was not possible to formally assess senior trainee skills compared to our trained junior trainee skills. However, the acquisition of skills has previously been demonstrated and published with this program, and the feedback from consultants was that they were very impressed with the level of skills of our junior trainees.

Overall, the feedback was exceptional and there is great enthusiasm within our cardiothoracic community about potential to continue this type of training. We have strong links now with Professor Paul Ramphal and the surgical education community in the USA. Professor Ramphal has left the simulator with us to pursue further training and research with it over the next 18 months, which gives us endless opportunities.

Reflection:

Overall, this project was a great success. It provided excellent training opportunities for our junior cardiothoracic trainees. It created enthusiasm among our surgical consultant trainers about simulation and its potential for training. It developed links with prominent surgical educators in the USA and facilitated the potential for RCSI to develop exceptional courses to be attended by trainees from across Europe.

The assessments were not completed as planned. This was due to a lack of faculty time unfortunately. However, the training was completed and it is well known from the literature that that acquisition of skills with this type of simulation training is robust. Going forward, I will continue to develop more courses and embed simulation training in our cardiothoracic training program. Protected time for trainees is of paramount importance, and following the success of this course, this is now even more recognised by our educational leads within cardiothoracic surgery.

I am very grateful to the NDTP for the funding to allow this project to proceed, and I believe the funds have been very well utilised.

Project Abstract 15-UHL01

- ▶ **Project Title: Intern's Introduction to Orthopaedics – A booklet as a guide for new interns to excel at their job**
- ▶ **Lead Agency: Mid-West Intern Network**

Background

Intern doctors play an important role in facilitating patient care in Trauma and Orthopaedics. The autonomy that orthopaedic interns possess can be a demanding experience that is often challenging for new doctors. A form of guidance is needed to help newly graduated doctors with minimal work experience in the clinical setting. A booklet created with expert and multidisciplinary input was designed to teach important workplace skills, compliment existing services in the orthopaedic department, and enhance overall patient safety and care.

Methods

The following sources of guidance were incorporated into this resource: the Irish Hip Fracture Standards, Up-to-Date evidence-based clinical guidelines, management algorithms for common conditions, textbooks relevant to orthopaedic surgery and orthogeriatric medicine. Allied health professionals were also interviewed about their job scope and patient discharge planning. Senior colleagues were consulted for their experience in orthopaedic surgery, orthogeriatric medicine and general medicine. The booklet was designed using free online software with uncopyrighted images which was subsequently converted into a .pdf document.

Result

A 40-page booklet was created. The Introduction section describes intern roles and team responsibilities. The Irish Hip Fracture Standards are emphasized to highlight and improve compliance. The majority of the booklet provides important guidance and advice for peri-operative management of patients on the ward, and guidance for how to complement the multidisciplinary service. The orthogeriatric section helps interns perform comprehensive falls assessment and gain competence in managing delirium. The booklet concludes with advice regarding discharge planning and a miscellaneous section focusing on learning and teaching in the clinical setting.

Conclusion

The booklet is a useful guide to help first year doctors transition from classroom learning to clinical practice. It can serve as a template to develop similar guides for interns in other specialties.

Project Abstract 16-ICGP202

- ▶ **Project Title: A study to establish the experience of less than full time training in Irish Postgraduate Medical Training Programmes and to advise how that experience can be improved**
- ▶ **Lead Agency: Collaborative project in association with the Irish College of General Practitioners, the College of Anaesthesiology and the Royal College of Surgeons**

Abstract

Less than fulltime training is one option for doctors who seek flexibility in their employment and career development. Caring responsibilities, sports careers and the increased burden of juggling service provision with training requirements are among reasons quoted for increased demands of flexibility in postgraduate training. This prospective qualitative study interviewed 29 respondents, including trainees, hospital teachers, training body faculty and HR managers, to seek views on the current Irish experience of LTFT training, both for trainees who opt for this and those who don't, and to seek opinions on how the experience can be improved.

Four themes were noted;

(1) flexibility is seen as important and valued by all respondents, and is not yet optimally developed by the Irish Health system, (2) previously reported negative attitudes to LTFT training have changed, it is no longer seen as a lack of career commitment, (3) training bodies could do more to support LTFT training, but in turn they may need to be better resourced to manage the logistics, (4) the demands placed on Irish hospital based doctors in training are currently significant, and LTFT training is seen as an option to mitigate against burnout.

In conclusion, the importance of LTFT training as an option is growing in Irish postgraduate training and this is acknowledged by all. The investment it requires in setting up appropriate supportive structures is likely to yield dividends of improved retention, morale and productivity.







Development Funding 2022-2023 Cycle
Abstract Booklet