PROCESS CONTROL IN SURGICAL ROTATIONS

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A review of a method for providing standardisation of surgical teaching within a longitudinal integrated clerkship model, as well as having a process centred model of monitoring and improvement.

Curriculum design

- The initial curriculum was formulated with a weekly timetable consisting of tutorials, bedside teaching, and students following a peri-operative case.
- Run charts were populated with an alert when feedback dropped below 8/10, triggering an intervention.
- Feedback was collected via a QR code from the first 200 surgical students in Belfast City Hospital in association with Queens University Belfast.

FIG. 1. OVERALL FEEDBACK: COMPARISON OF PRE- & POST INTERVENTION SCORES: 8.3 (1.6) VS. 8.7 (1.3), P=0.08.
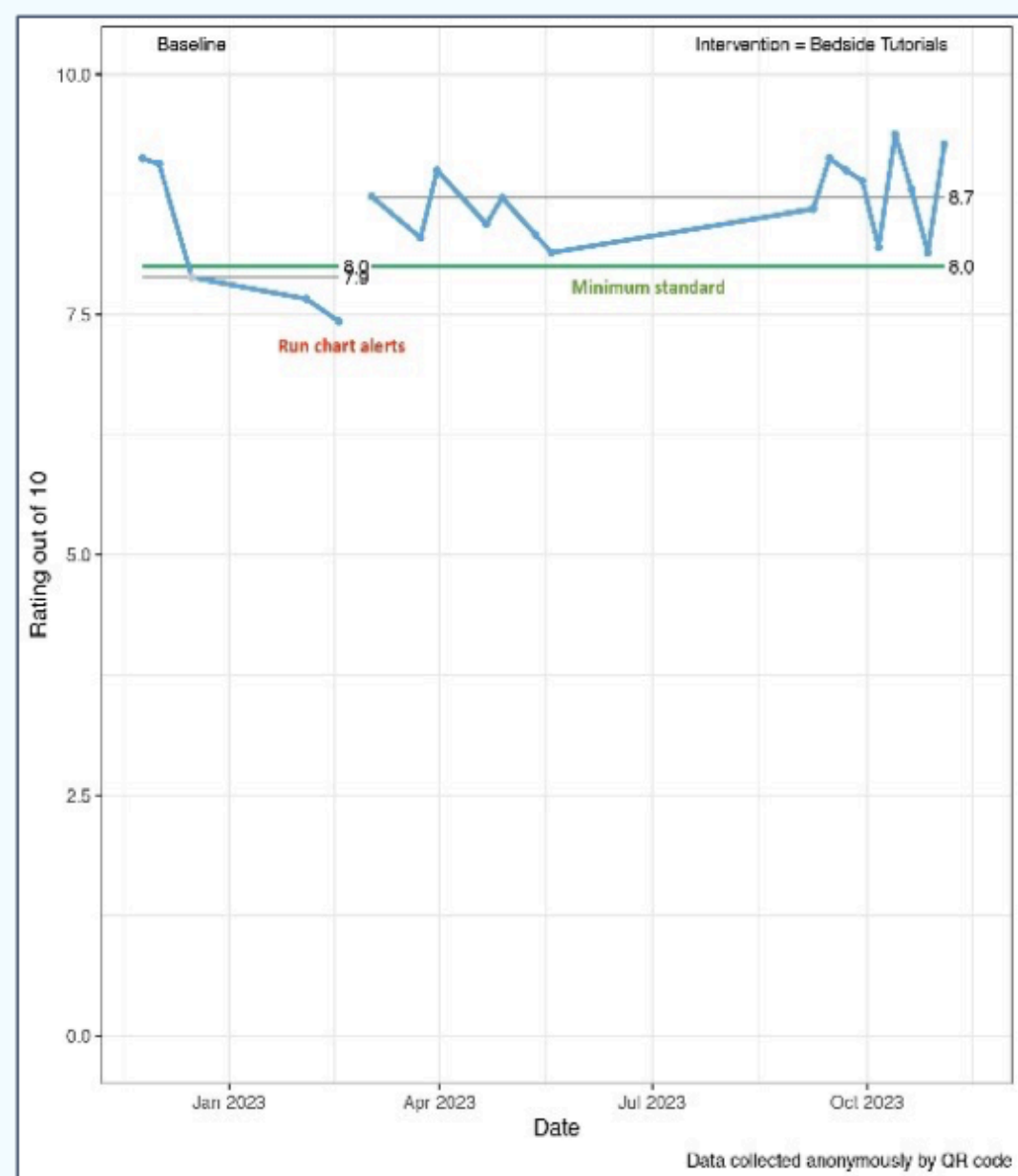

FIG. 2. TUTORIAL FEEDBACK: COMPARISON OF THE PRE & POST INTERVENTION SCORES: 8.4 (1.7) VS. 8.9 (1.3), P=0.04.
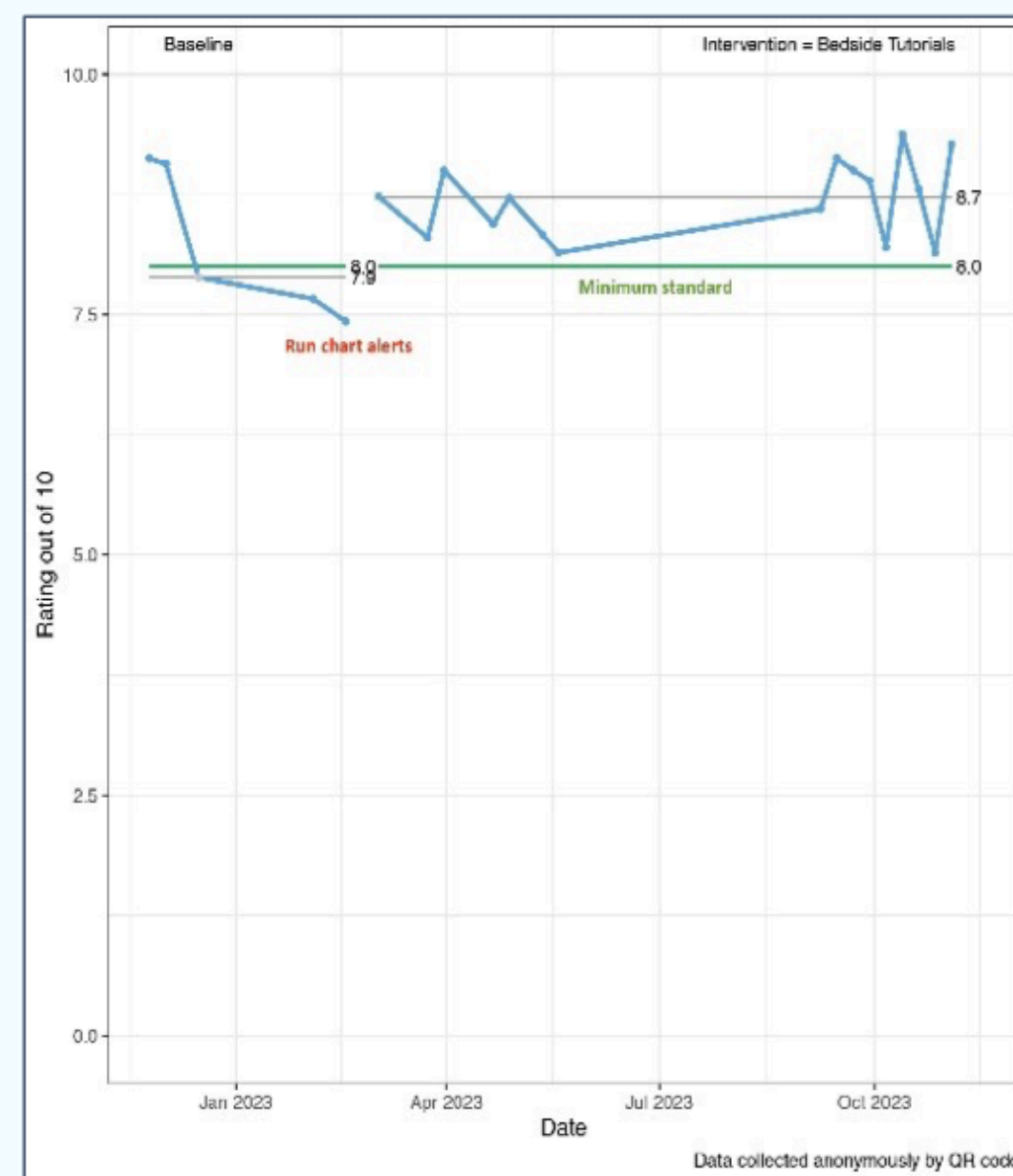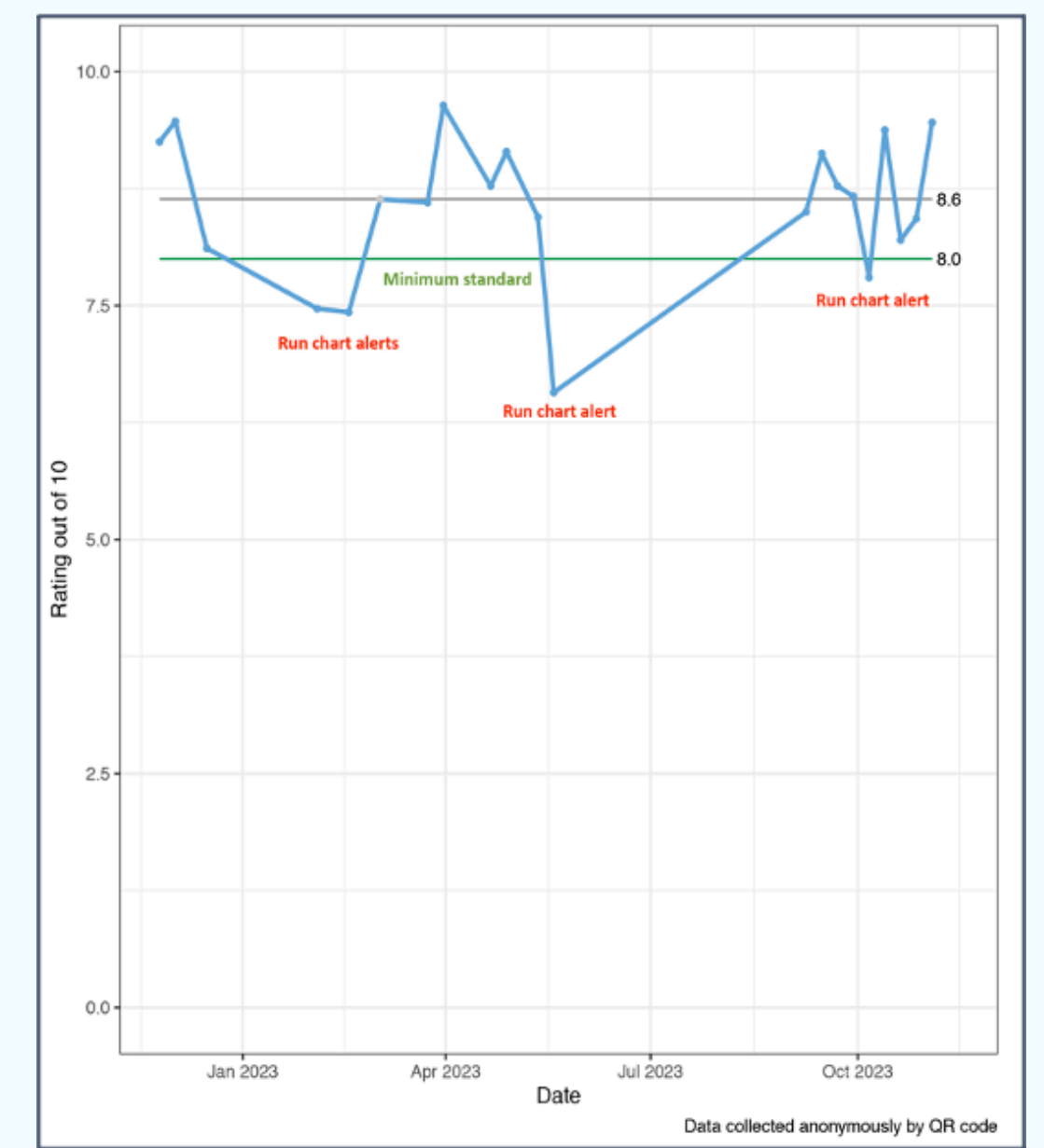

FIG. 3. CASES FEEDBACK: OVERALL FEEDBACK SCORE 8.6 (1.7). NO COMPARISON MADE FOR PRE & POST INTERVENTION.

Summary

- Significant feedback improvement post-intervention of bedside tutorials (P=0.04).
- QR codes ensure efficient feedback collection and process control.
- Run charts allow prompt issue identification and intervention, enhancing the programme dynamically.
- Positive student feedback indicates a student-friendly curriculum. This model could be replicated to standardise surgical education at other institutions.

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