

**INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME**

**AN EVALUATION**

**SUMMARY OF REPORT PREPARED BY DR GORDON WATSON**

**WILLIAM ALLUM**

**SURGICAL DIRECTOR**

**December 2012**

## **ISCP EVALUATION**

### **Background**

The ISCP Management Committee, which is a subgroup of the Joint Committee on Surgical Training (JCST), decided to undertake an evaluation of the ISCP based on the previous report by Michael Eraut (2007) focussing on the interactions between trainers and trainees and the ISCP.

The Evaluation Strategy was developed according to Kirkpatrick's evaluation model, widely used in learning system research. This model comprises four levels (Reaction, Learning, Performance and Impact) and each level measures a different but complementary aspect of ISCP development and implementation.

The methodology of the Evaluation was based on a case study approach, which crossed regional, organisational, specialty and curricular boundaries.

The specific topics evaluated were:

#### **Reaction**

- perceptions of surgical training as a whole
- ISCP as a curriculum

#### **Learning**

- what is learnt through ISCP?
- determination of the quality of assessment and its contribution to ISCP objectives
- what are the benefits of WPBAs as a process for learning?

#### **Performance**

- does the assessment process promote or inhibit the trainee / trainer relationship?
- how does ISCP support practical training?

#### **Impact**

- how does ISCP stimulate change and innovation to enhance training?

## Findings

1. ISCP has created a “constructive dissonance” within the surgical community, with polarised views on its use and applicability to practical skills training.
2. ISCP is recognised as the principal reference and effective management system for surgical training, setting standards by:
  - a) defining the respective syllabus for each surgical specialty
  - b) allowing a record to be kept of training experience and assessment
  - c) defining the nature of these assessments
3. The Evaluation has highlighted the control factors influencing the balance between a technical training management system and the nature and priority placed on the best approaches to practical training in the workplace.
4. The ISCP management systems have had a negative effect on experiential learning.
5. WPBAs have:
  - a) detracted from the informal formative relationship between trainer and trainee
  - b) become instruments of training programme validation for quality control assessment rather than to reflect progression through training.
6. There remains a perception of a centrist top down approach, which began as ISCP was initially implemented, and has adversely affected local developments as there has been no sense of shared ownership between ISCP developers and implementers.
7. Induction processes to surgical training as a whole and at individual post level have been too prescriptive. This has been reflected in the didactic approach within ISCP, highlighted by the “tick box” culture.
8. The ISCP has proven to be an unpopular training management system, reflecting the need to update the website frequently with the intention of improving functionality. This feedback has really been the only developmental dialogue between users and providers.
9. The ARCP has become an adversarial process from the perspective of some trainees rather than a mechanism to assess training progress and highlight good performance.
10. On the positive side, trainers who use the ISCP constructively recognise it as a “bolt on” to formalise what they already do, providing a good structure and culture to training including feedback.

11. The ISCP has made people think about what they do and what they value in training, using its content as a basis for a value reference system.

## **Challenges**

1. To allow users the flexibility and selectivity to provide training in their own individual way within the context of ISCP. This requires responsiveness within the ISCP to reflect the differing approaches to training used by both trainers and trainees
2. The outcome of the Evaluation should allow trainers to decide how they want to train and trainees to decide how they wish to be trained.
3. Assessments should be tailored according to trainee needs – light touch for those making good progress, more prescriptive for development and monitoring those with difficulties.
4. The ISCP needs to re-engage with curriculum implementers to respond to users' feedback and spread best practice regionally and across specialties.
5. Approaches to assessment need to emphasise formative feedback rather than summative pass / fail attitudes.
6. The outcome of formative feedback needs to be recorded to provide evidence of trainee progression.
7. The ISCP should be seen as a product to be implemented according to local preference and need.
8. Induction into training should embrace not only the technical demands of the ISCP as a management system but also the professional relationship of mentor and apprentice.
9. Changes in functionality of the website need to be better communicated before implementation.
10. The influence / requirements of regulators need to be integrated with the evolving approaches in ISCP
11. Provide a more explicit description of the technical and educational aspects of ISCP to users in order to support personal learning rather than just training. Promote a more permissive culture for mentor / apprenticeship relationships to allow development of trajectory of progression in training.

## **Topics for Discussion**

Educational theory and practice

Assessment

'Apprenticeship'

Trainees' Perspectives

Trainees' progression

Portfolio building

Making ISCP work for you

Induction Programmes

ISCP and ARCP: failing trainees?

Quality Assurance