Leonardo Da Vinci Award for training excellence

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You learn more quickly under the guidance of experienced teachers. You waste a lot of time going down blind alleys if you have no one to lead you.

W. Somerset Maughan (1876–1965)

The profession is in the process of defining the Why, What and How of surgical training. In some areas, it is more developed than others. However, there is a common agenda and desire to define surgical training standards.

Why? Teaching has to become more efficient and at the same time effective to ensure that the surgeons of tomorrow are well equipped. There are a lot of external pressures. The main one, of course, is compliance with the European Working Time Directive. How do we train in a limited time and when the operating theatre is no longer the surgeons’ class room [1].

How? How we teach is important. The training assessment of technical skills and competency is essential. The mechanism by which to do it has been published in many forms in the journal [1, 2].

That leaves the last question, Who? Who is the surgical trainer? What are their attributes and behaviours?

A Google search for best teacher proffers many sites that espouse the attributes of a good teacher. These people bring passion, creativity, flexibility and curiosity to the role. The most effective educators also bring themselves to the job and can celebrate successes. They show compassion and connection with students by telling their own stories of training.

The European Association for Cardio-Thoracic Surgery initiated the Leonardo Award for Training Excellence in 2011. The aim was to identify such individuals in the surgical arena. Awards of this nature have been established by other Societies. The SCTS have the Socrates Award. Eleven years ago, the author initiated the Silver Scalpel Award for the Association of Surgeons in Training, UK. The Leonardo Da Vinci Award for Training Excellence was adapted and borrowed from lessons learnt from the Silver Scalpel Award.

The 2011 Leonardo Da Vinci Award for Training Excellence involved four stages.

(1) The trainer was nominated by the trainee. The trainees entered a piece of reflective writing about their trainer online. This included five domains—Leadership, Resourcefulness, Training Development, Professionalism and Communication. Cardiothoracic training residents in the author’s institution then scored these entries on a template, including the five domains and seven stems in each domain. Each stem defined a quality. This quality was either present or absent (stated or implied). It was also scored if it was highlighted or elaborated. (This scoring system has been validated over 11 years experience of the Silver Scalpel Award). All entries were scored twice and the highest and lowest scores were cross checked. All nominees were given the score of the highest value. The top six scores were short-listed. There was no duplication of scores.

(2) A 360° assessment was undertaken. The trainer, a peer, assistant and current trainees were asked to fill in a second questionnaire online about the nominated trainer. A letter had also been sent to the head of the hospital to ensure that there were no reasons why the nominated trainer could not be awarded the trophy. These entries were then scored by a panel from the Training and Manpower Committee of the European Association of Cardio-Thoracic Surgery. The top three nominees were selected.

(3) The trainer and the peer were then interviewed by a panel from the Training and Manpower Committee. They collated their findings from this appreciative enquiry into a standard format and presented them to a newly constituted Leonardo Da Vinci Award Committee.

(4) The Leonardo Da Vinci Award committee then selected the winner based on the interviews.

Lessons have been learnt from the 11 years experience of the Silver Scalpel Award in the UK. Thirty Silver Scalpel Award winners and short-listed nominees were invited to participate in a conference. They came from a spectrum of surgical backgrounds. An online 16 PF personality instrument was used and reflective writing was requested and assessed by expert occupational psychologists. A 1-day workshop facilitated by occupational psychologists was also attended by 15 trainers, and additional input was provided by a group of surgical trainees.

PF frequency of scores demonstrated that these trainers had a tendency to more abstract thinking, were more emotionally stable and trusting, grounded but open to change. They were relaxed in their approach. Common characteristic included finding teaching personally stimulating. The trainers were

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optimistic about people’s potential and wanted them to succeed. They were also interpersonally sensitive and self-confident. Common behaviours included adopting their own styles to suit the trainees. The trainers were able to provide honest feedback and willing to be tough. They were able to articulate clear expectations but good at reflective dialogue and feedback. They were all generous with time and thought. All the Silver Scalpel Award nominees demonstrated a sense of humour. They demonstrated respect and enthusiasm. They were good communicators and were inspirational. The word ‘pastoral care’ was frequently used and a holistic approach to the development of the trainee was evident. The key habits included attention to detail, professionalism and communication with all the team. Reflective practice and feedback was universal. Most importantly, effective trainers succeeded because they made time in their normal working day for training.

We are using this experience to inform, design and establish a Leaders in Education Program in the UK.

The first year experience with the Leonardo Da Vinci Award for Training Excellence has echoed these qualities and behaviours. Although surgical trainers have demonstrated different personality traits, their behaviours are similar. The author believes that many of these behaviours can be learnt. They can be practised and reinforced with education and development. What is also clear is that good service and training go hand in hand. There is no conflict. Indeed, the short-listed nominees of the award described how they extended the concept of service to their patients. The nominees for this award should be held up as exemplars of good practice.

The Leonardo Da Vinci Award for Training Excellence has been established to celebrate those surgeons who are able to deliver outstanding training. The European Association of Cardio-Thoracic Surgery now has an opportunity to define those attributes and learn from these people. Further research and validation is needed and is part of continuing work. The Leaders of Education course in UK is exploring new ways of training the trainer. We hope to create and enhance opportunities for surgical trainers to develop, practice and promote excellence. In the future, it is the author’s hope that our Societies will establish formal accreditation for high-quality surgical trainers.

The ‘Who’ question is important because these people are king makers and are not kings. They are able to take failing trainees and turn them around. It is how we teach and not what we teach that is going to be important. It is possible to design the most innovative training programme but will not get us anywhere without the inspiration and qualities of a good teacher.

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REFERENCES