Report on EBPS Examination Training Course

6th and 7th December 2018

Hospital Canselor Tuanku Muhriz, UKM Medical Centre in Kuala Lumpur

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Overview

The EBPS Examination Committee would like to thank the Hospital Canselor Tuanku Muhriz, UKM Medical Centre in Kuala Lumpur for hosting the second examination training course in December 2018; in particular, Professor Dayang Aziz and her team, for their support in ensuring that the training course was well organised and attended.

The idea behind offering such a training course stems from research carried out by the examination committee, showing that non European trained paediatric surgeons were not as successful in passing the part one and part two examinations. We wanted to understand the reason behind this, and support any paediatric surgeon to be able to attain the gold standard that passing the examination offers. The course was first held in Bahrain in November 2017 and feedback from the Bahrain trainees helped shape the two day training course offered in Kuala Lumpur.

The travelling Faculty came from the Netherlands, Turkey, UAE and the UK; all experienced senior European examiners, and the examination coordinator and assistant.

Nineteen trainees registered to attend; from Australia, Egypt, England, India, Malaysia, Myanmar, Pakistan, Qatar, Saudi Arabia, Sri Lanka, Sudan and Thailand.
Host: Professor Dayang Aziz

Faculty: Professor Dayang Aziz
Professor Robert Carachi
Professor Tolga Dagli
Professor Hugo Heij
Professor Hilal Matta

Co-ordinator: Mrs Rosemary Mackenzie
Assistant: Ms Sharon Kinloch

Trainees: 19 trainees from around the world registered to attend.
18 attended the full two days course, one from Singapore not able to attend at the last minute. Countries represented included: Australia, Egypt, England, India, Malaysia, Myanmar, Pakistan, Qatar, Saudi Arabia, Sri Lanka, Sudan and Thailand.

Facilities:

The training course was held in one of the large seminar rooms in the dedicated Examination and Training Centre on the 10th Floor of the Hospital Canselor Tuanku Muhriz, UKM Medical Centre in Kuala Lumpur. The Faculty were familiar with the set up, this being the fourth time the examination has been delivered in the hospital. The room was used throughout the two days training course, with catering and a further two rest rooms very close by. The faculty were given free access to the Board Room for rest and catering purposes.

Programme Details:

Each trainee was given a folder with full details on the training programme, information on the training course, reading lists, copies of the European Curriculum and mindmaps on Wilms Tumour and Oesophageal Atresia. Also included was a course evaluation sheet which has been analysed and presented separately.
Day One

Day One Introduction welcomed everyone to Kuala Lumpur, and covered the History and Background of the European Board of Paediatric Surgery. It is felt by the Faculty that future examination candidates should have an understanding of the background of the examination, hence why this is included in the training course.

A detailed explanation with hints and tips for passing the Part One Examination was presented, covering a variety of multiple choice scenarios, how to read the question properly, time management and general conduct. This session was followed by round table discussions of part one questions, each Faculty Member leading a table of three or four trainees with questions prepared by the Examination Co-ordinator. After a break for lunch, a mock part one examination was held, under exam conditions. This helped trainees appreciate the earlier hints and tips with time management. Trainees were then taken through a review of the questions and answers, marking their own papers. Some trainees swapped their papers with others for marking.

The final session was given over to Eligibility to sit the Part Two Examination, an Overview of the Part Two Examination, a presentation on What are we looking for in Candidates? Ending with an overview of the topics i.e. Neonatal Surgery, General Paediatric Surgery, Genito-Urology/Trauma and the introduction of the new OSCE’s.

The session finished with trainees being split into two groups and given different times to report back for Day Two, commencing with the OSCEs.
Day Two

Day Two started with the first batch of trainees arriving back in the Seminar room.

Trainees were split further into groups of one or two, and placed at an OSCE table. There were five tables overall, each led by a member of the faculty who had prepared an OSCE for their subject.

Professor Dayan Aziz  General Paediatric Surgery
Professor Robert Carachi  Oncology
Professor Tolga Dagli  Neonatal Surgery
Professor Hugo Heij  Trauma
Professor Hilal Matta  Urology

The session was 100 minutes long, each group being given 20 minutes per table; the first ten minutes was given as a real OSCE station. The remaining ten minutes was given over to discussion and comments on trainees conduct, before trainees were requested to move to the next station. The session worked very well, and although noisy at times trainees seemed to be able to focus on their stations and interact well with the OSCE leader and their fellow trainees.

After a coffee break, the session was then repeated with the second group of trainees who had all reported back at their given time.

After lunch, there was an OSCE Feedback session, each being led by the Faculty Member on their topic.
General Paediatric Surgery—Professor Dayang Aziz

Prof Aziz introduced her OSCE Case by asking trainees if it was a difficult question. In general, the response was no, one trainee saying there was not enough time to consider his answer. Prof Aziz offered that some candidates seemed to jump into answering the question, not allowing the examiner to finish. She found that whilst most candidates had the right train of thought, most did not listen fully to the questions. She emphasised the importance of reading papers properly and the need to have a good command of English. Examiners are not there to interpret, they are there to examine candidate’s knowledge.

One candidate asked the general opinion on candidates who got the diagnosis at the end, but didn’t think of it in time during the case. The response was that if you don’t get the question right, you get it wrong! Another candidate asked if they missed/couldn’t answer a question, could they go back? The general opinion was that no the candidate could not go back, as later questions could give clues. Prof Aziz congratulated those candidates who were not presenting to sit the part two exam for being able to interact well in her OSCE station, and ended by saying that in an OSCE Situation, examiners cannot prompt, but in the oral viva, they can prompt.

Oncology—Professor Robert Carachi

Professor Carachi introduced his case, confirming that oncology was part of General Paediatric Surgery. It was an obvious tumour and the majority of candidates did well. However, there seemed to be a gap in knowledge from others and as this is an exit exam those candidates needed to close those gaps.

Many candidates had difficulty with the baby deteriorating, talking about oncology rather than acing on the deterioration. Some candidates identified a liver tumour and suprarenal mass. Again, Professor expressed his concern about the gap in knowledge of neuroblastoma. He wanted to know how to reach the diagnosis, and principles of management. The clinical crisis was not adequately addressed.

He summarised by saying that time is precious —candidates needed to act more, get straight to the point of what will give a diagnosis.

One candidate commented that the image clearly showed tumours in the liver, the suprarenal mass wasn’t evident. He was therefore concerned about the red questions when images were not clear. The same candidate also commented that the red questions were an excellent way of setting the bar, but that examiners should guide candidates.

Prof Carachi ended simply by saying if you don’t get the diagnosis right you fail the question.
Trauma—Professor Hugo Heij

Professor Heij introduced his scenario by stating his case was not a difficult diagnosis; as a trauma case candidates must have A, B, C, D ready. Some candidates didn't say A, B, C, D, which were red questions. Some candidates wanted a fast ultrasound, some said plain xray. The CT scan was a pancreatic rupture. FAST.

Prof Heij wanted to know how candidates would manage the patient—some wanted to go to OR. He recommended looking at the patient, not just the image. He believed on the whole most candidates did well but recommended closing the knowledge gap on the principles of ABCD and then manage.

Two candidates made a comment, the first suggesting that perhaps not all hospitals use FAST, therefore perhaps it is unfair to have FAST as a red question. Prof Heij gently said this was not unfair, asking what is the alternative? You cant take an unstable patient to CT Scanner.

The other candidate suggested that some surgeons are more conservative. If something is not clear then you cant say it is right or wrong.

Urology—Professor Hilal Matta

Professor Matta started by saying he had done his scenario slightly differently by using the first ten minutes for case discussion, and the final ten minutes as a real time OSCE.

He commented that candidates needed to listen and not jump to conclusions, particularly with the red questions. Some candidates got it right, others went way beyond the urological consultation. (DSD) Some candidates were not prepared to think of conditions.

One candidate suggested that DSD is rare, however Prof Matta commented that everyone should know the essentials. He realised that it was not everyone’s favourite topic but it was included in the European Syllabus.

Prof Matta stated that very few candidates reached all 15 questions. Some reached 12, some 10. The quicker you are, the more focussed you are and the more points you get.

Another candidate then suggested parental anxiety, and how to manage this. Prof Matta agreed that he would repair the hernia and look at the other side. Some candidates mentioned biopsy, not a fail but not required.
Neonatal Surgery—Professor Tolga Dagli

Professor Dagli presented on his simple and common case, commenting that not all his red questions were answered, mostly because candidates were not listening to the questions, they were not alert. He felt the candidates were slow to think—no one reached 15 questions; the number of questions ranged from 8 to 13. Professor Dagli was disappointed as he expected clear simple answers, but noted that explanation of x-rays and diagnosis was good. He was surprised at the struggle for initial management, and recommended that candidates be more prepared to think faster, to speak faster, be simple. Practice viewing x-rays, practice listening and realise that time is important. Candidates were going to far in the replies.

One candidate commented that he wanted more easy questions!

Feedback Session

After each Faculty Member had presented their cases, open discussion session was invited.

Statements from Trainees:

1. Time is too short for 15 questions
2. It is good to have 15 questions
3. No problem with 15 questions—the problem is with 10 minutes
4. If fail in one red question, do you fail or can you compensate with other three cases?
5. The Training Course should be held every 6 months
6. We should create a Hot Topics Course
7. The training course shouldn't be held with the exam, although it is easier for travel and accommodation for candidates
8. There is a need for this course in Sudan, Jordan and other countries (not specified)
Certificate and Photo Session

Every trainee received a certificate of attendance, as did the Faculty Members, and photos taken to record the event.

General Comments and Learning

General comments from the trainees can be found in the separate trainee’s evaluation.

The Faculty met each evening to debrief and discuss the following day’s activity to ensure the smooth running of the training course.

Verbal feedback indicated that trainees enjoyed the training course, felt more prepared to sit both the part one and part two examinations, but were worried about the OSCEs.

Compared with before attending the course – I now have more ideas about what to be expected during examination, and what topics I need to study more, learn important points, how to effectively manage the time during OSCE.

Met my expectations to help me prepare for the exam

Enjoyed meeting new people

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