Report from Association of Surgeons in Training Conference

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On 28 February and 1 March 2015, the annual Association of Surgeons in Training (ASiT) conference was held in the Scottish Exhibition and Conference Centre in Glasgow, attended by approximately 700 delegates. The educational programme included presentations regarding clinical updates, career planning and the current state of surgical training, as well as a variety of key lectures to promote discussion among delegates and stimulate interest.

The opening lecture entitled ‘Who wants great care?’ was given by Dr Neil Bacon, a nephrologist who originally founded the medical network doctors.net.uk and subsequently launched iWantGreatCare.org. The website provides an independent service for patients and carers to rate and review healthcare professionals and facilities. This feedback can be used to improve patient care, giving clinicians an insight into their consultation and management style. The lecture was controversial, with several people professing concerns that the system (which does not vet comments prior to publishing) is not truly representative; is open to bias due to the subjective nature of comments; and could leave users open to malicious vendettas or criticism with little opportunity for redress. However, as stated by Dr Bacon, quantitative and qualitative patient feedback is a powerful tool which could be used to “transparently demonstrate” patient care, support continued professional development and meet the requirements of appraisal and revalidation (1).

Another highlight was the engaging lecture given by Professor Graham Teasdale, who designed and published the Glasgow Coma Scale (GCS) in The Lancet in 1974; this is now the single most cited neurosurgical paper of all time (2). Professor Teasdale discussed the past, present and future of the GCS and effectively showed how a single, simple and reproducible system had improved patient care and changed policy in terms of managing head injuries over the last forty years. However, he acknowledged that the assessment of GCS had become increasingly subjective, which reduced its practicality and usefulness. A review of the application of GCS has been undertaken and a structured approach to assessment published for clinicians to ensure that the scale remains useful in future (3).

The ASiT executive committee is very proficient at highlighting the range of opportunities available within the field of medicine, especially in terms of charity work and projects being undertaken worldwide. This year’s sponsored charity was MercyShips – an organisation that may be of interest to all Royal Naval Medical Service personnel. Their volunteers are international healthcare professionals who donate time to work on board the world’s largest non-governmental floating hospital, the Africa Mercy. They provide medical care and life-changing surgery (7000 operative procedures annually) to some of the world’s poorest people (4).

Notably less prominent at the conference was the topic of military surgery. Major Max Marsden, a surgical trainee from Portsmouth, presented data regarding the use of surgical key performance indicators within operating theatres at the Role 3, Joint Force Medical Treatment Facility in Camp Bastion. Additionally, ASiT’s military surgery representative, Major Anna Sharrock, wrote an article for the yearbook about her military surgical career.

For those with a surgical interest, ASiT provides an educational, entertaining conference. Military trainees, though previously under-represented, can avail themselves of excellent opportunities to learn and practice new skills at a variety of pre-conference courses, as well as to present their work to fellow trainees and surgical consultants.

References

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