Original Article

**Get SET: Aligning anatomy demonstrator programmes with Surgical
Education and Training selection criteria**

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ABSTRACT

Background: Prevocational doctors aspiring to surgical careers are commonly recruited as anatomy demonstrators for undergraduate and graduate medical programmes. Entry into Surgical Education and Training (SET) is highly competitive and a unique opportunity exists to align anatomy demonstrator programmes with the selection criteria and core competencies of SET programmes. This study used a qualitative approach to i) determine what criteria applicants for surgical education and training are assessed on, and ii) identify criteria that could be aligned with and enhanced by an anatomy demonstrator programme.

Methods: The selection guidelines of all nine surgical specialties for the 2017 intake of SET trainees were analysed using qualitative content analysis methodology.

Results: The Royal Australasian College of Surgeons adopted a holistic approach to trainee selection that assessed both discipline-specific and discipline-independent skills. Qualitative content analysis identified eight categories of key selection criteria: medical expertise, scholarly activity, professional identity, interpersonal skills, integrity, self-management, insight and self-awareness, and community involvement. The structured curriculum vitae was heavily weighted towards discipline-specific skills such as medical expertise and scholarly activity. Insufficient information was available to determine the weighting of selection criteria assessed by the structured referee reports or interviews.

Conclusion: Anatomy demonstrator programmes provide prevocational doctors with unique opportunities to develop surgical skills and competencies in a non-clinical setting. Constructively aligned anatomy demonstrator programmes may be particularly beneficial for prevocational doctors seeking to improve their anatomical knowledge, teaching skills or scholarly activity.

INTRODUCTION

The engagement of prevocational doctors as anatomy teachers is a common occurrence in undergraduate and graduate medical programmes.¹⁻³ Often referred to as 'anatomy demonstrators' or 'sessional anatomy teachers' these temporary teaching positions have proven to be popular amongst prevocational doctors aspiring to surgical careers.¹⁻² Anatomy demonstrators support permanent academic staff and may be involved in a wide range of activities including cadaveric dissection, facilitating tutorials, development of course materials and student assessment. For many medical programmes with a low staff-to-student ratio, the engagement of anatomy demonstrators is essential for the delivery of laboratory based and small group teaching sessions.^{1,4}

Medically qualified demonstrators are uniquely positioned to highlight the clinical relevance of anatomy²⁻⁴ and act as professional role models and mentors to medical students.^{2,5} Engaging prevocational doctors as anatomy demonstrators is a mutually beneficial arrangement, with evidence from international studies suggesting that anatomy demonstratorships can contribute to the continuing education of prevocational doctors and positively influence the career trajectory of aspiring surgeons.^{1,4-5}

As prevocational doctors with surgical aspirations are commonly recruited as anatomy demonstrators, a unique opportunity exists to constructively align anatomy demonstrator programmes with the continuing education and professional development of aspiring surgeons. Entry into the Surgical Education and Training (SET) programme in Australia is highly competitive and underpinned by a selection process that assesses the knowledge, skills and attitudes of SET applicants. The selection process is designed to take a holistic view of applicant competence and aims to select applicants who are most likely to succeed during surgical training. Aligning anatomy

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demonstrator programmes with SET core competencies and selection criteria serves the dual purpose of i) enhancing the professional development and continuing education of prevocational doctors, and ii) improving the competitiveness of anatomy demonstrators applying for SET positions. Constructive alignment of anatomy demonstrator programmes may also encourage more prevocational doctors to engage in preclinical medical education. This would be a welcome development for many medical programmes which have reported difficulties recruiting suitably qualified anatomy teachers.

This study utilised a rigorous qualitative approach to analyse SET selection criteria in order to i) determine what criteria applicants for surgical education and training are assessed on, and ii) identify criteria that could be aligned with and enhanced by an anatomy demonstrator programme.

METHODS

Data Collection

The selection guidelines for SET programmes were downloaded from the Royal Australasian College of Surgeons (RACS) website and from the websites of the nine surgical specialties - Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopaedic Surgery, Otolaryngology Head and Neck Surgery, Paediatric Surgery, Plastic and Reconstructive Surgery, Urology and Vascular Surgery. All publicly available documents describing the selection criteria for the 2017 intake of trainees were collected for analysis. This included selection guidelines, selection regulations, eligibility report templates and score sheets.

Content Analysis

The collected data was analysed using qualitative content analysis methodology.⁶ A deductive approach to content analysis was initially adopted by coding the documents using a structured matrix based on the nine core competencies of the RACS. This deductive approach failed to capture all aspects of the selection criteria, thus an inductive approach was subsequently adopted. Two investigators (DR and ML) used constant comparative methodology to analyse the data and develop categories that accurately captured all aspects of the selection criteria.⁷ The categories were derived inductively through an iterative process that continued until the investigators reached consensus.⁷ The weighting of each category was determined quantitatively by tallying the point-scoring items that mapped to each category. This study was deemed exempt from ethical approval by the Monash University Human Research Ethics Committee (MUHREC).

RESULTS

The selection guidelines for the RACS surgical education and training programmes were analysed qualitatively using content analysis methodology.⁶ All surgical specialties published a selection regulations document (n=9), and two specialties published additional documents in the form of selection guidelines (n=1; General Surgery), eligibility reports for procedural skills (n=1; General Surgery) and CV scoresheets (n=1; Paediatric Surgery). The selection criteria could be broadly divided into two themes: i) discipline-specific and ii) discipline-independent skills. Content analysis identified eight categories of selection criteria that were assessed during the selection process: medical expertise, scholarly activity, professional identity, interpersonal skills, integrity, self-management, insight and self-awareness, and community involvement (Table 1).

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The applications for all nine surgical specialties relied on three selection tools: i) structured curriculum vitae, ii) structured referee reports, and iii) interviews. The selection guidelines for eight surgical specialties provided a detailed description of the curriculum vitae and structured scoring system. This information was analysed quantitatively to determine the weighting of the key selection criteria identified in Table 1. The curriculum vitae was heavily weighted towards discipline-specific skills such as medical expertise and scholarly activity (Table 2). Some specialties also scored discipline-independent skills such as cultural or sporting achievements, language skills and non-technical skill development, but minimal points were awarded for these activities. The precise skills, activities and achievements that were scored on the curriculum vitae varied between surgical specialties (Table 3). All specialties awarded points for attaining postgraduate qualifications, publishing and presenting medical research. The completion of skills courses, conference attendance and teaching positions were scored by some specialties but not others, highlighting the specialty-specific nature of curriculum vitae scoring.

Limited information was available regarding the selection criteria and scoring systems for the referee reports and interviews. A broad overview of the selection criteria was provided, with most specialties simply listing or referring to the core competencies of the college. Several specialties referenced structured scoring systems, but the details of these scoring systems were not made available in the retrieved documents. This lack of detail precluded any further quantitative analysis of the data. Consequently, the precise skills and attributes that were scored in the referee reports and interviews could not be determined, nor could the weighting of the key selection criteria.

Notably, the three selection tools were not evenly weighted during the selection process (Table S1). The structured curriculum vitae was the least heavily weighted tool and typically accounted for 15-20% of an applicant's final score. The structured referee reports and interview were more heavily weighted (25-60% and 25-50% respectively) and had a greater impact on an applicant's final score and ranking. Thus, the selection tool with the lowest weighting was the only tool that provided a detailed description of the selection criteria and could be subjected to both qualitative and quantitative analysis.

DISCUSSION

Anatomy education in the modern medical curriculum often relies on anatomy demonstrators who contribute to the education of medical students on a short-term or part-time basis. The clinical expertise and currency of medically qualified demonstrators is highly valued by medical students and can enhance their anatomical education and professional development.²⁻⁴ Despite the benefits associated with incorporating medically qualified educators into anatomy programmes, there are no reports exploring how anatomy demonstrator positions could be aligned with the continuing education and development of medical professionals. Since prevocational doctors with surgical aspirations are often recruited as anatomy demonstrators, this study sought to identify SET selection criteria that could be aligned with and enhanced by an anatomy demonstrator programme.

The Royal Australasian College of Surgeons adopted a holistic approach to trainee selection that assessed both discipline-specific and discipline-independent skills. Qualitative content analysis confirmed that the selection criteria outlined in the SET guidelines largely correspond to the nine core competencies of the college, but some selection criteria failed to fit within this framework. The

researchers thus used an inductive approach to analyse the data and identified eight categories of key selection criteria. This analysis confirmed that many of the skills and attributes assessed during the SET selection process have the potential to be developed outside of a clinical setting. Table 4 highlights how an anatomy demonstrator programme could be constructively aligned with SET selection criteria and enhance the development of surgical competencies. Three criteria with the greatest potential for constructive alignment were identified: medical expertise, scholarly activity and interpersonal skills.

A strong foundation in anatomical science is essential for safe surgical practice and a core requirement for entry into SET programmes. In Australia, successful completion of the General Surgical Sciences Examination (GSSE) is a mandatory requirement for selection into SET programmes. This examination is designed to assess applicant knowledge across a range of surgical sciences but is most heavily weighted towards anatomical science. Some surgical specialties also require SET applicants to pass a specialty-specific anatomy examination (eg: Neurosurgery), reinforcing the importance of developing both general and specialty-specific anatomical knowledge prior to entering surgical training. At their core, anatomy demonstratorships provide prevocational doctors with a unique opportunity to review, consolidate and enhance their anatomical knowledge. Modern anatomy departments can provide anatomy demonstrators with access to a wide suite of educational resources including human cadaveric material, 3D printed specimens and state of the art technology such as virtual reality programmes.⁸⁻⁹ The ability to freely access these resources, plus the expertise of the anatomists and clinicians who teach within anatomy programmes, creates a unique learning environment that enables prevocational doctors to deepen their knowledge of both topographical and surgical anatomy. In addition, the act of teaching a concept to others can improve an individual's ability to both recall information and apply it effectively.¹⁰ Thus, contributing to the

education of medical students has the potential to improve the anatomical knowledge and competence of prevocational doctors.

Internationally, an improvement in anatomical knowledge is one of the most commonly reported benefits of anatomy demonstratorships.^{1,4} In the United Kingdom, studies have demonstrated that prevocational doctors who participate in anatomy demonstrator programmes outperform other doctors on surgical entrance examinations.¹¹⁻¹² While all prevocational doctors stand to benefit from anatomy demonstratorships, the opportunity to revise anatomical concepts may be particularly beneficial for more recent medical graduates who completed medical degrees with fewer hours dedicated to anatomy education.¹³⁻¹⁴

Scholarly activity is another key selection criterion that was heavily weighted during the SET selection process. The publication and presentation of scholarly research were two of only three components on the curriculum vitae that were universally scored by all surgical specialties. This highlighted the importance of engaging in scholarly research prior to commencing surgical training. Despite efforts by the RACS to promote academic surgery,¹⁵⁻¹⁶ reports indicate that surgery lags behind other medical disciplines in both the quantity and quality of research it publishes.¹⁷⁻¹⁸ A recent study by McBride et al.¹⁹ reported that fewer than 30% of surgical departments at a tertiary hospital in Sydney were adequately resourced to conduct research and could be classified as 'research active'. This result was consistent with previous reports describing the lack of research opportunities and research support available at Australian hospitals. Anatomy demonstrator programmes are based at universities and provide prevocational doctors with a wide array of research opportunities that are unlikely to arise through clinical work alone. Australian universities are academic hubs equipped with the research infrastructure, resources and expertise that may be

lacking in surgical departments. Incorporating research opportunities into anatomy demonstrator programmes facilitates the development of research and critical thinking skills, and gives prevocational doctors unique opportunities to establish collaborative partnerships and improve their publication record. While some prevocational doctors may be motivated to engage in scholarly research purely to improve their SET application, anatomy demonstratorships can also lay the groundwork for ongoing research collaborations and careers in academic surgery.

Strong interpersonal and communication skills are another essential requirement for surgical trainees and underpin the success of doctor-patient interactions and interactions between doctors and other healthcare personnel. The importance of interpersonal skills during surgical education and training is recognised by the RACS who include 'communication', 'collaboration', 'teamwork' and 'teaching' in their framework of competencies for surgical trainees.²⁰ Made explicit within this framework is the expectation that prevocational doctors will develop teaching skills and contribute to the education of patients, medical students, fellow health professionals, and the wider community. Although teaching is an important aspect of clinical practice, prevocational doctors often lack the skills and expertise required to facilitate effective teaching and learning. This has resulted in a global push for the development of teaching skills programmes targeted at clinicians.²¹⁻

²² Anatomy demonstratorships provide prevocational doctors with an unparalleled opportunity to develop teaching skills under the guidance of professional educators. Anatomy demonstrators receive training in pedagogy and high-impact instructional strategies, are given the opportunity to shadow and be mentored by expert educators, and participate in high-intensity teaching experiences designed to consolidate and enhance teaching skills. International reports have confirmed that the teaching skills gained from anatomy demonstratorships are highly valued by medical professionals and can be transferred from the classroom to the clinic.^{1,4,23}

Content analysis revealed that only two surgical specialties scored anatomy demonstratorships or teaching positions on the structured curriculum vitae (General Surgery; Plastic and Reconstructive Surgery). This was surprising given that teaching is a key competency for surgical trainees. It is unclear why anatomy demonstratorships often failed to attract points, but the lack of published information outlining the content and value of Australian anatomy demonstrator programmes may be a contributing factor. Applicants to SET need to objectively demonstrate a suitable level of competence in each of the colleges nine core competencies. This places the onus on universities to objectively document and evaluate anatomy demonstrator programmes and provide clear evidence that demonstratorships have a meaningful impact on the competence of prevocational doctors.

The lack of publicly available information detailing the selection criteria assessed by the structured referee reports and interviews was a major limitation of this study. As a result, the key selection criteria identified in the qualitative analysis may be biased towards criteria that are commonly assessed on the structured curriculum vitae. This lack of information also prevented the researchers from determining the weighting of SET selection criteria and determining which criteria were the most influential. The SET selection process is underpinned by a framework referred to as the 'Brennan Principles' which explicitly states that "the scores to be applied to each criterion should be documented and known to the candidates" so that "the relative value of research experience, as opposed to clinical experience, as opposed to academic achievements" is known.²⁴ This was reinforced by the Australian Consumer and Competition Commission (ACCC) who recommended that the colleges "make it clear if criteria are more important than others".²⁵ While the SET selection boards publicised the weighting of each selection tool, the weighting of the selection criteria that were assessed using these tools were not publicly documented.

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To attract high quality applicants to anatomy demonstrator positions it is essential that anatomy demonstrator programmes are aligned with the future career goals of prevocational doctors and contribute to their continuing education and professional development. This study established that many of the skills and attributes assessed during the SET selection process have the potential to be developed outside of a clinical setting and could be enhanced through engagement with an anatomy demonstrator programme (Table 4). Notably the precise activities and achievements that were scored on the curriculum vitae varied widely across surgical specialties. Anatomy demonstrator programmes should thus be targeted at competencies that are universally scored and heavily weighted to ensure that all prevocational doctors, irrespective of their preferred specialty, benefit from participation in these programmes. Further research is required to determine how anatomy demonstrator programmes could be optimally aligned with SET selection criteria and which prevocational activities have the greatest impact when applying for SET positions.

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LIST OF SUPPORTING INFORMATION

Table S1 Final weighting of the selection tools.

Table 1 Qualitative content analysis of trainee selection criteria.

THEME	CATEGORY	DESCRIPTION	EXAMPLES
Discipline-Specific Skills	Medical Expertise	The acquisition and application of medical knowledge and clinical skills.	<ul style="list-style-type: none"> - Medical Qualifications - Medical Knowledge - Clinical Experience - Clinical Decision Making - Technical Skills - Medical Awards
	Scholarly Activity	The dissemination of medical knowledge and research.	<ul style="list-style-type: none"> - Publications - Presentations - Teaching - Research
	Professional Identity	The development of an identity as a medical professional.	<ul style="list-style-type: none"> - Commitment to Profession - Professional Aspirations - Health Advocacy
Discipline-Independent Skills	Interpersonal Skills	The ability to interact effectively with others.	<ul style="list-style-type: none"> - Communication - Compassion - Leadership - Teamwork
	Integrity	The commitment to act in an honest and ethical manner.	<ul style="list-style-type: none"> - Ethical Behaviour - Professionalism - Responsibility
	Self-Management	The ability to manage time and behaviour.	<ul style="list-style-type: none"> - Organisational Skills - Initiative - Self-Motivation - Self-Development - Stress Management - Health and Wellbeing
	Insight and Self-Awareness	The capacity for introspection and self-assessment.	<ul style="list-style-type: none"> - Insight - Self-Assessment - Review Decisions - Recognise Limitations
	Community Involvement	Involvement with the wider non-medical community.	<ul style="list-style-type: none"> - Sporting Achievements - Language Skills - Cultural Roles

Table 2 Weighting of curriculum vitae selection criteria.

	Medical Expertise	Scholarly Activity	Professional Identity	Interpersonal Skills	Integrity	Self-Management	Insight and Self-Awareness	Community Involvement
Cardiothoracic Surgery	0.53	0.43	-	-	-	-	-	0.04
General Surgery	0.54	0.46	-	-	-	-	-	-
Neurosurgery	0.8	0.2	-	-	-	-	-	-
Orthopaedic Surgery	0.63	0.37	-	-	-	-	-	-
Otolaryngology Head and Neck Surgery	0.6	0.4	-	-	-	-	-	-
Paediatric Surgery	0.77	0.23	-	-	-	-	-	-
Plastic and Reconstructive Surgery [†]	0.5	0.3	-	-	-	-	-	-
Urology [‡]	0.28	0.44	-	-	-	-	-	-

Details of the curriculum vitae selection criteria and structured scoring system were not available for Vascular Surgery. [†]Plastic and Reconstructive Surgery have a 'special skills' section weighted 0.2. This section encompasses skills and achievements that could fall into several categories and was not included in the table. [‡]Urology scores non-technical professional development (0.19 weighting) and prizes/awards/leadership (0.09 weighting). These activities and achievements could fall into several categories and a breakdown of the weighting was not specified.

Table 3 Scored curriculum vitae components.

	Cardiothoracic Surgery	General Surgery	Neurosurgery	Orthopaedic Surgery	Otolaryngology Head and Neck Surgery	Paediatric Surgery	Plastic and Reconstructive Surgery	Urology
Postgraduate Qualifications								
Surgical Rotations								
Publications								
Presentations								
Skills Courses – Technical								
Skills Courses – Non-Technical								
Conference Attendance								
Examination Results								
Fellowship RACS								
Fellowship Non-RACS								
SET Traineeship								
Medical Awards & Achievements								
Sporting Awards & Achievements								
Community Contributions								
Leadership Positions								
Teaching Positions								
Language Skills								

A structured scoring system and detailed selection criteria were not available for Vascular Surgery.

Table 4 Alignment of an anatomy demonstrator programme with SET selection criteria.

SELECTION CRITERIA	PROGRAMME ALIGNMENT
Medical Expertise	Review and consolidate anatomical knowledge. Access to anatomical specimens and resources. Teach topographical and clinical anatomy. Teach basic and advanced dissection skills.
Scholarly Activity	Establish collaborations with researchers. Engage in academic surgery and/or scholarly research. Develop research design and analytical skills. Presentation and publication of scholarly research. Teach medical, biomedical and allied health students. Training in pedagogy and instructional techniques. Mentored by professional educators.
Professional Identity	Act as a mentor and role model for medical students. Model professional behaviour.
Interpersonal Skills	Work within diverse interdisciplinary teams. Communicate effectively with staff and students. Provide constructive feedback to staff and students. Adopt a professional and approachable demeanour. Mentor and provide support to students. Adopt leadership roles during teaching sessions.
Integrity	Display high degree of professionalism and responsibility. Work with cadavers and human material.
Self-Management	Design and organise educational and research activities. Display initiative in teaching and research. Engage in professional development activities. Balance teaching, research and clinical responsibilities.
Insight and Self-Awareness	Reflect on teaching and research performance. Seek assistance from faculty when needed.

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