

Clinical and scientific letters

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Respiratory specialty specific examinations in the south west

Specialty specific examinations (SCEs) were first piloted in 2006 by the Joint Royal Colleges Postgraduate Training Boards (JRCPTB) and are now a compulsory requirement for Certificate of Completion of Training (CCT) for UK trainees in most medical specialties.¹ Design of the questions is a rigorous process requiring extensive scrutiny.² Although there is information regarding the reliability and validity of the assessment,^{1,3} to our knowledge there is no published evidence which evaluates the opinions of trainees who have taken, or are considering taking, the respiratory specialty certificate exam (RSCE), and there is little published data in other specialties. Using the RSCE as a generic model for SCEs, we conducted a regional qualitative study to explore the opinions of respiratory higher specialist trainees (RHSTs) regarding the RSCE in south-west England. All RHSTs holding a national training number in the south-west region were invited to complete an anonymised online questionnaire.⁴

The response rate was 84% (32/38). 41% (13/32) of respondents had taken the RSCE already. 92% of these (12/13) agreed that taking the exam had been useful primarily to enhance career progression and increase knowledge. One RHST did not feel it was useful and questioned whether RSCE performance correlated with clinical competence. 85% (11/13) agreed that the examination had been set at the right level. 57% of all respondents (10/32) would have taken the

examination even if it had not been compulsory. The most common reason for not wanting to sit the examination was financial concerns. 53% felt that an exam cost of up to £300 was acceptable, a 65% reduction from the current rate of £861 for UK candidates.⁵

This regional qualitative study confirms that the RSCE is regarded as a useful assessment particularly for career progression and knowledge enhancement. The results of this survey are more positive than published data from pilot SCEs, in which only 25% of examinee comments were broadly supportive.² The cost of the RSCE remains an important concern for RHSTs, although most recognise some financial outlay is unavoidable. These findings may have applicable generic value by proxy to other medical specialties regarding the SCE and can inform those involved in commissioning and delivering the SCE as well as post-graduate deaneries. Of course, the results of this regional specialty-specific study require validation in a national and cross-specialty study.

References

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- 5 Membership of the Royal College of Physicians of the United Kingdom. Exam Fees, 2012. www.mrcpuk.org/SCE/Pages/ExamFees.aspx. [Accessed 1 October 2012].

ANDREW RL MEDFORD

Consultant and honorary senior clinical lecturer in respiratory medicine

ABIRAMY JEYABALAN

Respiratory SpR

North Bristol Lung Centre, Southmead Hospital, Westbury-on-Trym, Bristol

The virtual bronchoscopy simulator – a young physician's view

Currently, medical trainees are expected to have decided which field of medicine they wish to pursue by completion of their second year of core medical training. This pressure to choose a career path puts great strain on the individual if they do not have a natural bearing towards a particular specialty. Until recently, I was one of the many core medical trainees desperate to find a career that suited my personality and strengths. Without a specialty to focus my efforts on I completed audits, presented grand round talks and gave journal club presentations for a variety of different branches of medicine as they took their turn as my 'flavour of the month'. When I finally decided to pursue a career in respiratory medicine, I was keen to enhance my application for specialty interviews and build evidence for my commitment to the specialty.

Having become a member of the British Thoracic Society (BTS) and subscribed to Thorax (one of the leading respiratory journals in the UK) I subsequently discovered the BTS e-learning internet page, which has a useful selection of topics taught using different media. One of the topics available is fibre-optic bronchoscopy. Alongside videos explaining the indications/contraindications for the procedure, consent information and potential complications, it also provides a link to a virtual bronchoscopy site. Here, the viewer can watch real-time video of bronchoscopy and see the typical appearances of a variety of bronchial pathology.

I have since frequently visited the virtual bronchoscopy website to familiarise myself with basic bronchial anatomy and learn the core concepts of the procedure. The site allows the individual to virtually manoeuvre the bronchoscope through the bronchial tree. While this is clearly not the same as performing the procedure in the endoscopy department, it does allow beginners to start slowly and cautiously, and not at the detriment of the sometimes unwilling patient. The accompanying commentary explains how to use the equipment, which manoeuvres are particularly difficult to get right and when to use the different functions of the bronchoscope to obtain tissue

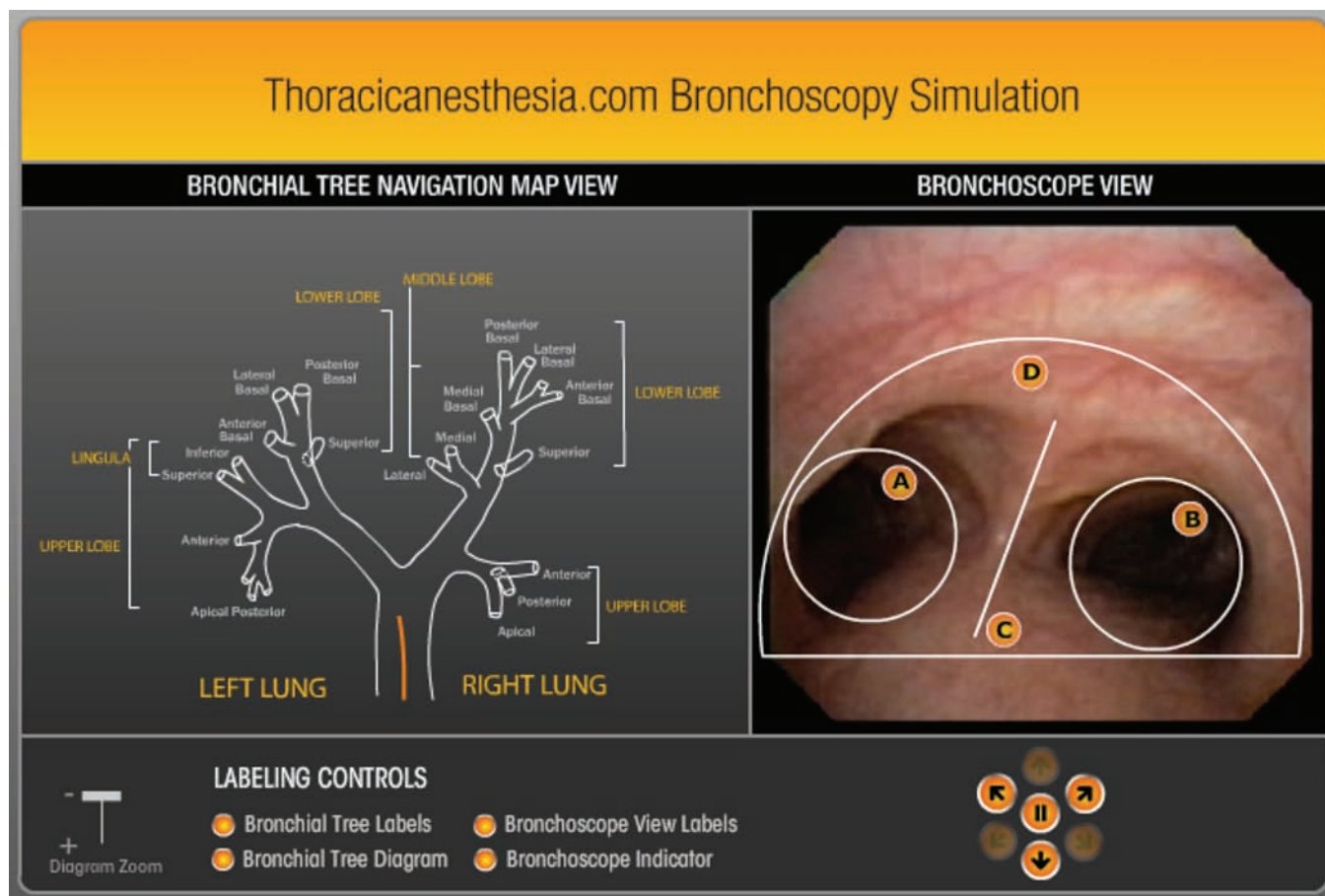


Fig. Fibre-optic bronchoscopy on the BTS e-learning internet page.

samples, take washings or perform bronchoalveolar lavage.

With little free time at work, the videos can be viewed online at home, which is a much less distracting learning environment than on the wards. Any free time I do have in the hospital can be spent in the endoscopy department observing the procedure armed with the knowledge and understanding of some of the key principles, which is far more constructive.

This form of virtual education is widely used in other industries, for example to teach trainee pilots, where operator error must be avoided at all costs. In the past,

doctors learnt their trade on the job, sometimes to the disadvantage of the patient. In today's litigation-ridden society, mistakes that were previously made are now unacceptable and this can, and does, restrict the trainee in their efforts to develop skills and become competent at procedures. While a lot of learning in hospital is gained through experience, there is a need to develop alternative educational material to keep our practices safe for the patient.

I have subsequently attended bronchoscopy sessions with a better understanding of what is involved and hope to gain more practical experience as my knowledge of

the procedure evolves. Obviously, virtual bronchoscopy will never replace the learning opportunities available in the endoscopy department, but for juniors keen to gain insight into practical procedures taught during future specialist training, the virtual bronchoscopy sites are one example of how technology can improve our learning experiences while keeping the patient safe.

EMILY HEIDEN

Core medical trainee 2

Department of Respiratory Medicine,

Dorset County Hospital