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## Correspondence

### Letter to the editor regarding are plastic surgery trainees accurate assessors of their own microsurgical skill?

We read with interest the article 'Are Plastic Surgery Trainees Accurate Assessors of Their Own Microsurgical Skill?'<sup>1</sup> as we are surgical trainees currently honing our microsurgical skills.

We echo the authors statement that proficiency in the field of microsurgery requires significant training and for most this will be over a significant time period.<sup>2</sup> This will inevitably vary considerably based on a variety of factors such as each surgeons aptitude to the fine motor skills required. We feel the increasing incorporation of simulation training augmented with the traditional Halstedian training model approach is the most ideal for acquisition of microsurgical skills.<sup>3</sup> This is why we feel the authors work demonstrating the use of a tool providing trainee surgeons with an ability to assess their own competency has an important role in the future of plastic surgery microsurgical training.

We found it intriguing that the authors findings indicate that novice trainees were unable to evaluate their skills accurately. We wondered whether or not this was a limitation of the tool used or perhaps highlighted a wider need for formal training in this area particularly focused on evaluation of practical skills; for all surgeons at an early stage of their training.

As the authors correctly highlighted often the scenarios requiring microsurgical intervention are typically high-risk and as such multiple other environmental factors will be impacting the surgeon performing the anastomosis. Couple these with the complex nature of the microsurgical repair, it is well recognised as a high stress situation for trainees and I'm sure for some trainers as well. Undoubtedly from a patients perspective they would prefer the most experienced, adept surgeon performing this type of surgery. Therefore we would support the development of a robust self-assessment tool which would require validation; with the view to implement this into the plastic surgery training curriculum to guide the proficiency of microsurgical training. This would of course; as rightly highlighted by the authors; need engagement from expert trainers for objectivity. However trainees can incorporate self-assessment at all stages of their training and not only utilise this as evidence of increasing proficiency to help justify their increasing involvement in more complex cases to their senior trainers but also as an opportunity to engage in reflective practice.

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Gary Masterton\*, Nicholas Evans  
Whiston Hospital, Warrington Road, Rainhill, Prescot L35 5DR, UK

\*Corresponding author at: 21 Marjory Close, Chester CH4 7LB, UK.  
E-mail address: [gary\\_masterton@hotmail.com](mailto:gary_masterton@hotmail.com) (G. Masterton)