

# **Curriculum Vitae**

**of**

***Nader K Francis MBChB, FRCS, PhD***

***Consultant Colorectal surgeon  
With laparoscopic Interest  
Yeovil District Hospital***

***Honorary Senior Lecturer  
Bristol University***

***&***

***Lead Clinician of the South West  
Laparoscopic Training Consortium***

## **Personal Details**

Name: Nader Kamal FRANCIS  
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## **Qualifications and Higher Education**

MB ChB:	Cairo University, Egypt	March 1991
PLAB:	UK	September 1995
	Full registration with the GMC	February 1999
FRCS:	England	February 1998
PhD:	University of Dundee	May 2003
EXIT EXAM:	Intercollegiate Speciality Examination in General Surgery- Dublin	June 2006

## **CURRENT APPOINTMENT (SINCE Nov 2006)**

Consultant Colorectal Surgeon with Laparoscopic Interest at Yeovil District Hospital (YDH) and Honorary Senior Lecturer at Bristol University.

## **PROFILE**

Since my appointment, I have been maintaining the laparoscopic service to all elective colorectal, biliary and hernia surgery at YDH. I have also been leading the enhanced recovery (ER) and delivering multi-professional team training for ERP to over 50 hospitals across the UK.

I am the clinical lead for the South West Laparoscopic Consortium, the most active training centre in the national training programme, responsible for providing laparoscopic training to 20 colorectal consultants in the south west of England. I am also a member of the national educational committee of this programme, collaborating in designing national assessment tools of laparoscopic colorectal surgery. Recently, I have taken up the role of national lead of "Training the Trainers" in advanced laparoscopic surgery" designing and delivering courses across England.

Also, I am the chief investigator of a multi-centre randomised controlled trial, which is currently open, comparing epidural analgesia with wound infusion catheter after laparoscopic colectomy within the enhanced recovery.

In addition, I am co-ordinating the first international conference on ER, to be held at Bristol (England) on 9-10 September 2010. Finally, I am the senior editor of Enhanced Recovery in colorectal surgery (textbook in press with Springer).

## **Career Aims**

My current aim is to maintain both clinical and academic interests in laparoscopic colorectal and ER. I would also like to continue delivering a high standard training to the South West region and nationally (through Training the trainers courses) in laparoscopic colorectal surgery. In addition, I would like to promote international collaboration in research in the field of Enhanced Recovery and minimal access surgery.

## **Career Progress & achievements**

- **Clinical experience**

Since my appointment, I have been providing laparoscopic service for all elective benign and malignant colorectal diseases. I have performed 200 laparoscopic resections including 60 anterior resections and 30 major laparoscopic pelvic surgeries such as abdomino-perineal resections and pouch formation. I have also been regularly performing laparoscopic incisional and groin hernia repair in addition to the routine laparoscopic biliary surgery for both elective and emergency workload.

- **Outcomes**

My conversion rate for laparoscopic colorectal resection is less than 5%. All patients are enrolled into our well established ER with median hospital stay of 4.2 days and a re-admission rate of 9%. Serious complications such as anastomotic leak and 30 day mortality rate are less than 2%.

- **Academic and research activities**

I undertook an educational PhD on Psychomotor Skills Testing in Laparoscopic Surgery (May 2003). The thesis investigated psychomotor skills testing and its application for both selection and assessment of training in laparoscopic surgery. As an extension of my thesis, I have been involved in the national educational committee to develop and validate objective methods of assessing laparoscopic performance in colorectal surgery. These methods are now undergoing validation by collaboration with Professor George Hanna and his team at the Imperial College, London.

I am a chief investigator for a double blinded randomized control trial investigating the role of epidural analgesia in patients undergoing laparoscopic colectomy within the ERP. It is multi-centre trial with collaboration from St Mark's Hospital and the University of Bristol.

I am also a co-investigator in the multi-centre national Enrol trial comparing laparoscopic vs open surgery in the ERP; the CREST trial, investigating the role of colonic stenting vs surgery in obstructing bowel cancer and ISAAC trial, researching the role of primary bowel resection vs chemotherapy in metastatic bowel cancer.

In addition, I have been studying the factors that predict the outcome of enhanced recovery in patients undergoing laparoscopic colorectal resections. A multi-variant analysis has been carried out at YDH and the data is in the process of submission for publication.

- **Laparoscopic Colorectal Training**

With prior comprehensive training and my academic background supported by good clinical results enabled me to undertake a training role in the national programme for laparoscopy in colorectal surgery through the South West Laparoscopic Consortium (SWLC).

The SWLC was formed by collaboration between 4 trusts in the South West; North Bristol, University Hospitals Bristol, Plymouth Hospitals NHS Trust and YDH. The consortium successfully bid for funding from the Cancer Action Team to provide LCS training for consultant surgeons in the region. In addition to my duties as a surgical preceptor in this training programme, I also took on the role of lead clinician for the consortium in October 2008.

My role involves designing the curriculum and ensuring high quality delivery of the training programme, close collaboration with the trainees, preceptors and national lead. In addition, I ensure that assessment and evaluation have been carried out and liaise with the national educational committee to design and validate the assessment methods.

There are 20 consultant colorectal surgeons currently undergoing training at the SWLC. Our curriculum has been designed to address the needs of both laparoscopic novices and more

experienced practitioners. The programme also includes a bespoke e-learning package, which was designed by the YDH team, providing short video footage of the key stages of all laparoscopic colorectal procedures linked to concise descriptions for each step. This educational package has been piloted in 2 masterclasses with positive feedback; the resource is currently being included in the national website [www.lapco.nhs.uk](http://www.lapco.nhs.uk).

In addition to the live lab, cadaveric and immersion courses provided by the SWLC, theatre personnel are trained by a multi-professional team in Yeovil, with a mixture of seminars and practical skills rehearsal.

## **Enhanced Recovery**

### **• ER Training**

Yeovil is the leading centre for ERP in the UK, with a well established clinical pathway and educational activities for over 8 years. Since joining YDH I have maintained the leadership of the ERP team in delivering high quality training for more than 50 Trusts across the UK, with over 200 course attendees since January 2007.

The workshops cover every aspect of ERP, with contributions from every member of our team (including surgeons, anaesthetists, ward sister, physiotherapists, nutritionists, pain team and stoma care specialists). In addition to seminars and discussions, attendees also meet patients who have recently benefited from the programme and visit the ward to meet current in-patients. The team also offer ongoing mentoring and support to course attendees on an informal basis. Details of our course schedule are available at [www.enhancedrecovery.org](http://www.enhancedrecovery.org).

The ERP team meet regularly to monitor and adjust the clinical care pathway using an evidence-based approach. Other specialties are encouraged to adopt the principles of ERP, with support from various members of the colorectal ERP team.

With funding recently provided (£50,000) for a patient education DVD from Training Hub for Operative Technologies in Healthcare (THOTH), the hospital worked in collaboration with the Media Department at Yeovil College. This project won the Somerset Education Business Award in March 2009.

### **• 1<sup>st</sup> International Conference on ER- Bristol, 9-10 September 2010**

I am organising the first international conference in ER in collaboration with the department of Health and the national leads in the field of ER across multiple surgical specialities. Whilst several centres have successfully implemented enhanced recovery programmes for colorectal patients over the last decade, we recognise that other specialties, such as orthopaedics, urology and gynaecology, are also pioneering similar care pathways. We therefore aim to bring all of this expertise together to highlight the impact that enhanced recovery has on patient care.

This two days conference aims to cover current practice and future developments over the whole of an enhanced recovery care pathway. It will also address the future development of the English national programme in adopting ER across those surgical specialities with learning from the Dutch, Spanish, German experience in the national models [www.enhancedrecoveryhub.org](http://www.enhancedrecoveryhub.org).

### **• Enhanced Recovery Series; 1- ER in colorectal (Springer in press)**

In collaboration with Robin Kennedy, Monty Mythen and Olle Ljungqvist, I am the senior editor of the ER series commencing with ER in colorectal manual which is in the process of final draft with Springer. The aims of each manual of these series are to provide a broad overview on ER with expert opinion from leaders in the field regarding elements of ER care that are generic and specific to the speciality surgery. The manual will cover the patient journey through such a programme, commencing with optimisation of the patient's condition, patient education and conditioning of their expectations. It will cover the metabolic response to surgery, anaesthetic

contributions and optimal fluid management, after surgery. It will provide examples of ER pathways and practical tips on post-operative pain control, feeding, mobilization and criteria for discharge. The manual will also discuss how to set up a new programme and explore barriers and challenges that inevitably arise at implementation in the specific speciality. In addition, it will help an existing user of ER care and centres with established programmes by outlining causes of deviation and failure, suggesting modifications that may be necessary. The importance of data collection and audit in multimodal rehabilitation will be examined analysing what, why and how to measure in order to improve outcomes and compliance with ER interventions.

- **Other education and teaching experience**

Since my appointment at YDH, I have been regularly involved in teaching both undergraduate and postgraduate students. I am currently leading the Basic Surgical Skills course, which has been designed and delivered at YDH to local junior trainees. I am also a tutor with the Royal College of Surgeons (England), teaching at their inter colligate BSS courses in Plymouth.

I am currently a unit Co-ordinator for the 3<sup>rd</sup> year Medical students (Bristol University) and hold an Honorary Senior Lecture post with UoB. I am also a member of the examination committee for the undergraduate students at UoB.

Finally, I am accredited trainer in endoscopy from the national Joint Advisory Group of GI Endoscopy, UK.

### **Previous Appointments**

- ❑ **SPR in colorectal surgery Ninewells Hospital, Dundee** (April 2006-October 2006)

Professor Steele, Mr Lavelle-Jones, Mr Campbell and Mr Smith

- ❑ **Laparoscopic colorectal Fellow- Hospital clinic, Barcelona October** (October 2005-March 2006) Dr Antonio Lacy

- ❑ **SPR in colorectal surgery Ninewells Hospital, Dundee** (October 2004-October 2005)

Professor Steele, Mr Lavelle-Jones, Mr Campbell and Mr Smith

- ❑ **SPR in colorectal surgery WGH Edinburgh** (April 2004- October 2004)

Mr Bartolo, Professor Dunlop, Mr Mander, and Ms Collie

- ❑ **Specialist Registrar in Ninewells Hospital, Dundee**

Upper GI April- October 2003 (Mr Shimi, Mr Tait)

Colorectal October 2002-Sep 2003 (Prof R Steele, Mr Lavelle-Jones and Mr Campbell)

Breast and Endocrine Surgery April 2001-Sep 2001 (Mr Wood, Thompson & Mr Smith)

Vascular Surgery October 2000- March 2001 (Mr GD Griffiths, Mr D Black and Mr Stonebridge)

- ❑ **Specialist Registrar in Perth Royal Infirmary**

General Surgery October 2001-September 2002 (Mr Fok and Mr Eriksen)

#### ❑ **Clinical Research Fellow – PhD student/ Ninewells Hospital**

March 1998- September 2000. Department of Surgery & Molecular Oncology  
Supervisor: Professor Sir Alfred Cuschieri

#### ❑ **SHO Rotation Ninewells Hospital**

Basic Surgical Training (February 1995 - February 1998) General Surgery, Orthopaedics, Urology and A&E

#### ❑ **Posts in Egypt**

SHO in General Surgery (November 1993 to October 1994, prior to arrival in the UK)

GP, National Health Service (February 1992 to November 1993)

JHO in General Surgery and Medicine (February 1991 to 1992) Cairo University

### **Clinical Experience in Colorectal Surgery**

#### ❑ **Consultant Colorectal Surgeon with Special Interest in Laparoscopy**

Yeovil District Hospital is a well known centre for laparoscopic colorectal surgery and the Enhanced Recovery Programme, which was set up by my predecessor Mr RH Kennedy since 2002. Since my appointment in November 2006 I have performed 70 elective laparoscopic colorectal resections including 20 anterior resections and 3 laparoscopic ileal pouch procedures. My conversion rate is 4% and the median hospital stay is 5 days with re-admission of less than 10%. I have also been regularly performing laparoscopic incisional and groin hernia repair in addition the routine laparoscopic biliary surgery for both elective and emergency workload.

Over the past 9 months, I have been training our local SPR in LCR and my last SPR managed to perform 12 LCR resections under supervision. Recently, I have been appointed as a preceptor in LCR to work a long with the national training programme.

#### ❑ **Laparoscopic Colorectal Fellowship**

During my fellowship at the Hospital Clinic in Barcelona (700 beds and a tertiary centre for laparoscopic surgery in Spain), I was actively involved in the clinical work of the unit. This very busy unit with annual work load of 300 cases of laparoscopic colorectal cases, 300 cases of laparoscopic surgery for morbid obesity and 100 cases for laparoscopic oesophagectomy and gastrectomy, gave me an excellent opportunity to enhance my laparoscopic skills in these advanced surgeries. I assisted and performed certain parts of procedures of over 100 laparoscopic colectomies and 120 morbid obesity surgery, involving gastric bypass and sleeve resection.

In addition, I actively participated in the various academic activities of the unit, including regular teaching on the laparoscopic courses. I also participated in a large study examining the oncological outcome of laparoscopic surgery for advanced colorectal cancer (over 300 cases), which I presented in the World Congress of Surgery Berlin, Sept 2006. Furthermore, I contributed to, and am a co-author of the long term study of the Barcelona trial, which will be soon published in Lancet Oncology.

#### ❑ **Experience in Colorectal Surgery at Ninewells Hospital**

I spent two years at the colorectal unit, at Ninewells Hospital, which is an excellent training centre for higher surgical training in this speciality and provides all trainees with a good learning environment. Working with all the consultants enabled me to gain confidence to become independent in both clinical and technical skills of colorectal and emergency surgical cases. Once Mr Smith joined this unit, I also enhanced my endocrine experience, both clinically and technically.

At the end of my training I had performed over 300 colectomies, including over 60 Anterior Resections and was certified as independent in colonoscopy and upper GI endoscopy. In addition, I performed over 150 laparoscopic cholecystectomies and 40 lap appendicectomies. Working with Mr Campbell I assisted in over 20 laparoscopic colectomies and, performed 7 lap colectomies under his supervision. In addition, I developed skills in transanal US, perineal resection of rectum and sigmoid and rectal advancement flap for anal fistula as well as sphincter repair and sacral nerve stimulation for faecal incontinence.

#### ❑ **Colorectal experience in Edinburgh**

The colorectal unit at the Western General Hospital is one of the largest colorectal units in the UK, well staffed with 8 colorectal surgeons and an excellent endoscopy training centre. It helped me to consolidate my open colorectal experience and enhanced my training in colonoscopy. During the period of 6 months I performed over 100 colonoscopies with caecal intubation rate over 95% and 40 colectomies involving 12 anterior resections. With Mr Bartolo, I also performed and assisted in several ileo anal J-pouches and assisted in a few sphincteroplasty and graculoplasty.

#### ❑ **General Surgery at Perth Royal Infirmary**

I spent a year in PRI, a district general hospital, working with Mr Fok and Mr Eriksen. This allowed me to develop endoscopic experience especially, sigmoidoscopy and therapeutic upper GI endoscopy such as PEG tube insertion and oesophageal dilatation. I also had the opportunity to perform several laparotomies for colectomies, partial gastrectomy, small bowel resection and incisional hernia repair. I also performed over 30 laparoscopic cholecystectomies under supervision, in addition to the emergency workload involved in a1 in 4 SPR rota.

#### ❑ **Breast and Endocrine Surgery**

The breast and endocrine ward at Ninewells Hospital provides an excellent breast service to Tayside and my duties involved three clinics and three theatre lists a week, in addition to the daily ward round and management of in patient workload. I took part in the new referral breast clinic once a week at the breast-screening unit, which has its own radiology and cytology diagnostic facilities. This enabled me to work closely with the other teams in a multidisciplinary approach and was actively involved in the weekly MDM meeting

During my stay in the breast unit I carried out several mastectomies, axillary clearance and sampling as well as wide local excision and localised biopsies. Under the supervision of Mr Brown I had also the opportunity to perform a few thyroid surgery including subtotal thyroidectomy and thyroid lobectomy. Working with Mr Forrester allowed me to be involved in managing general surgical cases and along with the emergency cover for general surgery, I carried out several laparoscopic cholecystectomy cases, a few right and left hemicolectomy and small bowel excision and anastomosis. In addition, I had my own day surgery list once a fortnight, which included breast lumpectomy, hernia repair and other minor surgery.

#### ❑ **Upper GI/ HBP surgery**

I spent 6 months at the upper GI unit at Ninewells and 6 month at PRI. This enabled me to be involved in the management of upper GI malignancy as well as laparoscopic surgery, such as laparoscopic fundoplication, and exploration of CBD. I also assisted in several cases of gastrectomy and oesophagectomy and performed thoracoscopic sympathectomy with Mr Shimi. Working with Mr Tait provided me with the opportunity to assist in few Whipple's and hepatectomy cases and managing the pre and postoperative work load of such cases. I also carried out an alternative weekly upper GI endoscopy list, in addition to maintaining a weekly colonoscopy list.

#### ❑ **Vascular Surgery**

One of the best advantages of the vascular unit at Ninewells Hospital is that it has a very co-operative vascular physician team, vascular laboratory and x-ray department. This enhanced my diagnostic skills regarding angiography and Doppler and Duplex techniques. There is a multidisciplinary weekly meeting involving, vascular physicians, surgeons, vascular radiologists and vascular US specialists to discuss different cases, angiography as well as US results. I had the duties of covering emergency vascular intake, which provided me with the opportunity to manage emergency vascular cases and assist in several cases of leaking aortic aneurysm, thrombosed grafts and embolecomy cases. I also carried out a few amputations, vascular exploration and a few vascular anastomoses under supervision. In addition I also assisted in several vascular access formation for renal dialysis and carried out several varicose vein operations including recurrent cases. My other duties involved covering emergency intake for general surgery, which kept me familiar with the general surgical side during the 6 months.

## **Publications**

1. Francis NK, Hanna GB, Cuschieri A. The Reliability of the Advanced Dundee Endoscopic Psychomotor Tester for single hand endoscopic tasks. ***Surgical Endoscopy* 2001 July; 15(7): 673-6.**
  2. Francis NK, Hanna GB, Cuschieri A. The Reliability of the Dundee Endoscopic Psychomotor Tester for bimanual endoscopic tasks. ***Archives of Surgery* 2001; 136: 40-43.**
  3. Francis NK, Hanna GB, Cuschieri A. The Performance of Master Surgeons on Standard Aptitude Testing. ***American Journal of Surgery* 2001; 182: 30-33.**
  4. Cuschieri A, Francis NK, Hanna GB, Crosby J. What do master surgeons think of surgical competence and revalidation? ***American Journal of Surgery* 2001; 182: 110-116.**
  5. Francis NK, Hanna GB, Cuschieri A. The performance of master surgeons on the Advanced Dundee Endoscopic Psychomotor Tester: Contrast Validation Study. ***Archives of Surgery*, 2002: Jul; 137: 841-4.**
  6. Alishahi S, Francis NK, Crofts S, Duncan L, Bickel A, Cuschieri A. Central and Peripheral Adverse Haemodynamic changes during Laparoscopic Surgery and their Reversal with a Novel Intermittent Sequential Pneumatic Compression Device. ***Annals of Surgery* 2001; 233(2): 176-182.**
  7. Cuschieri A, Hanna GB, Francis NK. Psychomotor ability testing and Human Reliability Analysis (HRA) in surgical practice. ***Minimal Invasive Surgical Allied and Technology* 2001; 10 (3): 181-195.**
  8. Consensus guidelines for validation of virtual reality surgical simulators: EAES Work Group for Evaluation and Implementation of Simulators and Skills Training Programmes. Carter F, Schijvein M, Aggarwal R, Grantcharov T, Francis NK, Hanna G, Jakimowicz J. ***Surgical Endoscopy* Surg Endosc. 2005 Oct 26.**
  9. Medium Term Follow Up of Surgical Experience Following a basic Laparoscopic Surgery Training Course. F J Carter, G D Adamson, N K Francis, B Tang, J P Martindale, A Cuschieri. ***submitted to Medical Education, April 2007,***
  10. Psychomotor Aptitudes and Laparoscopic Skills Training Amongst Urologists. McLornan L, Francis NK, Carter F, Townell N. ***European Journal of Urology in press.***
  11. Asymptomatic Cystadenoma of the appendix causing mucocele: An important incidental diagnosis in a patient with adenocarcinoma of the caecum. Caroline Osborne, Caroline Boulind, Edwin Cooper, Nader Francis. ***Annals of the Royal College of Surgeons of England* (in press).**
  12. The Enhanced Recovery Programme and laparoscopic surgery: a new era for colorectal cancer management. Nader K Francis *Gastrointestinal Nursing*, Vol. 6, Iss. 5, 19 Jun 2008, pp 24 – 28.
  13. A case of lymphoma presenting as splenic infarction. Boddana, Francis et al. ***BMJ Case Reports*. April 2009.**
- Papers in the process of submission*
14. Factors predict outcome in Enhanced Recovery- a modified POSSUM score Boulind, C, Allison A, Burkill C, Wett A, Francis N.

## **Presented & Published Abstracts at National and International Conferences**

1. Francis NK, Hanna GB, Cuschieri A. Reliability and Validity of Endoscopic Tester for Assessment of single-hand Performance. *The Surgical Research Society*, London December 1999. Published in *Br J Surg* 2000 ; 87 : 669.
2. Francis NK, Hanna GB, Cuschieri A. The Reliability and Psychological Validation of Computer-Controlled Endoscopic Psychomotor Tester for bimanual endoscopic tasks, *The European Society of Surgical Research*, the Walter Brendel Session, Malmo, Sweden 2000.
3. Francis NK, Hanna GB, Cuschieri A. The Reliability of the Computer-Controlled Endoscopic Psychomotor Tester for bimanual endoscopic tasks, 8<sup>th</sup> International congress of *The European Association of Endoscopic Surgery*, Nice, June 28-July 1 2000.
4. Francis NK, Hanna GB, Cuschieri A. Contrast Validity of a Computer-Controlled Endoscopic Psychomotor Tester, 8<sup>th</sup> International congress of *The European Association of Endoscopic Surgery*, Nice, June 28-July 1 2000.
5. Francis NK, Hanna GB, Cresswell B, Carter F, Cuschieri A. The performance of master surgeons on standard aptitude testing, 8<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery*, Nice, 2000.
6. Alishahi S, Francis NK, Crofts S, Duncan L, Bickel A, Cuschieri A. Impact of intermittent sequential pneumatic compression device on adverse cardiovascular influence of positive pressure pneumoperitoneum, *The Association of Surgeons of Great Britain and Ireland and Surgical Research Society*, Millennium Meeting, Cardiff, 23-26 May 2000.
7. Alishahi S, Francis NK, Crofts S, Duncan L, Bickel A, Cuschieri A. Central and Peripheral Adverse Haemodynamic changes during Laparoscopic Surgery and their Reversal with a Novel Intermittent Sequential Pneumatic Compression Device, 8<sup>th</sup> International congress of *The European Association of Endoscopic Surgery*, Nice, June 28-July 1 2000.



8. Carter F, Francis NK, Frank T, Maclean D, Cuschieri A. Biomechanical measurement for a virtual reality training system, 8<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery*, Nice 2000.
9. Francis NK, Hanna GB, Cuschieri A. Predictive validation of the Advanced Dundee Endoscopic Psychomotor Tester, *The European Society of Surgery*, Krakow, December 2000.
10. Francis NK, Hanna GB, Cuschieri A. Consensus view on assessment of technical competence of surgical trainees. 9<sup>th</sup> International Congress of *The European Association for Endoscopic Surgery*, Maastricht, The Netherlands 13-16 June 2001.
11. Francis NK, Hanna GB, Cuschieri A. Consensus view on psychomotor ability testing in surgery. 9<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery*, Maastricht, The Netherlands 13-16 June 2001, Awarded as one of the six best original presentations during Karl Storz Session.
12. Francis NK, Hanna GB, Cuschieri A. Predictive clinical validation of ADEPT using bowel suturing. 10<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery* Portugal June 2002.
13. Francis NK, Carter FJ, Cuschieri A. Can psychological testing for non-verbal cognitive factors and visuo-spatial abilities predict technical performance in laparoscopic surgery? 11<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery* Glasgow, UK June 2003.
14. Francis NK, Carter FJ, Cuschieri A. Can psychological ability testing predict errors enacted during laparoscopic task performance? 11<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery*, Glasgow, UK June 2003.
15. Carter FJ, Francis NK, Tang B, Cuschieri A. Validation of an OSCE with error analysis of a simulated laparoscopic surgical procedure. 11<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery*, Glasgow, UK June 2003.
16. Carter FJ, Francis NK, Tang B, Martindale J, Cuschieri A. Validation of Virtual reality Simulator with error analysis of simulated surgical procedure. 11<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery*, Glasgow, UK June 2003.
17. Francis NK, Farrell S, McLornan, Carter F. Testing for vigilance and reaction time to predict task performance in laparoscopic surgery. 12<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery*, Barcelona 2004.
18. Burton L, Carter F, Francis NK. The effect of task repetition on performance on a Virtual-Reality Laparoscopic Simulator. 12<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery*, Barcelona 2004.
19. FJ Carter, P Burgess, Francis NK, Cuschieri A. Investigation into the Relationship Between Personality Traits and Task Performance in Laparoscopic Surgery. 12<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery*, Barcelona 2004.
20. Content Validation Of LapSim Cutting Module F.J. Carter; S.J. Farrell; N.K. Francis; G. Adamson; W. Davie; J.P. Martindale; A Cuschieri. 13<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery*, Venice 2005.
21. Differences in personality traits between final year medical students and qualified surgeons in laparoscopic surgical training. F.J. Carter; N.K. Francis; P.K. Burgess; S. Din; G. Adamson; S.J. Farrell; R.J.C Steele. 13<sup>th</sup> International Congress of *The European Association of Endoscopic Surgery*, Venice 2005.
22. Laparoscopic resection for advanced colorectal cancer: short and long term results of over 300 cases. N. Francis, S. Delgado, Dulce Momblán, Raquel Bravo, Ainitze Ibarzabal, Ricard Corcelles, Raul. Almenara, Antonio M. Lacy. 14<sup>th</sup> EAES 2006, Berlin, Germany.
23. Tissue Training Model For Skills Acquisition for Gastric Bypass. LS Christie, NK Francis, FJ Carter. 15<sup>th</sup> EAES 2006, Athens 2007.
24. Laparoscopic Assisted Right Hemicolectomy with Enhanced Recovery Programme in patient with caecal cancer and large abdominal aortic aneurysm. NK Francis, FJ Carter, W Gillard, L Evans, P Lidder, C Boulind, S, Urvoy, R Kipling. 15<sup>th</sup> EAES 2006, Athens 2007.
25. Choledocholithiasis- an evidence based strategy for the management of residual duct stones. LidderP, Osborne C, Reichebner M, Bouylind C, Noble H, Ockrim J, Francis N. Association of laparoscopic Surgeons of Great Britian Newcastle Novmebr 2007.
26. Level 1 training in laparoscopic sigmoid coloectomy- Yeovil experience. Metcalfe J, Francis N. Association of Surgeons of GB & I Bournemouth May 2008.
27. Functional outcome following Enhanced Recovery Program and laparoscopic bowel surgery. Francis N, Hallinan J, Noble H, Boulind C, Kipling R. Association of Surgeons of GB & I Bournemouth May 2008.
28. Results of the first year experience of a consultant surgeon in an established unit with an enhanced recovery programme- a condensed learning curve. Francis N, Saluisby M, Evans L, Noble H, Gillard W, Van Rensberg L, Cornish m and Kipling R. 16<sup>th</sup> International Congress of the EAES, Stockholm, 11-14 June 2008.

29. Factors Predict outcome in Enhanced Recovery Programme following laparoscopic colorectal resection- Multi-variant analysis. Burkill C, Boulind C, Noble H, Allison A, Ockrim J, Kennedy RH and Francis NK. The Association of Surgeons of GB&I Glasgow May 2009.
30. Laparoscopic Colorectal Competency Assessment Tool (LCAT) for the National Training Programme in England. Danilo Miskovic<sup>1</sup>, Susannah M Wyles<sup>1</sup>, Nader K Francis<sup>2</sup>, Timothy A Rockall<sup>3</sup>, Robin H Kennedy<sup>4</sup>, George B Hanna<sup>1</sup> *on behalf of the National Training Programme in Laparoscopic Colorectal Surgery*. Association of Coloproctology, Bournemouth June 2010.

### **Audit**

- “The influence of Frozen section Vs Fine Needle Aspirate Biopsy in the management of solitary thyroid nodule” presented at the joint endocrine meeting at Ninewells Hospital, Dundee, June 1997.
- Audit of Rectal Cancer patients in the Western General Hospital (August 2002-April 2004) presented at the Royal College of Surgeons Edinburgh, June 2004.
- Sensitivity of the clinical diagnosis of acute diverticulitis (April 2005).

### **Debate**

Proposed for “This house believes that simulation is the key of surgical training” Surgeons in Training Symposium, presented at the Royal College of Surgeons Edinburgh, December 2005.

### **Grants and Tendering**

- Comparison of the Efficacy of Thoracic Epidural Analgesia and a Local Anaesthetic Wound Infusion Catheter after Laparoscopic Colectomy within the Enhanced Recovery Programme: a pilot RCT funding of £225,000. NIHR Research fund for Patient Benefit Programme December 2008 PB-PG-1207-15004- Chief Investigator: Nader Francis.
- SWLC for laparoscopic colorectal training a successful tendering process the CAT
- Patient education video funding from Training Hub for Operative Technologies in Healthcare (THOTH) £50,000.

### **Awards**

- Outstanding Achievement Award for the ERP team at YDH September 2008
- Three clinical Excellence Awards in 2008, and 2009
- Somerset Education Business Award in March 2009 for patient education DVD in ERP in collaboration with Yeovil College Media Dept.

### **Text book**

Senior editor of “Enhanced Recovery in Colorectal Surgery” (in press- Springer).

Series editor of Enhanced Recovery in Musculoskeletal Surgery (in press- Springer)

Book chapter on Haemobilia in: The Textbook of Hepatology: From Basic Science to Clinical Practice, 3rd Edition; July 2007, Wiley-Blackwell.

### **Social and leisure interests**

I am actively involved in my church, as a secretary of the council and member of Sunday School leaders. During the last few years I have taken up some sports and enjoy regularly swimming and badminton. Finally, I listen to classical and jazz music.

## **Referees**

- **Professor Sir Alfred Cuschieri**  
Director of IMSAT  
Cuschieri Skills Centre  
Ninewells Hospital and Medical School  
Dundee, DD1 9SY Scotland UK  
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Consultant Urologist and Clinical Director  
Yeovil District Hospital  
Yeovil  
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