

Editorial Temático

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Impact of surgeon's influence and surgical training

O impacto da influência de um cirurgião e do treino cirúrgico

Nowadays, unfortunately, we face many Residents unhappy with the evolution of their Surgical learning and, in general, with the way their Residency program runs.

We can see that they are unsatisfied with their weekly schedules, with their rotation through other specialities, with their possibilities of learning in Intensive Care, with major surgeries and all its implications, with crucial points of being involved in the several surgeries performed in the service or in the department, with the position and with the imposed work, as well as with many other problems.

All of this can be nothing more than a piece of the general discomfort, from running times or, more specifically, from what they feel existing within their training institutions or, simply, of the general situation in healthcare. But, in truth, this discomfort exists and it is necessary to pay attention and to try to diminish the dissatisfaction and, if possible, improve the general conditions of Surgical Education and Residencies, creating a useful, rigorous and interesting culture of Education and Training, offering satisfied and highly qualified surgeons the way it has been, from a long time, the rule in our national health service and of all institutions connected to surgical education.

Broadly, each resident will end the Residency having, approximately, performed 1000 to 1500 surgeries. After that, also in a broad way, each one's surgical career will last for about 30 years and, during it, a surgeon will perform a mean of 400 to 500 surgeries a year. Adding all this and multiplying by 30 years, we will get, approximately, 12000 major surgeries. Adding to this other smaller clinical actions (small surgeries, bedside clinical acts, consultations...) we will find more 15000 treated or contacted patients. All of them are people and families to whom we leave our "imprints" or "digital prints". No other profession has this impact!

Let's also consider all the residents we will have under our attention and to whom we are going to transmit basic principles. Not only the ones who are under our attention; more than these are the ones to whom, by



several reasons, we manage to impress and who listen to our reflections. 100 or more? If we are part of a teaching Institution, they will, surely, be more. If we are very productive with presentations and published papers, some more. Let's consider that all of them, during their own careers, are also going to have a contact, with patients and general population, similar to ours, calculated above; more 15000 each giving to each one of us a contact transmission of – at least, as some of these calculations are conservative – of about 1 and a half million people!

The continuity of these teaching lines and considerations through so many people is going to stay in such a way that will give us a little bit of “immortality”. Let's use these reflections to well understand all those implications and to make an effort to improve the whole process, insisting with residents to see what exists now under a little more optimistic view. As it has many times been repeated, if not ourselves making the pressure to try to change and to improve all rules, if we let it be evaluated and imposed by other – particularly politicians, bureaucrats and administrators – we will always face the worse decisions.

When we compare our working and learning conditions with other professions and with other areas of work, it is frequent to forget the difficulties and hard conditions of many. We are not that unique or that special; we just have to understand specificities and decide that, within it, we have to fight that, even under those, we can be better and guarantee Total Quality.

On another note – still related – we see the beginning of a dazzle towards the “EBSQ” (European Board of Surgery Qualification). As a reminder, let's say that they are examinations, supposedly of acceptance and European framework, created some time ago – although, mostly in specialities other than Surgery – by UEMS (Union Européene de Médecins Spécialistes / Specialised Doctors European Union). Let's also not forget that, as many other areas commanded by Brussels, UEMS despite existing already for 50 years (!), only recently started to do “visible” work. This within a context that – not denying some aspects less positive or less obtained – we see, with the approval or cooperation of many, the destruction of our Medical Careers; these were the total guarantee of Medical Quality. It is astonishing that we see this dazzle coming, with so much willingness to reproduce what we had amongst us successfully, for so long.

Medical Education, “Continuous” preferably, is one of the commitments we all assume when we start professional activity; either by ourselves, or by involvement in others education. Do not forget it.

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