

"I would like to be a surgeon, but" Will two years be enough?

"I would like to be a surgeon, but" Serão dois anos suficientes?

ELIZABETH GOMES DOS SANTOS, TCBC-RJ¹

When Felix Harder presented his Presidential Address in the European Surgical Association Meeting in 2002 about this theme, the setting for general surgeons in the US was worrisome. There was a dwindling demand for the specialty and it was expected that in the near future there would be a lack of general surgeons as a labor force. The reasons for the decrease in demand for General Surgery as a specialty were many at that time: lifestyle, many hours of work for training, low pay, among some others. This is a phenomenon that also affects Brazil, perhaps with even greater intensity. And, at present, the situation is even more disturbing, due to the worsening of the precarious conditions in several training sites in our country, the lack of communication between capitals and country sides, the lack of preceptors with good training, and the the country's health precariousness as a whole.

When established in Brazil in 1977, the Medical Residency was defined by the educators of the time as "the best training method after graduation". One reason for its creation was the difficulty that medical schools had to offer the practical learning. At that time training followed Halsted's model, the apprenticeship. There was always a great Master in a Surgery service and future surgeons gravitated around him repeating what he did.

Times have changed, Surgery has evolved as science, the art has become even more refined. New technologies have been developed and have demanded even more time for skills development.

The process of forming a general surgeon and his practice seems even more difficult, requires even more attention. How much training time a surgeon needs to be considered an expert? How many

operations of the same type does he or she need to repeat? How will be the ideal program? In the US some surgeons involved with medical education think that the program should encourage practical training. Others argue that the workload in research should be higher. The point common to all is that the program must have sufficient duration to provide adequate training, which, in surgery, means a chance to relentlessly repeat the moves until they becomes automatic. With these concepts in mind, medical residencies in the US and Canada have a duration of five years and in England and Australasia they range from six to eight years.

Brazil seems to go against the world, maintaining a two-year program, of which only 11 months are completed in general surgery itself due to the numerous required rotations.

Surgery is a specialty mainly dependent on practice. The development of technical skill is sedimented with the hands on, that is, practicing. By completing the training program, the resident should be competent to autonomously establish, but even in the US, only 38% of last-year residents (chief resident) think themselves competent to operate without supervision.

The Brazilian College of Surgeons (CBC) has always been committed to surgeons education. Its active participation in the National Medical Residency Commission (CNRM), with some of its registered members as evaluators of residency programs, has a long history. Its has long been fighting a constant struggle to building a program with curriculum matrices based on competences, where every year residents must fill the gaps in their learning according to specific requirements to be achieved at each stage. Also

1. Serviço de Cirurgia Geral do Hospital Universitário Clementino Fraga Filho da Universidade Federal do Rio de Janeiro (HUCFF-UFRJ), Rio de Janeiro, RJ, Brasil.

in the certification, ie, the granting of the Specialist title, the CBC follows strict standards through a high quality selection process and it requires a longer surgeon practical training.

The evaluation of technical skill gain is a vital component of the training and certification of experts. To certify is to assure, take for granted. In surgery it means that the specialist surgeon has the necessary requirements for practice. To automatically certify without knowing if the resident is properly prepared is a potential danger to patients. A recent CBC study, with national reach among all its Full and Emeritus members, concluded that three years is the minimum acceptable time for training a future surgeon. Based on this principle, an evaluation instrument was constructed, validated

and applied to 60 residents of General Surgery programs and General Surgery - Advanced Program in Surgery Services in two major Brazilian cities, leading to a PhD thesis at the Federal University of Rio de Janeiro, which concluded that two years of training are not enough for the development of technical skills for daily and autonomous specialty practice. This conclusion is certainly the same as of any experienced surgeon. The difference is that with this work, we statistically proved that two years are insufficient for the training of a specialist.

The mission of the CBC is to bring this study to the CNRM for a change in the Medical Residency Program in General Surgery Curriculum Matrices, so that it be based on competences, and the certification based on technical skills assessment.