



Schweizerische Gesellschaft für Chirurgie
Soci t  Suisse de Chirurgie
Societ  Svizzera di Chirurgia



Association for Research in Surgery

11th ANNUAL SCIENTIFIC WRITING COURSE

The Association for Research in Surgery (ARS) of the Swiss Surgical Society, in collaboration with the *British Journal of Surgery*, is organizing a two-day retreat designed to teach the theoretical and practical aspects of writing good scientific manuscripts. The course will include both formal lectures on various aspects of scientific writing, as well as tutorial sessions incorporating practical exercises, in which participants will critically appraise their unpublished papers.

Speakers:

Prof. Abe Fingerhut, MD (Editor, Cochrane Group)
Mr. John Murie, MD, FRCS (Former Editor-in-Chief, British Journal of Surgery)
Prof. Dr. med. Ueli G ller, MHS (Former Associate Editor, Cochrane Group)

Date: **Thursday, November 22nd and Friday, November 23rd, 2012**
Location: **Hotel Uto Kulm****, Uetliberg, Z rich, Switzerland**
Language: **English**

Registration fee (including hotel****, all meals and course material): 600 CHF/500 Euro

This course is accepted as postgraduate training by the Swiss Surgical Society (18 rating points) and is limited to 30 participants. **This course is designed for participants from all medical specialties (counts as 18 rating points towards extended education for all specialties).**

Registration deadline: **October 1st, 2012**

Organizers:

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To register, please e-mail:

Let's go forward

Structuring the training of young surgeons

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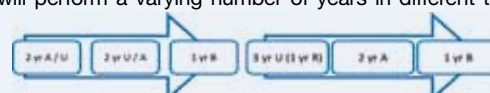
Evidence based medicine, number of interventions, publications, presentations... these are the main concerns of young surgeons. Surgery has become a more and more demanding profession in terms of requirements, knowledge, following internationally adopted guidelines, organizing multi-disciplinary meetings, and innovation. Such a demanding profession stresses the need for a demanding content during our surgical training.

Several criticisms on the training of surgical residents in Switzerland have been published recently, based on well-founded preoccupations of our colleagues. The surgical training program is much too imprecise in the eyes of young doctors. From the moment surgical training starts, it gives the impression to follow a largely undefined path. It seems to depend on lucky opportunities and arbitrary decisions taken by superiors. It is important to realize that during the period of „common trunk”, being approximately 4 years, a surgical resident will work at average in 2 or 3 different hospitals. This results in a tortuous path for residents, with the risk of starting again from the beginning at the arrival at each new hospital.

Considering these conditions, together with an ocean of theoretical and practical knowledge to acquire, keeping our head above water with an overview of our pathway of surgical training feels sometimes like an impossible challenge. We propose following aspects to develop a more structured and transparent surgical training program:

1. A young doctor at the end of his medical studies and interested in a surgical career starts without being included in a surgical training program. This first step can be at an academic or regional hospital, or in a research position.

2. Once motivation and skills for surgery are validated with a senior surgeon, the young doctor receives the advice to present himself at an academic hospital. This academic hospital will include him if possible in one of the „pathways” of surgical training. At that time the resident will receive the catalogue of skills he has to acquire along the different steps of his pathway. It is his own responsibility to plan moments of feedback and evaluation of progress with his program director.
3. Organization of these pathways is to be centralized. The academic hospitals have the up-to-date knowledge of the quantity of residents training for surgery in their region, and the quantity of young doctors who wish to begin surgical training.
4. Surgical training is defined by pathways, subdivided in steps of approximately 2 years each. These pathways structure the road the resident takes along different hospitals: depending on the final surgical goal of the resident, he will perform a varying number of years in different types of hospitals.



Ex. of non-academic pathway.
After B, residents continues non-academic career.

Ex. of academic pathway.
R= research. After B, resident goes back to U.

Letters A, B, U refer to the FMH categories of Swiss hospitals.

Content of pathways is decided by the academic hospital inside of a network: the affiliated hospitals will be most easily integrated in pathways. However, the resident is free to organize a step of his pathway in another region, depending on availability.

5. For every step the skills to acquire are defined. This includes the surgical interventions to be able to assist and perform.
6. The hospitals that offer surgical training accept these pathways and provide a structure allowing the resident to acquire the skills required. Each hospital designs one senior surgeon responsible for the training program. He will follow the progression of every resident, but also assess his motivation, learning-curve, and involvement in the department. The resident makes sure his work is evaluated by his superiors.
7. Training in surgery should not only depend on the structure making it possible for the resident to acquire surgical skills, but better on his capacity to learn, progress, broaden his knowledge, show involvement in the department, etc. Care must be taken not to create a training program inhibiting the responsibility and motivation of residents, making it just a path to follow without motivating challenges.
8. When a resident proceeds along his pathway from one step to the other, he will change hospitals. He is expected by the new hospital, with his acquired skills updated and documented. Pathways have thus the advantage of offering continuity in training, bypassing the lack of responsibility that occurs when changing staff.
9. The ISFM/SWIF has the possibility to intervene and take measures if the staff of a hospital does not offer the structure giving the possibility to the resident to acquire the needed skills.

Improving transparency of surgical training positions at a national level, with better definition what this position will offer to the career of the resident, is one of the crucial points of improvement in the structure of training. Planning the career of residents 4 to 6 years ahead seems essential for quality and efficiency, including family-friendly and hospital-friendly aspects.

Such transparency is made possible through the project by the „Medical Connection Society”, a platform of information considering medical careers and distribution of available positions.

The implementation of standardized pathways of training, combined with centralization of the information regarding the quantity and location of residents, is a must to improve quality in the Swiss training program and its well-functioning for residents and hospitals. Based on some previous own experience, this model could be implemented with simple steps; above mentioned are propositions to begin with. Let's go forward.