



EDITORIAL

Training of a General Surgeon: A Re-look into Skill Enhancement Training in Broad Specialties

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The burden of diseases, particularly surgery, is disproportionately heavy in the sub-urban areas of India. The Lancet Commission on Global Surgery reported that 28–32% of the global burden of disease can be attributed to surgically treatable conditions, and 5 billion people lack timely access to safe surgical care. Increasingly, surgery is being championed as “an indivisible and indispensable part of health care.” The majority of social resources are concentrated in urban centers, but rural areas have few resources and fewer trained providers.

The Ministry of Health and Family Welfare (MoHFW) has emphasized the importance of the surgical system in universal health care. Public-funded hospitals typically have limited resources and focus on the most prevalent diseases. MoHFW envisages a more cohesive

approach to sustainably expanding surgical services to areas of need and sets targets for improving access, workforce density, surgical volume, safety, and affordability nationwide by 2030.

Specialists in India are still far and few

- Skill enhancement courses are, therefore, one way to augment training to cater to daunting national needs.
- The importance of robust rotation in specialties is similar, albeit on a modest scale, but it plays a crucial role.
- The training areas used to be part of general surgery in the past, but now several of these have come to occupy prominent scale as super- or sub-specialties.
- A dynamic mechanism for self-growth and a broad-based training environment is necessary for constant sustenance.

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Specialized surgeries in shortage areas

- A general surgeon is constantly required to provide specialized surgeries in shortage areas, which are vast in our country and in all developing countries.
- A general surgeon is expected to provide quality care in mid-segment hospitals in the private sector and district hospitals.
- A general surgeon is responsible for dealing with multiple organ systems in the human body.
- Since, many of these systems have already become Super Specialties (SS), it has raised the bar in the clinical management arena.
- Therefore, the general surgeon is expected to provide the same level of as the ever-growing set of standard operating procedures (SOPs) in SS.
- Therefore, general surgery training departments need to improve their standards by incorporating provisions into professional bodies' regulations. Both concurrent trainees and post-MS, fresh PG should have provisions for such exposure.

Reinforcing the current provisions and introducing new ones, as follows

- **Provision A:** Recruiting faculty with advanced training in these specialties
- **Provision B:** For the concurrent resident-in training, rotation is all that is possible within the 3-year program. However, it requires departments where such rotation could be enabled. Not all general surgery programs possess access to these SS departments. Therefore, training modules need to be developed that impart the desired curriculum, such as Neurosurgery, GI, Thoracic, Urology, Pediatric Surgery, etc., as well as exposure to hands-on MIS.
- **Provision C:** For the post-MS and fresh

PGs who opt out of SS, skill enhancement courses, preferably in the form of Fellowships by the NBEMS, should be encouraged. An additional advantage of Fellowships is *capacity building*, as it maintains their continued eligibility for employment in government-run training departments and NBEMS-accredited centers. According to the current NMC regulations, SS degree holders are not allowed to apply to general surgery departments after completing their degrees because they must join SS departments.

Rejigging super-specialty training

- Reorganizing skill enhancement training into broad specialties can help improve the overall capability of healthcare providers, particularly in primary healthcare-led systems. Here are a few methods to achieve this:

Joint Accreditation

- Training today should have robust rotation through Joint Accreditation, a scheme already launched by the National Board of Examinations in Medical Sciences (NBEMS). This would provide broad exposure to the residents-in-training.
- Therefore, future teachers and departments are able to cover the ground, obtain cutting-edge training through ongoing rotations, and continue to nourish the departments following this trajectory.

A. CURRICULUM RESTRUCTURING

1. Integrated Training Modules
 - a) Develop training modules that integrate super-specialty skills into the existing broad specialty curriculum.
 - b) Focus on essential skills that can enhance the management of

complex cases within broad specialties.

2. Competency-Based Education:

- a) Shift towards a competency-based training model that emphasizes practical skills and hands-on experience.
- b) Define clear competencies and milestones that trainees must achieve in their broad specialty with added super-specialty skills.

- b) Encourage participation from primary and secondary care providers to broaden their skill sets.

B. Simulation Centers:

- a) Establish simulation centers equipped with advanced technology to provide realistic training scenarios.
- b) Use simulation training to allow practitioners to practice and refine their skills in a controlled environment.

B. RESOURCE PROVISIONS

Flexible Training Programs

1. Modular Training:

- a) Introduce modular training programs that allow trainees to acquire specific super-specialty skills over shorter, intensive periods.
- b) Offer these modules as part of the broad specialty training, enabling trainees to gain additional expertise without committing to full super-specialty programs.

2. Part-Time and Distance Learning:

- a) Provide part-time or distance learning options for skill enhancement training, making it accessible to more healthcare providers.
- b) Use online platforms and virtual simulations to deliver training in advanced skills.

3. Hands-On Workshops and Simulation Training

A. Workshops:

- a) Organize regular hands-on workshops focusing on critical super-specialty skills relevant to broad specialties.

C. Mentorship and On-the-Job Training

A. Mentorship Programs:

- a) Pair trainees with experienced mentors from both broad and super-specialties to guide their skill enhancement.
- b) Encourage mentors to provide continuous feedback and support throughout the training process.

D. On-the-Job Training:

- a) Implement on-the-job training programs where trainees work alongside specialists in real clinical settings.
- b) Allow trainees to apply new skills directly to patient care under the supervision of experienced specialists.

Collaborative Practice Models

A. Multidisciplinary Teams:

- a) Foster the development of multidisciplinary teams where broad specialty providers and super-specialists work together.
- b) Encourage knowledge sharing and collaborative care, allowing broad specialty providers to learn from superspecialists in real-time.

B. Case Discussions and Grand Rounds:

- a) Hold regular case discussions and grand rounds that include both broad specialty providers and superspecialists.
- b) Use these sessions to discuss complex cases, share insights, and learn advanced management techniques.

A. Continuing Medical Education (CME)

Focused CME Programs:

- a) Develop CME programs specifically aimed at enhancing skills in broad specialties with relevant super-specialty knowledge.
- b) Ensure these programs are easily accessible and provide certification or accreditation upon completion.

B. Online CME Resources

- a) Create an online repository of CME resources, including lectures, webinars, and training videos, focusing on skill enhancement.
- b) Provide healthcare providers with access to these resources in both urban and rural settings.

C. INCENTIVES AND RECOGNITION

Financial Incentives

- a) Offer financial incentives, such as scholarships or stipends, for healthcare providers who pursue skill enhancement training.
- b) Provide funding for attending workshops, conferences, and advanced training courses.

Professional Recognition

- a) Recognize and reward healthcare providers who successfully complete skill enhancement training.
- b) Introduce certifications that indicate additional expertise in specific areas,

which can be displayed on professional profiles.

Policy and Institutional Support

Institutional Policies

- a) Encourage healthcare institutions to support and facilitate skill enhancement training for their staff.
- b) Develop policies that allow for protected time and resources for training without compromising patient care.

Government Initiatives

- a) Advocate for government policies that promote and fund skill enhancement training within broad specialties.
- b) Ensure that national health programs recognize and integrate the importance of skill enhancement in improving healthcare delivery.

Monitoring and Evaluation

Regular Assessments

- a) Conduct regular assessments to evaluate the effectiveness of skill enhancement training programs.
- b) Use feedback from trainees and mentors to continuously improve training modules and methodologies.

Outcome Measurement

- a) Measure the impact of skill enhancement training on patient outcomes and healthcare delivery.
- b) Use these metrics to demonstrate the value of integrating super-specialty skills into broad specialties and to secure ongoing support and funding.

By implementing these strategies, super-specialty training can be effectively transformed into skill enhancement training within broad specialties, *ultimately improving the quality and accessibility of healthcare services across primary healthcare-led systems.*