

## Are changes needed in surgical training

To the Editor

I read the valuable article entitled "Are changes needed in surgical training?" by Dr. Khairy,<sup>1</sup> and I do agree with the author that major changes in the current system of training are needed to improve the quality of graduates. This statement is mostly applicable to programs where surgery comprises a significant bulk of the program. If we want to improve the system we have to work on a proper basis in the form of identifying goals of that program, terminal objectives, instructional and evaluation strategies, plus a clear step wise, time oriented implementation plan.<sup>2</sup> The system is supposed to be in accordance with local priorities of the country, taking into consideration available resources. As an essential component of a successful program, a local plan for training the trainers is essential. It is very clear that training others needs more than having core knowledge or a high standard of surgical skills. Operating rooms are no longer the correct place for teaching surgical skills, since the issue of patient safety, and quality control had been introduced, plus the limited number of cases available for training,<sup>3</sup> therefore, the time has come to arrange for special training centers where skills are taught on manikins plus utilization of computer programs for simulation in the presence of well-trained faculties. It is also suggested to rely on local experts in determining the type of skills that should be included in the local program, since every part of the world has

its unique priorities and problems.<sup>4</sup> There are several objective ways to assess surgical skills, and I think it is essential to include them in evaluation cards.<sup>5</sup>

In summary, major changes are required in our current training programs of the Saudi Board to stay abreast with international standards plus serving our local communities well.

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### Reply from the Author

**No reply was received from the Author.**

### References

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## Case Reports

Case reports will only be considered for unusual topics that add something new to the literature. All Case Reports should include at least one figure. Written informed consent for publication must accompany any photograph in which the subject can be identified. Figures should be submitted with a 300 dpi resolution when submitting electronically or printed on high-contrast glossy paper when submitting print copies. The abstract should be unstructured, and the introductory section should always include the objective and reason why the author is presenting this particular case. References should be up to date, preferably not exceeding 15.