



The future of surgical education

Monday 24 June, 2013

While the transmission of technical expertise has been a feature of surgical education for more than two centuries, there is growing recognition of the need to teach non-technical skills, an article in the latest *ANZ Journal of Surgery* reports.

Author of the article, and Dean of Education at the Royal Australasian College of Surgeons (RACS), Associate Professor Stephen Tobin, said that surgical education is now being driven by the special attributes that relate to the concepts that define surgery and the work of surgeons. "Surgery is a craft. It requires decision making. And it requires participation in, and support from, a team," he said. "Indeed, on more than one occasion, I have counted 20 people in the operating theatre in my previous public hospital practice in colorectal surgery."

"The interplay between the craftwork and the complexity of surgical decision making has recently been described and developed as a modular course by RACS, and the teamwork required is an important component of the Non-operative Technical Skills for Surgeons (NOTSS) course. Overlying all of this is the innovative leadership required by the surgeon. The educator role is constantly interwoven in surgical training, as the facilitation of learning occurs alongside clinical service."

Associate Professor Tobin said that surgical professionalism involved the recognition of the importance of all of the RACS competencies that describe surgical practice. "Only two of these relate to technical and medical expertise. As the surgical specialty societies take increasing responsibility for these content areas, the College retains an important current and future role in making sure that the remaining seven competencies are learned well, and that this learning is seen to be beneficial to practice," he said.

Acknowledging that quality education and supervision can be difficult, even for experienced clinical surgeons, Associate Professor Tobin noted that future College directions include the immediate development of a generic educator/supervisor course, modular in style, to provide support for the clinical surgeon, faculty on courses and specialty supervisors. This will address facilitation of learning, teaching skills, feedback and assessment, as well as quality and safety for the patient, and oversight leading to progressive independence of the trainee.

Associate Professor Tobin concluded that global directions in surgical education are exciting. "How surgeons learn, including concepts such as imitation, the role of simulation and deliberate practice, is currently being researched and will inform surgical education," he said.

"The development of expertise may relate to repeated practice and immersive experience, but the complexity of surgery and the immediacy of a change in the patient's condition demand more work. Skills such as mindfulness and self-monitoring of performance are increasingly being recognised as necessary attributes of the expert; the future will include incorporating such implicit thinking processes into explicit programs that can potentially be taught."

The *ANZ Journal of Surgery*, published by Wiley-Blackwell, is the pre-eminent surgical journal published in Australia, New Zealand and the South-East Asian region. The Journal is dedicated to the promotion of outstanding surgical practice, and research of contemporary and international interest.



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