Surgery Teaching Methods Same As 40 Years Ago

When I was a surgical residency program director, I often wondered what the establishment, you know those guys who ran surgical education, was thinking. Some may remember the rule that a resident had to see at least 50% of the patients he operated on in the clinic or the private surgeon's office in order to claim credit for having done the case.

There was the emphasis that still exists today on making sure every resident did research. At last, some are questioning the value of this for the average clinical surgeon. Contrary to the prevailing wisdom, there is no evidence that a resident who is dragged kicking and screaming through a clinical research project or who spent a year in someone's lab really learns anything about research or how to read and understand a research paper. Then there is the obsession with a transplant rotation, recently noted to be a waste of time in the opinion of surgical residency program directors.

And what's with all the emphasis on basic science? Shouldn't the residents have learned all the basic science they need (and more) in medical school? With all that is new in clinical surgery, why are residents forced to relearn basic science that they will not ever use in practice? When you stand at the bedside of a sick patient, do you ask yourself, "How is lactic acid formed"? Or do you simply order a lactate level?

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