



# Continuing Surgical Education Through Association of Surgeons of India

Santhosh John Abraham<sup>1</sup>

Published online: 28 October 2019

© Association of Surgeons of India 2019

Dear Esteemed Members of ASI,

If you read about the Association of Surgeons of India from its own website, it says

“The Association of Surgeons of India was established in 1938 to realise a long standing wish among the Indian surgeons to get together for the purpose of sharing each other’s experiences and enhancing their surgical skills.”, and it has been established on the principle of *vayam sevaamahe* which translates to “we are for service”.

For long “sharing the experiences” was limited to a yearly annual event, the popular ASICON at the national level and similar meetings at the state level. But dispiritingly, few chosen ones alone shared and others just listened—a one way mechanism of mostly didactic sessions. There was little regard for allocated time with esteemed faculty usually overshooting their time slots and causing chaos in the schedule. Most of the sessions became theoretical and somewhat political, and hence, these meetings were converted into annual what we can aptly call an academic tourism events for its members and became *melas* with music, entertainment and its accompaniments. There was little to no active engagement of postgraduate students and young developing surgeons who came to ASICON in search of academic gains—the future of surgery of our country.

ASI is the second largest professional body of surgeons after the American College of Surgeons. Despite its position, ASI has never had any statutory powers or voice in things related to Surgery in India. While the American College of Surgeons provides a large umbrella for all specialties in Surgery, we in India still stick by the colonial concept of ‘divide and rule’. Most of the specialty sections already have or are trying to move out of the umbrella provided by ASI and strive to have independent existence for the sake of ‘power,

position, name and fame’, but sadly, it remains only on the websites and magazines. Due to this disintegration, we still remain an organization which is unheard by authorities and policy makers.

ASI has evolved over the years and recognised the many pitfalls. It has been working slowly and steadfastly to make amends. Surgical education has been brought to the forefront of its agenda with a special emphasis on postgraduate teaching and engagement and efforts are being directed to gradually making ASI a body actively involved in building surgical guidelines and policies for the country.

Postgraduate surgical education has made a revolutionary change from what was merely an apprenticeship at the time of *Sushruta* in India. A verbatim copy of this system was enactment of the teacher-by-the-student was the Halstedian Residency programme of the USA where knowledge of science was well incorporated into the learning process. Pre-occupations and pressures from the society, industry, economic, limitation of working hours of both trainers and trainees and the demand on higher patient safety coupled with extensive documentation for credentialing of organizations have compelled the trainers to devote less and less time to ‘mentor’ the trainees. More recently one professor is allotted 4 postgraduate students and a very large number of aspiring postgraduates compete for limited direct interaction with mentors and skills acquisition opportunities. Guiding the young by modulating their attitude, giving them staged autonomy while under training to shape them as professionals with concern and empathy to the patient and society has become beyond the scope of ‘teaching’ in this era. The concept that surgery is all about ‘cutting’ has become deep rooted in the minds of the younger surgeons with most pining after more and more ‘cutting’ time while little time and energy is devoted to developing professional ‘competency’ where decision-making becomes the key part of the skill to give the best quality and indeed right treatment to the patient.

The Association of Surgeons of India under its changed leadership has embarked on the journey of assisting

✉ Santhosh John Abraham  
dr.santhoshjohnabraham@gmail.com

<sup>1</sup> Department of Surgery, Lourdes Hospital, Kochi, Kerala, India

postgraduate education in the country. The flagship step has been setting up of an Academic Council in the ASI and dedicating a part of the ASICON solely to surgical teaching and skill enhancement.

The major event organised by the ASI in this has been the annual ASI-Torrent Young Scholar Award. This three stage contest aims to promote surgical clinical teaching while simultaneously training the young surgeons in soft skills like public speaking, making scientific PowerPoint presentations etc. This clustered teaching and the feedback approach helps in competitive assessment, gives an opportunity to the young surgical student to experience the kind of questions that are expected in the final exit examinations and improve their concepts. It also helps to identify distinguished surgeons as ‘mentors’ and gives students a chance to ‘mark’ potential inspirations.

The contest begins with collecting data about surgical residents all across the country. The first step is the Online Multiple Choice Question test which tests the knowledge in basic and applied science. To attract the students every year, feedback had been taken, religiously analysed and modified with popular suggestions and request. The ‘online MCQ’ test has changed its dimensions, and today, the 30 questions are derived from a pool of 6 sets of differing ‘difficulty’ levels, including an OSCE—a model inspired the American Board of Surgery In Training Exam (ABSITE). The Regional Refresher Courses (RRC) are well streamlined today. We have divided the country into 6 zones and depending on the centre and the enthusiasm of the organizers we get 200 to 450 postgraduates at each of these six places with 40 to 60 faculties drawn from the region to have a 2-day clinical case discussion. There is a competitive assessment and the top students from each of the zones move to the final round at ASICON with rewards to the participants both monetary and non-monetary.

Sessions on basic *Clinical Procedures*, *Communication Skills* for the young surgeon, hands-on workshops on surgical research and literature review and data analytics and much more are organised every year under expert and dedicated faculty to help participants review and grasp important and need-to-know concepts.

A compilation of important topics with recent updates—contemporary surgery is made available to everyone, free of cost to enhance the learning experience. This has received much attention and appreciation across the country.

The ASI is also in the forefront of tapping the skills of its senior members in formulating guidelines, and in the year 2019, we have been able to bring about guidelines for 30 commonly encountered surgical emergencies and given to

the various governmental agencies to accept them. Each of these guidelines have been authored by one or more senior members and peer reviewed by yet another group of experts and modified by the authors themselves on the final draft. This is also part of the commitment by ASI on advanced teaching of its members. The process is surely to continue with the present leadership of ASI in years to come.

Surgeons were the first professionals to start endoscopy which paved the way for many other interventions in many specialties. Gastrointestinal and pulmonary endoscopies have gradually fallen away from the domain of surgeons. ASI is making an effort to train the surgeons and postgraduates the art of doing such endoscopies.

The postgraduates in surgery at time of his entry during first year residency needs to be oriented into a vast domain of surgery, particularly the correct methods of applying bandages, suturing, putting in many types of tubes and catheters that is the art and craft of surgery. Teaching such basic surgical skills has also been taken up by the ASI. Many regional workshops for both faculty and students to teach these are now organised.

ASI is striving to aid the conversion of ‘knowledge’ to ‘wisdom’. But this journey has not been without challenges. Many of the teaching efforts have been resisted and viewed as parallel teaching with senior surgeons and teachers even prohibiting their students from attending the teaching sessions. There was also the issue of self-indoctrinated teachers. There are many who believe that teaching is a part-time entertainment and comes as an extempore process with age. In this world of exponential knowledge expansion with instantaneous access, most students are well informed and needless to say that the teachers also need to be updated to stay revered.

I had the privilege to lead this organization a few years back, had been lucky to have initiated the postgraduate teaching on behalf of ASI and walked along the path of its maturation. I am sure that there are many who had thought or think that the path was a simple rosy one. It has however, been a difficult personal journey not without a toll on my personal life. Every teaching process has been a self-learning as well, and students have been enthusiastic and are keen to learn.

I believe that being a teacher is part and parcel of being a surgeon and according to Albert Einstein, ‘it is the supreme art of the teacher to awaken joy in creative expression and knowledge’. I am glad that together with ASI, I was instrumental in touching lives and mentoring our coming generation of surgeons who in due course will be the ones treating us and our families.