Message from the President Association of Surgeons of India

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I am indeed humbled by the great privilege I have, to lead the Association of Surgeons of India at a time of expected transformation from being almost a political trade union to an organisation thrusting ahead in the pursuit of providing knowledge to its members and to modulate the career of aspirants who wish to take up surgery as their profession.

Shaping the novice, modulating their behavior, making them performers by staged autonomy while under training, and bringing up them as professionals with concern and empathy to the people around them in society is beyond the confines of teaching but certainly within reach of mentoring. Professional bodies like the Association of Surgeons of India through its platform can proctor the trainees. But the challenge lies in the identification of worthy trainers rather than locating the trainees who will in any case be more than willing to learn.

Postgraduate medical education has made a revolutionary change from what was merely an apprenticeship at the time of

Sushruta of India which was a verbatim copy and enactment of the teacher by the student to the “Halstedian Residency” programme of the USA where knowledge of science was well incorporated into learning process. Pressure by the society, industry and economy, limitation of working hours of both trainers and trainees and the demand on higher patient safety coupled with extensive documentation for credentialing of organisations make the trainers to have limited time to oversee the training are some of the important emerging challenges.

The discipline of surgery among all medical specialties has an added problem in both teaching and learning the craft of hand work and the artistry of the craft; a treatise for the eyes can be mastered only by constant finger movements coupled with an intellectual comprehension of an anticipated outcome.

In a country like India where postgraduate surgical training comes under the canopy of universities cannot dream of uniformity in teaching and learning. National Board probably would have been an answer to achieve national standardization but for its social acceptance. This is where ASI can make a pivotal role. Through its national, zonal and state level teaching platforms, more faculty can be drawn into cadre of mentors and more trainees can be exposed to the national scene.

“You can teach any monkey to operate” is an often quoted statement of anonymous origin. “..... the performance of operation is the most complex psychomotor activity a human being can be called upon to perform”—Dick Bell in his Presidential address to Central American Surgical Association in 2009 are two extremes of expression on surgery. But the truth is somewhere between the two. The charter of the Royal College of Surgeons of Edinburgh written in 1512 reads “... no manner of person shall employ...our said crafts of surgery....unless he be worthy and expert in all subjectsbelonging to the said crafts, and diligently and advisedly examined...” Its wise for the trainers to think “Who put

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you to struggle?” and “Am I providing the same critical opportunity to my residents?” The trainer needs to balance his commitment to patients for a safe outcome for which he is paid and to make his trainee for a safe procedure where he remains largely unpaid but has a social obligation not to trainees alone but to the entire society and future.

The term competency can be defined “ability to do something well”, and with regard to a surgeon, it has “multidimensional, dynamic, contextual and developmental” domains, each with a spectrum of ability to achieve in the path of a novice to master. The core competencies in a physician are medical knowledge, practice-based improvement, system-based practice, interpersonal relationship, communication skills and professionalism. To these skills of the artistic beauty of the craft of surgery gets added. The ASI can contribute to its members in all these dimensions by conducting conferences, workshops, skill courses, and running structured fellowships. The Association should be in a position to create a sense of anguish in the mind of faculty when they are signing off “... is trained enough to practice independently the craft”. This attitude brings out the best in the trainers and in the trainees, a difficult mission to achieve. The trainers also need to provide graded autonomy to his students in the path to induce confidence in

them, a highly variable concept. The autonomy should encompass cognition, decision making and technical performance which should remain within the framework of safety of patients. ASI had taken a lead in the patient safety programme with WHO and should continue this initiative in years to come.

Despite a structured “residency” for 5 years in the USA, in a recent survey, it was heartening to note that only less than 30 % of the signed off residents were prepared to shoulder the independent responsibility, but most joined for further fellowships in limited organ or disease profiles for further skill development. There is huge responsibility on the part of the Association of Surgeons of India to instill the need for recognising the need for such postdoctoral training, take lead in setting up skill labs, help to formulate training modules and facilitate the young to identify and reach high volume centres for advanced training.

The task before me for the organisation remains huge in the cause for surgical teaching. Accomplishment is a bright possibility but needs the support from each one of you. I am indeed thankful to each of you for the constant encouragement. Stay together for a brilliant future.

Long live ASI.