



## EXAMINATION OF THE PREPAREDNESS OF GENERAL SURGERY GRADUATE CANDIDATES ENTERING CERTIFIED SURGICAL SPECIALIZATION FELLOWSHIPS IN PAKISTAN

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### Abstract:

**Aim:** The purpose of our current research study was to examine preparedness of general surgery graduate trainees attending certified surgical specialty internships in Pakistan.

**Methods:** The Foundation Council research committee created a multidomain, worldwide assessment survey, which was electronically distributed to any and all specialization programmed directors. Percutaneous surgery, bariatric, hepatobiliary, in addition thoracic specialties remained represented among those who responded. There were 49 quantitative items spread over five domains, as well as one or so more reflecting phenomenological questions/domains.

**Results:** There would be a 66% number of responses (n=93/155). Interviewee program managers touched that novel fellows arrived poorly prepared for operating room, that 39 percent lacked physician ownership, that 32 percent might not self-sufficiently achieve laparoscopic cholecystectomy, in addition that 68 percent were unable to operate for 38 unmonitored minutes of an information. in order. In terms of laparoscopic abilities, 34% were unable to traumatically move tissue, 28% were unable to distinguish anatomical planes, and 59% were unable to suture. Furthermore, 29% of fellows were unfamiliar about therapy alternatives, and 27% have been unable to identify early indicators of problems. Furthermore, this remained perceived that most of novel associates lacked the ability to conceptualize, develop, and carry out academic tasks.

**Conclusion:** After general surgical education, theme grouping of quantitative data indicated weaknesses in the domains of operating autonomy, progressing obligation, long-term follow-up, and academic emphasis.

**Keywords:** Preparedness of general surgery, graduate trainees, certified surgical specialty internships, Pakistan.

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## 25000INTRODUCTION:

The rehearsal of general surgery remains changing dramatically. The fast acceptance of novel technology, incorporation of sophisticated minimal aggressive methods, and overall rise of information and diversity of operations that trainees' necessity learn have all combined to significantly and eternally transform the surgical landscape. In very numerous circumstances, those fast variations surpass surgeons' capacity to quickly embrace and master novel procedures [1]. Numerous surgical training courses similarly fight to integrate new techniques and technology into residency courses. Nonetheless, rising public and hospital administration need has pushed physicians to become proficient in each of these novel operations. General surgery residents are especially vulnerable to variations in clinical area [2]. The group of population are aware of the variables influencing their prospective marketability, and yet so many are prepared to participate. Current regulatory body constraints and protections, such as rigorous adherence to responsibility hours and an increased level of monitoring through significantly reduced degrees of autonomy, have curtailed occupants' opportunity to be exposed opposed to older decades of surgical training. In certain situations, mentors who educate residents could feel ill-organized to teach innovative procedures just like robotic surgery, per-oral endoscopic myotomy, in addition spontaneous orifice surgery [3]. Ultimately, there were several trainings programmed in enhanced gastrointestinal surgery, endoscopic, bariatric surgery, hepatopancreas and biliary surgery, progressive gastrointestinal surgery, flexible endoscopy, colorectal surgery, in addition thoracic surgery [4]. The FC Board of Directors consists of 16 members, and there are 10 committees tasked in carrying out the various initiatives that address or develop every aspect of residency training. Increasingly invasive, bariatric, hepatoma pancreatobiliary, colorectal, thoracic, and flexible endoscope internships are available. The FC Board of Directors consists of 16 members, and there are 10 committees tasked in performing multiple programs to address or develop every aspect of residency training [5].

## METHODOLOGY:

The FC board of managements tasked FC research group on assessing prospective associates' readiness for the different fellowship categories supported by the FC. The scientific group is made up of active FC board of directors and program directors from several FC subjects (advance laparoscopy, bariatric, hepatic pancreatobiliary,

colorectal, and thoracic operation). The study group established goals for evaluating the new colleague in five academic contexts (Table 1). With each subject, quantitative inquiries and at least one reflection qualitative question were constructed. The survey was subsequently revised, taking into account input from the beta test. The polling average included 49 quantitative (Table 1) in addition 6 qualitative questions. Apart from in the psychomotor area, where 4-point, descriptive choices being utilized to increase accuracy and diminish variability of replies, quantitative questions utilized the conventional 5-point Likert-style scale. Each description had a distinct conduct to anchor scale choice chosen. The Indiana University Formal Review Panel approved exemptions, on condition that altogether evidence obtained remain confidential and that volunteer might not have been recognized by their present university or program type. The occurrence table of replies inside a specific response category, for instance, (1) strongly disagree, (2) disagree, (3) neither disagree nor agree, (4) agree, and (5) agree completely, is presented. Only four alternatives were supplied for the psychomotor domain, spanning from strongly disagree, disagree, agree, to highly consent, without descriptions supplied for each alternative and inquiry within such a domain, and the proportion of answers being recorded appropriately. To discover themes, qualitative written replies to open-ended reflection inquiries being analyzed. In accordance through grounded theory, the qualitative research technique was used in where themes were determined from respondent answers rather than from preset conceptions or categories.

## RESULT:

Over a 6-week period, 96 of 155 fellowship directors (65% response rate) submitted the worldwide evaluation. In addition to the statistical replies, every one of the five areas polled produced 18 to 29 free text reflecting qualitative replies in reply to the call for remarks, detailing strengths also weaknesses of current arriving associates in each domain. Foundation directors said that generally, new fellows displayed excellent ways of communicating both were courteous of cases and colleagues, through the reply of agree or agree wholeheartedly giving 79 percent to 95 percent of time for any and all traits addressed inside such an area (Table 2). The predominant response in italic in Table 3 suggest that there was indeed a trend toward using the whole breadth of the scale inside domain of level of graduated responsibility. The largest area of insufficiency appeared to be a new

fellow's capacity to conduct 40 minutes of the main process autonomously upon arrival to fellowship, through 44.8 percent of congregation directors disagreeing or strongly disagreeing with this assertion. Despite this shortcoming at the start of collaboration, 85 percent of fellowship directors

agreed that fellows were capable of doing intermediate cases alone by the end of brotherhood, and 96 percent thought that fellows were capable of practicing individually at the conclusion of graduate training (Table 3).

**Table 1:**

	Strongly Disagree, %	Disagree, %	Neither Agree nor disagree, %	Agree, %	Strongly Agree, %
Hospital Stay	23.3	18.9	55.6	42.0	2.2
Communication	15.6	43.3	26.7	2.2	12.2
45 mints communication	10.1	53.9	0.0	27.0	9.0
May take general surgery	23.6	33.7	13.5	9.0	20.2
Postoperative	21.6	42.0	22.7	3.4	10.2
Can practice independently	51.1	16.7	16.7	14.4	1.1
Perform advance cases	50.0	3.3	38.9	7.8	0.0

**Table 2:**

	Strongly Disagree, %	Disagree, %	Neither Agree nor disagree, %	Agree, %	Strongly Agree, %
Hospital stays	38.9	46.7	5.6	0.0	8.9
Good communication	6.7	0.0	50.0	42.2	1.1
ancillary staff	35.6	56.7	7.8	0.0	0.0
professional behavior	5.6	41.6	0.0	52.8	0.0
OR	12.8	43.0	7.0	36.0	1.2
Arrives	7.8	60.0	0.0	32.2	0.0
postoperative care	6.7	0.0	39.3	43.8	10.1
supervision	12.4	43.8	37.1	0.0	6.7

**Table 3:**

	Strongly Disagree, %	Disagree, %	Agree, %	Strongly Agree, %
laparoscopic intra-abdominal access	18.9	23.3	55.6	2.2
control bleeding	51.1	25.6	20.0	3.3
Proficient in recognition	58.4	15.7	24.7	1.1
dissection of tissue planes	73.3	13.3	1.1	12.2
laparoscopic suturing	13.3	1.1	21.1	64.4
use of staplers	28.9	15.6	1.1	54.4
appropriate use of energy devices	42.7	39.3	5.6	13.5

**DISCUSSION:**

Over the last generation, the percentage of trainees choosing foundation training following general surgery training has increased dramatically, with more than 83 percent of graduating surgical inhabitants requesting post-residency communion exercise in 2020 [6]. Our current research study has been undertaken following correspondence seen between FC Board of Directors and management of Group of Advanced Surgical Training and GI Surgery Advisory Council of American Board of Surgery. It aimed to assess lacunae in between qualities of graduating chief occupants and requirements of specialized communions. These organizations wanted to know how equipped graduating chief fellows were all for post-residency fellowship [7]. The outcomes of the current high

reply rate (65%) survey show multiple significant results in every one of the assessed domains. Concerningly, 45 percent of PDs believed that entering fellows could not autonomously conduct 37 minutes of the key surgery in operating theatre, and 34 percent said that new residents might not self-sufficiently also safely do simple surgeries like as an endoscopic cholecystectomy [8]. The consequences of the high response rate (65%) survey show multiple major findings in every one of the assessed domains. In terms of professionalism, there appeared to be general increased concentrations of public speaking and clear example of respect for colleagues between many current surgery graduates, nonetheless here remained troubling characters of overall medical lack of preparation and a loss of comprehension of

possession toward service users, as reproduced in 39 percent of open-ended responses inside the current domain [9]. Concerningly, 45 percent of PDs believed that entering residents could not autonomously conduct 37 minutes of the main surgery in operating theatre, and 34 percent said that novel residents might not independently and safely do simple surgeries like as an endoscopic cholecystectomy [10].

### CONCLUSION:

In summary, the data provided give confirmation of several worries stated in abstract ways by various stakeholders about the inability of alumnae of general surgery residency exercise to join autonomous surgical practice or advantage significantly from graduate technical training. Authors discovered significant impairments in categories of autonomous rehearsal capability, customer accountability, and roughly motor services completely of which are measured essential components of safe also successful treating patients. Those conclusions are not surprising considering the present general surgery family medicine residency paradigm's tight and conservative nature, which seems unable to adapt to the latest improvements. This survey also discovered a reported low level of attention in academic and intellectual pursuits.

### REFERENCES:

1. Luc JGY, Archer MA, Arora RC, Bender EM, Blitz A, Cooke DT, et al. Social Media Improves Cardiothoracic Surgery Literature Dissemination: Results of a Randomized Trial. *Ann Thorac Surg.* 2020;109(2):589–95. Epub 2019/08/14. pmid:31404547.
2. DeBord LC, Patel V, Braun TL, Dao H Jr. Social media in dermatology: clinical relevance, academic value, and trends across platforms. *J Dermatolog Treat.* 2019;30(5):511–8. Epub 2018/09/29. pmid:30265614.
3. Logghe HJ, McFadden CL, Tully NJ, Jones C. History of Social Media in Surgery. *Clin Colon Rectal Surg.* 2019;30(4):233–9. Epub 2019/09/20. pmid:28924395; PubMed Central PMCID: PMC5595540.
4. Ovaere S, Zimmerman DDE, Brady RR. Social Media in Surgical Training: Opportunities and Risks. *J Surg Educ.* 2019;75(6):1423–9. pmid:29730180
5. Dorfman RG, Mahmood E, Ren A, Turin SY, Vaca EE, Fine NA, et al. Google Ranking of Plastic Surgeons Values Social Media Presence Over Academic Pedigree and

- Experience. *Aesthet Surg J.* 2019;39(4):447–51. Epub 2019/10/23. pmid:30346492.
6. Hill SS, Dore FJ, Em ST, McLoughlin RJ, Crawford AS, Sturrock PR, et al. Twitter Use Among Departments of Surgery With General Surgery Residency Programs. *J Surg Educ.* 2020. pmid:32631768.
7. Lamb LC, DiFiori MM, Jayaraman V, Shames BD, Feeney JM. Gamified Twitter Microblogging to Support Resident Preparation for the American Board of Surgery In-Service Training Examination. *J Surg Educ.* 2019; 74(6):986–91. pmid:28545826.
8. McHugh SM, Shaffer EG, Cormican DS, Beaman ST, Forte PJ, Metro DG. Use of social media resources by applicants during the residency selection process. *J Educ Perioper Med.* 2014;16(5):E071. Epub 2019/01/01. pmid:27175402; PubMed Central PMCID: PMC4719532.
9. Dempsey TM, Pennington K, Dulohery-Scrogin M, Ramar K. Pulmonary and critical care fellowship applicants utilization of social media to evaluate programs. *Med Educ Online.* 2019;24(1):1599277. Epub 2019/04/16. pmid:30982419; PubMed Central PMCID: PMC6484488.
10. Irwin TJ, Riesel JN, Ortiz R, Helliwell LA, Lin SJ, Eberlin KR. The Impact of Social Media on Plastic Surgery Residency Applicants. *Ann Plast Surg.* 2020. Epub 2020/04/30. pmid:32349083.