
EDITORIAL

SKILLS LEARNT AND LOST: DILEMMAS FOR TEACHERS IN POSTGRADUATE INSTITUTIONS

Progressive academic units in Third World countries have never had it so good. All modern instrumentation is within their reach and when the administration is unable to budget, philanthropists step in. What follows is a move away from "old fashioned" scalpel-wielding surgery.

An increasing number of procedures are today being done endoscopically or even percutaneously by the radiologist. Witness the changes in urology. Percutaneous transfemoral (vein) coil embolisation replaces high ligation of varicoceles. Virtually all stones can be tackled by extracorporeal shock wave lithotripsy, ureteroscopy litholapaxy and percutaneous nephrolithomy. If the professor cannot demonstrate open surgery how will the surgeons of tomorrow deal with the large ureteric calculus when posted in the District Hospital setting?

In Pakistan, ureterolithotomy will still remain for a few years the mainstay of treating our large stones as Stephen Dretler rightly points out in his article in this issue. The training of a surgeon who will do this operation will be best take place in an academic institution, which, striving for the best for its patients, will not be doing any ureterolithotomies very soon!

That paradox needs to be resolved.

We need to continually rethink and modify methods for the training of a surgeon. Is repetitive performance of operation the best method of training? Skills will need to be taught in new ways strengthening basic principles of surgery and expanding the trainees' vision, thinking and adaptability. Stress on general basic surgical techniques and the process of continued self learning combined with encouragement of innovations allowing adaptation in less than ideal circumstances will develop the surgeon capable of treating his patient with minimal technological help.

Exposure of the trainee to a district hospital environment with its efficient handling of large volumes of ill patients will enlighten the student and free him to think out practical solutions to disease problems.

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