

Surgeons left behind - The real percentage of uneducated surgeons in Laparoscopic Surgery

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Independent Multicentric Study in Greece

ABSTRACT

Introduction

Continuous medical education (CME) aims in the continuous training of doctors on the new developments and technologies in Medicine. The establishment of societies that control credentialing in the medical education activities highlights the importance of CME. In surgical specialties, training is time-consuming, difficult and costly procedure, due to the need of skilled instructors, expensive equipment, and frequent practicing. The training costs are even higher for the education in Laparoscopic Surgery. The History of Laparoscopic Surgery in Greece includes numerous chapters of self-sponsored CME or sponsored by private companies: this pattern of education does not include all Greek surgeons.

Aim

Aim of this study was to assess the overall gap in Laparoscopic Surgery experience in a sample of 25 public Hospitals, by detecting the number of uneducated surgeons, in the total sample, and in groups considering the Hospitals' standards.

Methods

In May 2005, we collected information from 25 public Greek Hospitals about the numerical inexperience of general surgeons. Based on interviews of 25 surgeons who were working in the Hospitals of interest, we reported the number of surgeons who did not perform laparoscopic operations, at least for the 2 past years. Information related to the total number of surgeons and the general profile of the Hospitals were reported, considering the University Hospitals, urban General Hospitals, rural University Hospitals, Hospitals of secondary care, Hospitals of tertiary care, teaching Hospitals with full-teaching residency program, and Hospitals with approval for limited teaching residency program (up to 3 years , non-full teaching Hospitals). We did not report the names of the Hospitals because the large number of laparoscopic surgeons does not guarantee the quality of surgical expertise. In the study we did not include the top Hospitals of Laparoscopic Surgery experience, known for their performance in advanced Laparoscopic Surgery.

Results

In a total of 164 general surgeons working in the 25 Hospitals of the study, 55 surgeons were not using the laparoscopic approach (34%) ($p < 0.005$). The "uneducated" surgeons were 35% in rural Hospitals, 33% in urban Hospitals, 25% in Hospitals of secondary care, which was unexpectedly equal in percentage with Hospitals of tertiary care (25%), 44% in University Hospitals, and interestingly 25% in non-University Hospitals. In full teaching Hospitals, the uneducated surgeons were 33% and in Hospitals that were not approved to offer full-residency program in General Surgery were almost the same in proportion (34%). In the statistical analysis between the groups in pairs, the most significant difference was noticed in the laparoscopic inexperience between University Hospitals and non-University Hospitals ($p = 0.03$).

Conclusions

The percentage of surgeons who are not educated in laparoscopic surgery is rather high in the public Hospitals of our sample. The results seem to reflect the failure of current sponsoring options in continuous medical education of surgeons including all categories of Hospitals, but the problem is not limited to the lack of financial resources, as there has not been statistical difference in the "teaching effect", in Hospitals with high operational costs (full-teaching Hospitals, tertiary Hospitals, urban Hospitals). The fact that full teaching Hospitals and tertiary Hospitals do not present superiority among the rest of Hospitals raises concerns for the "teaching effect" and confirms the aged rumor that the hierarchy of health care has been violated in the human resource component, via thousands of unmeritocratic appointments in the public sector.

Keywords: *Laparoscopic surgery, Continuing medical education, Teaching hospitals, General hospitals, Surgical specialty.*

INTRODUCTION

The History of Laparoscopic Surgery in Greece started at about 1993. Then, the number of laparoscopic surgeons, who acquired the skills for laparoscopic procedures (according to the requirements of that period), was very small, especially in public Hospitals. In the years before the introduction of the laparoscopic approach, continuous medical education (CME) was not a concern for general surgeons. Gradually, the mean number of the performed laparoscopic cases increased, fulfilling the interna-

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