

# Surgery Children



# A student's perspective on surgical specialty education in Turkiye

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#### Dear Editor,

Pediatric Surgery is defined as the diagnostic, operative, and postoperative surgical care of children with developmental, inflammatory, neoplastic, traumatic congenital, acquired anomalies and diseases. A pediatric surgeon can perform many surgeries such as; appendectomy, colectomy, cholecystectomy, splenic splenectomy, inguinal and umbilical hernia, pectus excavatum treatment. Subspecialties of pediatric surgery mainly include: neonatal surgery and fetal surgery, some of the pediatric cardiothoracic procedures, pediatric nephrological surgery, pediatric neurosurgery, and some procedures that may be related to pediatric urological surgery (surgery related to the child's kidneys and ureters, including kidney or kidney transplantation, surgery of the child's urinary bladder and other structures and the lower part of the kidney required for ejaculation), pediatric emergency surgery, surgery involving fetuses or embryos (overlapping with obstetric/gynecological surgery, neonatology, and maternal-fetal medicine), surgery involving adolescents or young adults, pediatric hepatological (liver) and gastrointestinal (stomach) surgery (including liver and intestinal transplantation in children), some pediatric orthopedic surgeries, pediatric plastic and reconstructive surgery, and pediatric oncological (childhood cancer) surgery.

Although all these subunits in Turkiye and almost all surgical techniques can be applied, Pediatric Surgery is among the least preferred departments today. One of the problems that causes this outcome may be the increasing number of malpractice lawsuits in the pediatric patient group, just like in the gynecology and obstetrics group. Also, parents who threatened medical personnel with lawsuit demonstrated contradictory behaviours such as expecting doctors all the required energy to calm their child. Disregarding the difficulties caused by families who bring their children to outpatient clinics, there are also obstacles observed by the students receiving training. Another factor not to prefer pediatric surgery may be about self-comfort. Some medical students, like some other people, want to work less and earn more money. Problems such as these, may be more others, constitute why the staff in many surgical branches, especially pediatric surgery, is gradually decreasing. In addition, 10 to 20 years ago, medical school students who passed the

examination to be a resident (TUS) were voluntarily enrolling in surgery branches because it offered both professional satisfaction and a financially appropriate quality of life. However, nowadays, the decrease in the scores of surgical branches due to the reasons mentioned above suggests that, unfortunately, students who score enough to pass the threshold in TUS see these branches as an escape route to avoid practicing. As a result of this situation, low-ranking students in TUS choose surgical branches that require more qualification. Sorrowfully, these types of residents faced with a 6-year basic education deficiency and forthcoming 5-year abrasive specialization curriculum that lead many assistant physicians to resign. If all these compelling period is, somehow, passed in that case as an consequence of mediocre training and education, more complicated situation likes life endangering, mismanagement of clinical situations, misdiagnosis problems, wrong medical and surgical treatments, might further affects the patient-physician relationships, which are very prone to abuse.

As a solution; To eliminate the shortage of specialist doctors and to make pediatric surgery and other surgical branches attractive, volunteer medical students can be taught simple surgical procedures/applications (sutures, dressings, surgery videos, etc.) at an early stage of their education, and these students can also be supported academically.

According to an article conducted to evaluate purpose, it is aimed to expand medical students' access to clinical learning, resources, and opportunities, regardless of city. The overall theme revolved around how the project allowed them to explore surgery earlier in their medical education and how the project helped them consider surgery as a career.1 The operating room and camera system were used for the developed project. One of surgery's main goals was to foster an early interest in surgical disciplines among students by encouraging early participation in preclinical education. In addition, the project aimed to assess how much students valued their experiences in learning in the clinic, meeting people with surgical careers, and developing the skill sets necessary to create learning resources. Survey results found that 87.5% of student expressed satisfaction with the enhanced clinical experience, particularly





acknowledging that for many medical students. This was their first experience in the operating room. All students either "agreed" or "strongly agreed" that the project provided them with valuable leadership experience, practical skills in creating educational learning resources, and opportunities to explore careers in surgery. All the students, either "agreed" or "strongly agreed", emphasized that the project allowed them to gain valuable skills in educational video production, including video shooting and video editing. Written feedback from students participating in the survey was mostly positive.

According to the conclusion drawn from this article, the use of plenty of visuals (video, photographs, live broadcasts from the operating room / having students watch previous surgical broadcasts) during surgical training and warming up students to the procedures at an early age will positively affect medical faculty students' choice of surgery branch in the future.

# **ETHICAL DECLARATIONS**

# **Referee Evaluation Process**

Externally peer-reviewed.

#### **Conflict of Interest Statement**

The authors have no conflicts of interest to declare.

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#### **Author Contributions**

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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