References


International Symposium on Recent Advances in Surgery

Sir,

I recently attended an excellent symposium conducted in Riyadh by the Armed Forces Hospital, entitled “International Symposium on Recent Advances in Surgery” during the 22nd - 24th November 1998. There were ten international speakers very well known in their fields, as well as many prominent national ones.

It was well organized; three full days and also well attended by professionals from Riyadh as well as from other parts of the Kingdom. Among the attendants were a good number of trainee residents, many of whom had come from far away areas. This reflected their degree of interest and enthusiasm to learn.

Of the three days, the first day was mainly filled with topics related to hepatobiliary surgery. The second was fully devoted to laparoscopic surgery in various fields. Each session was followed by an active panel discussion up to the point that many of the panelists stated their preference to do any and every procedure laparoscopically. The third day was a mixed bag of papers. There were three sessions of “Meet the Professor”, one each noon of the symposium days, and the topics coincided with the theme of that day.

My concern in all of this is the message that such a symposium gives to both our trainers and trainees. If the trend is going toward laparoscopic approach; what would happen to our trainees? Would they be deficient in the open methods? Or, will they depend on the animal laboratory as one of the panelists answered my question to this point?

This is not only a passing question, but a serious issue to all of us concerned with surgical training in the Kingdom, and specifically to the Saudi Board, especially since many participants in the panel came from Saudi Training programs. I hope this issue is not put aside until it is too late to rectify the damage.

I therefore propose a combination of the following solutions to be considered by those concerned: 1. Animal laboratories for live models of training. This will provide the chance for outcome and follow up studies as needed. 2. Education centers to be equipped with various trainer modules and 3-D simulators. The latter is already in use extensively and has achieved significant success in the airline industry. 3. TV links with live demonstration of both picture and sound across a hall, or across the world ie. Tele-conferencing should be made more widely available. 4. Fellowship in open (conventional) surgery to gain more and needed experience in specified field of surgery, and to complement the in-vogue laparoscopic approach. 5. Standardization to meet minimal requirement and certification would be the responsibility of the universities in cooperation with the Saudi Board for Health Specialities.

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References