THE TRAINING OF SURGEONS

David C. Sabiston, Jr., M.D.
Chairman & Prof. of Surgery
Duke Univ. Medical Center

The structure of Residency Training Programs has attracted much interest as well as controversy since the original programs were established more than a century ago. There is a consensus among program directors and residents alike that all surgical trainees should be provided with an ample number and variety of surgical problems in which they perform the major part of many operations. It is the responsibility of the program director and the faculty to provide such experiences for all trainees to assure the fact that they will be safe, sound, and accomplished clinical surgeons upon completion of the program. While most agree that young surgeons being trained for academic posts require a firm background in basic scientific research, there has been less certainty concerning those trainees planning to enter clinical practice unrelated to a teaching center. In an effort to obtain data concerning this issue and its relationship to the future careers of both academic surgeons and those in practice in non-academic hospitals, a survey was conducted among a consecutive group of residents who completed the training in General and Cardiothoracic Surgery at the Duke University Medical Center during the past 15 years. The results indicate that those currently in academic posts, as well as those who are surgical practitioners without academic appointments, strongly favor the concept of an opportunity to engage in full-time research for a period of one or more years during their surgical training program. The data obtained clearly demonstrate that such an experience strengthens the confidence and ability of the practicing surgeon as well as permitting better and more appropriate clinical decisions. Such training also improves the ability to interpret publications in the literature. Finally, such an experience makes more likely the subsequent publication of meaningful papers in refereed medical and surgical journals by academic and non-academic surgeons alike.