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Educational Article

The Saudi Orthopedic Residency Program: A comparison of the Riyadh training center with other Saudi training centers



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المخلص

أهداف البحث: تقييم مستوى التدريب ببرنامج الاختصاص السعودي لجراحة العظام بشكل عام وعمل مقارنة بين مركز تدريب الرياض والمراكز الأخرى في المملكة العربية السعودية.

طرق البحث: شارك في الدراسة ٣٨ طبيباً مقيماً من مركز الرياض و ٣٢ طبيباً من مراكز التدريب الأخرى، حيث قاموا بتعبئة استبانات عن أهم الجوانب الأساسية المتعلقة بالتدريب.

النتائج: كان الإقبال على قراءة المجلات العلمية المتخصصة أكثر لدى متدربي الرياض، مقارنة بزملائهم خارج الرياض، الذين تزايد إقبالهم على قراءة الكتب العلمية (P=٠.٠٢٨). وقد أظهر الاستطلاع وجود عدم كفاية التدريب في مجال الإصابات والحوادث بالنسبة للأطباء المقيمين بمركز الرياض، وكذلك عدم كفاية نسبة في التخصصات الدقيقة الأخرى لدى المتدربين بالمراكز خارج الرياض. وكان انطباع معظم الأطباء المتدربين خارج الرياض عن التدريب بأنه دون المستوى المطلوب، الأمر الذي نفاه نظراؤهم في مركز الرياض (P=٠.٠٢١). وكان رأي الأغلبية بأن درجة الامتحان لا تعكس بالضرورة المستوى الحقيقي للمتدرب، وأن أعداد المتدربين المتزايدة باتت تفوق الطاقة التدريبية للبرنامج، وبشكل عام لم تظهر نتائج الدراسة وجود فرق يذكر بين المتدربين من ناحية امتلاك المهارة الكافية للقيام بالجراحات العظمية الأساسية بعد إتمام التدريب.

الاستنتاجات: المادة العلمية يجب أن تكون في متناول جميع الأطباء المقيمين، وكذلك يفضل تعيين مشرفين لمتابعة تقدم المتدربين. يجب منع أعضاء الفريق

الطبي من التعدي على حقوق المتدرب أو تضييع فرص التدريب عليه. يجب ألا تتجاوز أعداد المتدربين استيعاب القدرة التدريبية للبرنامج. آراء المتدربين يجب أن تحترم، وكذلك يلزم اللجنة العلمية بالبرنامج معرفة المدربين المقصرين ومحاسبتهم. كما يجب تحديد التخصصات الدقيقة التي لا يتلقى المتدرب فيها المستوى المطلوب والعمل على سد الحاجة فيها. ويمكن أن يستخدم كتيب تسجيل الحالات الجراحية كمقياس لاكتفاء المتدرب في تخصصات معينة، وعلى لجنة الامتحانات بالبرنامج تجنب التغييرات المفاجئة والمتكررة في أساليب ومواعيد وأماكن الامتحانات.

الكلمات المفتاحية: تقييم; تعليم طبي; برنامج تدريب; برنامج الاختصاص السعودي لجراحة العظام; التدريب

Abstract

Objective: To evaluate the training quality of the Saudi Orthopedic Residency Program in general, and to compare the Riyadh training center with other training centers in Saudi Arabia.

Methods: A group of 38 residents from Riyadh and 32 residents from other centers in Saudi Arabia were surveyed in a cross-sectional manner. The participants completed carefully designed questionnaires pertaining to the most critical issues of their training.

Results: Reading peer-reviewed, scholarly articles was more popular with trainees in Riyadh compared with trainees working outside Riyadh, for whom textbooks were the dominant educational resource (P = 0.028). The data revealed insufficiencies in surgical training in the trauma discipline in Riyadh and relative deficiencies of surgical experience in specialties outside of Riyadh. In contrast to residents trained outside of Riyadh, Riyadh trainees denied having a weak level of training

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($P = 0.021$). Examination scores did not reflect the actual level of resident competency according to the residents' responses. The program's capacity could not accommodate the growing number of trainees. Both groups reported similar levels of expertise with regard to the basic orthopedic operative skills.

Conclusion: Educational resources should be within the reach of all residents. Senior supervisors should not compromise resident training. The number of trainees should be proportional to program capacity. Resident feedback should not be neglected, and the program committee must recognize delinquent trainers and protect the trainees from them. Deficient areas of training should be identified and rectified. A case logbook may be used as an indicator of surgical exposure. Frequent changes to examination formats, dates and locations should be avoided.

Keywords: Evaluation; Medical education; Residency program; Saudi Orthopedic Board; Training

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Introduction

The Saudi Commission for Health Specialties (SCFHS) is the authorized administrative body that grants accreditation to the local training institutions and controls the qualification of healthcare workers in Saudi Arabia. In addition, SCFHS directly supervises the post-graduate local training in different medical fields. Orthopedic surgery training is the responsibility of the Saudi Orthopedic Residency Program, which is in turn ruled by SCFHS. Saudi Orthopedic Residency Program has branches in the major Saudi cities and the training is only performed in the accredited training institutes. Training of residents who belong to a particular program is typically based locally in their main center. The minimum duration of orthopedic training is five years and trainees are evaluated regularly during each rotation. The evaluation of the resident is the responsibility of the attending physician who records the level achieved by the trainee according to a specific scale given in the resident evaluation form. The resident evaluation form basically tests 4 main training domains; knowledge, clinical skills, operative skills and personality and ethics. Residents must pass a requisite examination at the end of each training year to be promoted to the next level of training. After completion of the fifth training year, the trainee becomes board eligible. Candidates who pass the theoretical and clinical sections of the final exam are certified by the Saudi Board of Orthopedic Surgery (SB-Orth).

However, deficiencies in healthcare systems may lead to serious consequences for the health of the population; therefore, there is little doubt as to why many governments

devote considerable attention and effort to develop these systems. The aptitude of medical practitioners is an essential part of a healthcare system, which is directly related to the quality of training and the licensing process. Governmental awareness of the importance of medical education has resulted in significant changes in healthcare systems to optimize medical training. In 1996, the Royal College of Physicians and Surgeons of Canada adopted the guidelines of the Canadian Medical Education Directions for Specialists (CanMEDS).¹ Similarly, the regulations of the Accreditation Council for Graduate Medical Education (ACGME) were implemented in the United States in 1999,²⁻⁴ and the Australian government formulated the Australian Curriculum Framework for Junior Doctors in 2006.^{5,6}

The recent expansion of the Saudi Orthopedic Residency Program in terms of the number of trainees and training institutions has had a remarkable effect on the quality of training. The aim of the present study was to investigate the current status of training of the Saudi Orthopedic Residency Program from the residents' perspective and to compare feedback from Riyadh residents regarding training quality with the impression of their peers outside of Riyadh.

Methods

A proposal for the present study was reviewed and approved by the institutional review board. A cross-sectional study was conducted from 2011 to 2012 among residents enrolled in the Saudi Orthopedic Residency Program. Invitations to participate in the study were sent by email to 90 residents who represented almost all the senior in-training orthopedic residents in Saudi Arabia. 40 residents were from Riyadh center whereas the remaining 50 were trained outside of Riyadh. Seventy residents completed the questionnaire and returned them back to the research team with about 78% overall response rate. Thirty-eight residents out of the 40 Riyadh residents and 32 residents out of the 50 whose training was based outside of Riyadh completed the survey questionnaires. The response rates were around 95% and 64% in Riyadh and outside of Riyadh, respectively.

Junior residents in their first and second years of training were excluded because of their limited orthopedic experience. The questionnaire consisted of 27 items arranged in six sections. The questions were closed-ended with multiple-choice answers. The questionnaire was carefully formulated by a group of experts to examine the most critical aspects of the training process and included demographic data, academic educational activities, operative skills training, teaching staff aptitude, exams and trainee's overall self-satisfaction.

Statistical analysis was performed using SPSS version 19 (IBM Corporation, USA). The questionnaire's reliability was verified through test-retest study. P values were obtained using χ^2 and Fisher's exact tests; $P < 0.05$ was considered to be statistically significant.

Results

Participants in each group were distributed evenly based on their level of training. Although textbooks represented the

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