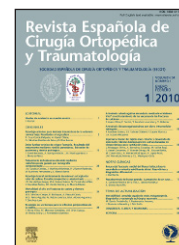


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## EDUCATION

### Orthopaedic Surgery and Traumatology in the medical degree

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## Access to University

The recent publication of a list of the best universities in the world has revealed that there is not a single Spanish university among the first 200, and only 10 among the first 500. Of the first 20 in the list, 17 are in North America, 2 are in England and 1 is in Japan. The first in the 500 ranking is the USA with 154 institutions, followed by Germany with 39 universities, Great Britain with 38 and Japan with 25. The latter two are ahead of France, which (with 22 institutions) fell from the 5th to the 6th position, tied with Italy and China.

It is possible that many of our readers would not have been able to study for a medical degree back in our time, due to the very high score needed to be admitted to Spanish institutions. Medical students are still the best in relation to their secondary school qualifications and medicine is still the most sought-after degree among new university students; it has almost become an elitist career. According to data obtained from medical schools, 44,539 students chose one of the 6,229 positions offered as their first choice

this year. With the new scoring system of the University Access Test, which has a maximum score of 14, the average this year was around 12.13. The medical faculties that required the highest score were Santander (12.59), Oviedo (12.57), Salamanca (12.56), Granada (12.50) and Badajoz (12.45), with figures that are almost impossible to meet.

We could thus sum up, in accordance with what has been indicated thus far, that medical degrees are chosen by the best Spanish students, but these degrees do not offer them a quality education, even when it is accepted that the scales used to evaluate and grade the quality of universities can be questionable. To complicate matters even further, our medical students enrol in private academies as soon as their studies are finished (or even before) to prepare for the exam that will let them enter postgraduate education. Consequently, graduate studies become a mere formality necessary to qualify for the MIR (Spanish residency exam). It is not uncommon to see students in their last year in the libraries at their university hospitals studying for this exam instead of attending practical lessons. It is possible that the changes announced for the MIR system will modify and improve this short-term vision of preparing for a purely theoretical exam, exempt from any clinical practice. Medicine is more than just

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scientific knowledge; it also includes other aspects like communicating with patients and family members, or the cost-efficiency relationship of our actions, which are not included in this exam. Furthermore, with the current modifications, the academic record holds little importance in the final MIR grade (10%) and the title of Doctor, the highest academic level any university can give, has become undervalued.

## OST in Medical Schools

Orthopaedic Surgery and Traumatology (OST) was a compulsory core subject in the Musculoskeletal Diseases class, along with Rheumatology, before the changes introduced by the Bologna reform. Rheumatology programs address systemic musculoskeletal diseases, while our specialty studies medical and surgical treatment of osteoarticular, congenital, acquired and traumatic processes. It could be said that the academic load for rheumatology generally represents one third of this subject, while the other two thirds are the responsibility of orthopaedic surgeons, although this varies depending on the faculty. It is normally studied during one semester in the fifth year.

The credits assigned to the Musculoskeletal Diseases subject vary greatly from one university to another, as each of them decides on the academic load and this has a direct relation with the representation and power of the commissions formed at each university. As in almost all clinical disciplines, the total teaching hours for theoretical classes have been sharply reduced, with a range oscillating from 20 hours at the Universidad de Cadiz to 67 at the Universidad de Alcalá de Henares, according to the guides published on their websites. The traditional syllabus has been reduced, but not its contents, which means that there are artificial syllabi including ample topics impossible to develop with the adequate depth for a medical student. The consequence is that many of the hours dedicated to seminars are in fact composed of theoretical contents. Many of these universities have shown important errors in their curricula. The hope is that they will now be corrected by the new curriculum oriented towards the Bologna reform, which will be discussed further.

According to an updated record of public universities published in the report by Professor Gomar some years ago for the Spanish Traumatology and Orthopaedic Surgery Society (SECOT) yearbook, there were 51 OST professors, out of which 10 were full university professors, one was a full trade school university professor and the other 40 were tenured professors. Although an updated record is not currently available, the number of full professors must be lower while the number of tenured professors must be roughly similar.

All universities include practical classes in their curricula, with special emphasis on emergency service rotations. The total number of hours is considered adequate within the set of surgical practices and their specialties, with a range of

**Table 1** Wait-listed patients per 1,000 inhabitants

<i>Patients wait-listed for urgent surgery per 1,000 inhabitants</i>	9.11
For General Surgery and Digestive Apparatus interventions	1.79
For Gynaecology interventions	0.51
For Ophthalmology interventions	1.74
For ENT interventions	0.72
For Traumatology interventions	2.30
For Urology interventions	0.68
For Heart Surgery interventions	0.05
For Angiology and Vascular Surgery interventions	0.26
<i>Patients wait-listed for specialist consultation per 1,000 inhabitants</i>	40.24
For Gynaecology	3.94
For Ophthalmology consultation	7.64
For Traumatology consultation	6.33
For Dermatology consultation	4.59
For ENT consultation	2.24
For General Surgery consultation	1.60
For Urology consultation	1.95
For Digestive Apparatus consultation	2.22
For Cardiology consultation	1.71

Taken from key indicators of the National Health System.

40-70 hours. In most universities, practical classes are carried out simultaneously with theoretical classes, but some of them have a final practical course with rotations throughout the different surgical and medical specialties. The students usually stay in our specialty for 3 or 4 weeks, fully integrated in all activities of our Service throughout that time. In these cases, practical sessions are reduced to 20-30 hours during the theory teaching period. In the case of the Facultad de Oviedo (Oviedo Faculty of Medicine), practices are taught in 2 cycles; there is one at the beginning of the course, aimed at learning to explore the musculoskeletal system, and another one that lasts the duration of the course, when students have already passed the theory period and are then focused on therapeutic techniques.

It seems that our specialty does not have the attention it deserves in medical study programs. Musculoskeletal processes are frequent among the general population, especially in an increasingly aging population. Almost 30% of all primary care consultations are related to the musculoskeletal system and the demand for specialised consultations is much higher than in any other specialty (table 1), reaching 6.33 per 1,000 population (second only to Ophthalmology). This could be due to the lack of training that Primary Care doctors have in Orthopaedic Surgery and Traumatology and could be directly related to the limited educational load in our specialty in medical degree studies (now associate degree studies) and the likewise limited rotation through our units of physicians being trained in

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