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Neurosurgical training: A process, not an Event

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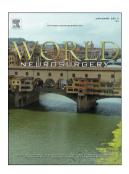
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PERSPECTIVE

Neurosurgical training: A process, not an Event

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"It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change" Charles Darwin

Surgical academic programs in the United States have struggled over the past fifteen years to maintain the quality of graduating surgical trainees whilst upholding the new regulations mandated by the Institute of Medicine (IM) and the Accreditation Council for Graduate Medical Education (ACGME). The 80-hour work week limitation which had been designed to reduce physician stress and fatigue, has consistently failed to demonstrate improved patient outcomes in surgical specialties, and may potentially adversely affect clinical care by interfering with the attainment of technical proficiency^{4,5}. A survey conducted by the American Board of Surgery (ABS) discovered that serious deficiencies existed amongst graduating General Surgery chief residents with regards to the performance of surgical procedures considered intrinsic to the field.² These findings were further corroborated by the Fellowship Council who reported that two thirds of graduating General Surgery chief residents were unable to complete key procedures without attending supervision.⁶ These discoveries become increasingly worrisome when

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