

Medical Continuing Education Committee. Memories for the Future

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In 1910, Abraham Flexner presented his renowned FLEXNER REPORT, which evaluated 155 Medicine Schools in the USA. It criticized a highly lucrative business, to the point of denouncing an overabundance of physicians with bad instruction and worse training.

Flexner asserted: «If medicine was conceived as an art instead of a science, those people practising it would be motivated to act with a clear understanding, but based on superficial empirical sciences. On the contrary, if those people practising medicine were absolutely conscious of their responsibility towards the scientific spirit and method, they would need to make an effort to clarify concepts and proceed systemically on facts and data accumulation, hypothesis formulation, and evaluation of results. If medicine accepts as an aim the achievement of scientific standards in research and professional exercise, medical education must be primarily conceived as education and training of students in the intellectual techniques of inductive science».

I believe that not only did Flexner seek enhancement in hospitals, but he also introduced a key concept: continuing medical education. There are multiple developments that demand competent health professionals: sustained growth in scientific knowledge, increasing availability of diagnostic and treatment technology, impact on social expenditure, and also the new challenges related to ethics and the social responsibility that the medical profession assumes by defending life and fighting disease.

Maybe the most suitable definition for current medicine is the one expressed by the 1985 Nobel Medicine Prize winner Joseph L. Goldstein (2000): «Unlike Mathematics and Physics, Biology and Medicine are *empirical sciences*. Because they lack great unified theories to direct the experiments, conceptual advances in biomedical science deeply depend on technological innovation».

The pandemic striking our planet is putting this tenet to the test. Present-day physicians must know the reasons why they are taught what they are taught. Both the healthy and the sick depend on them.

One of our Nobel Prize winners, Bernardo Houssay, in a conference at the Center of Medicine Students of Buenos Aires in 1927, prophesied the twilight of hospitals in charge of charity workers as «a last refuge for the underdogs and the homeless» in the late 19th century, to be replaced by complex therapeutic institutions in charge of professionals specialized in the art of healing.

He also anticipated Medical Residency as a model to pursue after having obtained a bachelor's degree. We are fully convinced that such practice, together with Programmatic Attendance and fellow associates to the Medical Residency system, are the way forward for a new graduate physician.

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By the 1960s, an innovative method in Medical Education oriented to problem cases is initiated in the University of McMaster, Canada. It demands that the trainees pose questions, develop hypotheses and defend ideas and opinions.

Undoubtedly, motivating the learners to take part on their own training has great value, but it also requires properly formed professors and a certain level of training. This is the reason why we consider such method most suitable for Hospital Athenaeums or Postgraduate Courses.

We are convinced that the students should profit from the first ten years of postgraduate courses in order to acquire a quality training appropriate for a professional specialist. Over that period, efforts must also be made to ensure the completion of the degree with the best standards possible.

Thus, in 2008, under the presidency of Dr. Iván Ayerza, while we were presiding the Continuing Medical Education Committee, we opened the *Curso Oficial Nacional Bianual de Certificación* (National Biannual Official Course of Certification). It consisted in one year of Traumatology and one year of Orthopedics with a Final Monograph. We sought to strengthen the practical training undoubtedly offered by Residency and its incorporated systems with a theoretical reinforcement essential to formation. The course is today mandatory to obtain the Specialty Certification issued by the Asociación Argentina de Ortopedia y Traumatología.

The study program is designed and updated by the Continuing Medical Education Committee, and the speakers are requested and suggested by the Constituents Associations and Societies. The problem cases are selected and coordinated by the Committee. Lectures are given equally across the country, and the final evaluation is performed on the same date and time at the different constituent offices.

At the end of the Residency, the student will be a Specialist in General Orthopedics and Traumatology. After this training, he or she should engage in one of the specialties of our Association. We consider that, in this manner, we are moving closer to a maxim expressed by the founder of the Municipal School for Graduates, Dr. Ricardo Finochietto: «Theory produces information, but not formation. Only surgery practice provides formation».

Since last year, under the conduction of our brand new president, Dr. Jorge Romanelli, we have achieved an even greater enhancement of that stage of theoretical training by establishing a third integrating year. We intend to emphasize on Medical Ethics, following our Code of Ethics and our Guild, and delve into the presentation and solving of Problem Cases, for which the student will be fully prepared at this stage.

Given the changes made, the Course came to be known as *Curso Oficial Nacional Trienal de Certificación* (National Triennial Official Course of Certification). One more step towards academic quality was to establish that the Final Monographs must be done individually and have a stage of oral defence. This will be done over the third year of attendance.

The Course raised high interest, as proven by the amount of enrolled professionals for this year: 324 for the first year, and 301 for the second year.

We have always sought to instill in our associates the concept of Continuing Medical Education. The skills in Distance Education via Zoom acquired as a result of the pandemic have encouraged us to move forward and implement that resource in Intensive Recertification Courses. The associate, already certified as a Specialist, must be imbued with this behavior and it is our duty to support him or her. Recertification every 5 years is also completely necessary, and that is the reason why we offer these courses, which train, update and qualify. We request the Regional Associations or Societies to report the updating syllabi in which they are most interested, and we develop the course based on such reports.

Our first experience will take place on May 31st, and June 1st and 2nd, together with the Asociación Salteña de Ortopedia y Traumatología, in sessions to be initiated at 7 pm and finished at 8:30 pm. Three different topics will be introduced, having been previously published. This format will allow every associate interested in the topics to register in the course.

Another important part of our work is to certify courses according to the number of hours and the syllabi submitted, and to provide sponsorship using the same parameters, without forgetting that we both depend on and have a duty to the Executive Committee of our Association.

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