

There is more to Residences than meets the eye...

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Over a number of years, the *Comité de Residencias de la Asociación Argentina de Ortopedia y Traumatología* (AAOT residences committee) has traditionally worked for the accreditation of the training of resident medical doctors by means of the evaluation of the different institutions these formative years take place at. Well aware of the fact that accreditation is a chain link in the educational process we have decided to focus on previous and ulterior instances and also on other chain links in such process. In this context, this committee in association with the National Health Ministry has become involved in the making of the Framework for training in Orthopaedic residences at the national level. This framework outlines the aspects to the professional profile of the specialist medical doctor, the curricular basis and the minimal requirements for a specialization residence performance. Over the past two years, the members of this committee, together with those of the National Direction of Human Resources and Occupational Health, have carried out this task which has eventually been endorsed by the provincial referents.

Moreover, the committee has considered the opportunity to give accreditation and advice to the initial formative process by the early evaluation of the opening of new residences across the country. In other words, we assess not only the ultimate formative process but also the initial one.

We have tried to put a ban on appreciation subjectivities concerning formative processes and, therefore, we designed an accreditation pattern with a regulatory scale that allows us to organize the evaluation. This way we managed for the accreditation of diverse numbers of years and different residence categories, giving place to recommendations for incomplete processes if need be. Since the process of accreditation has become more structured and professionalized, we have increased the number of members of the committee because they are the only ones that can make evaluations across the country.

Medical doctors who have completed an Orthopaedics Residence usually decide to continue their training in more specific disciplines. Consequently, they attend units or sections within Orthopaedics Departments—with diverse organizations regarding duration and dedication, though. The lack of an appropriate denomination, together with the heterogeneity of programs, has led the committee to the thorough study of the post-basic sphere. Multiple interviews with members of the General Boards of the different host Societies and the interchange of knowledge have led us to the elaboration of a document. Such paper defines post-basic training as an integral post-residence formative process which deepens knowledge in a specific area in our specialization by means of the acquisition of skills of progressively increasing complexity in an appropriate training environment. It will give explicit details about the following: foundations, applicant's profile, postgraduate plan profile, objectives, competences, theoretical contents, activities, duration, schedule and resources. A number of societies have already had well developed, structured programs, and we do not aim at meddling in such programs but to take advantage of the AAOT's experience in the elaboration of a basic framework, common to most sub-specializations for them to make use of it in terms of uniformity, evaluation and denomination.

With respect to the organization of training activities, we have addressed the *Congreso de Residentes* (residents' congress) and the *Jornadas de Residentes* (residents' workshops). The *Congreso de Residentes*, already #XXIII, has been organized by this committee in its latest four editions. This has allowed us to coin a recognizable structure that can be repeated over the years with the presentation of works by accredited residences and blocks with diverse subjects and techniques, presented by guest specialists, invariably aiming at the best of the residents' needs and doings. The congress list of contents is designed and defined three years in advance, for the residents to have enough time to elaborate their presentations and give the contents to the authorities of the congress. With respect to the works, the members of the committee have started carrying out initial evaluations with the aim of helping in their manufacture and increasing the general level of management of scientific works. Likewise, this year we have the 2nd *Jornadas Interresidencias* (2nd Inter-residences workshops) developing, with case presentations and diverse topics development at different hospitals.

Twice a year, one at the annual congress, we hold meetings with groups of residents from CABA, the suburbs and diverse provinces, at public and private institutions, with the aim of discussing different aspects to their residences and problems related to them. We invite 3rd and 4th year residents and Chiefs of Residents in separate groups. Attendance is facilitated by the AAOT General Board, which affords travelling and accommodation for those who are far away. These are measures that tend to give these residents space for debate and a sense of belonging.

We also believe that something to be worked on in the future is pedagogical training for Coordinators, teaching Supervisors and Chiefs of Residents in residence programs.

All in all, medical residences are recognized in virtually the entire world and, since several decades ago up to now, they are believed to be the best training system for medical doctors; nonetheless there is a decrease in the number of applicants, what is a matter of concern. It is all about a specialization program, at least in Orthopedics, that cannot be shorter than four years, something that is never to be sufficiently emphasized. About the residential system, apparently there is no doubt. According to an article published by the *Bio Med Central Medical Education Journal*, residences are “the catalysts that transforms knowledge into proficiency and skills into experience”. It is unanimously agreed upon that there is no better way to train a medical doctor for risky or extremely challenging situations. Taking into account that education is a dynamic process, we will coincide in that the medical degree issued at the time of graduating at Medical School should not enable brand-new medical doctors to practice medicine: accredited medical residences should be obligatory postgraduate training and, as such, the only way to get the licence to practice medicine in whichever specialization—as Borrone sustains. On the other hand, perhaps by considering the need for increasingly greater post-residence training, as we have just highlighted, the educational process may get to last more, and it will be necessary to revise Medical School programs so as to shorten them and give place to a not-so-dilated professional immersion. But this is for somebody else to work on.

Carlos Tello
President of the Comité de Residencias y Sistemas Equivalentes