

Editorial referring to the paper: Preece R. The current role of simulation in urological training. Cent European J Urol. 2015; 68: 207-211.

Simulation – the need for a paradigm shift in urological training

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Surgical training based on the Halstedian principle of apprenticeship has not really changed for over a century now. Educationists endeavor constantly to reduce the time taken for students/trainees to achieve competency while meeting safety standards. This is due to the constraints of time, economics, facilities, teachers, regulations, governance and the need to fill manpower gaps in the healthcare system. The increasing demand for clinical productivity from senior physicians, for example, in the United Kingdom has seen a paradigm shift – from the ‘consultant led’ care a decade ago to the ‘consultant delivered’ care provided now. Therefore, experts are able to allocate only a limited time to train students and residents.

In addition to the skills required to practise as a physician, surgeons need to achieve competency in various surgical procedures. Training that encompasses development of both technical and non-technical skills such as knowledge acquisition, team work, communication and interpersonal skills (conveniently grouped under the umbrella of crisis resource management – CRM) can be simulated in a stress-free and safe environment (as there is no

‘live’ patient) [1]. In this issue of the journal, Preece has provided a concise review of the currently available simulation tools in urology [2].

Individual procedural skill development simulators have not had a wider audience to test their construct and content validities nor have there been comparative studies using large volumes of participants to assess the superiority of individual models. Further studies are required especially in this area so that the curricula that are integrating simulation into their surgical training programs can make cost-effective investments. While integration of simulation in surgical training is inevitable, the use of simulation in assessments of trainees may be a leap of faith given that this field is still relatively in its infancy [3].

It is worth remembering that the goal of simulation in surgical training is to alter the slope of the learning curve. It cannot make the curve disappear. Simulation is here to remain and will be an important adjunct to clinical apprenticeship in urological training. Systematic integration into mainstream urological training needs careful planning and uniform implementation in the domains of training, assessment and certification.

References

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