Editorial

How well do we assess our trainees?

The record keeping of the experience gained at surgery is going “on-line”. This is the message of the paper presented in this issue by Qoreishy and colleagues. Many programs, nowadays, have a final examination to evaluate the level of education of the trainees. “Logbook” has been used for years by many programs and disciplines, both surgical and medical, all over the world. It has been also customary in some programs in Iran including orthopaedics. This is primarily for assessing the exposure level of the residents to different surgeries. What a logbook of an orthopedic resident shows, in its most complete and accurate form, is the experience that has been gained in the operating room. It does not indicate the ability or competency of the trainee for any particular procedure.

There have been additional attempts in enriching the evaluation process by videotaping the procedure done by a resident, and have independent assessors to upraise the manual dexterity of a resident. Simulation-experience obtained either on table-tops or by performing a procedure on cadavers-is another objective evaluation system of the trainee’s competency. It is an adjutant to skill training and also evaluation of the gained skill. This does not, certainly, compare to the experience obtained in operating room on a true patient on the table. Simulation, however, increases surgeon’s competency and also his/her confidence.

The on-line logbook is easy, efficient and, at the same time, very useful for assessing the deficiencies in exposure of a specialty candidate to different operations, and also the shortcomings of a training program. It can be effectively used by the Orthopaedic Board Examination and the Health Ministry for residency program accreditation, or re-appraisal following a probation. The collective data from logbooks can also define the strengths or the deficiencies of a program, helping constructive planning for a residency training program. There are, however, limitations in the accuracy of a logbook: a well-trained educator is needed to provide the reliable, honest assessment and an able body to give constructive feedback. If a trainer is weak, not well experienced or cannot stay objective in his/her assessment, then the appraisal of surgical abilities of a resident will not be reliable. The online program needs to be controlled, and monitored meticulously, and also needs frequent updating for the procedures that are pre-marked and included in the list of logbook items.

We should, however, remember that logbook still leaves out the other important aspects of a trainee’s evaluation like bed-side manner, sense of responsibility, ethical issues, relation with colleagues and medical personnel, ability of proper use of tests and investigations, the ability of accurate documentation of surgical findings by a good operating note dictation. It also lacks the ability to evaluate a resident in the clinic with a patient and in asking proper questions, doing the proper physical examination and ordering proper tests.

References: