

Orthopaedic Specialty Audit

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Abstract

I have had concerns about a possible decline in the Orthopaedic Residency Program in the recent years. I, therefore, looked at the residency programs in few other countries, namely Canada, England, Russia, Australia, India, and Saudi Arabia. The following fields were looked up and compared with the present situation.

In Iran: resident selection method, period of residency training, working hours, daily notebook and medical services; mandatory in-training exams; the amount of supervision by the attending staff and mentors;

-From the six investigated countries, all but Russia had had almost similar orthopaedic residency training programmes. The major difference, however, were in the residency training years that were between 5 to 10 years, and the maximum allowable working hours which varied between 56 to 80 hours per week.

Orthopaedic residency training in Iran with the approval of the Ministry of Science, the Iranian Orthopaedic Residency Program was established in 1973, at Shafa Yahyaian Hospital simultaneously Shiraz University. The residency curriculum was formulated using the American Academy of Orthopaedics, as a framework. There were subtle differences. Though, i.e., the residency period in America is 5 years, but the Iranian program is 4 years. At its core the programs were equal in caliber, as evidenced by the exam results. The Iranian in-training exams used questions mailed from America. After completion, the exams were sent to the American Academy of Orthopaedics for evaluation. It was reported that the exam results were on par with the average American trained resident.

The implementation of Curriculum of the Academy, at the Shafa Training Center, provided a solid foundation for several decades of growth and excellence in Orthopaedic Residency. In more recent years, however the absence of curriculum; the proper attending supervision in the educational centers; and the lack of supervision by

regulatory institutions have caused a decline in the quality of the programs. The 4-year residency period has been reduced to 3.5 years. Proper record-keeping in "by books" for the number of surgeries a resident performs is not possible. Supervision of attending staff has gradually decreased to negligent levels. In all the programs examined, daily notebooks and attending supervision are paramount. In 2010, the Iranian Presidential Science Auditing Department audited the current state of the Orthopaedic Residency Program. It was reported that Orthopaedic residents were only taught 20% of the orthopaedic curriculum. In teaching hospitals, 80% of beds are filled with emergency patients. Contrary to the best practices, the staff imposes the emergency burden on the residents.

We found only one residency training center that covers residents 24/7 (Shafa Yahyaian Training Center). In other cases, there is no proper supervision.

There are a number of factors contributing to the decline and degradation of residency education: lack of supervision by the orthopaedic board; non-adherence of educational centers to the implementation of educational curriculum; lack of attending supervision; and also the emergence of fellowship programs.