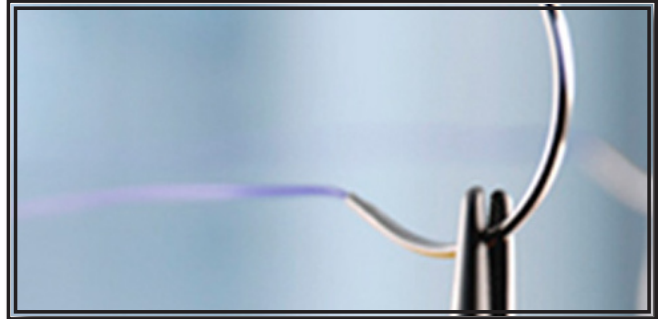


BASIC SURGICAL SKILLS IN MEDICAL SCHOOLS

Is it mandatory to include practical procedures and basic surgical skills in the medical school curriculum?. It seems that including the basic interventional skills create safe, professional, and competent junior doctors¹⁻⁴.

Competencies in basic procedural and surgical skills are required for all junior doctors regardless of final specialty as they may face critical patients in areas away from hospital and injuries and wounding even of one of their family members and they may be embarrassed when these skills are not well considered. The United Kingdom was one of the first countries which raise such a necessity to train undergraduates with practical surgical procedures^{5,6}.



The Society of Academic and Research Surgery (SARS) highlighted the need for high quality undergraduate surgical education in 2005⁷. Despite that concern still the undergraduate exposure to the surgical skills remains diluted by a crowded theoretical contemporary curriculum⁸. Core attributes common to specialties, such as communication skills, are becoming increasingly dominant, despite the General Medical Council (GMC) emphasizing the requirement of all newly qualified doctors to be competent in the basic technical procedures⁹.



The practical skills like skin suturing, basic wound care, and administration of local anesthetic are essential and required in most specialties, yet most of newest doctors are poorly equipped in these procedure-based surgical skills⁶. Whilst it is generally known that most undergraduate medical students do not go on to become surgeons, and specific surgical skills are not a priority in the

undergraduate syllabus, the acquisition of basic, nationally recommended skills is now deemed an essential outcome of undergraduate medical training⁸. The University of Basrah, College of Medicine had been considered this issue during the last years and analyzed feedbacks from the graduated students and Basrah Health Directorate and started to arrange courses to learn undergraduates the basic skills like skin suturing.

Decision in surgery divided into rapid and prompt decision which is required in emergency conditions. In bullet or stab injuries, the decision of surgery is straight forward. In equivocal cases, the situation is more complex especially when you don't have enough history or inadequate diagnostic facilities with query signs and symptoms. In this situation, surgeons' clinical scientific background, experience, and index of suspicion play major roles.

In elective cases with the presence of diagnostic facilities, the situation is little bit easier but still surgeons' scientific background and experience play important roles for example an elderly patient with total frank painless hematuria with negative routine investigations and ultrasound should be subjected for urine cytology and CT urography especially if he has risk factors. Guidelines are also important in clinical practice and partly eliminates mistakes in management.

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(Skin suturing course for sixth year students)**

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