SOCIEDADE BRASILEIRA DE ORTOPEDIA E TRAUMATOLOGIA

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Editorial

SBOT will be responsible for basic orthopedic formation

A SBOT será responsável pela formação básica da ortopedia

The recent changes in the curriculum of medical schools directly affect the training of specialists in areas that are not considered as general knowledge.

The tendency is towards broad teaching, without going into details, aiming at global care; specialties will be taught in other periods of instruction. This philosophy goes against the educational project of orthopedics, because while during medical education students learn about traumatic syndromes of the lower limbs, which consider fractures, muscular injuries, vascular injuries, and skin lesions as a whole, our tendency is to detail the fractures of the tibia to the utmost, for example.

One of the reasons that led to the modification of the curriculum is that, over the years, there has been a significant increase in medical knowledge without a proportional increase in course duration.

An increase in course duration would be a palliative and temporary measure. It was decided to make the course more informative and generic, to prepare the student for periods of complementary training according to their professional choices.

This great increase of knowledge was also observed in orthopedics, with the emergence of sub-specializations in the 1980s. The new parameters we now have in various areas cannot be compared with the knowledge of the 1980s: just remember that we did not have magnetic resonance or arthroscopy back then.

The Brazilian Society of Orthopedics and Traumatology (Sociedade Brasileira de Ortopedia e Traumatologia [SBOT]) has never been able to perform in the area of academic training, although it has had for some time a committee that could be responsible for this area, but is in fact responsible for post-graduate training, especially the initial training – the medical residency.

It is not our place to question the curricular change, but I believe we have to modify our residency programs.

Initially, we cannot deviate from general training in orthopedics, which I believe should be improved, since it will be non-existent in training courses.

The basic principles of the orthopedics, which will guide the specialized training, are paramount. The knowledge of bone, joint, and muscular physiologies, the principles of semiology, the knowledge of basic surgical techniques, and the principles of healing of the tissues of the locomotor system cannot be forgotten.

If the basic knowledge is not valued, there will be a clear and very harmful premature specialization, which will lead SBOT to become a society of secondary importance.

It will be up to SBOT to provide basic orthopedic training, since the training courses will not. We have the structure for this. With distance learning technologies, we can offer training in basic areas even for residency services that are not prepared for such training.

In qualified services, certified by the specialty societies, the teaching of the specialties should be complementary; these services are not necessarily the same that provide basic training.

We must review the residency curricula and quickly prepare ourselves to receive these young doctors, who in five years will receive their degree and will only have a vague notion of our specialty.

Under this new paradigm, the three-year residency will not be sufficient to fully qualify an orthopedist for work who has an expectation of becoming an expert in some sub-specialty.

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