Training the "Blind" Otolaryngologist: Can OSATS Help?

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Training in surgery is entirely different to medical training as it involves acquisition of skills, operating competence and cutting experience within a defined time frame. As a result, some training programmes end up producing less competent and less experienced surgeons owing to the decreased training time. Considering the fact that each trainee surgeon has a different learning curve, a question is posed; whether some surgeons complete their training at a lower point, than anticipated, on their learning curve[1].

The training methods regarding skill and competence acquisition which simulate real conditions and scenarios have been conscripted in numerous other industries such as aviation, architecture and the military etc. Improvement of surgical skills should not follow Halsted's model which claims that learning is achieved by solely performing the procedure[2]. The long standing principle "see one, do one, teach one" seems ineffective and is adopted by fewer surgeons[3].

Surgical skill training has long been confined to practice in the operating theatre. According to Reznick et al. operating theatre has many limitations when it comes to training and assessment[4]. Aiming to overcome these limitations, efforts have been made to develop effective teaching methods, by using animal or bench models.

Medical students and specialty trainees are familiar with Objective Structured Clinical Examination (OSCE), which represents a method of skill assessment in physical examination, communication and professionalism[3].Although it is a widely accepted method of assessment, it cannot be applied in surgery. The Objective Structured Assessment of Technical Skill (OSATS) was developed in Toronto by Martin et al.[5], and its purpose is to specifically assess the development of surgical skills. Padney et al.[1] described the value of OSATS and supported that there was significant improvement in all aspects of the participants' generic skill.

OSATS has gained popularity in various surgical specialties such as General Surgery and Vascular Surgery[6]. Similar projects have not been described for Otolaryngology. The need for Otolaryngology orientated OSATS is higher considering the complex surgical anatomy and operating in cavities that do not allow adequate observation from the trainee or close supervision from the trainer, hence the term "Blind" Otolaryngologist. That could be addressed by integrating OSATS in the training programme, not only for basic surgical skills but also for more complicated procedures. In addition, this can allow close assessment of the learning process and the trainee's learning curve.

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