

# Trauma training of general surgical trainees in New Zealand

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The review of trauma training of general surgical trainees in New Zealand by Hurst et al<sup>1</sup> has highlighted two important issues:

1. General surgical trainees are aware they are required to have a functional knowledge of optimal trauma care.
2. General surgical trainees feel they do not get adequate exposure to operative trauma surgery.

The authors' recommendation was that surgical training should be reorganised to meet their needs. The challenge for general surgery is how to gain this specialised skill base in an operative patient group that appears to be shrinking, yet develop a much broader skill set required of a general surgeon that deals with major trauma patients. As well as the need for an appropriate range of trauma operative skills, the requirement for concise and timely decision-making for severely injured patients is becoming more relevant than ever.

Improvements in pre-hospital and emergency department care, combined with the increasing use of non-operative modalities such as interventional radiology, have made the trauma laparotomy a relatively rare operation, however it is a procedure that demands an increasingly high level of skill. The same can be said for other lifesaving procedures that may fall within the domain of the on-call general surgeon in situations where subspecialists are not available, or the patient cannot be safely transferred. It is apparent that some general surgeons may need specialised operative skills outside the trauma laparotomy; these are well known and can be taught in courses such as Definitive Surgical Trauma Care (DSTC) course, as listed by the authors.

Knowledge of best practice in emergency surgical care of the multi-trauma patients is firmly ingrained in the Royal Australasian College of Surgeons curriculum for general surgical training, and general surgical trainees need to be cognisant of the roles and responsibilities of other specialist groups into the patient journey, such as emergency physicians, intensivists, nursing and allied health professionals.

New Zealand trauma care has recently taken a bold step forward with the formation of the Major Trauma National Clinical Network (MTNCN); a group comprised of clinical leaders in trauma care and members from appropriate jurisdictions. An early piece of work was the National Trauma Capability and Capacity Survey that showed a disparity in the understanding of trauma elements and requirements between hospitals with or without trauma services. To help remedy this situation and provide data on major trauma patients, the Ministry of Health directed that all hospitals in New Zealand submit a minimum trauma dataset on all major trauma patients admitted in New Zealand hospitals. New and existing regional trauma systems are gaining momentum with data collection, clinical guideline development and quality improvement activities.

As regional trauma systems develop, trauma specialists will be needed to drive change and provide clinical leadership, thus opening up new opportunities for trainees with a sub-specialty interest in trauma care.

The general surgical trainees of today will be expected to provide significant clinical input and leadership in this process of trauma quality improvement. Their role may involve lower volumes of operative patients with operable intra-abdominal

injuries, but a broader skill set of emergency operative procedures and an ability to provide an overview of the timely role of all of the attendant clinical groups, especially in relatively small or geographically remote hospitals when faced with critical or multiply-injured patients. They should be able to save lives in situations when transfer is impossible or dangerous, and plan optimal strategies based on the clinical status and types of injuries. With an understanding of the longer term consequences of major injury, they should be able to collaborate with other surgical and allied groups to enable early return to domicile; close to appropriate local services and their families/whanau for the long journey to recovery.

As trauma systems develop in New Zealand, there are growing career opportunities for trainees with special interests in trauma expertise and leadership. Trauma fellowship positions in hospital trauma services enable more

formal training opportunities and can be augmented overseas or combined with dual fellowships in other subspecialties to fulfil departmental and professional requirements of new surgeons.

The issues raised by the authors reinforce the view that a new approach to trauma training for general surgical trainees is required. Trainees need ready access to the shrinking pool of operative trauma cases, and given that the role of the general surgeon is broader than simply providing operative intervention, their training should involve increased exposure to non-operative trauma management, involvement in local and regional trauma audit and education programs and specialised training in courses, such as DSTC. By doing so trainees will meet their own professional needs and contribute positively toward a new era of trauma quality improvement in New Zealand.

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1. Hurst H, Civil I, Hsee L. Trauma Training in New Zealand: A Survey of General Surgical Trainees. NZMJ 24 July 2015, Vol 128 No 1418.