

EDITORIAL

Teaching a new generation of plastic surgeons: a reflection

"I would like to set up an office and provide private medical consultations" (first-year resident on a university service). It is necessary to rethink how we teach plastic surgery to the new generation of medical students (80s and 90s).

The teaching of plastic surgery should be started early, may be even during the undergraduate years. In addition to a rotating traineeship during surgery internships (5th and 6th years), the proposed model would be an Academic League from the 2nd to 4th year of the undergraduate program as a part of their basic curriculum and optional to 4th year students. This is the teaching format of plastic surgery at FMB-UFBA. The physician, whether or not he is a candidate to the specialty, must be familiar with plastic surgery and his/her areas of expertise to solicit opinions and information from colleagues in other specialties.

The teaching in graduate school should also start early. The Medical Residency Program should allow for general surgery rotations within the plastic surgery specialty and, as such, better prepare candidates for the Medical Residency Program in Plastic Surgery.

The teaching during the Medical Residency Program in Plastic Surgery should be as broad as possible, and areas of expertise should be covered with the same level of importance. The plastic surgery service should be integrated in the hospital and provide both services related to personal and financial interests and institutional matters and society. The specialty should be recognized by other specialists. The scientific training should be encouraged with education and assistance. The requirement of a Work of Course Conclusion (defended with board examiners, if possible) is the first step to seeking scientific training.

The specialty should improve with technological innovations, new techniques, specialized materials, and a continuous search for better results. However, achieving satisfactory outcomes should not be the only goal; rather, the specialty should be dynamic and improve according to advances in knowledge. Areas of expertise should seek new knowledge and skills. We should think about more than just reconstruction or aesthetic appearance while treating patients.

Current young physicians are members of the well-known Y and Z ("internet") generation, which started in a time of great technological advances and economic growth. Their parents, in an attempt to compensate for what they did not have, showered them with gifts and attention, and helped them to participate in activities and to develop their self-esteem. They were encouraged by multiple activities. As they are used to getting what they want, they are not subjected to menial tasks at the beginning of their career or striving for ambitious salaries. It is common for young people of this generation to change jobs quite often to seek opportunities that offer greater challenges and more chances for professional development. Common characteristics of this generation include the use of high-tech equipment, high degree of individualism, and competitive nature. Information moves at an unprecedented speed, but the knowledge gained tends to be increasingly superficial and temporary.

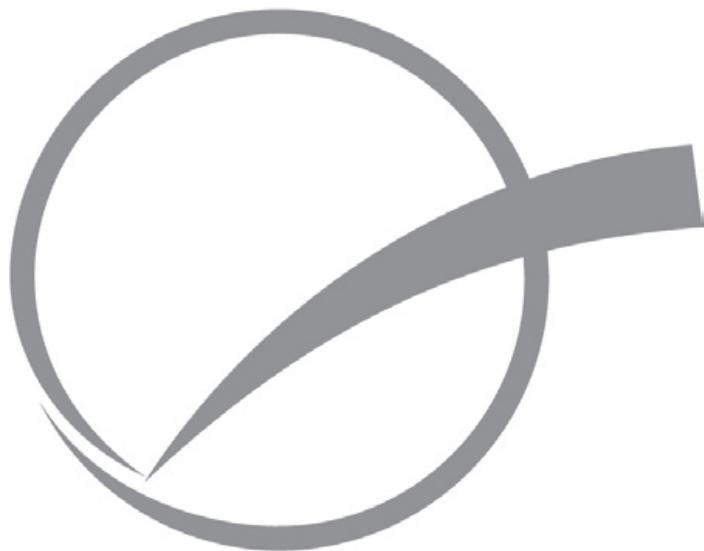
These characteristics are easily identified in very intelligent students and resident physicians due to superficial and fragmented knowledge, lack of interest in highly complex information, interest in lucrative salaries, high quality of life, or individualistic thoughts. These students are often questioned by their professors; however, they belong to a different generation, and hence, they will not change. They are not wrong; they are a product of society, and so it is necessary to guide them.

This generation needs new challenges in our specialty, which are noted in other similar specialties that were once considered partners but are now considered rivals due to possible overlaps in expertise. If new challenges are not offered, we run the high risk of shrinking our broad specialty by devaluing areas of expertise that are supposedly tedious or lack an ambitious financial return. The few remaining areas of expertise will be quickly eroded by the competitive nature and individualism of the current generation.

Measures to improve plastic surgery at the cost of other specialties have been introduced, but are progressing insufficiently. To teach plastic surgery and bring plastic surgeons closer to other physicians and

health institutions, we should know what to teach this new generation. New challenges include expanding activities and occupying university and hospital spaces, aiming to offer holistic patient treatment and differentiating our specialty by the high quality of our training.
Let us think about this.

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