Contribution of Professor Saidi to Surgical Education in Kenya

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Summary

Surgical education in Kenya has grown over the last 40 years from just one medical school to three and from being offered by university to now a combination of university and collegiate system. While the traditionally technical skills were the main focus in surgical training, non-technical skills such as interpersonal communication, professionalism, system-based learning, problem based learning and leadership skills have come to be core competencies. Apprenticeship was the method for training in technical and non-technical skills, but today there is explicit curriculum with various methods of training for both technical and non-technical skills. Professor Saidi contribution to the surgical education in Kenya was from traditional aspects as well as newer aspects. His contribution to the transition from just skills training to the 21st century competency-based training, from basics to technology-based interventions cannot be overemphasized. This article is in memory of his contribution to surgical education in Kenya.

Key words: Surgical education, Competency-based learning, Mentorship

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Introduction

The Halsteadian model of surgical training consisted of three principles- understanding scientific basis of diseases, repetitive exposure under supervision of a skilled teacher and graduated acquisition of complex surgical skills in management of diseases (1). At the University of Nairobi, the structure of the training has retained one year of learning basic sciences-pathology, anatomy and physiology followed by four years of clinical exposure in a graduated manner (2). Professor Saidi was an anatomy teacher, having earned honors in the intercalated Bachelor of Science in Human Anatomy course of the University of Nairobi. He introduced to us the concept of surgical anatomy during our residency, making the residents understand why they had to learn anatomy as surgeons and what difference that would make to a surgeon. So, one would say, looking at the Halsteadian model, Professor Saidi made the mark in helping residents and medical students understand the basis of not only disease but of not only disease but how anatomy would help the surgeon manage them. In those years of learning basic sciences, he also nurtured the whole idea of critical thinking through journal club that was a weekly conference where linkages would be made between anatomy and surgery and residents would begin thinking of topics to research on during the clinical years. He provided leadership in this by ensuring he is available every Friday, and he ensured every published paper is displayed to encourage his staff and resident to publish. So in these early years, the competency of medical knowledge on basic anatomy, and problem-based learning were developed under his leadership.

Clinical Years

While it is not mandatory for those teaching in the department of anatomy to teach in clinical areas, Professor Saidi had a schedule of weekly attendance to the clinic, ward rounds and operating room. Just before William Halsted came to John Hopkins to introduce the

system of surgical training, William Osler had just introduced one of the key changes in medical education; initially student had no direct contact with patients, it is Sir William Osler who introduced the concept of clinical clerkship and incorporated clinical ward rounds in all his classes (3). Having worked with Professor Saidi in the same ward, he truly believed that clinical skills are honed by student interacting with patients, double checking with the textbooks, articles and peer teaching. When he was given a topic to teach medical students, he would change the whole issue to clinical rounds, at times late in the evening he would do ward round with medical students to emphasize the fact that they do not learn surgical skills through didactic tutorials. He was truly a believer in the Oslerian principle of clinical clerkship. For the residents, he would ask questions that help them think through. Most often the resident would not rush to answer his questions because they are well thought through. He would make the environment easy by laughing about his questions. I did a number of wards with him with the resident. That is where I learned the value of asking good questions as a teaching tool (4).

Professor Saidi was an available teacher. I remember he came to help perform Graham patch when I was in residency, he showed me how to perform haemorrhoidectomy and open lateral internal sphincterotomy. When called he would come. When I came back to teach, I joined his operating theatre list. Having known me through the years, he gradually left the operation list for me and appeared only when I was away or when laparoscopy was scheduled. He insisted in allowing student to operate as long as they have scrubbed with him, he has shown them the method, and they have demonstrated the ability. Our operation list always had resident operating as we watch unless they are new residents who we have not operated with and so we could not risk patient safety with them. Professor Saidi espoused the second and the third principle of the Halsteadian model of the need for repetitive exposure as well as giving of responsibility gradually to those who demonstrate that they have increasingly captured the simple skills to complex procedures.

Before being given administratively responsibilities, he was available for students to teach during the surgical outpatient clinics but this reduced with administrative responsibilities. Professor Saidi style of teaching and interaction with resident and students demonstrate a man at ease with himself, who knows what he needs to teach. He role modelled respect for differing opinions and respect for students and residents; he created a sense of community with colleagues and students both at the Department of Anatomy and the Clinical area (5, 6). To most of the resident, he was enthusiastic, caring and accessible and that passion for surgery is what made the difference for them, a number of long staying residents (those residents who stayed in residency more than the expected duration of 4 years in clinical areas) were friends with Prof Saidi and he did help them with their dissertation. He did set high expectation for his residents and students; this led to him being a supervisor for many surgical residents in their researches even though he was not a faculty at the Department of surgery.

He was a skilled leader; he was in the leadership of the surgical society of Kenya for long while and help mentor a number of the current leader and previous ones. He introduced the teaching of leadership in the society and led the preconference workshop in the 14th scientific conference. Leadership is one of the competencies that are currently thought that surgeons should have (7). In 2012, when I joined the faculty at the department of surgery, we started a new course with him and other colleagues on basic surgical skills. He helped look for sponsorship with Johnson and Johnson and together we trained courses with him until his demise, he was a great supporter of simulation-based learning which is where surgical education is headed to. Simulation based learning incorporates principles of patient safety and help students grasp (8). This presented a shifting of gears in surgical education and he led this from the front. He helped set the Nairobi Surgical Skills centre when he was the chair, just when we began this course. This centre is now able to teach all surgical courses both to the medical students and residents. It does organize not only national courses but regional courses as well. This

centre is revolutionizing the teaching of surgery and inculcating patient safety principles during the training for all specialties. Professor Saidi collaborated with colleagues not only with the University of Nairobi but also other Universities and specialties in establishment of the centre and in helping to offer courses to all sub-specialties of surgery. Another example of shifting of gear in surgical training is the idea of having workshops on medical education that help his staff and other departmental staffs in knowing what it means to teach and to assess students. He did invite me to attend one of these meetings. Professor Saidi ticked all the boxes of the nine characteristics of a great teacher in surgery as presented in the higher education teaching strategies from magna publications (5).

One of the innovations, if one would call it so of Professor Saidi as a resident was starting the journal club, which is still running to date. Problem-based learning and evidence-based surgery is one competency that Professor Said contributed to tremendously. Not only did he start the journal club but in his days of leadership at the Surgical Society of Kenya, he did start the Annals of African Surgery which he left as an open access journal for international audience (6). He was a regular attendee at the continuous medical education meeting of the surgical society of Kenya and was in the scientific committee even as the chairman of the society. He loved contributing to knowledge and imbibing knowledge. Even when he knew he was not well he attended and supported standardization of trauma training in promulgation of Advanced Trauma Life Support, he even became an instructor candidate. No one would role model love for knowledge and encourage others to seek knowledge without discrimination whatsoever like he did in our context.

Conclusion

In conclusion, Professor Saidi was an exemplar in what surgical educator should be; understanding the scientific basis of surgery, being available and approachable for graduated exposure of residents and shifting gears to new competencies and ideas such as leadership, professionalism and inclusion of technology in training in terms of simulation-based learning.

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