



LETTERS TO THE EDITOR

Role of the teacher in the training of the Coloproctology resident

Papel del docente en la formación del residente de Coloproctología

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Dear Director:

The fundamental role played by the teacher in the training of residents in Coloproctology, a field of medicine that, although complex and specialized, is vital for the comprehensive health of patients. In this context, the role of the educator is not only limited to transmitting theoretical knowledge, but also extends to shaping and guiding the professional and human development of the resident, who face a learning process that requires both clinical and interpersonal skills.

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The training of a resident in Coloproctology involves an amalgam of medical theory, clinical practice, professional ethics and the development of communication skills. In this sense, the teacher becomes a central figure in the creation of the learning environment, shaping the atmosphere in which new specialists will be able to grow and face the challenges that medical practice presents them. Therefore, it is crucial to reflect on the various dimensions in which this influence is manifested.

I. Theoretical and practical training:

The first role of the teacher is to provide a solid theoretical foundation. Coloproctology encompasses a wide range of pathologies that require a thorough knowledge not only of the anatomy and physiology of the lower digestive system, but also of surgical techniques, advances in treatments, and the interpretation of diagnostic studies. ⁽¹⁾ Within this framework, the teacher must act as a facilitator who not only imparts information, but also stimulates critical thinking and inquiry.

Practical training is also essential. A resident in Coloproctology must develop specific surgical skills, and therefore the teacher must ensure that teaching is balanced between theory and practice. This includes direct supervision during procedures, constructive feedback, and creating opportunities for the resident to practice in a safe and controlled environment. Teaching in the operating room becomes a microcosm where the teacher-resident relationship is reflected, where the teacher not only corrects errors, but also shares his or her experience, emphasizing the importance of patient safety.

II. Fostering interpersonal skills:

The practice of coloproctology not only involves technical skills, but also demands a great capacity for communication and empathy. Residents must learn to interact with patients who may experience fear or shame due to their condition. ⁽¹⁾ Thus, the teacher plays a crucial role in the formation of these interpersonal skills. He or she must model how an effective consultation is carried out, how intimacy is addressed, and how a relationship of trust with the patient is established.

Residents must understand that, beyond diagnoses and treatments, their work will have a significant emotional impact on their patients. Role-playing

sessions, observing consultations, and discussing clinical cases are valuable tools that can be used to foster emotional awareness and sensitivity in the resident. ⁽¹⁾ This learning not only benefits patients, but also enriches the professional's practice.

III. Emphasis on professional ethics:

Another critical aspect of resident training is professional ethics. Coloproctology, like many other medical specialties, faces ethical dilemmas that require solid training. The faculty has the responsibility to guide residents in understanding these dilemmas, encouraging open and honest debate. This can be achieved by presenting ethical cases where different perspectives, realities, and consequences are explored. ⁽²⁾

Promoting an environment where the values and principles of medical ethics are discussed will also be essential in the training of an upright professional. Ethics training should not be a mere formality, but an essential part of the resident's development, contributing to the training of physicians who are not only competent in their specialty, but also morally responsible and committed to the well-being of their patients.

IV. Mentoring and emotional support:

The path to becoming a Coloproctology specialist can be arduous and often emotionally draining. Residents face pressure, work overload, and the burden of responsibility that comes with treating patients with complex conditions. Here, the role of the faculty member expands into the realm of mentoring. ⁽²⁾ A good faculty member not only educates; he or she also offers emotional support, understanding that residents need a safe space to express their concerns and frustrations.

Establishing a mentoring relationship, where the faculty member acts as a guide and support, can be fundamental to the personal and professional development of the resident. Regular reflection sessions, availability to discuss difficult experiences, and the promotion of a work-life balance are practices that should be actively encouraged in the training environment. This will allow residents to become resilient to the difficulties and demands of their specialty.

V. Pedagogical innovation and adaptation:



Medical education, including the specialty of Coloproctology, must constantly adapt to scientific and technological advances. It is the faculty member's duty not only to be up to date with the latest developments in the field, but also to innovate in their teaching methods. A proactive faculty member who uses various teaching modalities can better capture the resident's attention and motivation, thus transforming the educational process into a more dynamic and effective one. Furthermore, fostering a culture of research and updating will continue to train specialists who are not only aware of current techniques, but also capable of contributing to the advancement of the field.

VI. Interdisciplinary collaboration:

Finally, teamwork in a multidisciplinary environment is an essential aspect in the training of a resident in Coloproctology. Faculty must instill the importance of collaborating not only with other surgeons, but also with nutritionists, psychologists, nurses, and other health professionals. Training in this regard is crucial, as multidisciplinary teams offer a more complete view of patient care and improve health outcomes. ⁽³⁾

Promoting interprofessional collaboration during resident training not only enriches their practice, but also prepares them to lead and facilitate teamwork, which is essential in the contemporary medical context.

The role of the faculty member in the training of the Coloproctology resident is extremely multifaceted and comprehensive. It goes beyond the simple transmission of knowledge, encompassing the comprehensive training of complete, ethical and empathetic professionals. In a field that challenges both doctors and their patients, the influence of the teacher can be the factor that determines the quality of the future specialist and, therefore, the well-being of the patients they will care for.

It is crucial that medical training centers recognize and strengthen the role of the teacher, investing in their professional development and promoting a culture of continuous learning. Only in this way can we ensure that the next specialists in Coloproctology are properly prepared to face the challenges posed by this noble and respected profession.

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STATEMENT OF AUTHORSHIP

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