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The role of the tutor in the training of the surgical assistant student***El papel del tutor en la formación del alumno ayudante de cirugía***

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Dear Director:

Contemporary medical education faces the challenge of training competent, critical, and humanistic professionals capable of responding to the growing demands of society ⁽¹⁾. In the field of surgery, this challenge is heightened due to its highly complex nature, the need for technical skills, and the ethical responsibility inherent in surgical procedures. In the undergraduate training model, the student assistant serves as a transitional figure between the student and the future professional, performing teaching and clinical support functions under the supervision of a tutor ⁽²⁾.

This role, established in many Cuban medical universities with the emergence of the "Frank País García" Student Assistant Movement, has proven its value as an early training strategy and as a stimulus for vocational development ⁽⁴⁾. However, the success of this role depends largely on the quality of the tutoring support. The tutor is not merely a technical instructor, but a comprehensive educator who guides, supervises, provides feedback, and evaluates the student assistant's progress, while also transmitting values and attitudes specific to surgical practice ⁽³⁾.

The student assistant model emerged as an educational strategy that seeks to involve students in more responsible activities within the service, under the guidance of a tutor who acts as a mentor and role model ⁽⁴⁾. In surgery, the student assistant participates in activities such as preoperative patient care, operating room accompaniment, medical record keeping, case presentations in clinical sessions, and, occasionally, the performance of supervised procedures ⁽⁶⁾. This level of involvement requires structured tutorial support that ensures both patient safety and meaningful student learning.

The surgical tutor assumes multiple roles that extend beyond technical instruction. First, they act as a facilitator of clinical learning, guiding the student assistant in identifying surgical problems, developing diagnostic reasoning, and planning treatment. Through reflective dialogue, the tutor stimulates analytical skills and informed decision-making, moving away from models based solely on task repetition ⁽⁷⁾.

Second, the tutor serves as a role model of professionalism. Attitudes toward the patient, communication with the healthcare team, stress management in critical situations, and handling uncertainty are behaviors that student assistants internalize through observation and interaction with their tutor. Students identify modeling as the most important aspect of medical professionalism. This modeling component is especially relevant in surgery, where ethical and humanistic training cannot be reduced to theoretical content ⁽⁸⁾.

Third, the tutor fulfills an evaluative and feedback role. Formative assessment, focused on the student assistant's performance and based on direct observation, is a cornerstone of learning. Timely, specific, and constructive feedback allows students to identify strengths and areas for improvement, guiding their efforts toward achieving progressive competencies ⁽¹³⁾. However, in daily clinical practice, the pressure to be productive and the high demand for care can limit the time dedicated to this function, making it one of the main weaknesses of the tutoring process ⁽⁸⁾.

A central aspect of surgical assistant training is the development of basic surgical skills. The tutor must progressively increase the complexity of assigned tasks, ensuring that the student acquires technical skills in simulated environments before applying them to real patients, always under direct supervision. Teaching technical skills requires not only anatomical knowledge and manual dexterity, but also the ability to convey confidence, respect for tissues, and a reflective attitude toward complications. In this regard, the incorporation of simulators and surgical skills workshops, guided by trained tutors, has been shown to improve the learning curve and reduce student anxiety ⁽⁹⁾.

In the Cuban context, the role of the surgical assistant is institutionalized in most medical schools, with successful experiences in general surgery departments ⁽⁴⁾. However, significant challenges remain. The heterogeneity in the pedagogical training of tutors, many of whom have high clinical expertise but lack formal training in didactics or competency assessment, constitutes a structural limitation. Furthermore, the frequent turnover of tutors and students,

resulting from clinical and teaching rotations, can affect the continuity of the training process ⁽¹⁰⁾.

Another challenge lies in the need to clearly define the scope and limitations of the student assistant's role, establishing supervision mechanisms that prevent both overexposure to risks and underutilization of their training potential ⁽¹⁰⁾.

According to the authors, strengthening the tutor's role in student assistant training requires systemic actions. The pedagogical training of tutors, through medical education courses, competency-based assessment workshops, and peer mentoring programs, should become an institutional priority. In addition, it is necessary to design tutoring guides that establish clear objectives, progressive activities, and formative assessment tools adapted to the surgical context.

Institutional recognition of the tutoring work, both in academic terms and in the evaluation of professional performance, is essential to value and encourage this function. Finally, creating spaces for exchange among tutors, where experiences, difficulties, and successful strategies are shared, contributes to consolidating a community of practice around the training of student assistants.

The tutor is a fundamental element in the training of surgical student assistants, assuming functions that range from facilitating clinical learning to ethical modeling and formative feedback. Their role transcends technical instruction to become that of a true mentor of critical, responsible, and humanistic professionals.

However, for this role to reach its full potential, it is necessary to invest in the pedagogical training of tutors, institutionalize mentoring programs, and recognize tutoring as an essential component of the academic career. Strengthening the role of the tutor not only improves the training of student assistants but also positively impacts the quality of surgical care and the sustainability of the health system by contributing to the training of professionals better prepared to face the challenges of contemporary surgery.

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CONFLICT OF INTEREST

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