



Editorial

Teaching in the ambulatory surgery unit

There is still the belief, particularly in teaching hospitals, that surgery and anaesthesia cannot be taught in a surgical day unit. Only the other day a senior surgeon in a major hospital told me that he had to admit a number of inguinal hernia patients to his inpatient beds in order to teach undergraduates and postgraduates. Certainly 15–20 years ago this might have been warranted, but certainly not today. Modern anaesthetic techniques have relieved the tight time constraints of the past and have made the day unit an ideal place to teach the basics of both surgery and anaesthesia.

Medical students can see a large range of common conditions in all surgical specialities, learn the basics of local and general anaesthesia and develop an understanding of the importance and practicalities of patient selection and information. Only a few far-sighted medical schools have made the best use of their day surgery facilities as teaching units through which groups of students rotate. One such example is Kings College Hospital in London where students are not only taught surgery and anaesthetics by surgeons and anaesthetists, respectively, but are also taught other skills, such as patient recovery, by senior staff nurses. In such units the medical students enjoy both the diversity of cases they see and the multidisciplinary teaching.

Surgeons and anaesthetists in training can also be taught and refine their practical skills in the day unit. They do require closer supervision by their consultant trainer than when operating on inpatients as even minor complications in a day case can be a major problem to the patient when they return home. However, tighter supervision accords well with the demands being put on trainers by their specialist colleges.

An added benefit of teaching all grades in a day unit is that the approach to the patient has to be holistic because of the short stay in the unit and the organisation and discipline required for successful day surgery.

All involved in day surgery should extol the virtues of the day unit as an educational resource. Doubters should be disabused of the concept that anaesthesia and surgery can only be taught on an inpatient basis. 80% of elective surgery can be undertaken in the day unit. The procedures are the commonest in the surgical repertoire. For a properly structured and balanced education, trainees need to be exposed to these both initially and more frequently than some of the more *recherché* inpatient work.

P.E.M. Jarrett