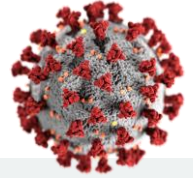




# General Surgery Residency Italy vs COVID-19



**1769**

General Surgery Residents in 2018/2019<sup>1</sup>

**53%**

Women

**400**

Minimum operations required<sup>2</sup>

**5**

Years of Training



## OBJECTIVES

- High complexity**  
At least 50 surgeries: 10% as 1<sup>st</sup> operator, the rest as 2<sup>nd</sup>
- Medium complexity**  
At least 100 surgeries: 25% as 1<sup>st</sup> operator, the rest as 2<sup>nd</sup>
- Low complexity**  
At least 250 surgeries: 40% as 1<sup>st</sup> operator, the rest as 2<sup>nd</sup>

## THE RESIDENCY

- Formal didactics (lectures, seminars, surgical skills bootcamps)
- Clinical and surgical rotations (Anesthesiology, Vascular, Urology, etc.)
- Work duty: 38 hours / week (on paper), 60-80 hours /week (reality)
- Tutor certifies skills acquisition at the end of each rotation
- Oral exam at the end of each year
- Specialization acquired after final thesis dissertation + objectives completion



## HOSPITAL RESPONSE

02/24

- Stopped all elective surgeries except oncologic
- Established checkpoints and Covid clear areas
- Staff training and reallocation

03/01

- Admitted 1st COVID-19



## COVID-19 TIMELINE



Small towns hit by the outbreak are placed under quarantine in the following days

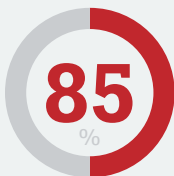


## LOCAL CONSEQUENCES

Elective surgical activity stopped<sup>3</sup>

Operating blocks converted to ICUs

Colorectal cancer pts operated (Feb-Mar)



## TRAINING

Temporary stop to lectures

Lectures converted to webinars

Simulation center closed temporarily

Residents still participating in surgeries



## Thoughts from the pandemic

Do not underestimate

Timing is crucial

No place for weak measures



## REFERENCES

- MiUR Open Data, 2019
- Obiettivi della Classe delle Chirurgie generali - MiUR
- Carenzo et al Anaesthesia, Mar 2020