



# Vision 2024—Raising the Bar for Excellence, Efficiency and Empathy

Probal Neogi<sup>1</sup>

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A mandatory tradition that most Presidents of professional bodies follow is a message declaring their vision for the future. I am no exception. The Presidential term of the ASI President is for a year, which though is a short time but can be overcome by enthusiasm, hard work and sincerity of the office bearers and the members of the Executive council. These addresses or messages are also a way of passing the ideals and the goals of our organisation to younger surgeons and surgical residents in training. Though it does not merit a reminder, the primary goal of our Association is advancement of academics, which will certainly figure prominently in my vision statement. The other important agenda is related to social service, as envisaged in our ASI Motto—*vayem sevamahe*—meaning, we are for service that shall certainly be a part of my focus too.

To achieve our vision, I propose to reorganise the existing zonal configuration of six zones to four, for ease of conducting academic programmes and planning our annual

conferences. The newly formed four zones, North, South, East and West, could conduct programmes of ASI which are zone-based, more efficiently and economically. Association of Surgeons of India Annual Conferences (ASICON) in the future could be rotated zone-wise, thus giving a fair chance to state chapters in respective zones to host our much sought-after Annual Conference. ASICONs are an important annual academic bonanza of the Association of Surgeons of India—these have become bourgeoisie like a fat Indian wedding—a lot of reforms have been done like curtailing it to 4 days instead of 6 days and moving it forth in 2nd week of December from the Christmas and the New Year time. I wish to improve its academic fervour and reorganise it in such a way that the cost is curtailed. I humbly seek support of our members for this endeavour.

The salient features of my vision for 2024 are the following:

## Safe ASI

### Safety for Patients

Our primary job as a surgeon is to deliver the best outcomes and amongst them, patient safety is of utmost importance—the beneficence. Small slips can have disastrous consequences, and it should be the duty of every surgeon to recognise it, accept it and put in practices to avoid it. There are many aspects to patient safety, and each of these will need your whole-hearted support.

- a. Reduce hospital-acquired infections: Awareness must be created amongst healthcare workers regarding sound hand hygiene in the wards and proper hand washing in the operation room. Holding awareness camps in hospitals for nurses, ancillary staff and distribution of hand wash technique pamphlets, use of hand sanitisers and

✉ Probal Neogi  
neogiprobald@yahoo.co.in

<sup>1</sup> President ASI 2024, Moti Lal Nehru Medical College, 86 Tagore Town, Prayagraj 211002, Uttar Pradesh, India

classes for OT technicians regarding theatre and instrument sterilisations etc. will be carried out.

- b. Reduce complications in surgery: There are serious concerns regarding some 'Never Events' that still happen in our country, just like in any other country in the world. In our country, unfortunately, they are not reported and are often brushed aside under the carpet. Our duty as a surgeon and leader of the team is to ensure that these 'Never events' do not happen. It can be eradicated by following the WHO checklist meticulously. Judicious use of energy sources to prevent untoward cautery injuries and creating awareness regarding antibiotic misuse amongst our colleagues too will figure in my agenda as part of the Safe ASI campaign.

### Safety for Surgeon

To have a safe patient, it is important that we surgeons feel safe in the environment where we are working. We have schemes, like the ASISSS, and the Professional Indemnity scheme, which are already running well but may need to be further bolstered by the active involvement and participation of our members. These will surely be encouraged in our state chapter meetings and conferences to further strengthen them.

- a. The Social Security scheme has been reorganised with its own charter and constitution a few months ago, and they now have their new President and Secretary, with whom I shall be working closely, hand in hand. The more the numbers in the scheme, the more benefits will be accrued by the family members of the unfortunate deceased member, in case of a mishap. To achieve this, I request all state chapters and members of ASI to actively help in increasing membership. It can be done by simple measures of displaying the advantages of these schemes to our members, during state conferences and programmes.
- b. Professional Indemnity scheme is run by ASI through a third party. This scheme should give maximum advantage to the member somewhat more than what insurance schemes available on the shelf offer us. I shall be working further on it to present a more lucrative policy with added benefits. Lot of our members have their own indemnity insurance but also many do not. Professional Indemnity must be made mandatory for all surgeons before they start their surgical practice and career, and I propose to take this message to the attention of young surgeons in practice.
- c. NABH accreditation of hospitals is now required by most organisations. To help and facilitate our members owning hospitals, we have training programmes which will be reinforced further.

- d. Support at district and city levels. This is one of the most challenging issues facing all surgeons practising today. ASI helplines have to be made; support mobilised groups, legal support and liaison with local police have to be considered. This is not an easy task, but a start has to be made.

### Skill ASI

Skill of a surgeon is not measured only by their psychomotor skills but also by other qualities like cognitive and affective skills, now mandated by the NMC as well.

### Cognitive Skills: For Residents and for Practising Surgeons

- i. For residents: Our flagship programme, the Regional Refresher Course (RRC) is the prodigious child of our hardworking and tireless Dr. Santhosh J Abraham. By the dint of his efforts and giving endless time to this programme, the RRC has gained strength and popularity with each passing year. It will be nearly impossible for anyone to fill in the shoes of the maestro, but as they say, the show must go on. It will be conducted with equal enthusiasm by Dr. G. Siddesh, our new Director Academics. Four zones, faculty and sponsors will be akin to in the past, but of course, with a new set of students as they join the residency programme.
- ii. For surgeons: I propose to continue with the National Skill Enhancement Programme (NSEP) online. The frequency may change, so will the topics. They will be of prime importance and will be dealing with issues and topics relevant to the practising surgeon. Another initiative which started on my behest last year of jointly conducting webinars with the RCPSG, Glasgow, on common topics of interest to both countries will continue with further zest. It will surely help get a global perspective to local problems. The next few webinars for the year 2024 have already been planned and will be released from time to time to the membership. Video presentations of commonly performed surgeries will also be relayed from centres of excellence.

### Psychomotor Skills: For Residents and Practising Surgeons

- i. For residents: ASI runs basic surgical hands-on training for residents during the RRCs in each of the zones, conducted by experienced faculty from the concerned zone.

- ii. For practising surgeons: SEPA (Skill Enhancement Programme of ASI). This is a programme where a mentor invites a handful of surgeons to his/her operating room and demonstrates basic surgery or surgery of intermediate difficulty to them. It will be headed by a state head, who will identify centres in his/her state and the faculty to be involved. It will be a one-to-many programme of small groups with training imparted by the mentor in the OT itself at no cost to the trainee. It will be OT-based, and no transmission will be required.

OGD training: Endoscopy has and is evolving at a rapid pace, and I feel that we, surgeons missed the bus when we should have boarded. Surgeons who started, when endoscopy was evolving, are some of the country's finest endoscopists today. This initiative started with a flourish last year, and I am sure we shall be cruising along with more trainers and adding more centres in this current year.

USG training: Surgeons need to know the basics of ultrasound in their practice, especially for doing USG-guided diagnostic procedures and for handling emergencies involving FAST scans and central venous catheterisations. USG training programmes will be initiated by ASI.

National Fellowship Programmes: I propose to consolidate our existing National Travelling Fellowship Programme for young surgeons, for short training courses under the supervision of stalwarts of surgery. These will be made more attractive to suit the demands of young surgeons. The details of which will be communicated to the membership in due course of time.

### **Affective Skills: For Residents and for Practising Surgeons**

Non-technical skills programme (NOTTS) of the RCS, Edinburgh, is a programme which deals with aspects of soft skills that a surgeon must possess. The RCS has been conducting this course since 2016, having done a few courses here in India as well. It is a good model to follow in the initial phases until we possess or develop a similar programme, suited to the Indian context. We are planning for two NOTTS courses in the coming year with the help of the Royal College of Surgeons of Edinburgh.

### **Social ASI**

We as the torchbearers of our society have a lot of social obligations to follow. We are all certainly doing good work on an individual level and at the HQ level. To make it even better and more incisive, our service to humanity and to the public at large must be more synchronised and visible.

- a. Project Life Saver-Training of First Responders. Basic Life support demonstrations will be carried out in all city branches targeting initially hospital workers, ambulance drivers, teachers in schools and the police personnel. We shall impart basic training in CPR, airway management, management of haemorrhage and smooth patient transfer for these lay people who are often first responders in an accident scenario.
- b. Blood donation. We have been holding camps all over the country, but it is time that we do it in a more synchronised and effective way. I propose to mark a couple of days in a year as the day of ASI Blood Donation Day.
- c. Social service camps; ASICS Camps. Under the supervision of the Director Social Service, surgical camps must be streamlined. State chapters will be requested to instruct city branches for holding at least 2 surgical camps in a year for each branch which will go a long way in cherishing our desire to living up to the ASI motto of *vayem sevamahe*.
- d. The highly successful National camp at Dharmawala will continue, and we shall encourage further similar camps across the country. I request more colleagues to join and urge them to give their services free for a good cause. This camp at Dharmawala is conducted at a remote location near Dehradun, every 2nd and 4th Sunday of the month where all common open surgical, laparoscopic and endourologic surgery are performed by our members, especially members from the UPASI.

### **Seek ASI**

1. International coordination must be strengthened, and new bridges built. We are currently doing joint programmes with RCPSG, Glasgow, RCS Edinburgh, and surgical bodies of many other countries. We have made a reciprocal arrangement with the Japanese Surgical Society for a short-term training assignment for 3 of our residents, chosen by merit through the RRCs. Similar arrangement with the Malaysian College and the Sri Lankan Colleges are in the pipeline and will soon be announced. USA is also taking two lady members of ASI for fellowship programmes. My dialogue with many other international bodies shall continue and hope it will bear fruit for ASI soon.
2. National coordination entails dealing with various government agencies, other sister associations like the Indian Medical Association, IAGES, SELSI and others. A national team will be construed to advise the association regarding matters of national importance affecting surgeons and our members.

## Self-Help ASI

Last but not the least, an important issue close to my heart has been self-support for us. The gender gap is closing fast due to the large number of lady surgeons in training, and I wish to address issues exclusive to them, with the help of our senior faculty. Also, alarmingly, in recent years, the attrition rate of surgeons is on the rise, and we need to extend our helping hand to them to control surgeon burnout.

1. It is heartening to see many lady students showing interest in taking up surgery as a career. It is a huge challenge for many of them to maintain a quality work-life balance in a predominantly patriarchal, male-dominated society. However, there are many lady surgeons who have and continue to handle it brilliantly. We would like to showcase some of their travails on the online platform, shared in our dedicated ASI time, every Wednesday from 8.30 to 9.30 pm alongside other ASI programmes.
2. Lady residents in surgery often need support, guidance and mentoring during their residency and immediately after completion of their residency. I propose to choose some mentors from each zone to whom they can look up to for advice and mentoring.
3. Our responsibility also involves taking care of ourselves and our brethren. I propose to start a programme named 'Beyond Surgery' which will showcase through video presentations something beyond the mundane, in the dedicated ASI time. There is much more beyond surgery and pursuing your passion, enjoying it and sharing

it with all, would not only be satisfying but also highly inspirational.

To transform my Vision into a Mission, I propose Mission ASI 2024 and humbly seek cooperation and help from my National Executive Council members, National Office bearers, Chapter and Section Heads, Past Presidents and members of this August body of surgeons. As someone rightly said, and I quote unquote,

'The vision must be followed by the venture. It is not enough to stare up the steps—we must step up the stairs'.

LONG LIVE ASI!!

## Declarations

**Conflict of Interest** The author declares no competing interests.

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1. <http://asiindia.org>
2. <https://www.rcsed.ac.uk/events-courses/non-technical-skills-for-surgeons-notss>

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