

Curriculum Discrepancy in Rural Practice of Neurosurgery

Sir,

I completed my neurosurgery residency in 2015 and spent my 1st year as a neurosurgeon in Bam, an ancient city in South East district of Iran. I would like to share some interesting experiences with you and your readers, which I believe have educational implications in neurosurgery curriculum enhancement.

Our residency program in Shariati Hospital of Tehran University of Medical Sciences consisted of a 5-year long period with inpatient visits, outpatient clinics, cranial and spinal operating rooms, and multiple rotations. The hospital is located in central part of the capital city of Tehran and acts as a tertiary referral center with several complex neurosurgical cases; these included a diverse series of brain tumors, vascular lesions of brain and spine, degenerative spinal pathologies, epilepsy surgery, and so on. Upon final board examinations, I along with other newly graduated specialists were assigned to work in less-developed areas of the country with shortage of medical staff by the Ministry of Health.^[1,2] As a result, I went to Bam, Pasteur Hospital, a level 1 trauma center covering four cities and a population of about 300,000 as the only neurosurgeon. While my initial assumption was encountering the same picture as the residency, I surprisingly found a different outlook. While I normally had a few cases of intracranial hematoma on a monthly basis during my residency, I found a much higher rate in my independent practice in Bam. During the 5-year residency program, I only operated on two cases of gunshot wound to the brain and never had a similar injury to the spine. On the other hand, during my 1st year in Bam, I had 3 patients with gunshot wounds (one in posterior fossa) and one case of spinal gunshot wound. I also visited a victim of a violent assault with penetrating spinal injury with a Samurai-like sword. In brief, even though residents are exposed mostly to brain tumors and degenerative spinal pathologies in their education, those, like me, who choose to continue their career in remote rural areas encounter a distinctive assortment generally trauma cases.

The discrepancies between formal neurosurgery curriculum and residency environment with rural

practice of neurosurgery should promptly be addressed and considered by board members and policymakers to empower residents to overcome challenges and provide the best possible medical care for less-developed regions.

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