



## An update of the aims and achievements during the first year of the Young Group of the Italian Society of Colorectal Surgery (Y-SICCR)

G. Pellino<sup>1</sup> · E. Moggia<sup>2</sup> · E. Novelli<sup>3</sup> · A. Sturiale<sup>4</sup> · J. Martellucci<sup>5</sup> · M. Trompetto<sup>6</sup> · G. Gallo<sup>6,7</sup> on behalf of the Italian Society of Colorectal Surgery (SICCR)

Received: 21 February 2019 / Accepted: 8 March 2019 / Published online: 6 April 2019  
© Springer Nature Switzerland AG 2019

The Young Group of the Italian Society of Colorectal Surgery (Y-SICCR) was founded in February 2017 (<http://www.siccr.org/en/siccr-young/>) [1], after the proposal of a group of young colorectal surgeons and trainees was seconded by senior members of the SICCR.

In view of the upcoming SICCR National Meeting in Biella (November 2019), this report offers an overview of the scope of the Y-SICCR, the goals achieved so far, as well as the future goals of this group, which were presented during a dedicated session at the last SICCR National Meeting (Sept. 30—Oct. 3 2017 Rome, Italy).

### Identifying the areas needing prompt action: the Y-SICCR survey

Among the first initiatives of the Y-SICCR, was an explorative survey that was circulated among the young members of the society, as well as among young Italian colorectal surgeons and trainees. This was circulated via social media to reach the largest number of respondents possible, and it was also circulated via other scientific societies (either as a newsletter or on official webpages and twitter accounts). The aim of the survey was to assess the quality of training in colorectal surgery as perceived by young Italian colorectal surgeons and surgical trainees, to identify the areas requiring intervention. The survey investigated four domains: demographical data; surgical volume and diagnostic procedures performed; perceived quality of surgical training received; engagement with scientific societies, social media; and an open text item for suggestions. The questionnaire was delivered online with SurveyMonkey (SurveyMonkey Inc., San Mateo, CA, USA, Main Website: <http://www.surveymonkey.com>), and responses anonymously recorded over 6 months. Results were elaborated with the help of a statistician. All trainees in a 6-year general surgical training program were involved as well as all postgraduate young surgeons and subanalyses were run as required. The results were presented by Dr. Gianluca Pellino on behalf of the Y-SICCR Committee in a plenary session at the SICCR National Meeting, and they were discussed by an international panel of consultants and professors of surgery. The panel was co-chaired by Dr. Gaetano Gallo (as Y-SICCR representative) and Prof. Mario Trompetto, who supported the Y-SICCR Committee during the development of the survey, and included comments by Prof. Donato Altomare, Prof. Klaus Matzel (who also offered an overview on the exam of the coloproctology session of the European Board of Surgery), Dr. Jacopo Martellucci (as Y-SICCR Committee representative) Dr. Matteo

---

Y-SICCR Committee Members are listed in Acknowledgements section.

✉ G. Pellino  
young@siccr.org

<sup>1</sup> Department of Advanced Medical and Surgical Sciences, Università della Campania “Luigi Vanvitelli”, Naples, Italy

<sup>2</sup> Department of General Surgery, ASL Alessandria, SS Antonio & Margherita Civil Hospital, Tortona, AL, Italy

<sup>3</sup> Department of Biostatistics and Clinical Research, S. Gaudenzio Clinic, Novara, Italy

<sup>4</sup> Proctological and Perineal Surgical Unit, Cisanello University Hospital, Pisa, Italy

<sup>5</sup> General Emergency and Minimally Invasive Surgery, Careggi University Hospital, Florence, Italy

<sup>6</sup> Department of Colorectal Surgery, S. Rita Clinic, Vercelli, Italy

<sup>7</sup> Department of Medical and Surgical Sciences, University of Catanzaro, Catanzaro, Italy

Frasson (who gave his view as an Italian surgeon practicing abroad), and Prof. John Nicholls. The discussion that was generated from the presentation included an interaction between the panel, the Y-SICCR committee members, and the audience, and several lines of action were defined, which were later taken into account to plan the subsequent strategy of Y-SICCR (Fig. 1 members of the Y-SICCR Committee at the National Meeting in Rome, October 2017).

The results of the survey are briefly summarized here. One hundred and twenty-two surgeons completed the questionnaire. Overall, 20.5% had completed their training in general surgery 2–5 years previously and 19.7% >5 years previously. Their mean age was  $34.1 \pm 5.6$  years and 77 (63%) of respondents were male. Most were working in Northern Italy (41%), followed by the South (24.6%), the Centre (22.1%), and the islands of Sicily and Sardinia (9.8%), with 2.5% working abroad.



**Fig. 1** Members of the Y-SICCR Committee attending the SICCR National Meeting in Rome, October 2017. Top: from left to right: Alessandro Sturiale, Elisabetta Moggia, Gianluca Pellino, Francesco Pata, Gaetano Gallo; Bottom: from left to right: Gaetano Gallo, Jacopo Martellucci, Alessandro Sturiale

Most of the respondents performed fewer than 10 procedures for rectal diseases, very few performed more than 100 cases as the operating surgeon. Less than 10% of respondents performed more than 100 procedures for colorectal cancer, compared with 25% for benign conditions. There were differences in the operating role according to gender: 22.5% of female trainees and 41.9% of males performed the colon procedures as the operating surgeon ( $p=0.055$ ), and 30% and 50%, respectively, as the assisting surgeon ( $p=0.064$ ). The difference was statistically significant when assessing procedures for colorectal cancer young surgeons performed as the operating surgeon (17.5% vs 40.3%) ( $p=0.017$ ). Young surgeons from the South (25.9%) and the Centre of Italy (27.3%) performed fewer colonic procedures as the operating surgeon than those in the North (46.5%). In Sicily and Sardinia no young surgeons had such experience. However all (100%) respondents practicing abroad had experience as operating surgeon ( $p=0.016$ ).

There were significant differences in the operating role according to the level of training ( $p<0.0001$ ): 4.8% of respondents performed a high number of procedures for colon surgery as the operating surgeon between the 1st and 3rd year of training, but by the 6th year of training this number was still not > 13%. Twenty-one percent of the respondents performed endoscopy: 30% performed less than 10 procedures per year, and < 50% performed more than 50 per year. Thirty percent of participants performed diagnostic transabdominal ultrasound: 30–40% performed more than 50 procedures per year.

Only 38% of respondents received from the program director or mentor a clear, formal program with expected skills, duties and commitments to be achieved at the beginning of every year of training. Fifty-sixty percent of participants believed their Institution provided adequate training in colorectal cancer and proctology, but 62% reported that their institution did not guarantee training in inflammatory bowel disease (Fig. 2).

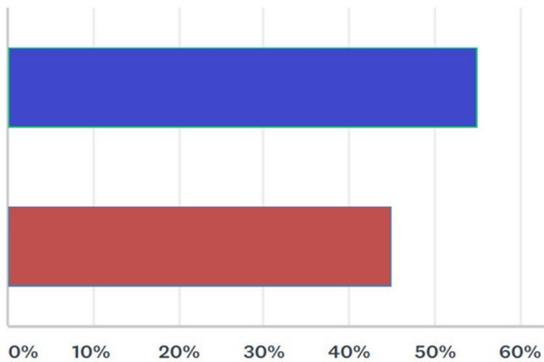
Fifty-seven percent received adequate training in understanding and drafting a scientific manuscript: 83% of this group had received no teaching in statistics and 65% had been taught to prepare a presentation for a congress (Fig. 3).

Nearly 50% of respondents had not attended a postgraduate course of any type and a third (34%) had taken a national masters or Ph.D course. Thirty-three percent of participants spent a period of training abroad, often self-financed (62%). Approximately 40% of respondents had to pay to augment their training with additional academic activities and courses during training or within 5 years of its completion.

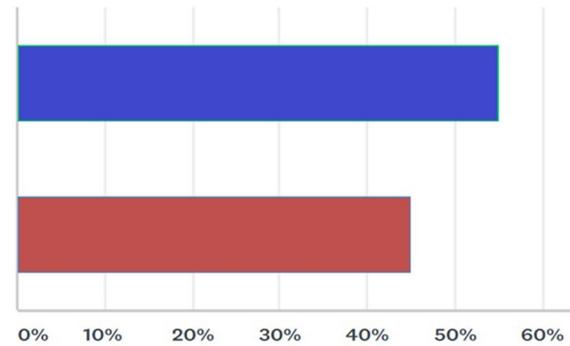
Membership of scientific societies was regarded as useful for participating in congresses (84% of respondents), for access to training initiatives (80%), for joining a network of colleagues (73%), for joining multicenter studies (68%) and for access to scientific resources (65%). Approximately

Do you think that your Institution can provide adequate training in colorectal surgery?

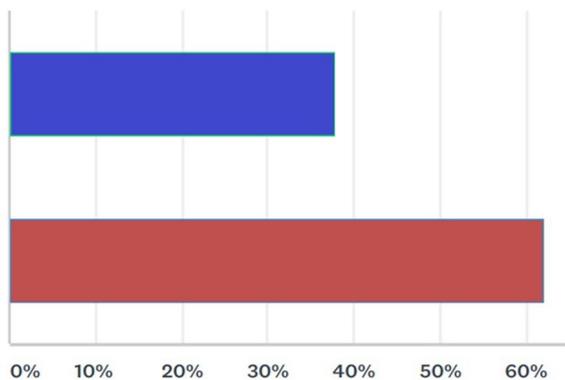
### Colorectal Cancer



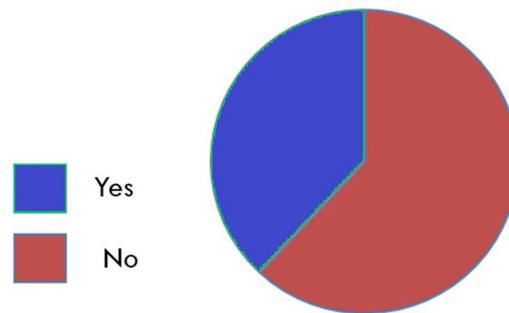
### Proctology



### Inflammatory Bowel Diseases



Have you been provided with a program of expected clinical duties/commitments/skills to be achieved - yearly?



**Fig. 2** Perceived quality of training according to field of interest of coloproctology. Most of the respondents did not find their centre able to provide adequate training in inflammatory bowel disease. (Modi-

fied from original figures generated by SurveyMonkey Software (SurveyMonkey Inc. San Mateo, California, USA; it.surveymonkey.com)

1 in 4 respondents felt it important for a young surgeon to join a scientific society (Fig. 4). Around 54% of respondents did not use social media for work, but 87% found it useful to include multimedia and virtual training [e.g., Advance In Surgery channel and video galleries of scientific societies SICCR, European Society of Coloproctology(ESCP), American Society of Colon and Rectal Surgeons (ASCRS)] in the current training programs.

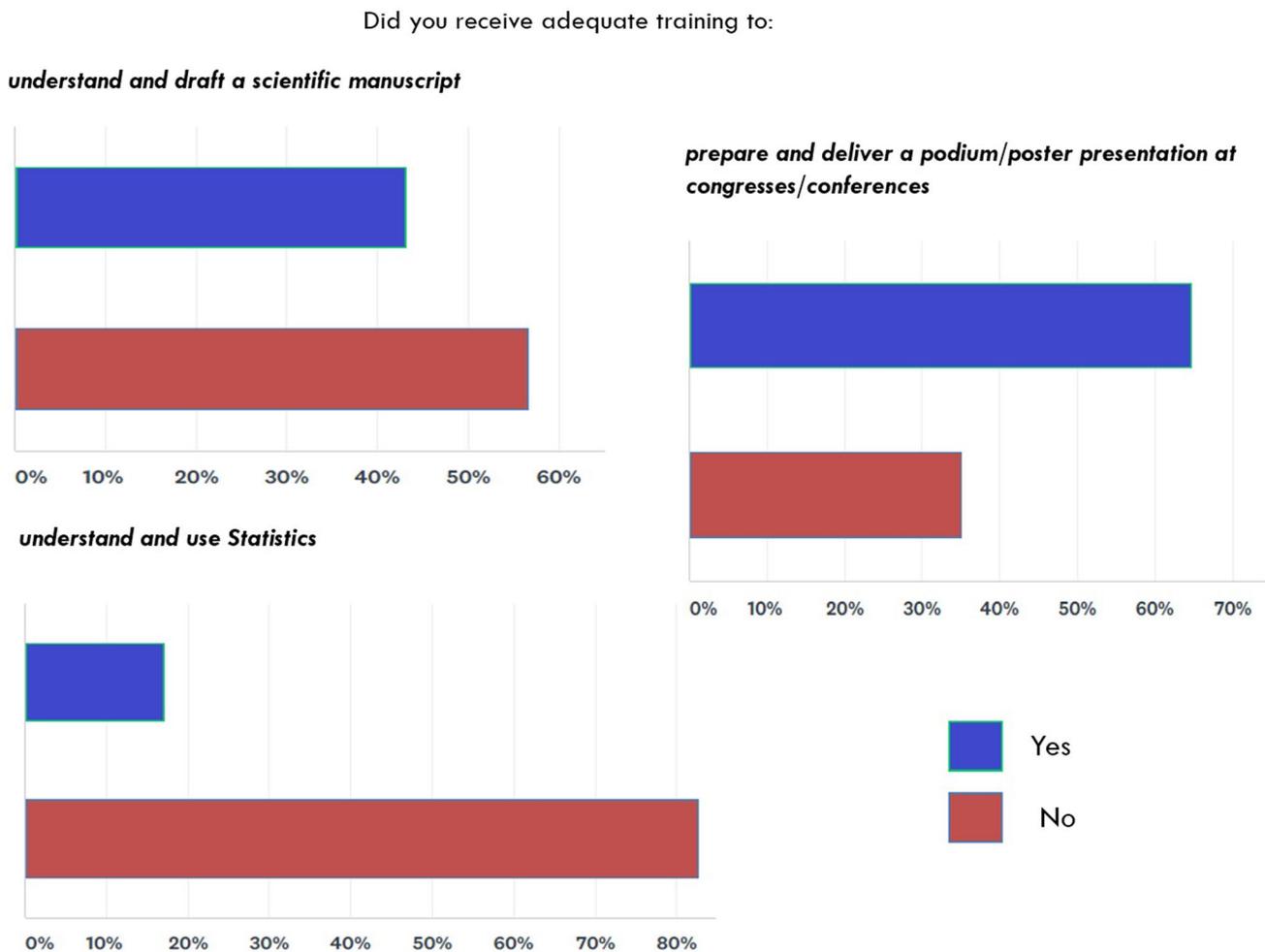
With regard to improvement of training in colon surgery for young surgeons, 92% felt that their time in the operating room needed to be increased, 81% found cadaver training useful, 65% voted for virtual training on simulators, and 54% opted for experimental surgery (Fig. 5).

Eighty-six percent of respondents agreed that scientific societies should integrate with and implement the potential gaps in training programs, even if 56% did not deem them adequate at present to fulfil their aims. Almost all respondents (95.3%) were interested in joining multicenter studies promoted and endorsed by SICCR and 82% were interested

in joining the Y-SICCR. Additional comments in free-text on how Y-SICCR could help young surgeons in pursuing a career in colorectal surgery included courses aimed at writing and reading scientific articles or surgical training courses on colorectal surgery, cadaver training, training in specialized centres in Italy, regular scheduled meetings ,twice a month, to develop an agreed strategy, initiatives to bring the current problems of the training system in Italy to the attention of the public, and some suggestions that the threshold of 35 years for considering a surgeon to be “young” should be lowered.

All the critical points have been discussed by the Y-SICCR Committee, and attempts made to tackle each of them with initiatives organized by young members for same-age colleagues.

Y-SICCR is currently working on an updated version of the questionnaire to be circulated in a structured way to young Italian colorectal surgeons and trainees.



**Fig. 3** Perceived quality of academic training. (Modified from original figures generated by SurveyMonkey Software (SurveyMonkey Inc. San Mateo, California, USA; it.surveymonkey.com))

### The effects of Y-SICCR on the growth of the society

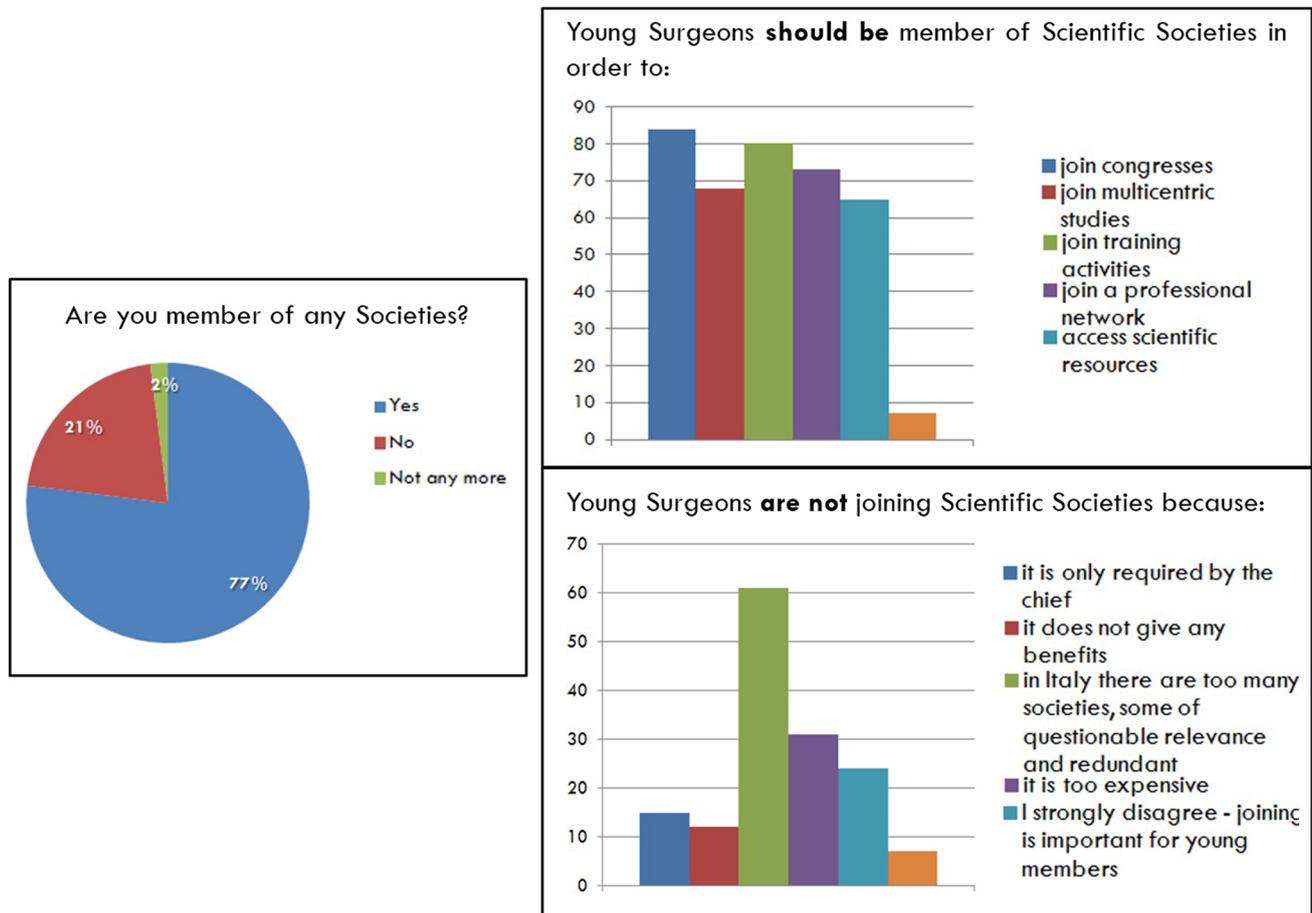
A central aim of scientific societies is to be as inclusive as possible and to increase the number of members, ideally involving young members. Younger members benefit from the opportunity of joining the everyday life of societies, and are best suited for joining committees under the supervision of senior members. This helps to bring freshness to the activities and facilitates lateral thinking. This model has effectively been adopted by other societies such as the European Crohn's and Colitis Organisation (Y-ECCO) (<https://www.ecco-ibd.eu/about-ecco/ecco-operational-board/y-ecco.html>) and the ESCP (Young ESCP) (<https://www.escp.eu.com/news/opportunities/1181-young-escp-opportunities-apply-now>). These societies have established “young” committees, and have started hosting sessions dedicated to young members during their Annual Meeting. Congress attendance

is likely to be increased, and young members with more experience in research or with longer work experience can mentor their younger colleagues, e.g., defining how to benefit from attending a scientific congress as a student or trainee [2]. Ahead of the National Meeting in Rome in 2017, the Y-SICCR members officially presented the group, and the meeting represented the opportunity for many trainees and young colorectal surgeons to meet and network.

With the aim of quantifying how the Y-SICCR impacted the growth of the society, we measured trends of subscription by young colorectal surgeons (i.e., less than 40 years old) since the start of the Y-SICCR.

The number of young members increased vertiginously as shown in Fig. 6.

Young surgeons and their involvement in surgical societies play an important role as in networking through social media. There has been a steady increase in the numbers of surgeons who use social media for professional development.



**Fig. 4** Postgraduate engagement with scientific societies. More than 75% of respondents were a member of at least one society

Indeed, young individuals are more prone to engage with social platforms, sharing scientific content, training and research opportunities, and personal experiences. Many scientific societies and journals are investing resources in social media communication [2, 4, 5]. At the last SICCR Meeting, the high involvement of young members facilitated sharing the content live from the congress, and many people were able to participate from a distance, and eventually joined the Y-SICCR later on.

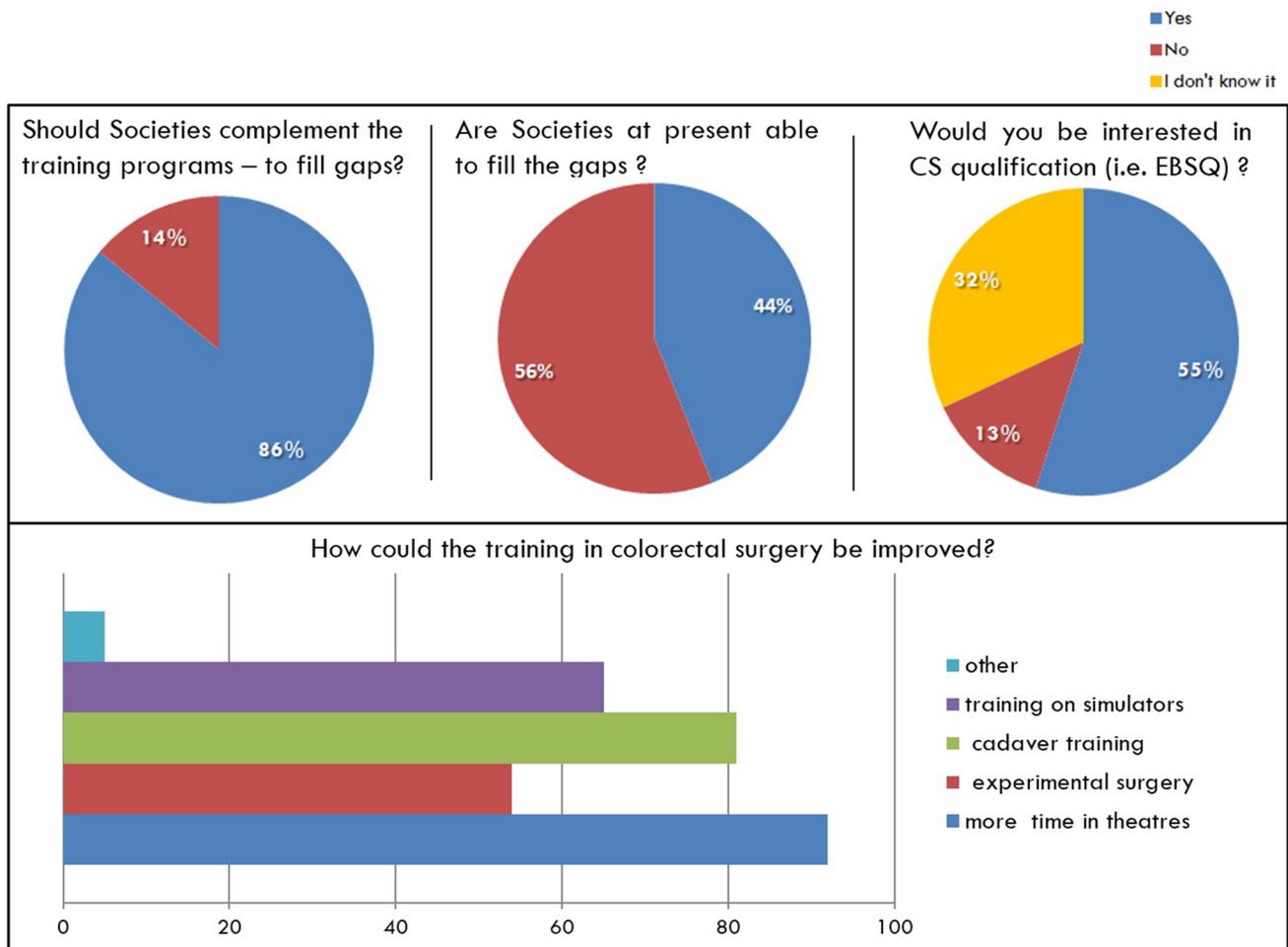
A section of the Y-SICCR explorative survey focused on the use of remote training and social media by young colorectal surgeons and trainees. The number of respondents who used social media for professional reasons was unexpectedly low, however, the number of trainees who valued remote training was considerable, suggesting that the Y-SICCR will foster the use of these resources. In fact, young surgeons interact with each other, learning from others experiences to improve their professional development. The challenge of scientific societies in Italy is to lead surgeons to share innovative ideas and tips, and collaborate in keeping surgeons connected and Twitter, LinkedIn, and

Facebook have emerged as the most powerful tools. The SICCR has always demonstrated great enthusiasm to expand the number of young surgeons and to gain more subscriptions through events targeted at colorectal surgeons and their professional curricula.

It was rewarding to observe how Y-SICCR contributed to the expansion of SICCR: young surgeons with their enthusiasm create a sort of “chain reaction”, every time they interact and meet each other. In fact, the number of subscriptions expanded soon after the SICCR meeting and augmented vertiginously at the time of the launch of new studies.

### Completed initiatives and current opportunities to be involved

During the SICCR Meeting, another initiative of the young members was finalized during a face-to-face meeting of the Y-SICCR Committee after several e-meetings and teleconferences: the Internet and Social Media Among colorEctal patients (ISMAEL) survey (<http://www.siccr.org/2018/02/>



**Fig. 5** Perceived role of scientific societies in relation to the gaps of the training system in colorectal surgery in Italy

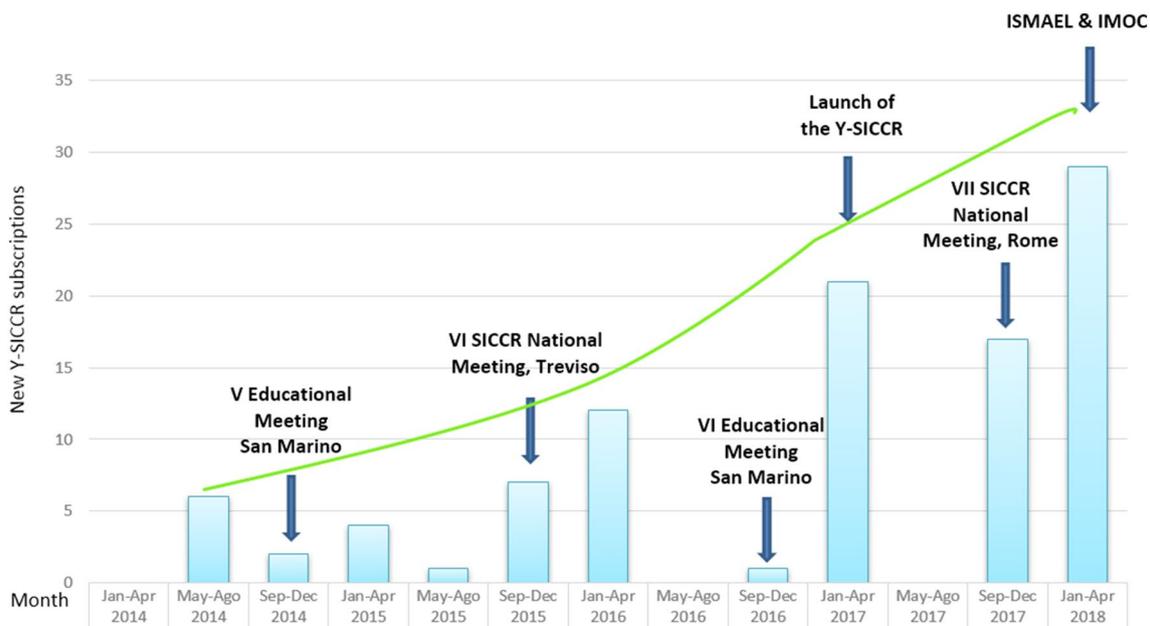
ismael-study/). The questionnaire was conceived by Dr. Alessandro Sturiale and developed jointly by the members of Y-SICCR Committee. Studies have shown that colorectal patients use internet and social media to obtain information about their conditions, although the credibility of the sources is questionable [6], highlighting the need of investigating this further. ISMAEL is a 30-item anonymous questionnaire directed to patients seen at outpatient clinics and units of Y-SICCR members, which focusses on the use of social media and online resources by this population. The survey was discussed with Y-SICCR members, who were invited to take part to the initiative.

Over approximately 5 months, more than 5000 responses were collected in 40 Italian centers. Data are now being analysed, and the resulting manuscript will be submitted for publication as a collaborative manuscript, with all collaborators listed as PubMed citable contributors.

The Y-SICCR Committee is also revising study proposals from young members, to be submitted to the Research Committee of the SICCR for approval and dissemination.

Studies are advertised on the SICCR website of the society ad via newsletter to the members. During the SICCR Meeting, Dr. Gaetano Gallo presented the “Mesoglycan in pain control after excisional haemorrhoidectomy” (MeHAEMO) study, a prospective study endorsed by the SICCR and led by a Y-SICCR member (<https://www.youtube.com/watch?v=G756z32mdg0> and [http://www.siccr.org/siccr2015wp/wp-content/uploads/2017/09/Locandina-HeHAEMO\\_v1-2.pdf](http://www.siccr.org/siccr2015wp/wp-content/uploads/2017/09/Locandina-HeHAEMO_v1-2.pdf)). During the same session, Dr. Francesco Pata offered an overview of the concept of “collaborative surgical research”, a model that has been successfully adopted by many organisations and societies [7, 8], resulting in high-level scientific studies and publications. The Y-SICCR is supporting such model, which provides young surgeons and students with an opportunity to lead research [8, 9].

Lastly, the Y-SICCR is planning to organize courses for young members. The first one was held in Rome on November 18th 2018 during the Educational Meeting of the SICCR, and focused on research methodology. The



**Fig. 6** The bar chart shows the number of new subscriptions every year divided in groups of 4 months. The first event appearing in the bar chart is the first Educational meeting which was held in San Marino in 2014, and then in December 2016; the second event reported is the VI national meeting in Treviso: the number of new subscriptions expanded soon after these events. The taller bars appear

at the time of the launch of the Y-SICCR [1] and at the time of the launch of new studies. IMOC: 2018 International Coloproctology Meeting [3]; ISMAEL (Internet and Social Media Among colorEctal patients) survey: Y-SICCR Young Group of the Italian Society of Colorectal Surgery

course was highly interactive, and the faculty included both senior and young SICCR members.

In conclusion, the meeting in Rome was a milestone for the Y-SICCR which participated actively and made a relevant contribution to the SICCR. In the light of what emerged from the explorative survey, the committee is working on initiatives to fill the gaps in training, education, and research as perceived by Italian young colorectal surgeons and trainees. The upcoming National Meeting in Biella will surely be an opportunity to strengthen the connections between young surgeons under the auspices of SICCR. Y-SICCR welcomes every young surgeon with an interest in colorectal surgery and it aims to be a national platform to facilitate research led by young members in colorectal surgery.

**Acknowledgements** The authors would like to thank the Italian Society of Colorectal Surgery (SICCR) for the invaluable support and generous assistance. The authors are grateful to Y-SICO (Young Group of the Italian Society of Surgical Oncology), SPIGC (Italian Society of Young Surgeon), SIC (Italian Society of Surgery), ACOI (Associazione Chirurghi Ospedalieri Italiani), SIPAD (Società Italiana Medico-Chirurgica di Patologia dell'Apparato Digestivo), ESCP (European Society of Coloproctology) that helped the dissemination the questionnaire among their members. The authors are most grateful to Miss Marina Fiorino for all the support she constantly provides to all the young surgeons in the SICCR.

Y-SICCR Committee Member: Gianluca Pellino, Elisabetta Moggia, Alessandro Sturiale, Gaetano Gallo; Y-SICCR Collaborators: Paola Campenni, Marco Milone, Francesco Pata

## Compliance with ethical standards

**Conflict of interest** The authors have no conflict of interests or financial ties to disclose.

**Ethical approval** The present paper was exempt from approval.

**Informed consent** For this paper informed consent was not required.

## References

- Pellino G, Martellucci J, Campenni P et al (2017) The young group of the Italian Society of Colorectal Surgery (You-SICCR). *Tech Coloproctol* 21:251
- Ioannidis A, Blanco-Colino R, Chapman SJ, Soares AS, Pellino G, Frasson M (2019) Making the most of scientific medical conferences: a practical guide for students and junior trainees. *Colorectal Dis.* <https://doi.org/10.1111/codi.14590>
- Gallo G, Trompetto M (2018) The 15th International coloproctology meeting (#IMOC2018) 16–18 April 2018, Turin, Italy. *Tech Coloproctol* 2:629–632

4. Logghe HJ, Pellino G, Brady R, McCoubrey AS, Atallah S (2016) How Twitter has connected the colorectal community. *Tech Coloproctol* 20:805–809
5. Keller DS, Winter DC, Pellino G, Cologne K, Smart NJ, Brady RRW (2018) #colorectalresearch: introducing a disruptive technology for academic surgery in the social media age. *Dis Colon Rectum* 61:279–280
6. Pellino G, Simillis C, Qiu S, Rasheed S, Mills S, Warren O, Kontovounisios C, Tekkis PP (2017) Social media and colorectal cancer: a systematic review of available resources. *PLoS One* 12:e0183031
7. GlobalSurg C (2018) Surgical site infection after gastrointestinal surgery in high-income, middle-income, and low-income countries: a prospective, international, multicentre cohort study. *Lancet Infect Dis* 18:516–525
8. EuroSurg C (2018) Body mass index and complications following major gastrointestinal surgery: a prospective, international cohort study and meta-analysis. *Colorectal Dis* 20:O215–O225
9. Sgrò A, Simioni A, Farina V, Pasquali S, Pellino G, Pata F (2018) Increasing the participation of medical students in surgical research: the Italian case and the role of research collaboratives. *Int J Surg* 60:111–112

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.