



Commentary

Commentary on “Correlation between students' and trainers' evaluations while learning delegated surgical procedures: A prospective cohort study”

Delegation of duties by a physician to a non-physician has long been debated in the absence of solid scientific evidence. Over the last two decades, the delivery of healthcare services has faced a double challenge due to the decreased availability of medical workforce and the increased healthcare demands [1]. In response to these challenges, physicians and nurses have played a pivotal role. Overall, literature suggests that the expanded scope of practice for nurses in managing uncomplicated acute and chronic conditions is safe and effective in both primary and secondary care communities [2,3]. Less attention has been paid to the tertiary care surgical settings. Interestingly, a recent prospective study performed in Sierra Leone has shown that cesarean section performed by medical personnel and trained associate clinicians provides equivalent 30-day outcomes. This indicates that task-sharing can represent a safe strategy to increase access to emergency obstetric care in low-income geographical areas where there is shortage of specialized health workforce [4]. Nonetheless, the issue is complex, and the pre-requisites for successful delegation of a surgical procedure in the real world healthcare environment need to be clearly defined.

Maillot et al. [5] hypothesized that implementing a structured training system based on critical thinking and simulations for a range of *a priori* identified surgical procedures could match the expectations of students (selected scrub nurses) and trainers (surgeons). Using a validated self-reported questionnaire (SFDP26) to test this hypothesis, the authors found a good match between scrub nurses and their surgical trainers in the majority of the investigated variables.

The study by Maillot et al. provides interesting insights to overcome the educational challenges represented by delegation of some surgical skills to the nursing workforce. From our perspective, the study design has the potential to be replicated in other centers and settings. However, the following considerations are worthy of an in-depth debate and specific research endeavors.

First, a clear framework to define which surgical procedures can be safely delegated to the nursing domain is a current need, and is also important to highlight the rationale to delegate some procedures in different socio-economic contexts. Accordingly, Maillot et al. used a range of *a priori* identified surgical procedures, but more multi-disciplinary debate among the broader scientific community is needed

on this topic. Second, many aspects related to culture and laws in different countries worldwide have to be considered for future research. Cross-national investigations could help to frame knowledge that is perhaps more generalizable. Third, beyond the debate about the possible delegation of surgical procedures to the nursing workforce, focusing on training and education would represent the most important step forward. So far, training programs for physicians and nurses have generally followed separate pathways even if both trainees are expected to work together in their future real-world daily practice. For this reason, a paradigm-shift toward a more collaborative training program (team-based care education) in the surgical setting could improve the overall team functioning especially in countries where unmet surgical need is highest and there is a lack of surgical providers.

Declarations of interest

The authors have no competing interests to declare.

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Ethical review committee statement

Not applicable.

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