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Bridging the Gap: How Generational Differences are Impacting Breast Reconstruction Training

*Cicero Urban**

Department of Surgery, Our Lady of Grace Hospital, Positivo Medical School in Curitiba, Brazil

Editorial

Differences between generations have become integrated in medical education, reaching the point of a true cultural norm, and unfortunately also a source of some conflicts. Sociologists consider members from the same generation as those exposed to the same phase of a collective process: Traditionalists, Baby Boomers, Generation X, Millennials and Generation Z [1]. At least three to four of them are interacting regularly in medical societies and workplace. The question that we will try to answer here is how the rationale of grouping individuals by generation plays a role in breast reconstruction?

Traditionalists, who were born between 1920 and 1945, shaped by the Great Depression and World War II, are characterized as loyal and respecting authority. Their leadership style is directive and hierarchical [1]. Halsted was an example of them, with a negative influence in breast reconstruction development, as he was convinced that "when the defect is covered by a normal skin or by reconstructive procedures, not only the underlying recurrence is concealed for an indefinite period, but also the transferred skin with its lymphatic channels brought from a distance, aids in the dissemination of the disease" [2]. Just a few surgeons at that time opposed him. Boomers, born between 1946 and 1964, are idealists, workaholics, influenced by "hippie" movement, and more likely to question legitimacy of authority. Their leadership style was described as more consensual and collaborative. Generation X, born between 1965 and 1980 saw by the first time both parents working outside home. They are independent and self-reliant, with some comfort with digital technology, and more skeptical about prescriptive leaderships. Millennials, born form 1995 and 2000 are described as practical, well-educated civic contributors, and with great comfort in cooperative work and with technology. Their attitude with leaders is to expect that they respect their views. Generation Z were born between 1996 and 2001, high-tech, with technology in every aspect in their lives, exposed to information in all sources. They are independent, but also with a necessity of peer acceptance and instant gratification [1]. Each generation tends to have a set of perceptions and expectations about their medical careers. Conflicts and tensions in different specialties regarding breast reconstruction are, at least in part, a consequence of individual points of view, and also influenced by different generations perspectives [1,3]. Traditionalists see their work as a duty, Boomers tends to define themselves by their careers, and Millennials feel that their work affects people outside workplace [1]. Then, distinct motivations and ways of operating can cause conflicts and misunderstandings between specialties regarding competition, attitudes and expectations on who should do breast reconstruction and how to mentor and define different surgical techniques in practice [1,3,4].

We, as mentors, have an important role and a compromise with the future of breast surgery. In a way, there is a worldwide increasing interest in career benefits in breast reconstruction, but at the same time, there are also big challenges. There is no standard and no consensus between Breast and Plastic Surgery Societies all over the world in how to do it, and, at the same time, there is an emerging number of surgeons from both specialties who are now interested to deeper learn these techniques. So, it is time to revisit our pedagogical way of teaching, as it is a lack of formal guidelines in mentoring reconstructive surgery, a model for surgical education [3-5]. Many surgeons are now looking for different training opportunities. And breast reconstruction is a grey zone between specialties, a common area of interest. There is no sense anymore in the debate on who should do it (and consequently who on should not do it), because even plastic surgeons that have training in all reconstructive techniques should be aware in all cancer treatments and consequences. They cannot think only in aesthetics anymore. At the same time, breast (oncologic or general) surgeons who have oncological background yet, but usually do not have it in reconstructive techniques should be trained in reconstruction. They cannot be limited only in oncological outcomes too. This fragmented approach leads to some negative consequences. Breast cancer treatment should be

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Correspondence:
Cicero Urban, Department of Surgery, Our Lady of Grace Hospital and Positivo Medical School in Curitiba, E-mail: cicerourban@hotmail.com

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integral and translational [3-5].

Breast reconstruction training focus should be in how to achieve individualized skills in different techniques. Although different realities have particular challenges for training surgeons, we should establish a universal mentoring culture. In the 20th century, a single mentor characterizes mentoring for young surgeons. Multiple mentors become dominant surgical model today for most surgical specialties. Particularly, surgeons who perform breast surgeries should be skilled in both oncological and reconstructive techniques. Some countries offer more facilities for training directly with patients in the theaters, others models or cadaver labs. There is no universal pattern for mentoring. The learning curve should be on each singular technique, to each singular surgeon. Mentors should identify technical limits and establish the borders for their mentees, using a model of levels of competence. Objective variables of technical skills should be based on competency-based training [3-5].

So, there is an exciting field for breast reconstruction mentoring. But the way it goes will depend on how we, as mentors, will help present and future generations of surgeons in bridging the gap. Overall, mentoring must be individualized, ethically founded, committed with present and future patients, with mentees, and with new potential areas for research. In this way, collaboration between specialties is fundamental. That's the way both Plastic Surgery and Breast Surgery can build a better future for this fantastic field of breast reconstruction, and at the same time, be better for breast cancer patients. Mentors, be more Millennials than Traditionalists! (By the way, I am from Generation X).

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