

Modern Surgical Pedagogy Nspired by Montessori Method

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1. Opinion Article

Montessori is a scientifically based education approach to allow the child's optimal development (intellectual, physical, emotional and social). It was developed by Italian physician Maria Montessori (1870-1952) [1]. Montessori education is based on the belief that all young children are unique individuals with an immense potential and the teacher needs to guide each child through the learning process by using environment that fit their specific needs. The Montessori method is based on several principals: learning from peers (imitation models); free choice; teacher guidance; order in the environment; movement and cognition, age mix etc [1]. Maria Montessori did not fully develop her ideas for the education of teenagers, but developing a Montessori education for an older age has a potential to make a positive contribution [2]. Moreover, the Montessori method is now being adapted for use with dementia patients, with the aim of improving functioning in activities of daily living, such as feeding, and in cognition [3]. These observations can suggest that the Montessori method could be applied to all learning stages of life. There are very few methodologically robust evaluations for this pedagogic method but it seems to benefit self-confidence, creativity, intrinsic motivation, adaptability, academic skills, affect development etc. These are all required qualities we strive to achieve as a surgeon.

As a young parents and university surgeons we wonder how to make sure the next generation is better off than we are. Is traditional European academic surgical learning is it suitable in our modern times? We need to shift our focus and start thinking about the

future of medical education and its consequences on the mental health of young doctors?

Montessori education is more relevant today than ever before because it's help us to understand how children are the key to a more peaceful world.

As parents, we want the absolute best for your child; along these lines we should be promoting surgeons the adaptation of unique teaching methods by surgeons to strive a similar goal. Just like every parent wants to see their child grow up to become better than they are, every master surgeon should want their students to one day surpass them. Today's some European surgical pedagogic methods consist by learning "by slapping": rough and brutal methods, in an explicit and indisputable way, repeated verbal and moral humiliations; tyrannic masters etc [4]. Nowadays neurosciences research contributes to our understanding of learning theories and we should also apply these educational neuroscience concepts to the surgery pedagogy [5].

Modern surgical pedagogy should be first and foremost built on unconditionally kindness: positive reinforcement rather public humiliation, encourage independence and practice, adapt to student specific needs; avoid surgical authoritarianism and giving them the freedom to make their own choices, encouraged them etc.

Secondly an adaptative environment for example gives them the freedom to do things on their own or to optimise surgical time in exchange procedure for pedagogic time. Thirdly, learning from peers: (senior surgeon but also older students): surgical procedures (Figure 1), relationship with patients and caregivers; co-workers

relationships.

As Maria Montessori we can hope your “child surgeons” can to be able to make better free choice when they have to manage surgical

procedures alone or socio-emotional work environment situations. Maybe they will succeed on academic research and will be the person responsible of great innovation.



Figure 1: Learning how to harvest free flap with older students on cadaver dissection

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