Exploring the Changing Landscape of Surgical Residency Training

1. The strong focus on medical-technical skills in surgical residency training tends to miss out on the proper integration and evaluation of general competencies. (this thesis)

2. Attitudes from surgical residents and attending surgeons toward shifting paradigms in surgical residency training reflect a desire to preserve traditional values and related practices. (this thesis)

3. Assessment of surgical residents’ operative skills with the OSATS (Objective Structured Assessment of Technical Skills) instrument is inherently associated with subjectivity and does not provide an objective indication for operative competence. (this thesis)

4. The progressive implementation of the EWTD (European Working Time Directive) has not adversely affected the number of surgical procedures performed by surgical residents in the Netherlands. (this thesis)

5. The mean preclinical grade in medical school is associated with performance during surgical residency training and should be taken into account during selection procedures. (this thesis)

6. The most important aspect of competency-based training is that it focuses on acquisition of knowledge and skills and is not dependent on the length of training. (Acad Med. 2000;75(12):1178–1183)


8. Remodeling of the surgical training program (2+4 schedule) will be essential to fulfill the current and future needs of the healthcare system and drive improvement in the quality of patient care. (Scandinavian Journal of Surgery. 2011;100: 70-7)

9. A trained surgeon knows how to do it; an educated surgeon knows why you do it. (Charles L. Bosk, Forgive and Remember: Managing Medical Failure)


11. Ik was niet de snelste, maar ik was nooit te laat. (Willem van Hanegem)

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