

Changing Trends in Surgical Career Choices

American College of Surgeons

October 20, 2003

Accreditation Council for Graduate Medical Education

- Five member organizations
- AAMC
- ABMS
- AHA
- AMA
- CMSS

ACGME Mission

- Improve quality of health care
- Improve quality of GME
- Establish national standards
- Assessment/Approval
- Evaluation methods are fair, valid, ethical
- Responsive to change and innovation
- Encourage educational improvement

Outcomes as Accreditation Tools

- Whatever we measure we tend to improve
- Process and structure measurements examine potential to educate, outcomes examine if program is actually educating
- Programs will have more flexibility
- Programs will be more cost-effective
- Public accountability is better served

The Competent Physician

Possesses medical knowledge, judgment, professionalism, clinical and communication skills to provide high quality patient care

Patient care encompasses the promotion of health, prevention of disease, and diagnosis, treatment and management of medical conditions with compassion and respect for patients and their families

Selected Aspects of Current Options to Address Duty Hours

Category	ACGME Work Group	NY 405	AAMC	Conyers Bill
Weekly total	80 hours with possible added 10% with educational rationale	80 hours	80 hours	80 hours
Time on task	24 hours + 6 hours for transfer, continuity and didactics	24 hours	24 hours	24 hours
Time off task	10 hours	8 hours	8 hours	10 hours
Moon-lighting	Prospective Approval, Monitoring	Intent for hours to count	Hours count	No mention

All include: 1 day (24 hours) off in 7, call no more than every 3rd night

ACGME

- Cannot address workforce issues. That is illegal under the antitrust laws.
- Is concerned about the nature and the quality of the residency programs.
- Is concerned about the overall attractiveness of graduate medical education, but not about individual specialties.

Why is Interest Decreasing?

- Generational expectations
- Controlled lifestyle concerns
- Reimbursement, financial problems
- Surgical residencies perceived as too long, too harsh
- Generalism in decline, specialism inexorable.
- Lack of specialty focus

ASA "Blue Ribbon" Committee

- Haile Debas
- Barbara Bass
- Murray Brennan
- Timothy Flynn
- J. Roland Folse
- Julie Freischlag
- Paul Friedmann
- Lazar Greenfield
- R. Scott Jones
- Frank Lewis
- Mark Malangoni
- Carlos Pellegrini
- Eric Rose
- Ajit Sachdeva
- George Sheldon
- Patricia Turner
- Andrew Warshaw
- Richard Welling
- Michael Zinner

ASA "Blue Ribbon" Committee

- Modular structure for the surgical residency, with a three year core, followed by two or three more years of specialty training.
- Curriculum to be developed by the ABS, ACS, as well as the individual specialties.
- Linked to the assessment of competence at key junctures.
- WIP, outcome uncertain.

ABS ESP

- Pilot program for vascular and pediatric surgery.
- Thoracic surgery has changed its requirement for ABS certification.
- Plastic surgery has gone to an integrated program structure.
- Surgical specialties are reducing general surgery requirements.
- WIP, outcome uncertain.

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What Can We Do?

- Stop whining, start mentoring and modeling.
- Organize recruitment.
- Revitalize the residency programs.
 - Structure, content, length, environment
- Get with it technologically, and stay with it.
- Emphasize opportunity.

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Who is "We", Pogo?

- Our strength is our weakness.
- Get with it organizationally.
- ACS, ABS, RRC, APDS, SUS, etc., all agree that there is a problem, but are working in silos and are reluctant to change.
- "Change is good, you go first"
- "Deep change, or slow death."

ACGME

- ? Mission: Improve the quality of health care by improving the quality of graduate medical education.
- ? Vision: Be a source of inspiration, encouragement, support and assistance to all who strive for educational excellence.

ACGME

- ? Outcomes project
- ? Led to the development of the six general competencies.
- ? Working hours project
- ? Implemented in July 2003