

Changing Trends in Surgical Career Choices: Perspective of a Recent Graduate

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Issues

- ◆ Decreased interest among medical students in pursuing general surgery residency
 - Interest persists in surgical subspecialties
- ◆ Increasing percentage of female medical students
- ◆ Encouragement of medical students to pursue primary care specialties
- ◆ Influence of work hours reform on graduate surgical education
- ◆ Attrition of residents from established general surgery programs

Demographics of US Medical School Graduates

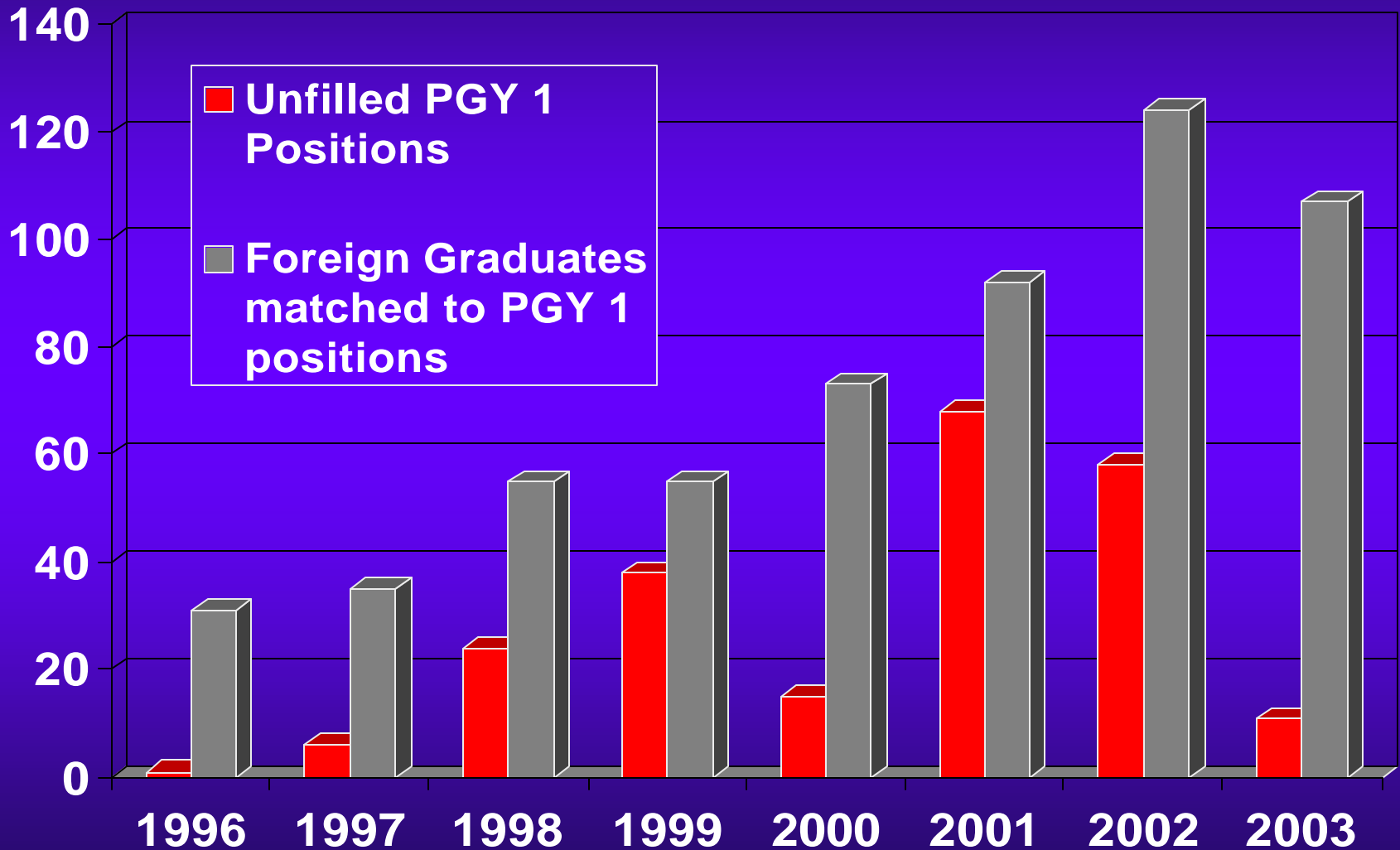
<u>Year</u>	<u>White</u>	<u>Asian</u>	<u>Black American</u>	<u>All Hispanic</u>	<u>Women</u>
1979-80	84.6%	2.7%	5.1%	3.0%	23.1%
2001-02	64.7%	20.1%	7.0%	3.8%	44.2%

Source: AAMC

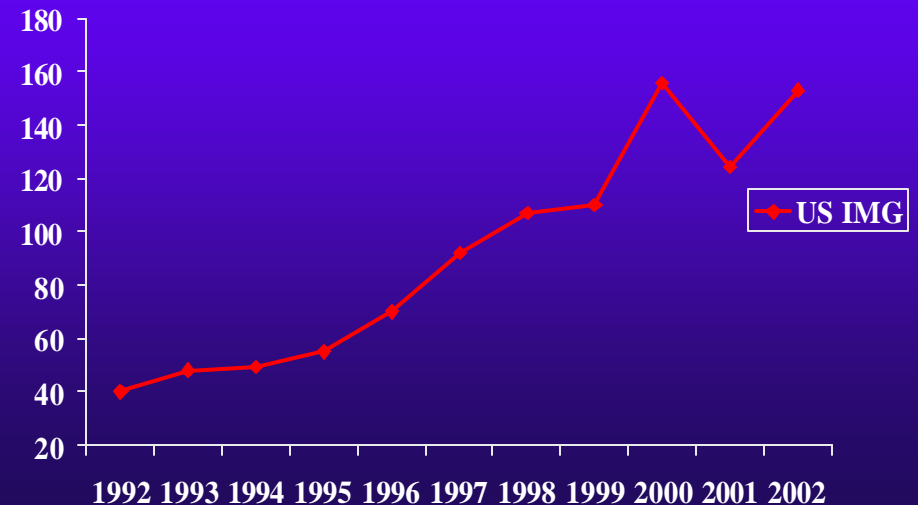
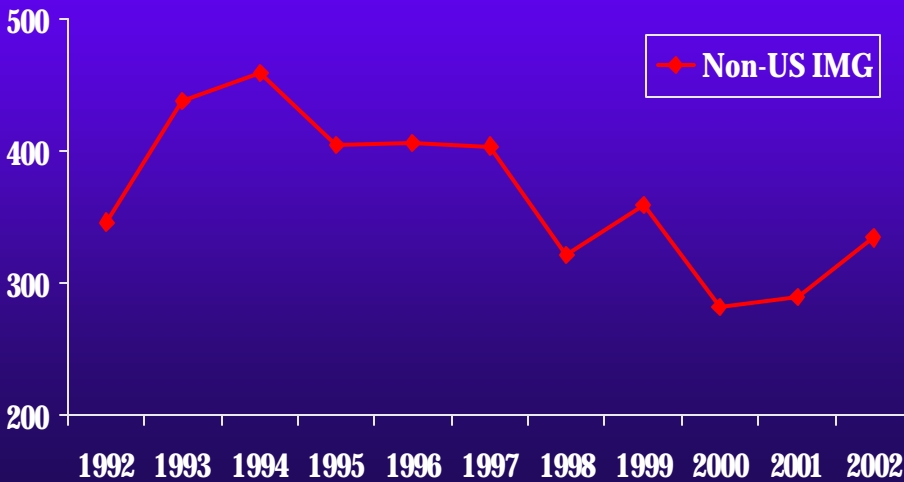
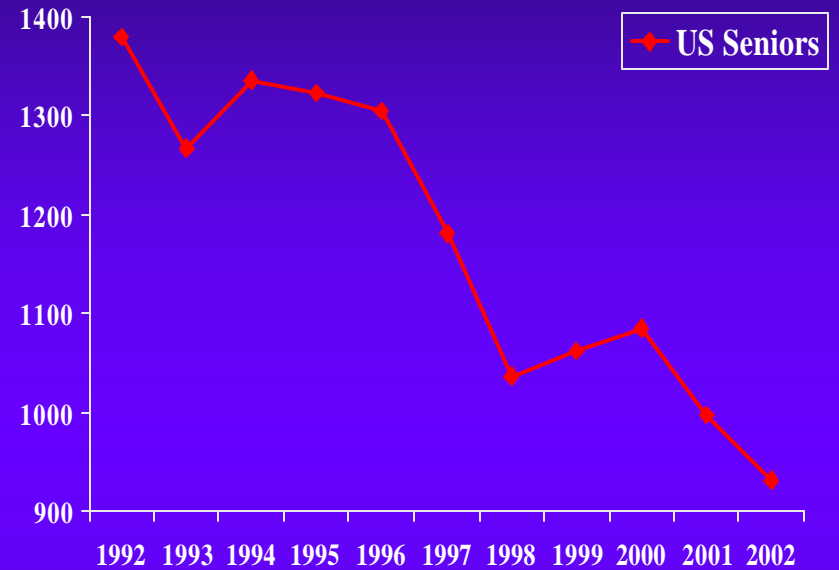
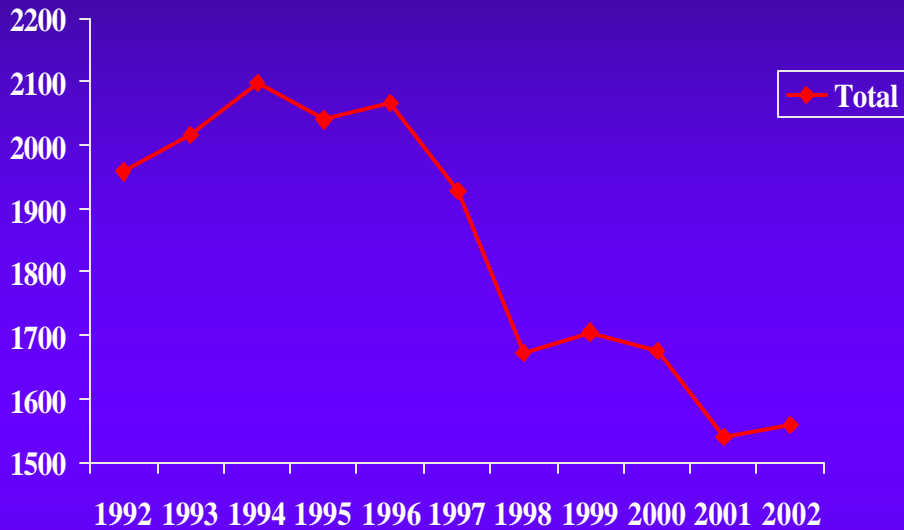
Categorical Match Vacancies

Year	Number of unfilled categorical surgery residency positions
1997	6
1998	24
1999	38
2000	19
2001	68
2002	34
2003	11

First Year Positions in General Surgery



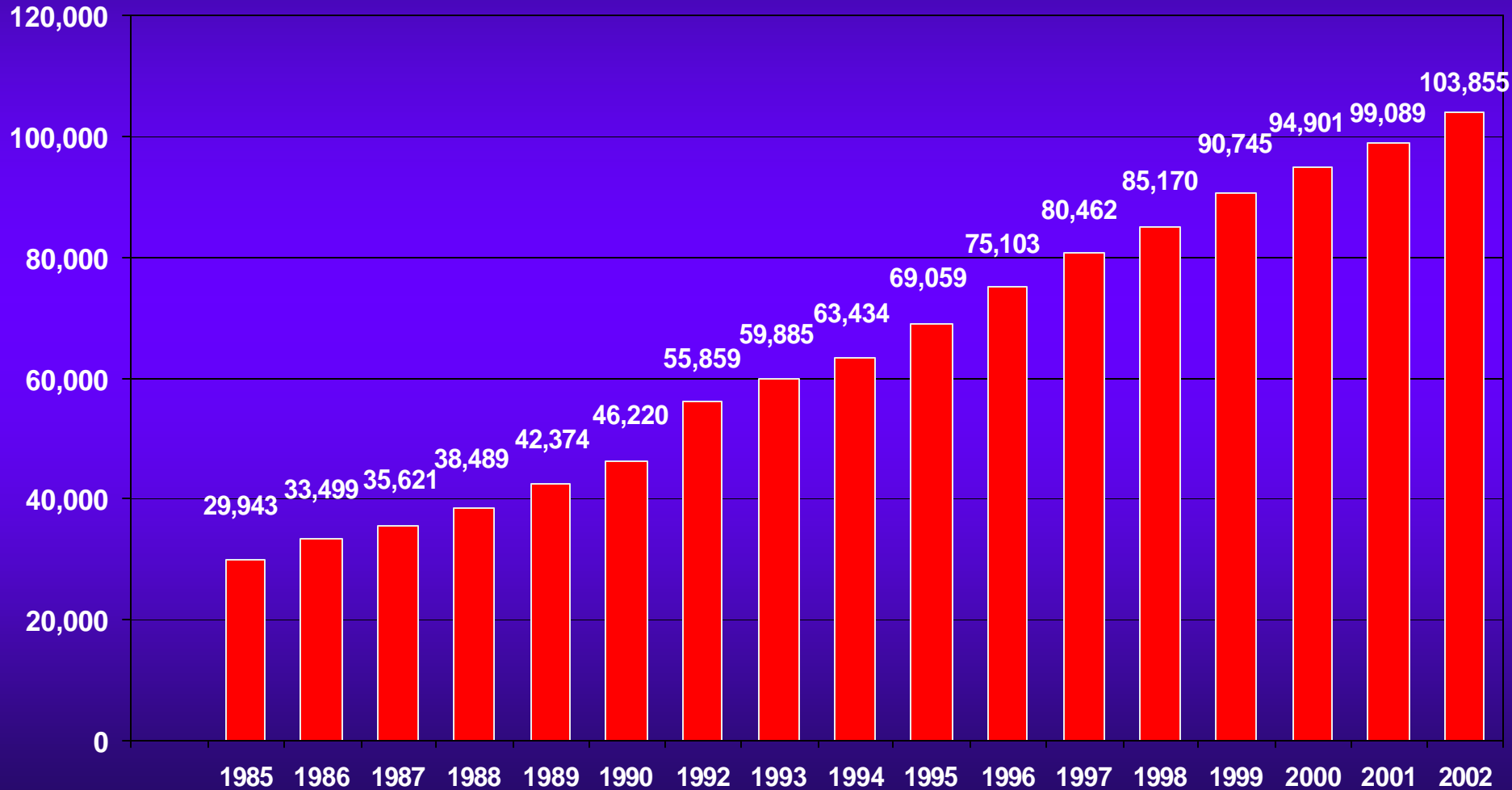
NRMP – Numbers Ranking Selected Specialties by Applicant Type, 1992-2002



Candidate Concerns

- ◆ Perception of brutal lifestyle, abuse, poor working conditions during residency
- ◆ More control of work hours in subspecialties
- ◆ Length of training
- ◆ Lack of autonomy to provide patient care, perceived managed care intrusions
- ◆ Inadequacy of educational debt management systems
- ◆ Perceived lack of appropriate financial compensation

Average Indebtedness of Medical Students



Source: AAMC

Duty Hours Questionnaire

◆ Average length of work week:

- NSU 68 ± 14.8 hours
- Ortho 64 ± 10.8 hours
- ENT 61 ± 9.7 hours
- Plastics 64 ± 10.6 hours
- Urology 63 ± 10.1 hours
- Gen Surg 70 ± 13.7 hours
- CT 73 ± 15.4 hours

Candidate Concerns, #2

- ◆ Lack of mentors/role models
- ◆ Dwindling sense of general surgery identity
 - Intrusion by other specialties: interventional radiology, gastro-enterology
 - Sub-specialization *within* general surgery
 - ESP
- ◆ Expressed lack of satisfaction by general surgery attending staff
- ◆ Delay of personal life, child-bearing desires
- ◆ Perception of a specialty in which women do not achieve power or status

Solutions

- ◆ Residents are the best PR for the profession
 - Utilize their high impact on medical student choice
- ◆ Encourage faculty to display the breadth and depth of general surgery
- ◆ Increase early exposure of medical students to general surgery, in its many forms
- ◆ Establish early mentoring relationships (student/attending & student/resident) with *potentially* interested medical students

Solutions, continued

- ◆ Encourage professionalism among staff:
stop being our own worst press
 - Other specialties are perceived as “happier”
- ◆ Improve regulations regarding student loan
deferment and forbearance
- ◆ Establish reasonable maternity policies
 - AWS, RRC, ABS
- ◆ Consider hospital-supported and resident-
friendly childcare options

Solutions, #3

- ◆ Accentuate opportunities to specialize within general surgery
- ◆ Encourage residents to consider research time for academic and personal growth
- ◆ Faculty and resident development programs
- ◆ Point out opportunities to make choices
 - Academic v. private practice
 - Shared attending-level academic responsibilities
 - Groups, partners, cohorts of specialties
 - Part-time practices

Conclusions

- ◆ Current medical students epitomize the “educated consumer”
- ◆ General surgery must market itself and, to the extent possible, make itself attractive to Generation X applicants
- ◆ Perception of personal satisfaction is critical
- ◆ Surgery is no longer a career to choose based purely on prestige/money/quest for absolute power

Conclusions, continued

- ◆ Flexibility is key to making general surgery a more inclusive discipline
- ◆ Current medical students are making well-educated choices about lifestyle, money, time, family, and professional fulfillment
 - Flexibility and control can be part of general surgery
- ◆ One surgery career no longer fits all