

From my perspective

The current President of the American College of Surgeons, Claude H. Organ, Jr., MD, FACS, is deeply concerned about the surgical profession's ability to continually attract the best and brightest residents. As a result, he wants his presidency to be remembered as "the year of the resident." In an article on page 12, Dr. Organ shares his views about this topic, and I encourage you to read this piece.

I believe Dr. Organ is being incredibly forward thinking by dedicating his tenure as ACS President to the needs and interests of this critically important group of young men and women. Surgery is undergoing a period of great change, not only with respect to the way we practice surgery, but with regard to the way we train people to become surgeons as well. Hence, all of us who are in surgical practice and who have experienced both its joys and its frustrations must also be thinking about the times to come, rather than looking back and remembering the less complicated days we may cherish but will never see again. Looking in the rearview mirror and reflecting on the past is a futile exercise and does nothing to support those young people who are thinking about their future and evaluating whether they will find surgery to be the fulfilling and honorable profession they want to join.

Encouraging future surgeons

Instead of focusing on what might have been, we need to center our attention on the current realities of medical education, training, and practice. Gaining acceptance to American medical schools remains a significant challenge for many young men and women. A large number of students continue to apply to medical schools, and the competition for these coveted positions remains intense.

Similarly, many young people continue to vie for surgical residencies. Many disgruntled practicing surgeons allege that the caliber and number of residents have fallen precipitously. This portrayal is inaccurate. The fact of the matter is that the match rate for surgical residencies remains fairly high, with 90 percent of the positions being filled, mostly by graduates of U.S. medical schools.

In other words, we have a large pool of young people who consider surgery to be an attractive



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specialty. No doubt, part of their interest in surgery stems from the realization that surgical procedures will always be performed by trained surgeons. As a result, the members of our profession are less threatened by intrusion from allied health professionals than other physicians are.

Nonetheless, we certainly can do more to sustain and enhance the level of interest in and attractiveness of a surgical career. One of the greatest challenges for practicing surgeons is to act as strong role models for young people who express an interest in surgery. We must stress the positive aspects of our careers and not dwell on the day-to-day difficulties we perhaps have experienced. It helps to remember that our health care system most likely will be very different in the coming years, and that many of the current vicissitudes will disappear with time.

Professional organizations like the College often set an example for the individuals they represent. Hence, the College is working effectively to stand for the issues that this younger generation

has embraced and to encourage their participation in this organization.

For example, a few years ago, we created the Candidate and Associate Society of the American College of Surgeons (CAS-ACS). This group now has more than 7,000 resident and young surgeon members. The CAS-ACS has an active Web site and publishes an electronic newsletter, which addresses issues of specific concern to surgical residents. It has established a job bank to help residents find the type of gainful employment they desire after completing a training program, and its members develop and sponsor sessions at both the Spring Meeting and the Clinical Congress.

In addition, opening up the College's membership to medical students is another tangible example of how this organization is building a relationship with young people.

New expectations

Active dialogue is now occurring with respect to the training paradigm for surgeons of the future. By reexamining residents' work hours, the efficiency of the traditional training process, and the amount of time residents spend in educational versus noneducational activities, we have an opportunity to create a more inclusive training environment. In the past, women and other underrepresented populations may have been discouraged from pursuing surgery as a career. For example, restrictions on time away from the hospital didn't leave much room for starting a family and, therefore, may have inhibited some women from choosing a surgical career. I believe that new approaches will help to make surgical training more attractive to all young surgeons who want to achieve a balance between their professional and personal lives.

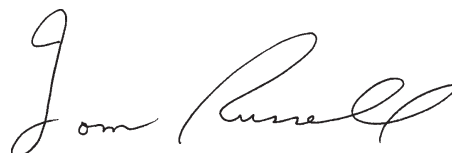
Furthermore, a number of challenges will face young surgeons in the coming years. They will need to be able to demonstrate competence, adhere to new standards for maintenance of certification, and live up to an evolving view of professionalism. I believe that closer scrutiny of some of these issues and innovative methods of responding to them will actually help to alleviate some of the concerns that surgeons have faced in recent years. For instance, battles that many of us fought in the past with respect to scope of practice and in defense of our "turf" will be more adequately resolved by ex-

amining a surgeon's training and competence, rather than his or her specialty. We must ensure that they will be appropriately trained, so that they can meet these new expectations and avoid some of the quarrels that have led to fragmentation within the medical community.

Kudos to Dr. Organ

I applaud Dr. Organ for wanting his Presidency to be remembered as "the year of the resident." He has a solid understanding of the issues affecting the future of this profession. I agree with Dr. Organ that now is the time to embrace the changes that are taking place with regard to surgical education, training, and practice. As we grow to accept these changes and determine how we can make them work, we must be ever mindful of the interests of medical students and residents and how we can expand their opportunities to lead the way into the future of surgery.

Disease processes and sick patients will remain with us for the foreseeable future. We are obligated to make certain that highly skilled, caring surgeons will be available to provide the standard of treatment that the American public deserves.



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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at fmp@facs.org.