

The year of the RESIDENT

**An interview with
Claude H. Organ, Jr., MD, FACS**

by Diane S. Schneidman, Senior Editor



You have indicated a desire to make your term as President of the College “the year of the resident.” Could you be a little more specific about what you mean?

Only about 4,070 current surgical residents hold appropriate membership in the College’s Candidate Group. Most residents do not know or appreciate the value of College membership and what it has to offer them. We need to make them aware of our interest in them and of these services.

Why do you think it is so important that the College place an emphasis on residents?

There are a number of reasons: (1) to encourage their participation in our multiple activities, both educational and professional; (2) to ensure that residents are seeing a broad view of ACS activities; (3) to bring them into the organization early in their careers and encourage their participation in ACS committees and programs; and (4) to resolve some of our concerns about declining membership in professional organizations.

What are your greatest concerns about surgical residency programs and surgical residents at this time?

My immediate concern is our decline in the national match rates for the last 10 years. Although many of the surgical specialties (even general surgery) have had respectable match rates recently, we are concerned that some excellent programs have had difficulty attracting new residents.

As Thomas R. Russell, MD, FACS, Executive Director of the College, has noted on many occasions, a number of factors prevent medical students from choosing a surgical career or finishing a residency program. Deterrents to the pursuit of surgical training include a lack of exposure to the practice of surgery and the rewards it offers to surgeons and patients, the lengthy hours that residents have had to work, the number of years of training, and the associated costs. Educators must be sensitive to the needs of medical students and residents.

We also must be very sensitive to residents’ concerns about quality of life. As difficult as it is for a minority of our colleagues who trained in other eras to accept, residents today want lives outside the hospital. Many medical graduates now have concerns about whether they will be able to start a family and enter a surgical career at the same time. Many also are reluctant to enter into the profession while deeply in debt only to receive a lower rate of reimbursement than they would have had 10 years ago.

The Accreditation Council on Graduate Medical Education (ACGME) and the College have recognized the need to improve the quality of resident life. On July 1, 2003, the ACGME implemented guidelines for an 80-hour workweek restriction for residents due to the increasing emphasis on lifestyle issues among residents and public concerns about the possible negative effects of resident fatigue on patient care. The College is working to address the new work-hour restrictions by informing program directors about the new mandates and to offer constructive ways to effectively utilize residents’ time in the hospital. Several sessions at the 2003 Clinical Congress focused on this topic. Discussion of these topics will be expanded at the 2004 Clinical Congress.

What can the College do to stimulate more interest in our organization and the profession?

We need to stress the expanding advocacy role of the College. Through our collaborative efforts with the federal government, the ACGME, and other parties to represent residents’ interests while they are in training and when they are in practice, we will increasingly make known our position on those policy issues.

We are making progress and will continue to offer programs at the Clinical Congress that address residents’ concerns. The 2003 Clinical Congress included a panel discussion on changing trends in surgical careers. Additionally, the Congress included two programs on the work-hours issue—one exploring the implications for medical students and one aimed at program directors who are responsible for implementing the new rules. We need to encourage more programming directed at residents and medical students with their active participation.

Residents should be made more aware of the scholarships and awards offered by the College. The Committee on Trauma, for example, sponsors a Residents Trauma Papers Competition. ACS scholarships awarded to young people include: (1) the Resident Research Scholarships, which are presented to residents planning to pursue careers in academic surgery (\$30,000 for each of two years); and (2) the two-year Faculty Research Fellowships, which are for surgeons entering academic surgery and provide grants of \$40,000. Other scholarships and awards are intended for surgeons already in practice. Residents and medical students must be aware that these programs are available to assist young surgeons in their career development after they enter practice. These awards include the Oweida Scholar, the ACS Japan Traveling Fellow, the Australia New Zealand Travelling Fellow, the International Guest Scholar, and the recently implemented ACS/Society of Thoracic Surgery Health Policy Scholarship.

Additionally, membership in the College has been expanded to include medical students, which allows us to bring physicians in training into the fold of this Fellowship at the earliest possible point in their professional maturation and expose them to the joys of surgery and the relevance of this organization.

The Candidate and Associate Society of the ACS (CAS-ACS) is also actively developing programs for residents. The July issue of the *Bulletin* will focus on this group, which is an increasingly important part of the College.

Which College committees and staff members are you working with to achieve this mission?

At this point, I am working with Dr. Russell and Paul Collicott, MD, FACS, Director of Member Services, to develop strategies for achieving this vision. Both are enthusiastic supporters. We have not yet formed any ad hoc committees devoted specifically to this subject, largely because existing committees and councils within the College already play significant roles in this area. For example, the Advisory Councils for the various specialties have been examining their match rates and discussing means of encouraging continued interest in attracting the best and the brightest to their respective fields.

The Committee on Education and its various subcommittees also are addressing residents' needs. In fact, the committee has two subcommittees that focus exclusively on young people—the Subcommittee on Medical Student Education and the Subcommittee on Resident Education. These committees organized the sessions on work hours and trends in surgical careers mentioned previously.

What do you think the surgical residency of the future will look like?

L.D. Britt, MD, FACS, a College Regent, recently gave an excellent grand rounds presentation on this subject at the University of California, San Francisco. He noted that surgical training programs will need to be structured in a way that responds to the general competencies identified by the American Board of Medical Specialties and the ACGME. These organizations have indicated that surgeons must be able to demonstrate competency in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. As a result, surgeons in training will need to acquire more than the basic competencies of having a fund of knowledge, technical finesse, and clinical judgment.

“New” essential components of the “next generation” training program will give residents a grounding in the basic competencies just mentioned, as well as administrative management skills and clinical skills assessment tools. To meet administrative management demands, residents will need to understand practice management, financial accounting, compliance issues, legislative issues and advocacy, and alliance-building strategies. Clinical skills assessment tools will need to be scientifically and clinically valid and reproducible in other settings. Training programs, of course, now face the added challenge of teaching this broader range of skills and knowledge through a curriculum that is adaptable to 80-hour workweek restrictions and possibly even greater constraints in the future.

Factors that surgical educators will need to consider when crafting “the new look” for graduate medical education include work hour reform,

the general competencies, the use of simulators in training and transference of the skills acquired through this approach to the clinical setting, and assessment of technical skills. We also will need to monitor resident fatigue and stress levels, offer more Web-based education, and become more reliant on multiple evaluative tools.

I would add that in crafting the new surgical training models, it will be critically important that we seek and listen to input from the residents. We need to understand what is working for them and what needs improvement.

We also should form collegial alliances with organizations outside of the U.S. to learn from their experiences. For instance, we could stimulate a dialogue with organizations such as the Royal College of Surgeons to learn about the alternative and flexible programs in place in the U.K. to respond to their overlapping concerns, including their 56-hour workweek.

What are some other specific steps you would like the College to take toward achieving the broad goal of making this the year of the resident?

I have a list of about seven specific objectives. They are:

- Develop better data on the number and percentage of residents who are members of the Candidate Group. We need to analyze this information to help set goals and to determine which programs may need help in encouraging young surgeon involvement.

- The College needs to work closely with program directors and their efforts to redesign their training programs to better meet the needs of today's residents. As part of this effort, Dr. Russell addressed the Association of Program Directors in Surgery at their annual meeting in March.

- We need to develop a letter that outlines what the ACS offers surgical residents and send it to the program directors to discuss these benefits with their trainees.

- The College should set a goal of 100 percent enrollment for residents in each program.

- A regular column in the *Bulletin* written by residents from different regions of the country and surgical specialties addressing their issues of concern.

- One issue of the *Journal of the American College of Surgeons* each year devoted to residents.

- Finally, we need to encourage our chapters to make their educational programs appealing to residents and medical students.

I want to thank the *Bulletin* for providing me with this opportunity to share my thoughts and vision with the College's membership. I look forward to an exciting remainder of my term as President of this important surgical institution. □