

Report on the activities of the **RAS-ACS**

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As I am sure is the case with many of those reading this article, I joined the American College of Surgeons at the urging of a senior surgeon I respected. I was a young resident when my program director told me I needed to join the ACS. I didn't know much about the College at that time.

When I was a medical student, we didn't have a surgery interest group at my school and medical students could not join the ACS to get more information about what it was like to be a surgeon. So when my program director told me that it would be good for me to become a member—and that I would get a free copy of a surgery journal—that was all the motivation I needed to send in my check and become a member.

For a couple of years, that was the extent of my involvement in the College. I got a dues notice, I sent in my check, and the *Journal of the American College of Surgeons (JACS)* showed up in my mailbox every month. When I was a senior resident, the Accreditation Council for Graduate Medical Education and the American Medical Association were shaping the framework for the restrictions on resident work hours, so I became much more involved in the ACS and represented the Resident and Associate Society of the American College of Surgeons (RAS-ACS)—which was then called the Candidate and Associate Society—in some of the related discussions. During this time, there were fewer positions for residents to participate in College activities, and I was lucky enough to find a way to become involved.

Fortunately, over the last five years, more opportunities within the College have become available and it is easier for residents to become active in many different aspects of the College.

The mission of the RAS is to "...familiarize all young surgeons with the ACS, its programs, and leadership, provide an avenue for participation in ACS affairs, foster development and use of leadership skills in organized surgery, and give opportunities for the opinions and concerns of young surgeons to be heard by the ACS leadership." Over the last several years, we have embraced this mission and looked for opportunities within the College to bring it to life. The RAS has four standing committees, along with the Executive Committee, that are actively working to further the mission of our organization. These committees focus on areas of Membership, Communications, Issues, and Education.

The Membership Committee of the RAS is charged with recruiting members and demonstrating to our membership the benefits of being a member of the College. This committee, led by Andrea Silver, MD, and Jacob Moalem, MD, has been involved in the recruitment of individual members and RAS liaisons at each of the residency programs around the country. These liaisons will engage colleagues within their residency, residents in other surgical residencies within their institution, and other medical students to encourage membership and participation. They have developed a flyer to be mailed to all second-year medical students in the U.S. The flyer will be designed to let new third-year medical students know about the resources and opportunities that are available to medical student members of the ACS. Last year, the College's Board of Regents authorized free membership in the College for the internship year of all surgical residents. The Membership Committee is also looking at ways to track the continued membership of these individuals and demonstrate the benefits of membership so that they will continue their participation through their career.

The Communications Committee has been exceptionally successful. The RAS-ACS newsletter started as an intermittently published newsletter and has turned into a bimonthly update distributed to more than 10,000 e-mail accounts.

This newsletter presents the message of the RAS to all of the members and offers opportunities for residents and young surgeons to learn more about the programs, products, and courses of the College as well as see how residents and young surgeons are involved in the affairs of the College. Another major contribution by C. Suzanne Cutter, MD, and Mecker Möller, MD, the Co-Chairs of this committee, is the July issue of the *Bulletin* each year, which focuses on issues relevant to young surgeons and the Resident Members of the College. By developing a close working relationship with the Communications staff at the College, the RAS has had unprecedented access to share accomplishments and publish resident-written articles relevant to our members.

Since the inception of the group, the RAS-ACS has held a symposium during the Clinical Congress designed to address controversial issues in surgery. Early symposia focused on resident work hours, whereas last year's symposium looked at issues surrounding truncated training. This year, in Chicago, IL, a panel of speakers will explore the concept of acute care surgery from the perspective of general, orthopaedic, and neurological surgeons. The Issues Committee, led by Co-Chairs Richard Baynosa, MD, and Hima Ghanta, MD, has assembled a panel of speakers designed to examine all sides of this timely issue and hopefully engender some lively discussion during the question-and-answer portion of the symposium. (See related article, page 40.)

The Education Committee has the daunting task of identifying areas of need for educational programs for residents and young surgeons. The Co-Chairs of this committee, Joshua Mammen, MD, and Barry Jenkins, MD, along with their predecessors, have developed projects designed to educate residents on varied topics. Current programs include developing a Web-based guide to a career in academic surgery and a Web-based guide to applying for fellowships in subspecialties of surgery. This committee has conducted surveys that led to peer-reviewed published papers. Currently the committee is working with the American Board of Surgery to determine from survey results how people prepared for taking the certifying or oral board examination. This will hopefully result in another meaningful

paper that could help guide young surgeons as they prepare for this important exam. Through a partnership with the College Committee on Resident Education, the RAS Education Committee is working to develop an educational program for senior-level residents designed to help them become more effective teachers, managers, and leaders. This program, while still in the planning stage, will hopefully become a key course for senior residents as they prepare to assume the responsibilities of being a chief resident.

The Executive Committee of the RAS consists of the officers, committee chairs, and the resident representatives to the College Advisory Councils for the surgical specialties. This committee has assumed several projects this year. We continue to work closely with the Advisory Council for General Surgery (ACGS) in sponsoring three sessions at the Spring Meeting—Surgical Jeopardy, Spectacular Cases from Residents, and the Clinical Abstracts session for Residents are all jointly sponsored by the RAS and the ACGS. We are working to develop new programs for the Spring Meeting that target the needs of residents and surgeons entering practice.

New to our society this year was the RAS Leadership Scholarship. Because of a generous grant from a benefactor of the College, the RAS was able to award two fully paid scholarships for deserving young surgeons to attend a course offered by the American College of Surgeons. We are working closely with Thomas R. Russell, MD, FACS, Executive Director of the College, to ensure that we are able to offer this scholarship again in the future, hopefully as an annual award with more recipients.

The College has changed dramatically since the time that I was a medical student. Today the leadership of the College actively reaches out to young surgeons, residents, medical students, and even premedical students to solicit ideas and help with issues specific to young surgeons and residents while welcoming students to a rewarding specialty. The ACS has instituted a new category of membership for medical students. There has been a name change to describe residents' membership (it was previously called "candidate group") in an effort for the residents to have a better identity and visibility within the College. Residents and Associate Fellows now

have the opportunity to serve as members in essentially all of the committees of the College. These changes reflect an attitude of inclusiveness from the leadership of the College and demonstrate recognition that today's residents are tomorrow's Fellows and the future leaders of the ACS. By engaging young surgeons during their training, the College can provide courses, educational products, and opportunities to be involved in the committees of the College. Residents will hopefully recognize these benefits of membership for their entire career and see that being a member of the College is more than just paying their dues and getting a copy of the *Bulletin* and *JACS* in the mail every month. [Q](#)

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