Clinical Congress redesigned

to address current and future needs of participants

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Over many decades, the Clinical Congress of the American College of Surgeons has remained a premier educational program for practicing surgeons, surgical residents, medical students, and members of the surgical team. The scientific program has included named lectures, plenary sessions, paper sessions, postgraduate courses, correlative clinics, the Forum on Fundamental Surgical Problems (Surgical Forum), video-based education sessions, and scientific exhibits/poster sessions. In addition to a strong scientific program, a number of related activities, including the Opening Ceremony, Convocation, Annual Meeting of the Members, satellite symposia, technical exhibits, Social Program, committee meetings, and various evening functions have made the Clinical Congress an extremely attractive annual event for the House of Surgery.

Over the past six years, major enhancements have been made in the scientific program of the Clinical Congress to address the current trends in surgical practice and surgical education; to help surgeons remain competitive in a changing environment; and to offer surgeons opportunities to meet a variety of national, regional, and local mandates. In addition, special programs have been introduced for surgical residents and medical students. Some of the recent enhancements are listed in the box on page 60.

The response to these changes has been extremely positive. Submissions of abstracts for the papers sessions, Surgical Forum sessions, video-based education sessions, and scientific exhibits/poster sessions have remained robust. Anonymous global evaluations from attendees of the Clinical Congress have remained exceedingly positive. Some of the data are presented in the box on page 61.

Although the Clinical Congress has been very successful, the Program Committee undertook a strategic planning process to ensure that the Clinical Congress program would continue to meet the changing needs of various learner groups and to ensure a vital role for the Clinical Congress well into the future. A strategic planning meeting was held at the American College of Surgeons' Chicago headquarters July 25–26, 2007. Dr. Bass, Chair of the Program Committee, presided over this meeting. Invited attendees included the College's Officers, Regents, members of the Program Committee, chairs of standing committees, and staff of the Division of Education and Convention and Meetings. The list of participants is provided in the box on page 62.

A package of premeeting materials was sent to participants in advance of the meeting. This package included data on the attendance history, types of sessions offered, attendance by session type, and number of abstracts submitted and accepted. Information on turnover of faculty for various postgraduate courses was provided. In addition, participants received an outline of the changes in the Clinical Congress program that had been made over the past five years that have resulted in major enhancements. The evaluation data for the overall Clinical Congress program and the various types of sessions were included in the packet as well. In addition, the Division of Education developed and distributed a comprehensive needs assessment survey to various constituencies and members of the College. Detailed analyses of the results of this survey were sent to the participants of the strategic planning meeting to provide background information in preparation for this seminal event.

The meeting commenced the first evening with presentation of the Clinical Congress survey results by Dr. Bass. The next morning, Dr. Sachdeva provided an overview of the past, present, and future directions of the Clinical Congress. During this presentation, future opportunities to enhance the Clinical Congress program were outlined. An interactive discussion regarding the Clinical Congress program followed. Each type of session was then discussed individually. Following this discussion, Mr. Niespodziewanski and Patrice Gabler Blair, MPH, Associate Director of the Division of Education, delivered presentations on the finances of the Clinical Congress, and Mr. Niespodziewanski discussed the venues, exhibitor issues regarding hours, e-posters, and publicity for the Clinical Congress. The final session of the meeting included definition of new directions for the Clinical Congress and discussion of strategies for implementation of specific changes. Dr. Bass led the latter session and synthesized the discussions into a number of major recommendations. Participants were asked to vote on a number of key questions.

Recommendations from this meeting focused on the following Clinical Congress domains:

- Overall focus and structure
- Development of enduring materials from the presentations
- Focus on specific learner groups
- Components of the Clinical Congress
- Relationship with industry
- Publications and publicity
- Venues
- Finances

The voting attendees at the meeting were asked to respond to the following specific questions:

Recent enhancements to the Clinical Congress scientific program

- Special focus on contemporary topics in surgery, the core competencies, patient safety, new procedures and technologies, and nonclinical topics related to the practice of surgery
- Increase in number of general sessions to cover a broad range of topics
- Separation of didactic and skills-oriented postgraduate courses
- Inclusion of a new slate of didactic postgraduate courses in general surgery and a decrease in the number offered
- Pilot-testing of a longitudinal educational model involving follow-up of attendees after didactic postgraduate courses
- Addition of new review courses in general surgery, urology, pediatric surgery, and cardiac and thoracic surgery
- Expansion of breadth and quality of skills-oriented postgraduate courses to address new operations and procedures and a range of competencies
- Acceptance of only high-quality scientific exhibits through a stringent peer review process
- Addition of a moderated scientific exhibit session and recognition of the best exhibits
- Acceptance of only high-quality papers through a stringent peer review process
- Addition of special programs for residents and medical students
- Development of enduring materials, including webcasts, from the Clinical Congress content
- Evolution of motion picture exhibitions to video-based education sessions that include interactive sessions and special programs
- Restructuring of the Surgical Forum sessions to include co-moderators, invited discussants, multidisciplinary sessions, new categories, and theme-based sessions, as well as recognition of best submissions through awards
- Display of the Presidential theme on the Clinical Congress *Program Book* cover
- Implementation of a new system to record *AMA PRA Category 1 Credit*™ and seamlessly transfer these credits to respective "My CME" pages on the ACS Web portal
- Award of special certificates for patient safety, ethics, and trauma sessions to meet various national and local mandates
- Provision of a special certificate to meet end-of-life care licensure requirements
- Implementation of the five-level Program for Verification of Surgical Knowledge and Skills
- Use of needs analyses, including feedback, in designing the program
- Enhancement of the peer review process used to select various sessions for the program
- Involvement of the ACS Committee on Emerging Surgical Technology and Education in review of proposals for skills-oriented postgraduate courses
- Establishment of an online system to streamline submission of proposals for the program
- Development of an easy-to-use, searchable electronic program guide for use with personal digital assistants
- Enhancement of the process for creating the blueprint of the program for each day
- Shortening of the program of the Clinical Congress
- Creation of specialty flyers for the various surgical specialties, patient safety, and education

1. *Should the Clinical Congress implement a multi-track system to address the needs of various surgical specialties and subspecialties?* The attendees unanimously favored implementation of this system.

2. *Should the Clinical Congress offer special certificates for postgraduate courses?* The attendees unanimously supported this approach.

3. *Should the Clinical Congress include a block of time (such as during evenings) for attendees to visit the scientific exhibits/poster sessions without any scheduling conflicts with the Clinical Congress program?* The attendees unanimously supported this approach.

4. *Should the Clinical Congress offer postgraduate courses prior to the start of the Clinical Congress program?* An overwhelming majority of attendees favored this approach.

5. *Should the Clinical Congress schedule include a mid-day break when attendees are able to visit the scientific exhibits/poster sessions and technical exhibits?* An overwhelming majority of attendees favored this approach.

6. *Should there be a registration fee for the Clinical Congress for the College members?* An overwhelming majority of attendees supported a small registration fee or a fee for late and on-site registration.

7. *Should the venues of the Clinical Congress involve rotations between five locations instead of the traditional three?* A majority of attendees favored a five-location rotation.

8. *Should the Clinical Congress pursue certain joint programs with other national societies and academies?* A majority of attendees favored this approach.

9. *Should industry be permitted to continue offering satellite symposia during time periods outside the Clinical Congress program and without conflicts with the content of the program?* The vote was split; however, a majority of attendees supported this approach.

A summary of the strategic planning meeting was presented to the American College of Surgeons' Board of Regents for information in October 2007. The Program Committee then met December 5–6, 2007, to consider recommendations from the July meeting and develop a specific plan of action that would be phased in over two years, resulting in full implementation of recommendations at the 2009 Clinical Congress. Dr. Bass chaired this meeting as well. Participants in the December 2007 meeting are provided in the box on page 64.

Dr. Sachdeva provided an overview of national trends in surgical education and suggested redesign of the Clinical Congress program based on these trends. He emphasized that surgical outcomes should form the basis for individuals to pursue educational opportunities that, in turn, should have a positive impact on practices and surgical outcomes. Points highlighted during Dr. Sachdeva's presentation are as follows:

- Develop the Clinical Congress program based on comprehensive needs assessments that include ongoing horizon-scanning
- Define the overall educational goals and objectives for the Clinical Congress and critically review each component of the program to ensure that it contributes to these goals and objectives
- Ask attendees at the beginning of the Congress to define their specific learning objectives, and at the conclusion of the Congress, ask attendees to state whether they achieved these objectives and how they would apply the newly

Reponse to recent program changes

2005

- Rating of the overall Clinical Congress program as excellent and very good: 91.5% (n=2,363)
- Will you use the newly acquired knowledge and skills in your practice?: Yes: 97.6%, No: 2.4% (n=2,253)

2006

- Rating of the overall Clinical Congress program as excellent and very good: 94.3% (n=3,122)
- Will you use the newly acquired knowledge and skills in your practice?: Yes: 97.5%, No: 2.5% (n=3,069)

2007

- Rating of the overall Clinical Congress program as excellent and very good: 92% (n=2,145)
- Will you use the newly acquired knowledge in your practice?: Yes: 96%, No: 4% (n=2,141)

Participants in the Clinical Congress strategic planning meeting: July 25–26, 2007

Barbara L. Bass, MD, FACS, Chair, Program Committee/Member, Board of Regents
Horacio J. Asbun, MD, FACS, Chair, Video-Based Education Committee
Stanley W. Ashley, MD, FACS, Chair, Committee for the Forum on Fundamental Surgical Problems
Robert R. Bahnson, MD, FACS, Member, Program Committee
Charles M. Balch, MD, FACS, Guest
Timothy R. Billiar, MD, FACS, Member, Program Committee
Patrice Gabler Blair, MPH, Associate Director, Division of Education
L. D. Britt, MD, MPH, FACS, Vice-Chair, Board of Regents
Terry Buchmiller, MD, FACS, Chair, Committee on Young Surgeons
Gregory S. Cherr, MD, Chair, Resident and Associate Society
Elisabeth Cherry, MS, Administrative Assistant, Educational Programs, Division of Education
Thomas H. Cogbill, MD, FACS, Representative, Advisory Council for General Surgery
Karen E. Deveney, MD, FACS, Secretary, Board of Governors
Richard J. Finley, MD, FACS, Member, Board of Regents
Josef E. Fischer, MD, FACS, Chair, Board of Regents
Julie A. Freischlag, MD, FACS, Member, Program Committee/Member, Board of Regents
Ann-Valerie O. Griffin, MA, Senior Manager, Program for Verification of Surgical Knowledge and Skills, Division of Education
Barrett G. Haik, MD, FACS, Member, Board of Regents/Chair-Elect, Committee on Emerging Surgical Technology and Education
Gerald B. Healy, MD, FACS, President-Elect
Ted James, MD, Vice-Chair, Resident and Associate Society
Kathleen A. Johnson, EdM, Senior Manager, Accredited Education Institutes and Skills Courses, Division of Education
Ronald V. Maier, MD, FACS, Member, Program Committee
Jack W. McAninch, MD, FACS, Member, Board of Regents
Fabrizio Michelassi, MD, FACS, Guest
Jacquelyn M. Mitchell, Manager, Exhibit/Convention Services, Convention and Meetings
Deborah A. Nagle, MD, FACS, Member, Program Committee
Felix P. Niespodziewanski, Director, Convention and Meetings
Carlos A. Pellegrini, MD, FACS, Member, Board of Regents
Olivier Petinaux, MS, Senior Manager, Distance Education and E-Learning, Division of Education
Karl C. Podratz, MD, FACS, Member, Board of Regents
Maryanna Ramirez, Administrative Associate, Division of Education
Layton F. Rikkers, MD, FACS, Vice-Chair, Program Committee
Thomas R. Russell, MD, FACS, Executive Director
Ajit K. Sachdeva, MD, FACS, FRCSC, Director, Division of Education
Marshall Z. Schwartz, MD, FACS, Chair, Advisory Council Chairs
William D. Spotnitz, MD, FACS, Member, Program Committee
Linda K. Stewart, Manager, Educational Administration, Division of Education
Julie A. Tribe, MSEd, Senior Manager, Educational Programs, Division of Education
Richard H. Turnage, MD, FACS, Chair, Committee on Allied Health Professionals
Patricia L. Turner, MD, FACS, Liaison, Committee on Young Surgeons
Thomas V. Whalen, MD, MMM, FACS, Member, Board of Regents

acquired knowledge and skills in their practices; assist attendees in defining individual learning objectives

- Provide surgeons the tools needed to translate new knowledge and skills to practice
- Use interactive teaching and learning strategies and case-based approaches to achieve the educational objectives of each session
- Present evidence-based information
- Create an educational template for all postgraduate courses
- Use contemporary principles of skill acquisition in the design of all experiential courses
- Assess knowledge and skills of learners using valid and reliable evaluation methods
- Provide special certificates based on verification of knowledge and skills
- Use the Kirkpatrick Hierarchy to evaluate the impact of the sessions
- View the Clinical Congress program as a continuum of longitudinal education, because sequenced education has been shown to be more effective in changing practices as compared with single interventions
- Develop additional enduring materials from Clinical Congress

Dr. Bass then led the discussion that focused on creating discipline-based and thematic tracks for the Clinical Congress. Dr. Bass proposed a model for tracks that would involve beginning the day with a "town hall meeting," followed by blocks of plenary sessions (one and one-half to three hours), which would be followed by named lectures. The lunch break would be one hour and 45 minutes long to allow attendees to participate in "meet the professor" boxed lunch sessions, visit scientific exhibits/poster sessions and technical exhibits, and participate in activities not eligible for continuing medical education credits, such as personal financial planning sessions. The blocks of plenary sessions would continue in the afternoon. There would be short breaks between the blocks to allow individuals to travel from one location to the next. The tracking system should be a great help to learners in pursuing specific educational opportunities that are relevant to their needs. The tracks would continue to include state-of-the-art lectures, didactic and skills-oriented postgraduate courses, papers sessions, scientific exhibits/poster sessions, and Surgical Forum sessions.

The thematic tracks may include the following:

- Education
- Quality
- Patient safety
- Leadership

The discipline-specific tracks may include the following:

- General surgery
- Gastrointestinal surgery
- Bariatric surgery
- Hepatic-pancreatic-biliary surgery
- New technologies for treating gastrointestinal diseases
- Colorectal surgery
- Neurological surgery
- Obstetrics and gynecology
- Ophthalmology
- Otolaryngology–head and neck surgery
- Plastic and reconstructive surgery
- Surgical oncology
- Breast surgery
- Endocrine surgery
- Melanoma and sarcoma
- Cardiac surgery
- Thoracic surgery
- Transplantation
- Urology
- Vascular surgery

The committee meetings should ideally be held in the mornings before the start of the scientific program or in the afternoon at the end of the program. Opportunities to offer jointly sponsored programs with other surgical specialty and subspecialty societies should be explored. Such sessions would be of interest to attendees from the various surgical specialties.

The following action items were approved at the end of the process.

Action items

Action item 1: Arrange the approved 2008 Clinical Congress program into discipline-based and thematic tracks. Implement synchronized start and end times for various blocks within the tracks, with breaks between sessions and for lunch. For 2009, create an overall template for the program that defines the total numbers and types of sessions that would be offered to achieve the educational goals and objectives. This template

would provide guidance to the various committees and advisory councils that submit proposals for consideration by the Program Committee. This approach should increase the educational relevance of the program, and reduce submission of overlapping sessions that result in additional time and effort to reconcile and address these overlaps. Proactive planning should result in full implementation of the new model for the 2009 Clinical Congress.

Action item 2: Discontinue the designations of general sessions, specialty sessions, and multidisciplinary sessions for various types of plenary sessions. These designations resulted historically from the processes used to develop various types of sessions. Current trends in surgical practice and surgical education do not support such designations and call for greater integration. Furthermore, these designations are confusing to the attendees. List all such sessions as plenary sessions.

Action item 3: Attempt to schedule more didactic and skills-oriented postgraduate courses during the weekend before the start of the Clinical Congress.

Action item 4: Use a single submission process for the scientific papers and scientific exhibits/poster sessions to permit the Program Committee to select the best venue for presentations of each abstract, following due consideration of preferences expressed by the authors.

Action item 5: Expand the review process for the papers and posters to involve members of standing committees and Advisory Councils engaged in the development of the tracks.

Action item 6: Change the times when the exhibit hall is open. The exhibit hall should be open from 9:00 am to 4:30 pm, Monday through Wednesday, and should not be kept open on Thursday morning. The extended hours on Monday through Wednesday would provide

Participants in the planning meeting for Clinical Congress: December 5–6, 2007

Barbara L. Bass, MD, FACS, Chair, Program Committee/Member, Board of Regents
Robert R. Bahnson, MD, FACS, Member, Program Committee
Patrice Gabler Blair, MPH, Associate Director, Division of Education
Elisabeth Cherry, MS, Administrative Assistant, Educational Programs, Division of Education
William G. Cioffi, Jr., MD, FACS, Member, Program Committee
Quan-Yang Duh, MD, FACS, Member, Program Committee
Ann-Valerie O. Griffin, MA, Senior Manager, Program for Verification of Surgical Knowledge and Skills, Division of Education
Kathleen A. Johnson, EdM, Senior Manager, Accredited Education Institutes and Skills Courses, Division of Education
David R. Jones, MD, FACS, Member, Program Committee
Ronald V. Maier, MD, FACS, Consultant
Fabrizio Michelassi, MD, FACS, Member, Program Committee
Jacquelyn M. Mitchell, Manager, Exhibit/Convention Services, Convention and Meetings
Deborah A. Nagle, MD, FACS, Member, Program Committee
Felix P. Niespodziewanski, Director, Convention and Meetings
Olivier Petinaux, MS, Senior Manager, Distance Education and E-Learning, Division of Education
Erin Quinn, Meetings/Exhibitor Coordinator, Convention and Meetings
Amy B. Reed, MD, FACS, Member, Program Committee
Tamara Roberts, CMP, Manager, Meetings Services, Convention and Meetings
Thomas R. Russell, MD, FACS, Executive Director
Ajit K. Sachdeva, MD, FACS, FRCSC, Director, Division of Education
Julie A. Tribe, MSEd, Senior Manager, Educational Program, Division of Education

two additional hours for visiting the scientific exhibits/poster sessions and technical exhibits than were available in the past and would be more appealing to the exhibitors who would not have to incur additional expenses for the Thursday session when attendance is low.

Action item 7: Do not offer free registration to nonmember presenters of scientific papers, scientific exhibits/poster sessions, video-based education sessions, and Surgical Forum sessions. Require these individuals to register like any other non-College member.

Action item 8: To encourage early registration and to cover the additional costs associated with processing registrants on-site, charge a $50 late registration fee to all registrants after September 15 and an on-site registration fee of $125.

Action item 9: Expand the venues of the Clinical Congress to a five-city rotation and include Boston, MA, and San Diego, CA, in the rotation with Chicago, IL; San Francisco, CA; and Washington, DC.

Action item 10: Pursue innovative technologic support systems, such as 360-degree education centers, to increase interactivity and add a contemporary feel to the Clinical Congress. Sessions especially amenable to this type of presentation may include paper presentations, video-based education sessions, presentations of electronic posters, "meet the professor" sessions, and case discussions. Assess the additional expenses associated with such systems and seek sponsorship for the additional costs. If such a session is located on the exhibit floor, arrange the space appropriately to remain in compliance with requirements of the Accreditation Council for Continuing Medical Education.

Action item 11: Establish a robust information technology infrastructure as soon as possible to implement the various action items and support the system of tracks.

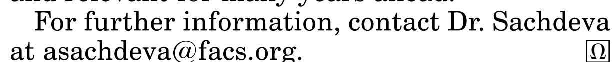
Action Item 12: Develop a policy regarding committee meetings of the ACS and other organizations during the scientific program of the Clinical Congress.

The final report from the strategic planning process and the aforementioned recommendation were presented to the Board of Regents in February 2008. *The Regents approved all 12 action items with one modification in item 7 to clarify that invited presenters will not be required to pay a registration fee.*

This report and the action items are being disseminated to various constituencies of the College. Presentations have been made at meetings of the chairs of the Advisory Councils and various standing committees. Information is being disseminated to the Governors through the leadership of the Board of Governors. The program for the 2008 Clinical Congress, approved in October 2007, will include several changes to begin the phase-in of the new Clinical Congress model.

In addition, the process for acceptance of proposals for the 2009 Clinical Congress has already begun. This process includes steps to support more complete implementation of the new Clinical Congress model in 2009. The publicity and other materials for the 2009 Clinical Congress will reflect the new model. The Program Committee looks forward to comments and suggestions from the College's members. Further changes in the model will be made based on feedback from the attendees and the membership of the College at-large. This process is very exciting and should keep the Clinical Congress innovative, vibrant, and relevant for many years ahead.

For further information, contact Dr. Sachdeva at asachdeva@facs.org. Ω



Dr. Bass *is chair, department of surgery, Methodist Hospital Houston, TX, and a member of the Board of Regents.*