



From the Chair of RAS-ACS:

Training in essential nonclinical skills

by **Ted A. James, MD**

This issue of the *Bulletin* continues the tradition of focusing on residents and young surgeons. The theme this year is “The future and challenges of surgical education.” This is a timely and important topic, and published herein are several excellent articles written by members of the Resident and Associate Society of the American College of Surgeons (RAS-ACS) that address the salient issues.

As we move into the future, one of the many challenges of surgical education will be the need to obtain training in areas not traditionally covered in medical school or residency. These areas consist of leadership development and associated nonclinical skills. Other interested parties have begun to take control and exert their opinions on health care policy and regulation. External mandates already have irrevocably changed surgical training in the U.S. How do we stand prepared to address new potential mandates such as a 40- or 60-hour workweek, increasingly stringent credentialing for new surgical procedures, or economic deferment during training? Being a competent clinician with good technical skills, although important, will not be sufficient to tackle many of these political issues confronting the future of surgical training and practice.

As surgeons caring for patients, our insight and experience must be incorporated into the decision-making process, and we need to retain a degree of control in the manner in which surgeons are trained and the environment in which we ultimately practice. Therefore, surgical residents today face the challenge of not only becoming proficient clinically but also developing fundamental skills of leadership, advocacy, and policymaking in order to become effective surgical leaders for tomorrow. The question then becomes: How do residents and young surgeons develop these important skills? One practical avenue is through the College and the RAS, which offer many leadership opportunities and resources for training.

Surgeons have a legacy of quality improvement in patient care and leading revolutionary changes in the health care system. Ernest Codman, MD, a Boston surgeon born in 1869, is recognized as the founder of the field of outcomes management. Dr. Codman dedicated himself to a lifelong pursuit of quality assessment and improvement. He monitored all his patients for years after treatment and recorded their long-term outcomes. He recorded diagnostic and treatment errors and linked these errors to outcome in order to make

improvements. Ultimately, Dr. Codman became frustrated with the lack of similar outcomes evaluation at Massachusetts General Hospital, where he operated. He resigned to start his own private hospital, which he called the End Result Hospital.* He also advocated public reporting of outcomes data so that patients could make informed decisions regarding their choice of hospital and physician. An innovator and visionary of his time, Dr. Codman helped found the American College of Surgeons and its Hospital Standardization Program, which ultimately became the Joint Commission on Accreditation of Healthcare Organizations (now called The Joint Commission).

Today the ACS offers an outcomes research course, which is designed to provide residents and junior surgeons with a foundation in the essentials of evidence-based health services research. In addition to the outcomes research course, the College offers a two-year fellowship in outcomes research and health policy for residents interested in studying patient safety, quality, and policymaking related to health care. The program includes the opportunity to earn an advanced degree in health care quality and patient safety. Residents participating in this fellowship program have already made significant contributions to outcomes research and have produced data affecting practice guidelines and quality performance measures.

The College also sponsors a scholarship in health policy and management through Brandeis University and offers the Resident As Teachers and Leaders course, co-developed by RAS and the College's Division of Education. RAS continues to award an annual scholarship specifically designed to facilitate and encourage residents and young surgeons to attend ACS-sponsored programs in leadership, communication, and research.

The experience and training obtained from these activities will pave the path for future leadership opportunities and allow surgeons to assume more significant roles in establishing health care policy, designing patient safety and clinical guidelines, and determining performance metrics to be used for incentive-based reimburse-

ment, physician reporting, and credentialing. Physicians, armed with evidenced-based data and leadership skills, will be extremely well suited to determine these factors, rather than leaving these decisions solely to the government or third-party private organizations.

In my own experience as a member—and now Chair—of RAS, I have witnessed the numerous opportunities this society provides for grooming future surgical leaders. I know I have learned a great deal about working with teams, organizational politics, communication, and professionalism. This experience will assist me in my career as I take on future positions of authority and serve in advocacy roles. I also look forward to the continued achievements and accomplishments of the many talented members of RAS, as they no doubt assume even greater leadership roles in the future.

Surgeons are natural leaders and have a proud heritage of improving quality in patient care. Nothing short of excellence in clinical skills and leadership will be required to carry this legacy into the future. So as you read the following series of articles on the future and challenges of surgical education, I encourage residents and young surgeons to take advantage of the resources of the College and RAS and sharpen their essential nonclinical skills in order to effectively address these challenges as surgical leaders. In this way, we will have the opportunity to influence the future of surgery for the better. □

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*Neuhauser D. Ernest Amory Codman, MD. *Qual Saf Health Care.* 2002;11:104-105.