

From my perspective

As stated many times in this column, the leadership of the American College of Surgeons is committed to playing an influential role in helping to create an improved health care system. To achieve this goal, the College must cultivate the brainpower, fresh ideas, and new perspectives that young surgeons have to offer.

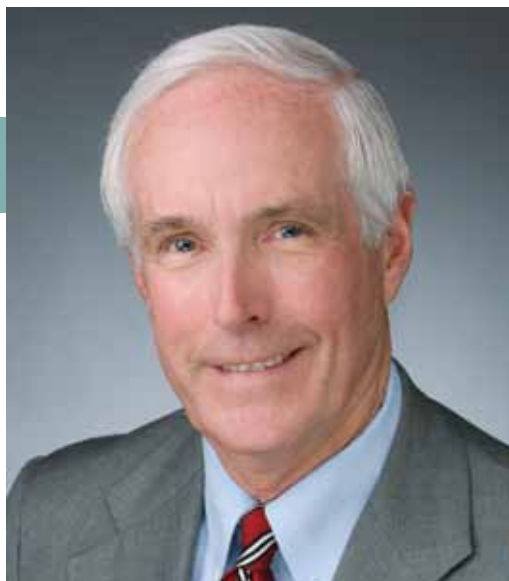
Engaging young surgeons and residents

With this goal in mind, one of my priorities as ACS Executive Director has been to ensure that young people have a voice in the College's decision-making process by allowing them to participate in our committee meetings and by welcoming the leaders of the Committee on Young Surgeons and the Resident and Associate Society (RAS) to the meetings of the Board of Regents.

Another initiative has centered on expanding the scope of scholarships and fellowships that are available to young surgeons. Many of these awards enable residents and young surgeons to explore interests outside the realm of clinical practice. For example, the College and 12 surgical societies cosponsor Health Policy Scholarships for individuals who are interested in being directly involved in the socioeconomic and political aspects of modern-day practice. In addition, the RAS offers a Leadership Scholarship for our Resident and Associate Members.

Furthermore, the College recently endorsed a surgical ethics fellowship at the MacLean Center for Clinical Medical Ethics at the University of Chicago (IL). This program is designed for surgeons who are interested in gaining training and experience in medical ethics and is intended to prepare surgeons for academic work related to medical ethics. Fellows will also receive training in ethics consultation and will complete at least one research project. A similar program is in place at Washington University, St. Louis, MO, which provides training for the Emerson Ethics Scholar.

It is extremely important that the College continues to fund these educational opportunities, and we have every intention of keeping this tradition alive. But in these politically charged times, we need to have our own cadre of scholars—surgeons and physicians who can study and disseminate information about the issues on which we can, and must, provide leadership. To these



“The American College of Surgeons wants to ensure that young surgeons will have a role in determining the environment in which they will practice.”

ends, we have recruited a number of promising residents and young surgeons to help the College examine issues such as outcome measurement, patient safety, and the surgical workforce crisis.

Support for ACS division

One prominent example of our growth in this direction is the involvement of Clinical Scholars in the activities conducted under the auspices of the College's Division of Research and Optimal Patient Care.

For instance, Mehul V. Raval, MD, a current Clinical Scholar, is actively involved in several projects at the College, including an assessment of multispecialty representation in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) and alpha testing of the pediatric NSQIP module. Dr. Raval also has been using information from the College's National Cancer Data Base (NCDB) to assess overall pediatric representation and to study nodal evaluation in pediatric Wilms' tumors. Studies accepted for publication have included a national assessment of melanoma care using formally developed quality indicators and a review of NCDB quality-assessment tools. Funding for Dr. Raval's



Dr. Raval



Dr. Ingraham



Dr. Frencher



Dr. Halverson



Dr. Unti

work comes from the department of surgery at Northwestern University, Chicago, IL, where he is a general surgery resident and is pursuing a master's degree in clinical investigation.

Clinical Scholar Angela Ingraham, MD, a graduate of Loyola Medical School, Maywood, IL, has been using ACS NSQIP and National Trauma Data Bank® (NTDB®) data to study outcomes in emergency surgical care, the cost of complications incurred by hospitals, and mechanisms for hospital benchmarking. Dr. Ingraham is conducting much of this research in conjunction with leaders of the Division of Research and Optimal Patient Care as well as with former ACS Clinical Scholar Karl Bilimoria, MD. Dr. Ingraham also supports and is developing projects that enable hospitals to use ACS NSQIP information to provide optimal care. Finally, she is collaborating with the ACS Committee on Trauma to examine the effect of complications on outcomes and resource use in severely injured trauma patients by evaluating data gathered via the NTDB, in support of the development of a Trauma Quality Improvement Program.

For the first time, the College also is benefiting from the knowledge and expertise of a Robert Wood Johnson fellow. Stanley Frencher, MD, MPH, a general surgery resident at Yale New Haven (CT) Hospital, is collaborating with the College and the Center for Surgical Outcomes and Quality at the University of California–Los Angeles on several projects, including the following: (1) improving the ACS NSQIP audit system; (2) studying the effects on surgical care of the Centers for Medicare & Medicaid Services' policy of nonpayment for hospital-acquired illnesses, particularly catheter-associated urinary

tract infections in surgical patients; and (3) using California hospital data to evaluate readmission rates as a quality indicator.

Support for ACS institutes

The College's Nora Institute for Patient Safety also has enlisted the services of two surgeons to assist us in developing plans for the long-term growth of this recently established component of the organization.

One of these Medical Associates, Amy Lynne Halverson, MD, FACS, has provided assistance with the selection of areas of concentration related to surgical patient safety. Dr. Halverson is a colon and rectal surgical oncologist and an assistant professor of surgery at Northwestern Memorial Hospital. Her research interests lie in the area of quality improvement and patient safety with an emphasis on the concept of team training and communications failures in the operating room.

Another Medical Associate at the Nora Institute, James Alan Unti, MD, FACS, is evaluating the area of human factors as they relate to the safe surgical care of patients. Dr. Unti has also studied the subject of medical tourism. He is a colon and rectal surgeon and clinical assistant professor of surgery at the University of Illinois, Chicago, and is currently completing his master's degree in health care quality and patient safety at Northwestern.

In addition, the ACS Health Policy Research Institute currently operates out of the Cecil G. Sheps Center for Health Policy Research at the University of North Carolina (UNC), Chapel Hill. The Sheps Center has 140 full-time researchers and numerous graduate students on staff and benefits from substantial grant support from



ACS Health Policy Research Institute trainees. Front row: Ms. Doorey, Dr. Charles. Back row: Dr. Byrd, Ms. Poley, Dr. Fraher, and Dr. McPhail. Not pictured: Ms. King.

government agencies. Under the leadership of George F. Sheldon, MD, FACS, Zack D. Owens Professor of Surgery at UNC's School of Medicine and Past-President of the College, the team at the Sheps Center has already conducted considerable research into the impending surgical workforce crisis and has generated ideas about how the federal government can help to ensure that surgeons remain accessible to patients. Currently seven researchers have been assigned to investigate issues under the purview of the ACS Health Policy Research Institute. They are as follows:

- Jim Byrd, MD, a Research Fellow, is studying scope of practice for surgeons who have completed fellowships, as well as other dimensions of progressive specialization.
- Anthony Charles, MD, MPH, a Research Associate, is actively involved in mentoring research fellows and has completed studies on practice location of African-American surgeons. He has determined that economics, not ethnicity, seems to be the dominant factor in selecting a practice location.
- Jennifer Doorey, a Visiting Researcher, an economist, and a certified emergency medical technician, is studying surgical team communication modalities and is applying her background in economics to surgical issues.

- Erin Fraher, PhD, the Institute's Candidate Research Associate/Database Manager, is studying the health care workforce. She recently presented general surgery workforce data to the American Medical Association Council on Graduate Medical Education.

- Jennifer King, a Research Associate and doctoral candidate, has used hospital discharge data to study procedures performed by general surgeons.

- Lindsee McPhail, MD, a Research Fellow, is studying the effects of the 80-hour workweek and the distribution of pediatric surgical specialists.

- Stephanie Poley is a doctoral candidate at UNC and a Research Coordinator and Project Manager. Her emphasis is on orthopedic procedures—where they are performed and the types of operations used to treat related conditions.

The breadth of educational backgrounds that these individuals bring to their work encourages collaboration across the spectrum of professionals involved in health policy decision making and enables the College to look at issues from many different angles.

Preparing for the future

The next-generation health care system in the U.S. is likely to be considerably different than the one we have now. The American College of Surgeons wants to ensure that young surgeons are adequately prepared to face the challenges that lie ahead and that they will have a role in determining the environment in which they will practice. We owe them opportunities to study and comment on issues such as outcome measures, patient safety, and the causes of dwindling workforce numbers, because they and their patients are the ones who stand to benefit or lose under a new health care system.

Thomas R. Russell, MD, FACS

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