

From my perspective

Although it may have been a number of years since many of you were seniors in medical school, I'm sure you remember the anticipation of participating in the National Residents Matching Program. Through this system, you selected various specialties, ranked your preferences, and then you were matched with a program.

The results of the 2001 match were announced recently, and there was a good, strong pool of candidates for many of the surgical specialties. In talking to the Regents who represent the various specialties, it was clear to me that many of them had a good experience this year. Indeed, ophthalmology, otolaryngology, and urology reportedly did better than in previous years. Other surgical specialties were also satisfied with their match rates. Alarming, however, many excellent programs did not fill their general surgery training positions.

Another concern is that studies indicate that the surgical specialties attract around 10 percent of medical school graduates, which is, collectively, lower than the number of individuals who select internal medicine, family practice, and pediatrics. Finally, academic medical centers report that the attrition rate in surgical programs has increased dramatically to nearly 25 percent.

Clearly, the American College of Surgeons is keenly interested in making sure that a surgical career is attractive to "the best and brightest" U.S. medical students.

Deterrents to surgical training

What factors are deterring medical students from choosing a surgical career or finishing a residency program? Certainly, one possibility is the lack of exposure to the surgical discipline during medical school. Medical schools have reduced surgical rotations in both the junior and senior years and in the didactic components of surgical education. Without the proper exposure during those formative years, outstanding medical students are less likely to be attracted to surgical careers.

Moreover, the surgical experience that medical students do undergo may not always encourage them to elect surgery as their career choice. The long hours that surgical residents work, the difficulty of the tasks, and the environment in the operating room and intensive care unit may be daunting and disconcerting to some medical stu-



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dents. While many attendings may reflect back on the lengthy hours and competitiveness of their residencies with fond memories, today's medical students may not see the allure.

Other issues inherent in surgical training also may prevent some medical students from entering surgery. These possible drawbacks include the length of training, the need to obtain a breadth of cognitive and technical skills, the aggressiveness of the health care marketplace, and the economic burdens engendered by many years of training, especially when coupled with continuing reductions in reimbursement for surgical services.

All of these factors, to a greater or lesser extent, may dissuade capable students from embarking on a surgical career.

The College's efforts

The College has always been interested in maintaining the integrity of surgical training. For many years, we have carried out longitudinal studies of

surgical residents and have tracked resident data. Also, through the Committee on Surgical Education in Medical Schools, we have attempted to inculcate the principles of the practice and ethics of a surgical career during medical school. Further, the committee has attempted to encourage all of its Fellows to accept responsibility for teaching medical students and for formulating a solid curriculum of the surgical disciplines in medical school. (Thomas G. Lynch, MD, FACS, of Omaha, NE, and Leigh Anne Neumayer of Salt Lake City, UT, are the Chair and Vice-Chair, respectively, of this important committee.) In addition, each year the College sends a number of medical students to the Clinical Congress at no cost to them.

Although the College has done much to monitor surgical residents and to encourage medical students to choose surgical careers, there is much we could do in the future to have a positive influence on medical students. For example, the chapters could make a greater effort to reach medical students on the local level and to offer career counseling in a uniform fashion across the country. Because medical students are sophisticated computer users, we could enhance the College's Web site to help medical students engage in more personal contact with Fellows. Other possible innovations include developing a surgical career packet for dissemination to all medical students, presenting awards to outstanding medical students, and appointing medical student representatives to articulate the College's position and promote opportunities in surgery.

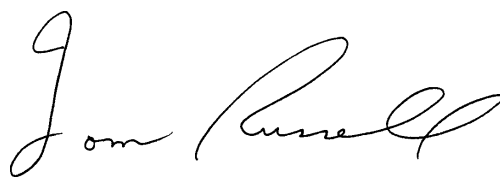
Strategies for the future

Educators must be very sensitive to the needs of medical students when they rotate through surgical services. We must shield them from activities that could dissuade them from entering surgery simply because of the long hours or the amount of work. They should not be intimidated or overwhelmed by the clinical experience, and surgeons must take an interest in them personally and professionally, pointing out the many positive aspects of a surgical career. The days of subjecting medical students to overwork, abuse, demeaning attitudes, and unrealistic demands must end. To make surgical training more attractive to medical students, we must make every effort to ensure that they are treated with compassion, that their expe-

riences are rewarding, and that their assignments are constructive.

Further, although we may sometimes be frustrated by our health care system, we must not project our feelings onto our medical students. Instead, we must be committed to influencing, in all possible ways, the surgical career path of bright medical students.

Taking this year's match in general surgery as a wake-up call, I hope to energize the College to focus more attention on this important area. If you have any suggestions as to how the College might stimulate enthusiasm for a surgical career among medical students, please contact me. I would appreciate hearing your thoughts.



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