

June 2009

Editor: David Tom Cooke, MD

Associate Editor: Parth Amin, MD

- [Message from the Chair: Resident Duty Hours](#)
- [A General Surgery Resident's Perspective on the Institute of Medicine Report](#)
- [Submissions Sought for the Second Annual RAS-ACS Essay Contest](#)
- [Resident Winners Selected for RAS-ACS Symposium](#)
- [Call Issued for Nominations to ACS Committees](#)
- [Resident Awareness: Quality Assessment of Surgical Care, and Why Surgeons Need to Get Involved](#)
- [Mark Your Calendars: Resident Sessions of Interest at ACS Clinical Congress](#)

Message from the Chair: Resident Duty Hours

The Institute of Medicine (IOM) released its latest report, ***Resident Duty Hours: Enhancing Sleep, Supervision, and Safety***, in December 2008 (available at <http://www.iom.edu/CMS/3809/48553/60449.aspx>). The **major changes** outlined in this report from the current Accreditation Council for Graduate Medical Education (ACGME) mandates **are summarized below**. Although the stated maximum hours allowable per week is not recommended to change, strict **implementation of the new recommendations would mean a workweek of 72 hours or less**.

Here are the major changes the IOM recommends:

- **Maximum shift length:** (a) Sixteen consecutive hours or (b) 30 hours, including a non-regulated 16-hour working period, followed by a required five-hour protected sleep period between 10 pm and 8 am. The remaining nine hours can be used only for transition and educational activities
- **In-house call frequency:** Maximum on-call frequency of every third night (Q3)—averaging no longer allowed
- **Minimum time between shifts:** Ten hours after day shifts, 12 hours after night shifts, 14 hours after any extended duty period
- **Maximum frequency of in-hospital night shifts:** Four night maximum, with a required 48 hours off after three or four nights of consecutive duty
- **Mandatory time off:** Four days off and one 48-hour period off per month, one day off per week, no averaging

The leadership of the American College of Surgeons (ACS) and the Resident Associate Society of the ACS (RAS-ACS) strongly believes that implementation of these recommendations would have negative consequences for patient care and surgical education. ACS and RAS-ACS will present a proposal to the ACGME with **three major goals:** (1) **to keep the regulation of resident work hours out of federal control**, (2) **to prevent further restrictions on work hours** until the overall impact of the current hours limits is clarified, and (3) **to**

introduce an element of **flexibility on the hourly limits for chief residents**. The full text of the College's and RAS position papers on resident work hours are available online at <http://www.facs.org/education/statement.pdf> and http://www.facs.org/fellows_info/bulletin/2009/workhours0109.pdf.

Jacob Moalem, MD

Chair, RAS-ACS

A General Surgery Resident's Perspective on the Institute of Medicine Report

Recommendations from the Institute of Medicine (IOM) Consensus Committee report entitled "**Resident Duty Hours: Enhancing Sleep, Supervision, and Safety**" may negatively impact long-term patient safety by degrading the resident educational experience. Three important points should be made.

(1) It is unlikely that restricting or regulating surgical resident workload based upon arbitrary metrics **will graduate trainees better prepared to deliver proficient surgical care.** **(2)** Residency programs continue to investigate methods, such as surgical simulation, to ensure residents achieve technical competence within the confines of the current duty-hours limitations. **Efforts by surgical educators to augment technical experience will become increasingly difficult to implement should future regulations constrict resident duty-hours further.** Thus, the IOM Committee's goal to improve patient safety seems ill-fated in a training environment curtailed by increasing oversight, additional duty-hours limitations, and decreasing operative and other educational opportunities.

(3) A longer period of surgical residency training, a solution proposed by some individuals, **may intensify the significant financial burden of many trainees.** In addition, lengthening surgical training **may be harmful to medical students' attitudes toward surgery** as a potential career. This situation will worsen the projected shortage of surgeons, especially in underserved areas.

I encourage fellow residents to read the position statements by the American College of Surgeons and the Resident and Associate Society of the ACS highlighted in the preceding Message from the Chair, as well as the formal response from the Association of Program Directors in Surgery by visiting, <http://www.apds.org/APDS%20IOM%20RESPONSE.pdf>. These statements clearly delineate the problems inherent in the IOM Committee's recommendations.

James G. Bittner IV, MD

Member, RAS-ACS, Education Committee

Submissions Sought for the Second Annual RAS-ACS Essay Contest

The Resident and Associate Society of the American College of Surgeons is pleased to announce **its Second Annual Essay Contest**. This year's **topic will be Volunteerism**. We'd like to hear about your work in **providing care to the underserved** during your surgical training in **500 words** or less. The top essays will be published in the *Bulletin of the American College of Surgeons* and **the author of the winning essay will receive a cash award and recognition at the RAS-ACS Business Meeting during the 96th Annual Clinical Congress**, to be held in Washington, DC in October 2010.

E-mail submissions as a Word document attachment using the **subject line "Volunteerism Essay"** to phaar@facs.org by August 15, 2009. Include **your full name, contact information, postgraduate year, and training program** in the body of the e-mail.

Heena Santry, MD

Vice-Chair, RAS-ACS Communications Committee

Resident Winners Selected for RAS-ACS Symposium

The topic of this year's RAS-ACS sponsored symposium, which will take place during the 95th Annual ACS Clinical Congress in Chicago, will be, ***Is the Generalist Surgeon Obsolete?***

Earlier this year we requested submissions regarding the symposium topic from the RAS-ACS membership. We are pleased to announce the winning submissions.

Out of the many excellent submissions sent to our committee, we have selected two RAS-ACS winners who will present their points of view at the 2009 Clinical Congress:

Kiran Turaga, MBBS, of the H. Lee Moffitt Cancer Center in Tampa, FL
Jonathon A. Higgins, MD, of the University of Toledo in Toledo, OH

Because of the number of excellent viewpoints shared with us during this process, we have also selected submissions to appear in a future College publication. The excellent arguments and writing styles of **Jabaris Swain, MD; Georgios Kasotakis, MD; Jeremy Hedges, MD; and Kathryn Chu, MD**, stood out. We look forward to sharing their insights with the RAS-ACS community.

We thank everyone who sent a submission and invite you to participate next year by submitting your perspectives on the topic to be announced in early 2010. In addition, if there is a topic that you think is important for all RAS-ACS members, e-mail phaar@facs.org.

Plan now to join us at the 2009 RAS-ACS Symposium:

Sunday, October 11, 2009
1:00 - 4:00 pm
McCormick Convention Center
Chicago, IL

Nikunj K. Chokshi, MD
Member, RAS-ACS, Issues Committee

C. Suzanne Cutter, MD
Chair, RAS-ACS, Issues Committee

Call Issued for Nominations to ACS Committees

The College does the majority of its work through its standing committees. As the Resident and Associate Society of the American College of Surgeons has grown, we have been privileged to send resident representatives to an increasing number of these.

Such committee appointments are an enormous honor and opportunity. Committee meetings involve participation in telephone conference calls, through which most of the committees' work is done. The committees also meet in person each year prior to the Clinical Congress. Committee appointments are for three years, and attendance at the conference calls and meetings is required. A brief report about the committees' activities must be submitted to RAS-ACS annually.

If you have expertise in the fields relevant to the committees listed below and would like to apply, send a cover letter, CV, and letter of permission from your Chair or Program Director for you to attend the Clinical Congress to phaar@facs.org. Residents at any year level may apply.

Patient Education, Jack McAninch, MD, FACS, Chair
Committee on Emerging Technologies and Education, Barrett Haik, MD, FACS, Chair
Committee on Informatics, Peter Greene, MD, FACS, Chair
Medical Student Education, James McKinsey, MD, FACS, Chair
Health Policy Steering, Charles D. Mabry, MD, FACS, Chair

Jacob Moalem, MD
Chair, RAS-ACS

Resident Awareness: Quality Assessment of Surgical Care, and Why Surgeons Need to Get Involved

In the last few years, there has been an **increased emphasis on quality assessment of health care**, due to both escalating costs and a perceived variability in outcomes. The evidence of such variability necessitated the creation of quality assessment measures for physicians, hospitals, and even the health care system as a whole. **Multiple quality indicators have been designed**, some of which are currently **endorsed by organizations such as the National Quality Forum** or adopted by payment agencies such as the **Centers for Medicare and Medicaid Services**.

Surgery provides “low-hanging fruit” for quality assessment, because of clear point of care (surgical procedure) with expected outcomes. In comparison, the results of the treatment of rheumatoid arthritis, for example, or more chronic conditions are not as dramatic. In addition, quality-related care deficiencies may be hard to dissect out from the natural progression of the disease. It is therefore not surprising that **the fields of quality assessment and quality benchmarking are particularly focused on surgery** with a majority of quality indicators or performance measures targeting perioperative care.

It is essential that surgeons get involved in the policy debate over the clinical relevance of current and future quality measures. Surgeons are the best capable of pointing out the measurable factors that isolate inadequate quality of surgical care. The rate of iatrogenic bowel injury, for example, cannot simply be used as a performance measure without specifying whether the injury happened in the setting of lysis of dense adhesions or in the setting of a simple elective laparoscopic cholecystectomy. **It is time for surgeons to weigh in and have a clinically meaningful say in the debate surrounding the issue of quality assessment.**

Haytham M.A. Kaafarani, MD, MPH
Member, RAS-ACS, International Medical Graduate and Communications Committees

Mark Your Calendars: Resident Sessions of Interest at ACS Clinical Congress

RAS Annual Meeting

Sunday, October 11, 2009
9:00 am - 12 noon

RAS Symposium

Sunday, October 11, 2009
1:00 - 4:00 pm

Spectacular Cases from Residents

Tuesday, October 13, 2009
8:00 - 11:15 am

The Drive to Teach Residents: An Unintended Casualty of the 80-Hour Workweek?

Tuesday, October 13, 2009
2:30 - 4:00 pm

Surgical Jeopardy

Wednesday, October 14, 2009
8:00 am - 11:15 am

Practicing Medicine in the Information Age: Are You Prepared for What's on the Internet?

Wednesday, October 14, 2009
11:30 am - 1:00 pm

How to Succeed in the Highly Competitive World of Grant Funding

Thursday, October 15, 2009

8:00 - 11:15 am

Contribute content to the next RAS-ACS e-Newsletter! The next deadline is August 1, 2009.

You may e-mail submissions to spm352@yahoo.com.

About RAS-ACS

The Resident and Associate Society of the American College of Surgeons (RAS-ACS) is an organization within the American College of Surgeons that was formed to benefit young and future surgeons through involvement in the College's activities. Membership in the RAS-ACS is automatic when you become a Resident Member or an Associate Fellow of the American College of Surgeons. Resident membership is open to all surgical residents enrolled in an accredited graduate educational program, surgical research, or fellowship program. Associate Fellow membership is open to young surgeons who are currently engaged in a second surgical residency, a research or a fellowship program, a surgical specialty practice, and are within five years of graduation from formal surgical residency training. Currently, over 2,600 Associate Fellows and 8,000 Residents are part of the RAS-ACS.

Benefits of becoming a RAS-ACS member:

- free *Journal of the American College of Surgeons* subscription
- free *Bulletin of the American College of Surgeons* subscription
- free Clinical Congress advance registration and access to CME credit
- reduced pricing for selected postgraduate courses at the Clinical Congress
- information on clinical and research fellowship opportunities
- free access to the College's job and resume databank
- electronic newsletter, Web site, and Web portal
- educational materials to meet requirements for board certification
- opportunities to serve on various College committees
- opportunities for local chapter affiliation
- access to ACS-sponsored insurance programs (life, health, disability)
- a voice in advocacy and policy-making issues concerning residents and young surgeons

Join today!

Be Sure to Visit These Important Areas of the ACS Web site:

RAS-ACS Homepage: <http://www.facs.org/ras-acs/>

How to Join RAS-ACS: <http://www.facs.org/ras-acs/membership/membership.html>

Job Bank: http://www.healthcareers.com/site_templates/ACS/index.asp?aff=ACS&SPLD=ACS

ACS Web portal: <http://efacs.org/residents>

ACS Homepage: <http://www.facs.org/>

Your Feedback Is Important to Us

We are interested in making sure that the content of *RAS-ACS News* meets the interests and responds to the needs of surgical residents and newly practicing surgeons across the country. Your feedback and ideas are important to us. Please send your comments about this newsletter and your ideas for articles to the Editor at ras-news@facs.org.

Communications Committee

Carlos M. Mery, MD, MPH, Chair, Boston, MA

Heena Santry, MD, Vice-Chair, Boston, MA

Parth Amin, MD, Kathryn Berndt, MD, Natasha Bir, MD, Kris Brown, MD, Jaime Cavallo, MD, David Tom Cooke, MD, Robert Crawford, MD, David Tom Edelman, MD, Wesley Francis, MD, Adil Haider, MD, Jonathan Hernandez, MD, Alexzandra Hollingworth, MD, Haytham Kaafarani, MD, Marco Melis, MD, Vahe Melkonyan, MD, Biren Modi, MD, Mecker Möller, MD, Deepak Nair, MD, Jennifer

Nelson, MD, Tassos Polimenakos, MD, Mallory Williams, MD

Executive Committee

Jacob Moalem, MD, Chair, Rochester, NY
Josh Broghammer, MD, Vice-Chair, Seattle, WA
Joshua Mammen, MD, Secretary, Houston, TX
Ted James, MD, Ex Officio, Burlington, VT
Richard Baynosa, MD, Plastic Surgery Advisory Council
Bill Chiu, MD, Pediatric Surgery Advisory Council
Jonathan Chun, MD, Colorectal Surgery Advisory Council
David Tom Cooke, MD, Cardiothoracic Surgery Advisory Council

Eric Deshaies, MD, Neurosurgery Advisory Council
Andrew Evans, MD, Orthopedic Surgery Advisory Council
Alex Kutikov, MD, Urology Advisory Council
Deepak Nair, MD, Vascular Surgery Advisory Council
Renée Solomon, MD, Ophthalmology Advisory Council
Neil Tanna, MD, Otolaryngology Advisory Council
Carrie Wieneke, MD, Obstetrics and Gynecology Advisory Council

Peg Haar, Staff Liaison, phaar@facs.org; 312-202-5312

For additional information regarding the benefits and activities of the RAS-ACS, please contact Peg Haar at ras-news@facs.org.

[Click here to unsubscribe](#)

633 N Saint Clair St, Chicago, IL 60611-3211