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RAS e-Newsletter

July 2008

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[Message from the Chair: RAS Strategic Planning Update](#)

The executive committee of the Resident and Associate Society (RAS) recently returned from American College of Surgeons (ACS) headquarters where we had a very successful strategic planning session to discuss the future of our organization. As we look forward to new opportunities and face new challenges in the field of surgery, it is helpful to consider our activities in light of the mission statement of RAS. Our mission is:

- ***To familiarize residents and young surgeons in all surgical specialties with the College and its programs' leadership.*** The leadership of the College continues to look to RAS for input on decisions that will affect the future in which we will be practicing, and recognizes that the future of the ACS lies with young surgeons. We plan to have increased interaction between active RAS members and College leaders through a mentoring relationship.
- ***To provide an avenue for participation in College affairs.*** Several positions as RAS representatives and liaisons are presently available. There will be an increasing number of opportunities for participation and service. Plans are under way to notify members about these opportunities on the RAS area of the College's Web site (facs.org) and/or via our community on the College's Web portal, e-FACS.org. If you are interested in becoming

involved, submit your name, a statement of interest, and a copy of your CV to Peg Haar at phaar@facs.org. My wish is to have all resident and Associate Fellows from all surgical specialties actively involved in advancing the mission of RAS.

- **To enable members to develop and use leadership skills in organized surgery.** There are numerous opportunities for leadership in RAS. Participation on one of the four standing committees--communications, education, issues, and membership--often leads to advanced leadership positions. We also continue to provide the RAS leadership scholarship to support attendance at career development programs offered through the College. We are currently exploring potential corporate partners to help increase the number of available leadership scholarships and similar awards in the future.
- **To provide opportunities for the opinions and concerns of residents and young surgeons to be heard by the College leadership.** In addition to this RAS e-newsletter, we have started an ongoing series in the *Bulletin of the American College of Surgeons* that will feature editorials from RAS members, highlight accomplishments of residents and young surgeons, and address other issues important to our membership and to all interested surgeons. Another important forum for RAS is the College's annual Clinical Congress, where we host our symposium and general sessions, and hold our annual business meeting.

RAS continues to address issues relevant to our members including resident work hours, professional development, optimizing surgical education, career satisfaction, and financial security. In all of these endeavors, **RAS, together with the ACS, is committed to being the main surgical organization devoted to the concerns and needs of all surgical residents and young surgeons.** We must present a strong collective voice if we are to continue our efforts in leadership and advocacy. We openly invite participation from residents across all specialties as well as from our international colleagues. I encourage you to take part in RAS during this critical and exciting time. The future of surgery will be determined by those who are actively involved today.

Ted A. James, MD
Chair, RAS-ACS
Burlington, VT

The RAS-ACS Clinical Fellowship Guide and Research Fellowship Database

The Education Committee of RAS recognized an absence of organized material for its members regarding the transition from residency training to fellowship training. While the residency match process for most surgical specialties is well organized and straightforward, the same cannot be said for surgical fellowship applications.

In order to assist RAS members interested in pursuing clinical fellowship training, the Education Committee decided to create a centralized source of fellowship information. This endeavor was initiated at the Clinical Congress and is now nearing completion. Fellowships within general surgery, plastic surgery, and urology have been researched with the intent to add other fellowship areas over time. Information for the fellowships includes the application date, number of applicants, match rate, relevant Web sites, and so on. The committee plans to publish the fellowship guide on our community on the ACS Web portal, e-FACS.org, in the early fall.

The committee is also in the process of refining the already established Surgical Research Fellowship Database. This fall, we will be soliciting information from primary investigators regarding fellowships that will begin in July 2009. **RAS members beginning research in the winter of 2008-2009 will be able to access this information via the Web portal to find a research fellowship that matches their interests.** Each fellowship listed will include information on the length of the fellowship, area of investigation, funding available, moonlighting opportunities, and so on.

If you are interested in becoming part of the Education Committee or would like to work on any of these projects, please contact phaar@facs.org.

Joshua M.V. Mammen, MD
Chair, RAS-ACS Education Committee
Cincinnati, OH

The Economics of Health Care: A Threat to Surgical Education or an Opportunity for Innovation?

Health care and its sources of funding, like all economies, must allocate resources in an attempt to meet demand. In surgical residency training, there is increasing popularity with regard to simulation laboratories, Internet-based learning resources, and educational conferences. **As these and other adjuncts are incorporated into residency training curricula, the costs associated with surgical education escalate.**

Successful residency training involves available resident time, educational resources, and available practicing physician time. Residency work hour restrictions have placed limits on available resident time. Practicing physicians have also witnessed a sharp decrease in remuneration which has led to increased work hours for many of them. **Thus, surgical education is not only in competition with a variety of government programs for funding but also with hospital-based requirements and career demands for available time of both residents and practicing physicians.**

With the national spotlight on health care, the RAS would like to explore the workhorses driving surgical education as well as which entities hold the reigns. How do we find an equilibrium in which supply will meet demand in the new health care economy? How can we maintain the focus on rigorous surgical education in a changing environment? Will the next generation of surgeons be prepared for the practice of surgery? These topics and the questions they generate will be the focus of the Resident Symposium during the American College of Surgeons Clinical Congress. **Join us in San Francisco for the Annual RAS-ACS Symposium on October 12 at 1pm.** For more information, contact Peg Haar at phaar@facs.org.

Brian J. Santin, MD
Vice-Chair, RAS-ACS Issues Committee
Columbus, OH

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

RAS-ACS Membership Open to International Surgery Residents

It is with great enthusiasm that RAS-ACS welcomes international surgery residents for membership. We believe that the interaction with our international colleagues will prove to be a mutually beneficial experience. Ultimately, these relationships will facilitate our ability to address common surgical issues affecting residents and young surgeons around the world.

The mission of the RAS-ACS is to develop future leaders in surgery and to provide a voice in advocacy and policy-making for young surgeons and residents. Besides participating in our organization, additional benefits of membership include free access to the RAS community on e-FACS.org, the College's Web portal, our electronic newsletter, discounted ACS educational material, and free registration for the ACS Annual Clinical Congress. The cost of the annual membership for international surgery residents is \$ 20 dollars.

We encourage the current RAS-ACS IMG surgical residents to share this exciting news with their colleagues overseas.

Please contact Peg Haar at Phaar@facs.org for more information.

Mecker Möller, MD

Chair, RAS-ACS Communications and IMG Committees
Tampa, FL

Step-by-Step Guide to Common Surgical Procedures and Skills

The American College of Surgeons (ACS) Division of Education has just released another fantastic resource for surgical residents: the **Surgical Skills Curriculum for Residents**. This resource includes **step-by-step descriptions of 15 of the most common surgical procedures and skills performed by residents**, along with carefully chosen bibliography and a description of the common pitfalls of and errors that occur during these procedures.

To access this resource, simply go to the Division of Education's section at <http://elearning.facs.org>. After a quick (free) registration process, you'll be able to access, download, and print these excellent guides. Use them well!

Jacob Moalem, MD

Vice-Chair, RAS-ACS
Rochester, NY

Third Outcomes Research Course Scheduled for November

The American College of Surgeons' (ACS) Surgical Research Committee will sponsor the **third biennial Outcomes Research Course November 14-16, 2008**, at ACS headquarters in Chicago. Although the course is intended primarily for surgeon-researchers, its flexible curriculum and interactive format are designed to meet the interests of investigators with varying skills and experiences. Novices will learn the key concepts of outcomes research including how to work with and interpret data. Surgeons with previous experience in outcomes research will get direct feedback on their work and practical advice from leaders in the field.

The course emphasizes the core concepts of outcomes research and its practical applications to important questions facing surgeons and surgical practice. Day 1 provides a broad overview of the field, primarily in lecture format. On Day 2, participants may choose among several skills labs according to their backgrounds and primary research interests. Breakout sessions provide the opportunity for participants to get feedback on their ongoing work or study proposals from experts in the field. And finally, on Day 3, selected course faculty will present their own "Research in Progress" in interactive sessions, allowing participants to "get under the hood" of the work of established investigators.

The course advances surgeons' skills in clinical epidemiology and statistical analysis through modules covering health-related quality of life assessment, decision analysis, meta-analysis, and other aspects specific to surgical outcomes researchers. Participation is limited, and priority is given to ACS members. Register by August 29, 2008 to receive the early sign-up discount. Visit <http://www.facs.org/cqi/src/outcomesres.html> for additional information about the course, a preliminary course schedule, course fees, and a registration form. Questions? Contact Mary Fitzgerald at 312-202-5319, or by e-mail at mfitzgerald@facs.org.

Mary Fitzgerald

Continuous Quality Improvement, ACS
Chicago, IL

WHO Launches the "Safe Surgery Saves Lives" Initiative

On June 25, the World Health Organization (WHO) launched the "Safe Surgery Saves Lives" initiative in Washington, DC, during an event attended by Ministers of Health and world leaders in public health, surgery, anesthesia, and nursing. This initiative, led by Atul Gawande, MD, FACS, Associate Professor of Surgery at Harvard Medical School and the Harvard School of Public Health, seeks to implement a **new safety checklist for surgical teams to use around the world in an**

attempt to reduce surgical complications. Gerald B. Healy, MD, FACS, ACS President, represented the American College of Surgeons at the event and pledged the College's cooperation in implementing the program across the United States and around the world.

It is estimated that **every year, 234 million major procedures are performed throughout the world.** Complications leading to death occur in up to 0.8 percent of the procedures performed in industrialized countries and up to 10 percent of those in developing countries. Preliminary results from eight pilot studies by the WHO indicate that the use of a simple checklist before the induction of anesthesia ("sign in"), before skin incision ("time out"), and before the patient leaves the operating room ("sign out"), can lead to significant reductions in surgical complications and death.

The surgical checklist was released by the WHO during the event, and it is expected to be finalized for dissemination by the end of 2008 once the evaluation of the eight pilot studies around the world is complete. For more information, visit the WHO Web site:

<http://www.who.int/mediacentre/news/releases/2008/pr20/en/index.html> or
<http://www.who.int/patientsafety/safesurgery/en/index.html>.

Carlos M. Mery, MD, MPH

Vice-Chair, RAS-ACS Communications Committee
Boston, MA

Rushing into Premature Legislation: The Case of Perioperative Beta-Blockers

Since the late 1980s, physicians have suggested using beta-blockers before surgical procedures to decrease the risk of perioperative cardiac events such as myocardial infarction. This move was based on a series of small but bold studies, and the promise was so ideal and desired, that we ended up raising a new generation of internists, cardiologists, and surgeons who routinely prescribe perioperative beta-blockers.

With the current pressure for monitoring quality of care, standardization of practices, and payment for performance, it was just a matter of time until the use of perioperative beta-blockers was suggested and implemented by many hospitals, agencies, and projects as a quality indicator. Moreover, there was a push for legislating the use of beta-blockers by some medical societies, as well as by third-party payers. **However, the results of the POISE trial, recently published in the *Lancet* strongly suggest that these agents may not be as safe as it was believed, for everyone undergoing surgery** (POISE Study Group, et al. *Lancet*, 2008). In the trial, perioperative beta-blockade was associated with a higher overall mortality and a higher incidence of stroke.

Physicians with dedication to health care policy need to play an essential bridging role in which they strive to understand how the system works and how legislation is made, but also keep an objective eye for controversial "evidence." **If we believe that our role as health care professionals is to promote the health of individuals, then we need to step up to our responsibility of ensuring adequate evidence for any suggested health care policy.** We should be more proactive in setting the agenda in health care and shedding the light for the general public and the decision-making entities on the correct and evidence-based issues. Avoiding maladaptive policies seems like a reasonable goal in a system of stakeholders where not everyone necessarily shares the same incentives and interests.

Haytham Kaafarani, MD, MPH

Member, RAS-ACS IMG Committee
Boston, MA

A Major SCORE for Surgical Residents!

SCORE, the Surgical Council On Resident Education, is a voluntary consortium of six leading surgical organizations that was created for the purpose of developing and maintaining a national competency-based curriculum for the surgical residents in this country. Formed by the leadership of the American Board of Surgery (ABS), American College of Surgeons (ACS), the Residency

Review Committee for Surgery (RRC-Surgery), Association of Program Directors in Surgery (APDS), American Surgical Association (ASA), and the Association for Surgical Education (ASE), this powerful organization is already making major strides towards the achievement of its **ambitious goal of creating a standardized surgical curriculum for general surgery residency.**

The curriculum that is envisioned will include a **comprehensive Web-based program**, structured around hundreds of expertly designed training modules, with links to relevant high-quality book chapters, videos, position papers, and imaging studies. These modules will integrate the six core competencies mandated by the ACGME (Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice) as well as a seventh, Technical Skills. A trial version will be released this September in 33 training programs.

Jacob Moalem, MD
Vice-Chair, RAS-ACS
Rochester, NY

Second Quarter 2008 Performance Report Issued for SDIF

Second quarter 2008 performance information for the Surgeons Diversified Investment Fund (SDIF) is now available; please see the chart below or go to <http://www.surgeonsfund.com>.

Average Annual Total Returns¹ For Periods Ended 6/30/08:

	Quarter	YTD ²	1 Year	Since Inception ³
SDIF	-0.29%	-5.72%	-5.26%	3.74%
S&P 500 Index/Lehmann Brothers U.S. Aggregate Index	-2.11%	-8.02%	-7.25%	2.03%

¹Average annual total return figures include changes in principal value, reinvested dividends, and capital gain distributions.

² YTD return is not annualized and represents an aggregate total return.

³ SDIF commenced operation September 22, 2006.

For more information about SDIF or if you would like to receive a hardcopy of the performance sheet, please contact Savi Pai at 312-202-5056 or spai@facs.org, or Tom Kiley at 312-202-5019 or tkiley@facs.org. You may also contact the Fund directly at **800-208-6070**.

*An investor should consider the investment objectives, risks, and charges and expenses of SDIF carefully before investing. SDIF's prospectus contains this and other information about SDIF and should be read before investing. SDIF's prospectus may be obtained by downloading it from SDIF's Web site at www.surgeonsfund.com or by calling **800.208.6070**.*

Performance numbers have been positively impacted by fee waivers and/or expense reimbursements. Without such fee waivers and/or expense reimbursements, performance numbers would have been lower.

Returns for SDIF are before taxes and are net of all expenses and advisory fees. All index returns listed herein also include the reinvestment of dividends, distributions, and interest (total return). The returns shown do not reflect the deduction of taxes a shareholder may pay on the redemption of SDIF shares or SDIF distributions.

The S&P 500 Index/Lehman Brothers U.S. Aggregate Index is comprised of 70% S&P 500 Index and 30% of Lehman Brothers U.S. Aggregate Index.

SDIF is distributed by Ultimus Fund Distributors, LLC, 225 Pictoria Dr., Suite 450, Cincinnati, OH 45246. The phone number is 513-587-3400.

Debbie Bakazan

ACS Surgeons Diversified Investment Fund
Chicago, IL

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 online *ACS Surgery Textbook*
- free Clinical Congress registration (advance) 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/index.html>

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 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.

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For additional information regarding the benefits and activities of the RAS-ACS, please contact Joan Wellington.

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