

The Reincarnation of Halsted

A One-on-One Mentored Apprenticeship System in a University Hospital Residency

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**April 18, 2005
Hollywood, Florida**



Cardinal Features of Halsted's Program

1. Close association of resident & professor (one-on-one apprenticeship)
2. Harsh competition for top spot
3. Indefinite tenure
4. Responsibility for total care of charity patients (Graded authority/responsibility)
5. Teaching of housestaff
6. Participation in research

Harvey 1981



American Board of Surgery

An independent, non-profit organization founded in 1937 for the purpose of certifying surgeons who have met a defined standard of education, training and knowledge



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Churchill's "rectangular" surgical residency(1946)

1. Complete training to superior surgeons
2. Eliminated the human wastefulness of the pyramid system
3. Responded to nation's surgical needs after WWII



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Conference Committee on Graduate Surgical Training

The first effective mechanism to evaluate and approve general surgical training programs founded in 1951 , a joint effort of the AMA, ACS, and ABS



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Medicare

- Social Security Amendments of 1965 established a program of national health insurance for persons who are over the age of sixty-five or seriously disabled.
- The entrance of the government into graduate medical education through the payment mechanism.



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ACGME Outcome Project

Competencies

1. Medical Knowledge
2. Patient Care
3. Interpersonal & Communication Skills
4. Professionalism
5. Practice-Based Learning & Improvement
6. Systems-Based Practice



“Halsted is dead: time for change in graduate surgical education”

Curr Surg 1999;56:34-9



What do the learners want?

Predictors of Satisfaction

1. Be operating surgeon on major cases
2. Attendings cite medical literature support (EBM)
3. Spontaneous presentations
4. Continuity of patient care
5. Resident level specific teaching
6. Important clinical decisions made in concert

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What do the learners want?

Predictors of Dissatisfaction

1. Inadequate supervision in OR
2. Over supervision in OR
3. Decision override by Attending in clinic
4. Attending interrupted during teaching
5. Attending too busy to discuss
6. Attending rushed to finish rounds
7. "scut" work

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What do the learners want?

Two Models to achieve:

1. Surgical simulators
2. Apprenticeship-type rotations

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Northwestern Program

Six Hospitals:

– Three Integrated:

- Northwestern Memorial (NMH)
- Evanston Northwestern Healthcare (ENH)
- Jesse Brown VAMC

– Three Participating:

- Children's Memorial (CMH) - Pediatrics
- Cook County Hospital - Burn
- Mt. Sinai - Trauma



Northwestern Program

53 Residents in Surgery(2004/5)

- 20 Categorical General Surgery
- 25 Designated Preliminary
- 8 Non-designated Preliminary

- Program is “host” to Categorical Residents from 2 other Programs



Northwestern Program

Team Model

Traditional Definition: Variable number of residents working with a variable number of faculty

Modern Definition: No more than 2 residents with 2 or more faculty



Northwestern Program

Apprenticeship Model

One resident works with one or two faculty members over a sustained period (2-6 months)



Apprenticeship Model

PGY5	3 Months
PGY4	4 Months
PGY3	8 Months*
PGY2	4 Months
PGY1	3 Months
TOTAL	22 Months (36 %)

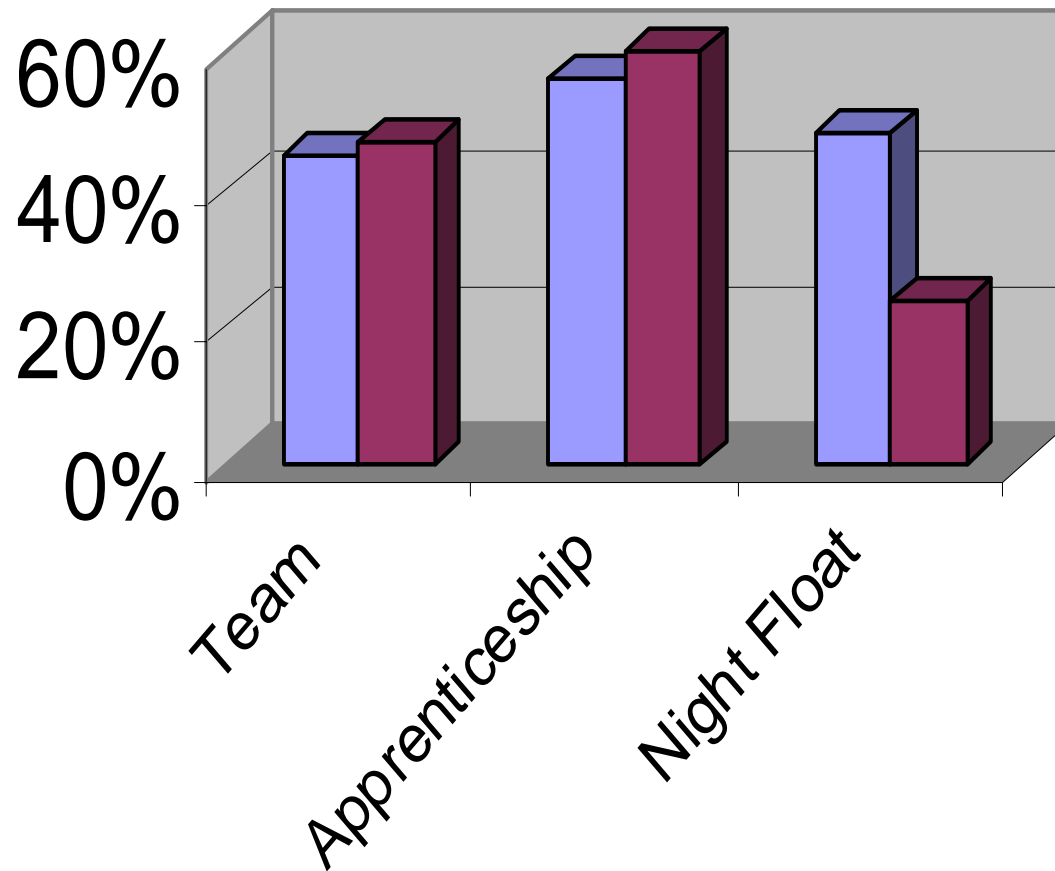


OUTCOME



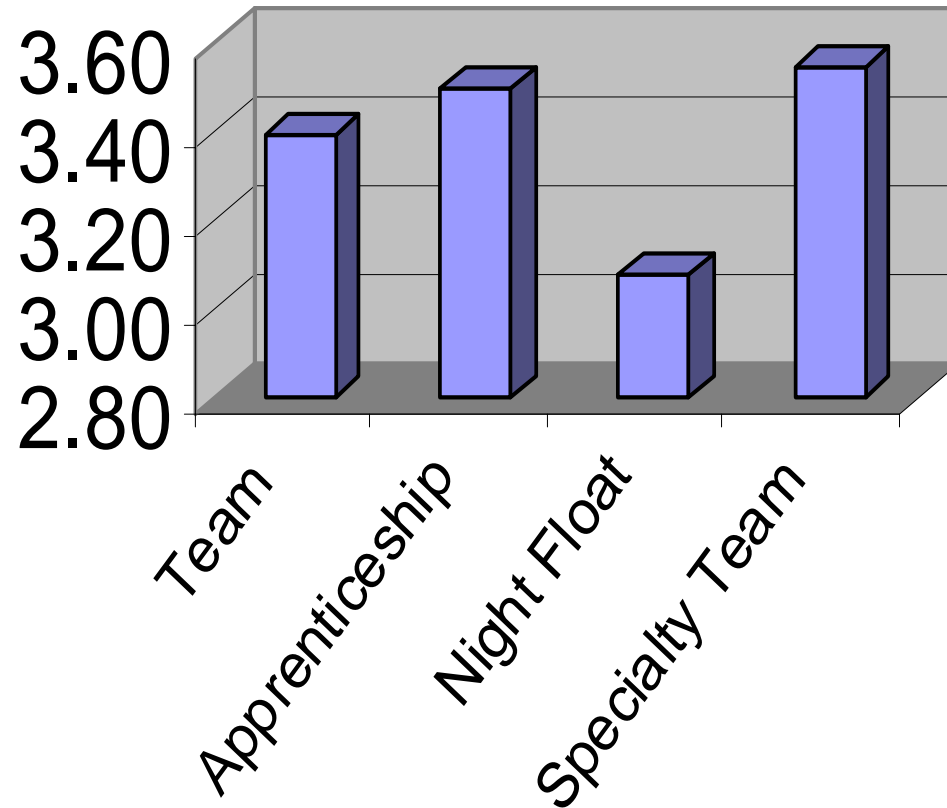
Continuity of Care

Continuity Pre-op Continuity Post-op

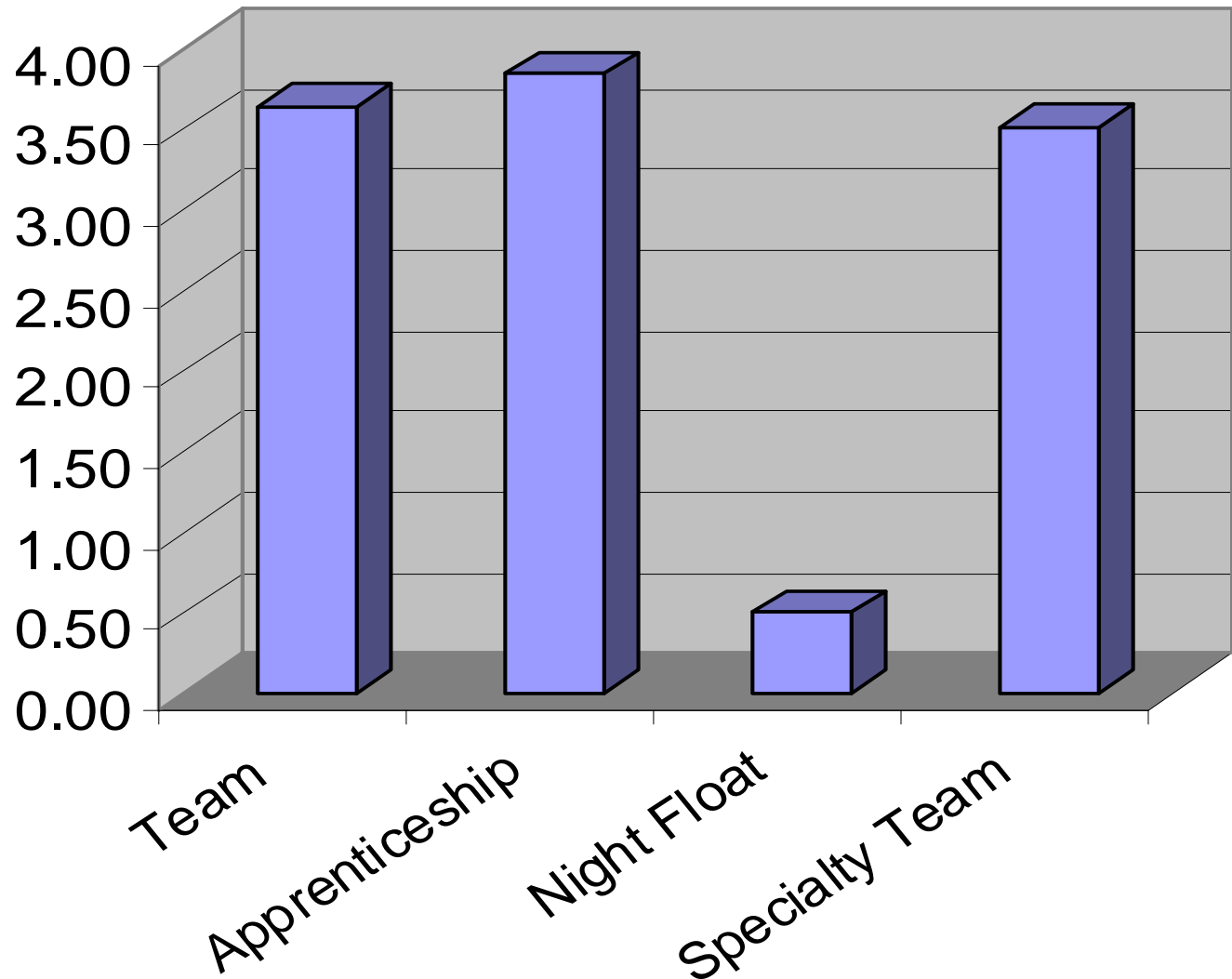


OR Teaching

OR Supervision



Outpatient Teaching

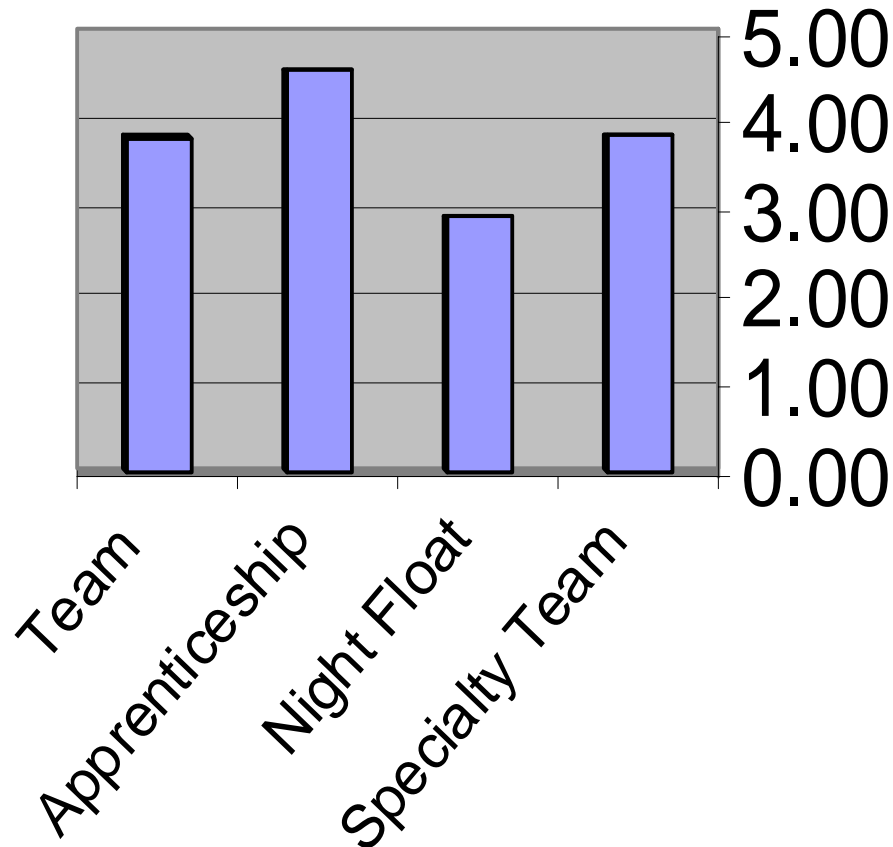


Program Case Volume

	03/04	04/05 (Projected)
PGY5	205	230
PGY4	297	313
PGY3	144	167
PGY2	213	229
PGY1	97	107



Overall Resident Evaluation



Future

Faculty Development

1. Master Teacher
2. Master Educator



Halsted Lives!!!!

What goes around comes
around

...only with competencies

