

# Senior surgeons reflect on staying current, CME and Maintenance of Certification

An old adage remains a staple of modern surgical education and practice: “The more you know, the easier it is to practice surgery.” Although it rings true, learning and staying current with the surgical literature has never been more challenging.

Surgeons are perilously close to information overload. Mailings, conventional and electronic, from pharmaceutical companies, journals, professional associations and colleagues vie for the surgeon’s attention. These frequently trumpet the modern mantra of medical practice: evidence-based medicine. The number of domestic and foreign journals presenting articles on surgical topics continues to grow. Articles use evermore-complex scientific methodologies and statistical analyses. The most compelling fact of life in contemporary surgical practice is this: patients are subject to the same information overload. They come with questions stimulated by encounters on the Internet. What is a “good” article that provides a clear and understandable answer to a patient’s question? How does a surgeon understand and make use of the information in the literature to inform clinical decisions and provide a foundation for informing patients and families about their disease, the operation needed to treat the disease, and prognosis?

Lewis Flint MD, FACS, Editor-in-Chief, *Selected Readings in General Surgery (SRGS)*, Division of Education, American College of Surgeons, recently spoke with two senior surgeons regarding a workable, systematic approach

to learning that provides knowledge but also offers Continuing Medical Education (CME) credits that fulfill the requirements of the American Board of Surgery for self assessment and Maintenance of Certification (MOC).

Tyler Hughes, MD, FACS, is one of two general surgeons in the small rural community of McPherson, KS. He also leads the Rural Surgeon Community on the ACS Web portal. His approach is to use *SRGS*. He told me that he first encountered *SRGS* during residency training. His training program relied on *SRGS* to provide the information needed to prepare for teaching conferences and patient presentations. Dr. Hughes used, and continues to use, *SRGS* to “stay up-to-date” and to help prepare for the examinations necessary to maintain certification. His goal is to “be better informed than the examiner.” *SRGS* fills the bill for Dr. Hughes because it is “comprehensive, thoroughly referenced, and easily readable.” The included reprints are useful references that can be valuable resources during conversations with patients and with colleagues in other specialties. When asked what three terms he would use in suggesting *SRGS* as a systematic means of mastering the literature, he



Dr. Hughes



Dr. Schechter



responded, “reader-friendly, clear summaries of basic science information and expert comments from master surgeons.”

Dr. Hughes had special praise for the new, online version of *SRGS*, *SRGS Connect*. He likes the advantage of having the information handy wherever he happens to be. The fact that the issues can be read

on portable devices such as handheld tablets and smartphones is a distinct advantage. The keyword search capability means that answers, supported by reliable data, can be found quickly and easily. A special section provides summaries of recently published articles accompanied by expert commentaries. Dr. Hughes relies on *SRGS Connect* in his ongoing teaching activities with medical students and surgical residents. The CME tests provide an easy and economical way to gain 80 hours of CME credit each year. Best of all, the CME credits are easily transferred electronically from ACS to the American Board of Surgery to fulfill MOC.

Dr. Flint also talked with an old friend and renowned surgical teacher, Bill Schechter, MD, FACS. Dr. Schechter has devoted his academic career to the department of surgery at the University

of California-San Francisco (UCSF). During his tenure at UCSF, he served as chief of surgical services at San Francisco General Hospital. *SRGS* is the main resource used by Dr. Schechter for personal learning as well as for completing CME with self assessment that is a key requirement for MOC. He stated that he found *SRGS* especially useful during his tenure as a director of the American Board of Surgery. The information from *SRGS* was valuable during the process of evaluating proposed examination questions and as preparation for conducting oral examinations. Because he uses the print version of *SRGS* exclusively, he emphasized the readability of the overview and the pleasant visual characteristics of the book that contains the overview, the included reprints, and the CME pretest. Like Dr. Hughes, Dr. Schechter appreciates the convenience of the CME fulfillment process. The e-mail reminder about test completion was singled out by him as an especially helpful feature.

Both surgeons were asked how they would rate *SRGS* as a means of gaining control of and mastering the surgical literature; they both responded “it’s the best.”

Acquiring a subscription to *SRGS* with CME self-assessment capability is easy. Stop by the *SRGS* booth in the ACS Program Center, located in the Exhibit Hall at Moscone Center South. There you can look at examples from recent issues and, best of all, take advantage of valuable discount offers available to meeting attendees.