

SURGEON RETOOLING REIMAGINED:

ACHIEVING AND MAINTAINING LIFELONG EXCELLENCE



JANUARY 29, 2016
HOUSTON, TEXAS

METHODIST INSTITUTE
FOR TECHNOLOGY,
INNOVATION &
EDUCATION (MITIE)

Retooling of Surgeons; Use of Simulation-Based Training Programs and Resources

Key Challenges

- Credentialing; lack of validation; demonstration of value
- Regulatory issues, prescriptive mandates; limited resources

Possible Solutions

- Getting better/more relevant data from local and national sources
- Use wide variety of simulators (high- and low-tech) to address technical skills and cognition; train the trainers; motivation

Implementation of Solutions for ACS and AElS

- Involve all stakeholders
- ACS-AElS to provide validation data, and make available for purposes of recertification; create large database

Group 1

Verification of Skills; Roles of Surgery Department Chairs and Institutional Committees

Key Challenges

- Lack of metrics (in skills labs and in practice)
- Existing culture (destigmatize verification, privileges are not lifelong, concern about personal financial impact, liability)

Possible Solutions

- Pilot projects that investigate use of objective assessments, video transparency projects
- Create privileging metrics that are data-based, incorporate well-established educational principles, and use mature curricula

Implementation of Solutions for ACS and AEs

- Platform for visibility of issue; emphasis on life-long retooling
- Use ACS-AEs for research to develop metrics, partner with institutions to develop test pilot programs for skills of all types

Group 2

Financial Models to Support Retooling and Infrastructure Needs

Key Challenges

- Demonstrated value & variety of stakeholders (physicians, hospitals, payers)
- Allocation of resources measured in time and money

Possible Solutions

- Data to demonstrate the value & quality, including data acquisition costs
- Create funding via: incentives, tax credits, insurance premiums, replacement of CME as part of MOC, malpractice carriers
- Promote fun education

Implementation of Solutions for ACS and AEs

- Collaborate with other medical associations; ABMS, FSMB, other industries that have done this, controllers, government and insurance companies
- Help define value and its measurement
- Gain the buy-in of surgeons; develop relationship with surgeons to get them to participate.

Group 3

Roles and Responsibilities of Insurance and Liability Carriers

Key Challenges

- Differences in state law
- Negative perception of medical liability carriers

Possible Solutions

- Sharing of malpractice data amongst carriers
- Malpractice carrier premium incentives for demonstration of proficiency, quality and safety

Implementation of Solutions for ACS and AEs

- ACS to use resources at national level
- Pilot innovative programs with local community-based providers and carriers

Group 4

Roles and Responsibilities of Industry

Key Challenges

- Balance between market share versus education
- Responsibility to develop education and assessment
- Collaboration and communications and accreditation

Possible Solutions

- Curriculum development – template
- Standardization across the board
- Communication and collaboration – work with educators

Implementation of Solutions for ACS and AEs

- Standardization of metrics and curriculum
- Define clearer policies around credentialing, COI, etc.
- Communications between educators and industry

Group 5

Telemedicine, Telementoring, and Coaching

Key Challenges

- Legal, regulatory, logistics
- Money

Possible Solutions

- National medical license for education
- Incentivize the mentors

Implementation of Solutions for ACS and AEs

- Incentivize members to participate in telementoring through CME, MOC, malpractice relief, certificate
- ACS influence national policy and financing

Group 6

Evaluation of New Technologies; Adoption in Practice and Dissemination

Key Challenges

- Cost and risk
- Process (education)

Possible Solutions

- Mandated data registry
- Standard operating procedures

Implementation of Solutions for ACS and AEs

- Call to action to lead the nation and create a sense of urgency; be the surgical voice
- Set the standards and develop operating procedures

Group 7

Role of Academic Medical Centers in Evolving Health Care Delivery Models

Key Challenges

- Sick care versus healthcare
- Culture and mission, hospital versus AMC

Possible Solutions

- Establish a culture of continuous skills development and life long learning
- Incentives for optimal performance

Implementation of Solutions for ACS and AEs

- Centers should be of high quality, affordable, and accessible
- ACS should continue to provide leadership and include all stakeholders in this continuing dialogue (other societies, patients etc.)

Group 8

For more information visit
facs.org/surgeon-retooling