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 AEIs
• Involve all stakeholders
• ACS-AEIs to provide validation data, and make available for purposes of recertification; create large database
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 AEIs
• Platform for visibility of issue; emphasis on life-long retooling
• Use ACS-AEIs for research to develop metrics, partner with institutions to develop test pilot programs for skills of all types
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 AEIs
- 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.
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 AEIs
• ACS to use resources at national level
• Pilot innovative programs with local community-based providers and carriers
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 AEIs
- Standardization of metrics and curriculum
- Define clearer policies around credentialing, COI, etc.
- Communications between educators and industry
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 AEIs
• Incentivize members to participate in telementoring through CME, MOC, malpractice relief, certificate
• ACS influence national policy and financing
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 AEIs
• Call to action to lead the nation and create a sense of urgency; be the surgical voice
• Set the standards and develop operating procedures
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 AEIs
• 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.)
For more information visit facs.org/surgeon-retooling