

# Residency Redesign



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# Disclosure

These reflections are my own and do not represent the official position of the American Board of Surgery

# Residency Redesign



- Competency Based Resident Education
  - EPA based, mapped to milestones and ACGME competencies
- Entrustment for independent practice once competence achieved
- Faculty development in teaching and assessment of competence
- Flexibility in pathways (I-5, ESP, FIT, Traditional)

# CBRE: Are case numbers a reliable surrogate for competence?



“You gotta be kidding me”

# The Intersection of CBRE and Case Numbers

Original article

## Correlation between experience targets and competence for general surgery certification

**J. R. De Siqueira and M. J. Gough**

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De Siqueira, Gough (2016)  
BJS (epub Feb 5)



# Correlation between experience targets and competence for general surgery certification

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**Background:** Working time restrictions and public expectations have stimulated competence-based assessment in surgery. Nevertheless, certification for training, and board accreditation across the developed world, still rely on experience targets based on indicative numbers as markers of operative competence. This study assessed the correlation between trainer assessment of competence and completion of indicative numbers.

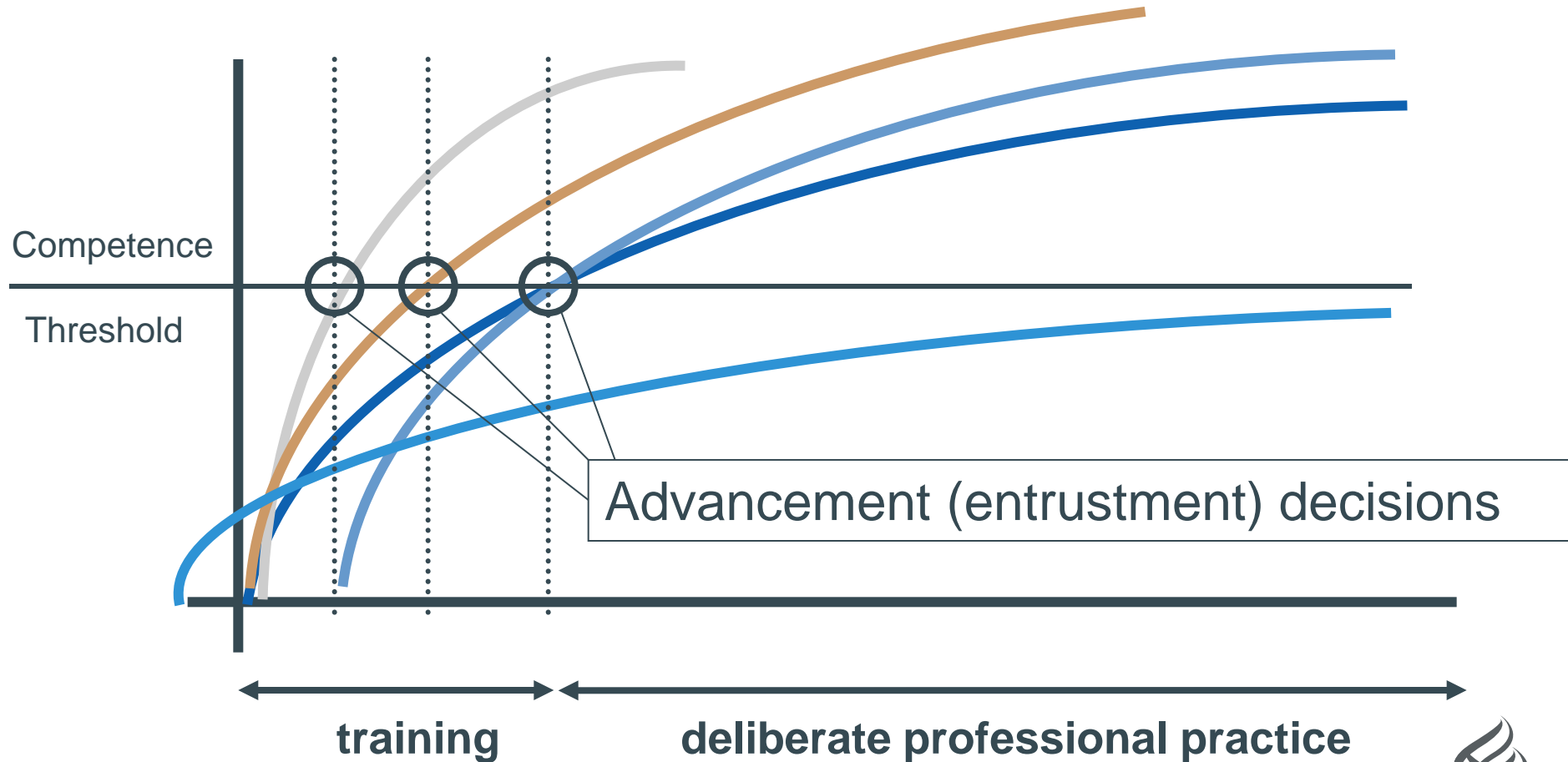
**Methods:** Analysis of UK Intercollegiate General Curriculum Programme portfolios of general surgical trainees in a single year. The Joint Training Board allowed comparison of Procedure Based Assessment (PBA) scores (a measure of competence) for cholecystectomy, segmental colectomy and Hartmann's procedure against the indicative numbers.

**Results:** A positive correlation was found between operative numbers and 1058 PBAs for cholecystectomy ( $r_s = 0.532$ ,  $P < 0.001$ ), segmental colectomy ( $r_s = 0.552$ ,  $P < 0.001$ ) and Hartmann's procedure ( $r_s = 0.663$ ,  $P < 0.001$ ). Of those who completed the indicative numbers defined for certification, only eight of 30 performing cholecystectomy, eight of 52 undertaking segmental colectomy and seven of 36 performing Hartmann's procedure had achieved three PBAs at the level considered to represent independent operating (level 4). More than half of all assessments (259 of 428, 60.5 per cent; 85 of 132 cholecystectomy, 140 of 217 colectomy and 34 of 79 Hartmann's) performed after trainees had completed their indicative numbers were scored below level 4.

**Conclusion:** A minimum number of index procedures did not reflect competence in a significant proportion of trainees. A more reliable tool is required for certification.

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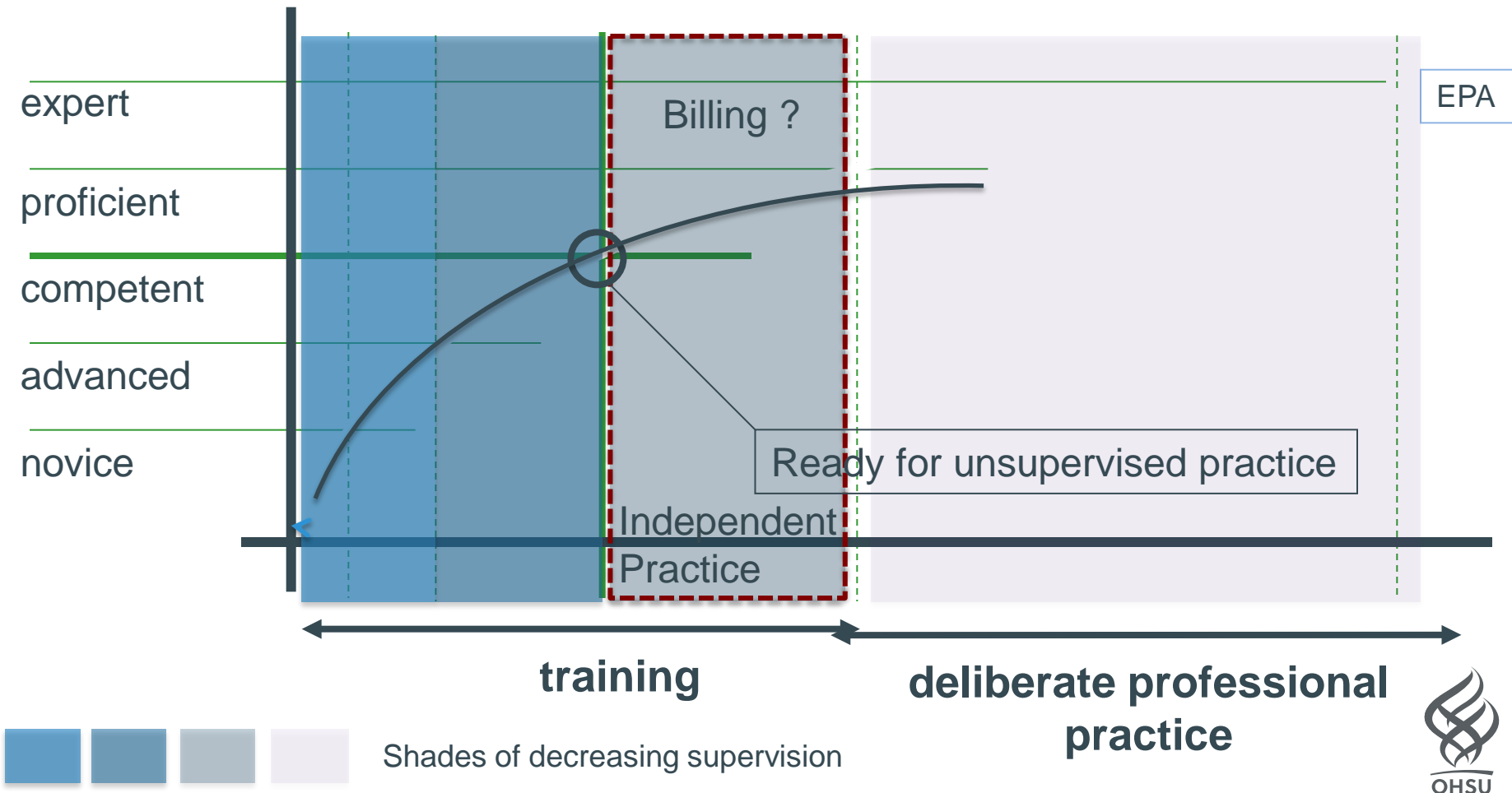
# Growth of competence over time





from Olle ten Cate

# Growth of competence over time- Independent practice in training



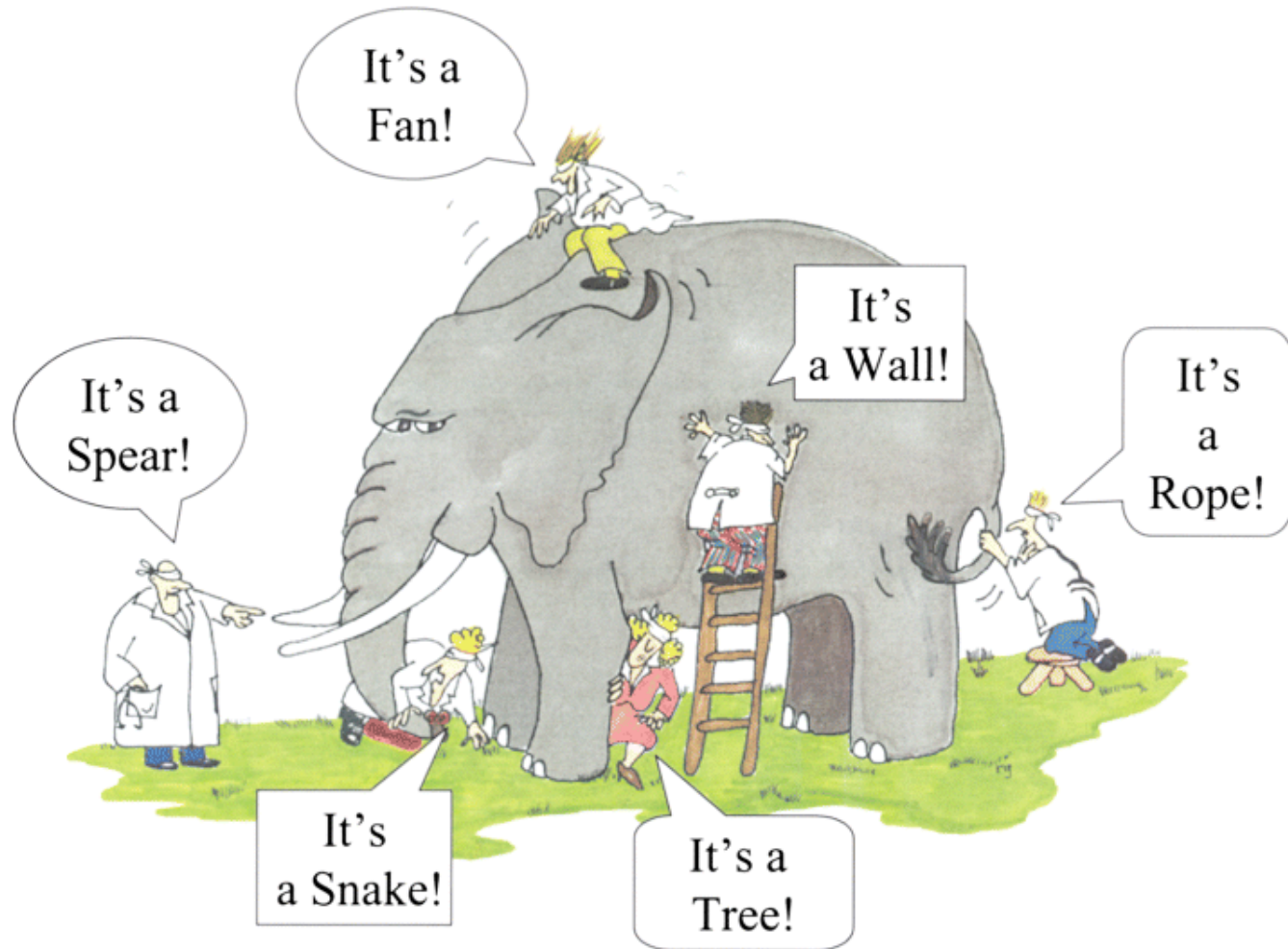


# Entrustable Professional Activity

“A unit of professional practice that can be fully entrusted to a trainee, as soon as he or she has demonstrated the necessary competence to execute this activity unsupervised”

Ten Cate O. Curriculum development for the workplace using Entrustable Professional Activities (EPAs): AMEE Guide No. 99. Med Teach. 2015; online.

# How EPA's Differ from Competencies- Reductionist v. Holistic



# The Intersection of CBRE and Post Graduate Year

Bonjer, VUMC, the Netherlands

| PGY 2               | PGY 4                        | PGY 6 (vasc) | OSATS Level |
|---------------------|------------------------------|--------------|-------------|
| Appendectomy        | Small bowel resection        | Carotid      | D           |
| Lap Cholecystectomy | Lap Cholecystectomy          | Aorto-iliac  | D           |
| Peri-anal abscess   | Sigmoidectomy                | AV-fistula   | E           |
| Closed fracture     | Hip fracture                 | Venous       | E           |
| Inguinal hernia     | Inguinal hernia (Amputation) |              | E           |

PGY 2

PGY 4

PGY 6 (vasc)



# General Surgery Program Director (on a good day)

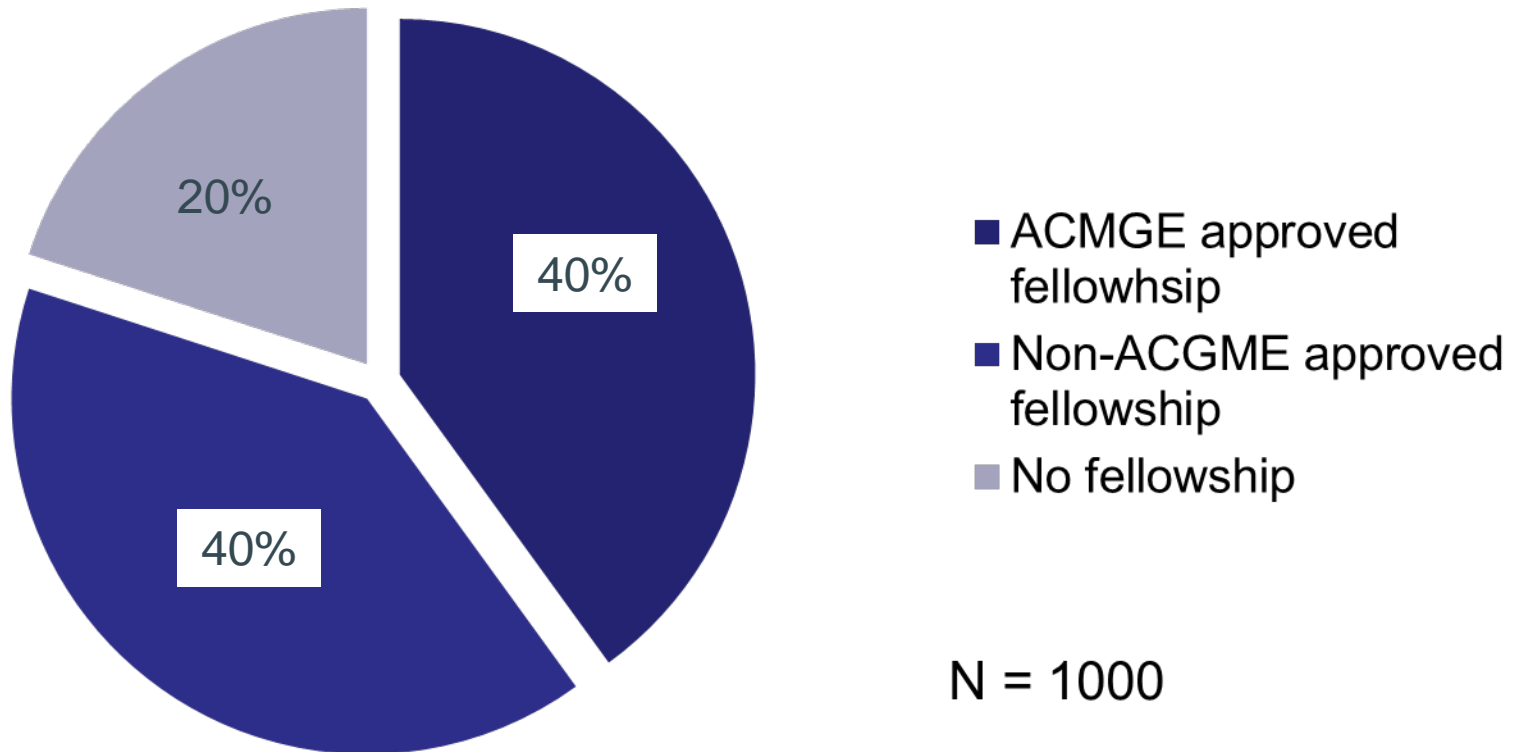


# Faculty Development



# Structure of Surgical Training

## General Surgery Residency Graduates



# New Trails to Specialty Training





# Focused Expertise or Special Qualification: ABMS proposal to pilot ABS certification following non-ACGME accredited specialty training



Have we lost progress?



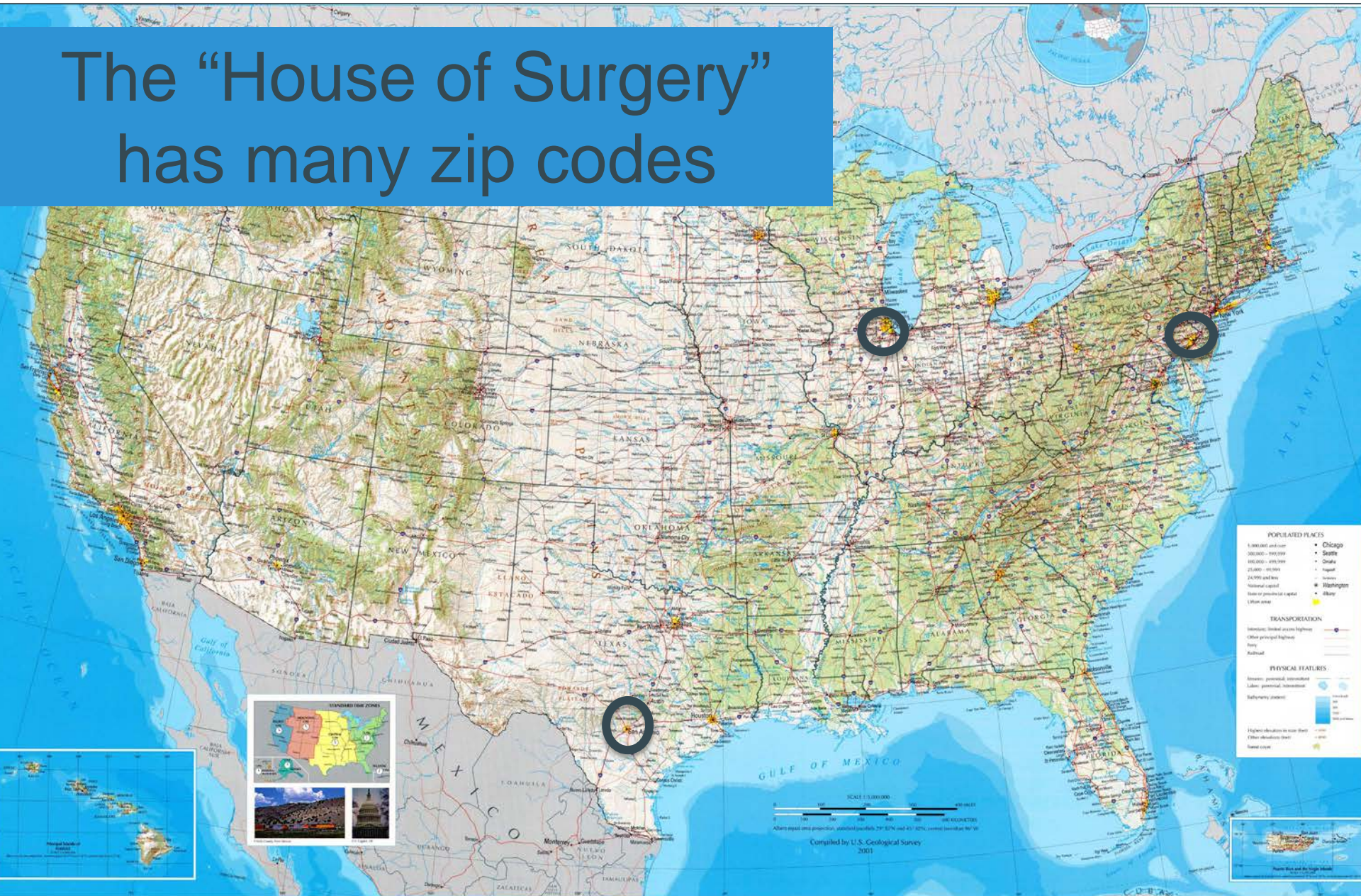
# The House of Surgery: Key Stakeholders Working on Residency Redesign

- American College of Surgeons
  - Creates Educational Programs
  - Accredits Educational Institutes
- Accreditation Council for Graduate Medical Education (ACGME) is responsible for residencies
  - Residency Review Committee for Surgery (RRC) reviews and accredits programs
- The American Board of Surgery (ABS) is responsible for certifying competent surgeons
- Association of Program Directors in Surgery





# The “House of Surgery” has many zip codes





Why has something  
so “obvious” as  
residency redesign  
failed so many  
times?







# Summary- Success in Residency Redesign Will Require Attention To

- Structure
  - Core plus terminal training
  - Integrated pathways
  - Innovative and adaptive
- Process
  - Competency Based
  - Faculty Development
- Outcome
  - Measurement only Beginning
- Politics
  - Long Table, Big Tent, and Capable Leadership