



Report from the RRC

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Doris Stoll, PhD





Who We Are...

Erik Van Eaton, MD	Res	University of Washington
G. Patrick Clagett, MD	ABS	University of Texas Southwestern Medical School
Donald L. Kaminski, MD	ABS	St. Louis University School of Medicine
David Richardson, MD	ABS	University of Louisville
Bradley M. Rodgers, MD	ABS	University of Virginia School of Medicine
Paul M. Colombani, MD	ACS	Johns Hopkins Hospital
Jerry Goldstone, MD	ACS	Case Western Reserve University
J. Patrick O'Leary, MD	ACS	Louisiana State University Health Science Center
Marc K. Wallack , MD	ACS	Metropolitan Hospital Center
Peter J. Fabri, MD	AMA	University of South Florida Medical Center
Linda M. Reilly, MD	AMA	University of California
Thomas V. Whalen, MD	AMA	Lehigh Valley Hospital
L.D. Britt, MD	AMA	Eastern Virginia Medial School
Frank Lewis, MD	ABS	The American Board of Surgery, Ex-Officio
Patrice Blair , MPH	ACS	American College of Surgeons, Ex-Officio



The RRC Top Ten

- With Apologies to Tom Dent
- Total Citations from July 1, 2003 through 04/06/07

10

- Duty Hours and Working Environment
- Call day: 24 + 6
- 24



9

- Educational Program - Didactic Components
- 32



Didactic Components

- A weekly review of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies.
- A course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to surgery in general; Sole reliance on textbook review is inadequate.
- Regular, organized, clinical teaching such as grand rounds, ward rounds, and clinical conferences.



8

- Goal and Objectives
- 34



Goal and Objectives

- **The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of residents for each major assignment and for each level of the program. This statement must be distributed to residents and faculty, and must be reviewed with residents prior to their assignments.**



7

- Resident Appointment Issues
- 36



Resident Appointment Issues

- Categorical
- DP
- NDP
- Approved positions
- Appointment of upper level residents



Resident Appointment Issues

- “Both temporary and permanent increases in resident complement must be approved in advance by the RRC. A permanent increase in categorical resident positions may be requested only in conjunction with a site visit. Any increase in the resident complement must be justified in terms of the educational goals of the program.”



6

- Institutional Support-Sponsoring Institution
- 37



5

- Educational Program - Patient Care Experience
- 39



Educational Program - Patient Care Experience

- Residents must be provided, on average, with at least 1 day each week of outpatient experience during assignments in the principal components of surgery. Each resident should have the opportunity to examine patients preoperatively, consult with the attending surgeon, participate in the operation and in the immediate postoperative care until release from the facility, and to see patients personally in an outpatient setting and consult with the attending surgeon regarding follow-up care.



3 - Tied

- Evaluation of Program
- 45



Evaluation of Program

- **The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by residents.**



Evaluation of Program

- **The educational effectiveness of a program must be evaluated at least annually in a systematic manner.**



3- Tied

- **Scholarly Activities**
- **45**



Scholarly Activities

- ***Scholarship* is defined as the following:**
 - the scholarship of *discovery*, as evidenced by peer reviewed funding or by publication of original research in a peer-reviewed journal
 - the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks
 - the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.

2

- Responsibilities of Program Director
- 55



Responsibilities of Program Director

- **Must oversee and organize the activities of the educational program in all institutions that participate in the program.**
- **Responsible for preparing an accurate statistical and narrative description of the program as requested by the RRC**
- **Must seek the prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents**



1

- Educational Program - Procedural Experience
- 107



Procedural Experience

- Operative skill is essential and can be acquired only through personal experience and training. The program must provide for sufficient operative experience to educate qualified surgeons, taking into account individual capability and rate of progress.



What Residents Do

	10%	30%	50%	70%	90%
Breast	44	56	67	83	107
Alimentary	175	201	230	259	300
Abdomen	187	219	246	288	355
Vascular	82	102	120	146	185
Trauma	22	28	34	44	60
Total	736	842	907	1004	1165

What Residents Do

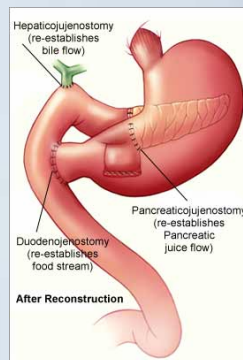
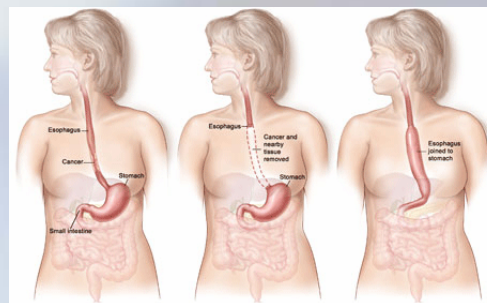
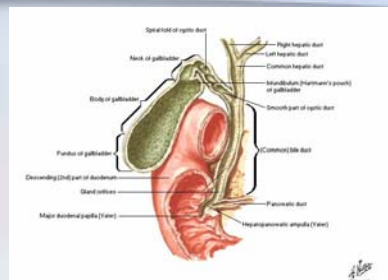
- Liver lobe or segment
 - Mean: 4.3
 - Max: 34
- Spleen
 - Mean: 3.5
 - Max: 11
- Ruptured AAA
 - Mean 0.9
 - Max: 11





What Residents Do

- **CBDE:**
 - Mean 1.6
- **Esophagectomy**
 - Mean: 2.0
- **Whipple**
 - Mean 4.8
 - Max: 36

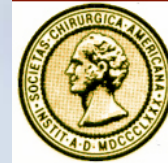




General Surgery Education



- ABS
- ACS
- APDS
- ASA
- ASE
- RRC



American Surgical Association

*The oldest surgical association in the United States
Established in 1880*





The American Board of Surgery

- **Essential Content Areas**
 - Alimentary Tract
 - Abdomen and Its Contents
 - Breast, Skin and Soft Tissue
 - Endocrine System
 - Head and Neck Surgery
 - Pediatric Surgery
 - Surgical Critical Care
 - Surgical Oncology
 - Trauma/Burns
 - Vascular Surgery



The American Board of Surgery

- The Surgical Council on Resident Education: **SCORE**



New Training Requirements: 2007

- “An accredited surgery program must be conducted in an institution that can document a sufficient breadth of patient care. At a minimum, the institution must routinely care for patients with a broad spectrum of surgical diseases and conditions, including all of the essential content areas in surgical education.”



RRC New Requirements

- Participating, integrated
- Essential content area experience
- Participating, non-integrated
- Example: transplant
- Associate Director for > 20
- 30% Support for the PD



RRC New Requirements

- “The faculty must collectively document active involvement in scholarly activity”
- Research:
 - Ongoing
 - At the primary institution
 - Performed by faculty with frequent and direct resident involvement



RRC New Requirements

- Resources for residents
- Skills laboratory
- NDP's: only PG-1 and 2
- 75% Conference attendance standard



RRC New Requirements

- 54 of 60: In surgery
- 42 of 54 in essential content areas
- Burn not required
- Transplant **is** required
 - ...but will be ***closely*** watched
- Assignments **not** required in GYN, neuro, ortho, cardiac and urology



RRC New Requirements

- Chief Year: ECA
- Four month max in any one ECA
- May have chief on Thoracic
- Teaching Assistant Cases
- V.B.3.f: ½ day in 75%
- Total Cases: 750



RRC New Requirements

- **Competencies: Management of Pain under Patient Care**
- **Board Performance: 65%**

Simulation

