

# Assessing Resident Surgical Volume Before and After Initiation of a Female Pelvic Medicine and Reconstructive Surgery Fellowship <sup>☆</sup>

Zaid Chaudhry, MD,\* and Christopher M. Tarnay, MD\*,<sup>†</sup>

\*Department of Obstetrics and Gynecology, David Geffen School of Medicine at UCLA, Los Angeles, California; and <sup>†</sup>Department of Urology, David Geffen School of Medicine at UCLA, Los Angeles, California

**OBJECTIVES:** The effect of fellowship programs on resident training for gynecologic surgery volume has not been clearly defined. The purpose of our study is to assess resident surgical volume for laparoscopic and vaginal hysterectomy before and after initiation of a female pelvic medicine and reconstructive surgery (FPMRS) fellowship.

**DESIGN:** A retrospective review of Accreditation Council for Graduate Medical Education Resident Case Logs of obstetrics and gynecology residents who graduated in the 3 years before and after initiation of a FPMRS fellowship was performed. Mean values of vaginal and laparoscopic hysterectomies were compared using two-tailed *t*-tests with statistical significance set at  $p < 0.05$ .

**SETTING:** Obstetrics and gynecology resident case logs at the Ronald Reagan University of California Los Angeles (UCLA) Medical Center were assessed. The UCLA Medical Center, located in Los Angeles, CA, is a tertiary referral center with a graduating class of 7 obstetrics and gynecology residents yearly.

**PARTICIPANTS:** Obstetrics and gynecology residents who graduated from residency 3 years before and after initiation of a FPMRS fellowship were included. In the 3 years before the start of the fellowship, 20 residents graduated, whereas 21 residents graduated after the start of the fellowship.

**RESULTS:** Residents who graduated in the 3 years after the start of the FPMRS fellowship, finished with 4.6 less vaginal hysterectomies compared with residents who graduated before the fellowship ( $p = 0.022$ ). Residents who graduated

in the 3 years after the start of the FPMRS fellowship finished with 3.2 more laparoscopic hysterectomies compared with residents who graduated before the fellowship although this was not significant ( $p = 0.25$ ).

**CONCLUSIONS:** Resident surgical volume was significantly decreased for vaginal hysterectomy after the initiation of a FPMRS fellowship, whereas laparoscopic hysterectomy volume was not significantly changed. Longer follow-up and a national assessment are necessary to determine the broader effect of fellowship training on resident surgical experience. (J Surg Ed ■■■■-■■■. © 2016 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

**KEY WORDS:** vaginal hysterectomy, laparoscopic hysterectomy, resident surgical experience, surgical training

**COMPETENCIES:** Patient Care, Medical Knowledge, Systems-Based Practice

## INTRODUCTION

Surgical volume is an imperfect but commonly used tool in assessing trainee competency.<sup>1-3</sup> This information is recorded by the Accreditation Council for Graduate Medical Education (ACGME) using the Resident Case Log System. Residents are expected to meet minimum procedural numbers and these data are used by the ACGME to determine if residency programs are providing trainees adequate exposure to various procedures. Although residents record cases as both surgeon (performing >50% of the procedure) and assistant on their logs, cases logged as surgeon are primarily used for the purposes of credentialing and assessing experience.

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*Correspondence:* Inquiries to Zaid Chaudhry, MD, Department of Obstetrics and Gynecology, David Geffen School of Medicine at UCLA, 10833 Le Conte Avenue 27-139 CHS, Los Angeles, CA 90095-1740; fax: (310) 206-7168; e-mail: ZaidQChaudhry@gmail.com, zchaudhry@mednet.ucla.edu

**TABLE.** Comparison of Mean Hysterectomies Performed as Surgeon Before and After Initiation of Fellowship

	Before Fellowship	After Fellowship
Number of residents	20	21
VH ( $p = 0.022$ )	28.4	23.8
LH ( $p = 0.25$ )	30.3	33.5

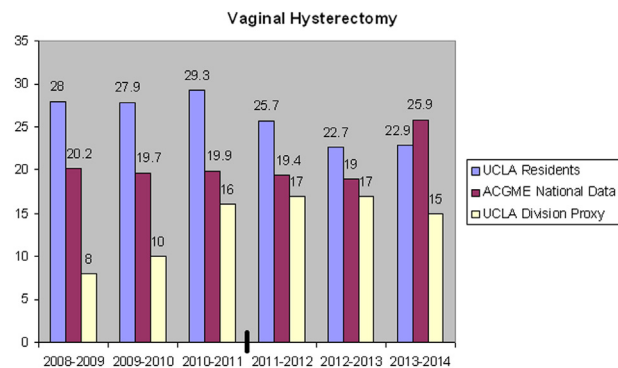
The effect of fellowship training on resident experience has been varied in the general surgery and gynecology literature depending on the fellowship in question.<sup>4-7</sup> Female pelvic medicine and reconstructive surgery (FPMRS) is a recently accredited subspecialty and the objective effect that fellow training has on the resident surgical experience is limited in the current literature.<sup>8</sup>

The purpose of our study is to assess resident surgical volume as primary surgeon of vaginal hysterectomy (VH) and laparoscopic hysterectomy (LH) before and after initiation of a FPMRS fellowship at a single institution.

## MATERIALS AND METHODS

A retrospective review of the ACGME Resident Case Log System of graduated obstetrics and gynecology (OB/GYN) residents at the UCLA David Geffen School of Medicine, Department of Obstetrics and Gynecology was performed. Residents who had graduated within their specific academic cycle were included in the study. Residents who had taken extended leaves and graduated off track were excluded. The time frame spanned the 3 graduating classes of residents before initiation of the fellowship and the 3 years after. At our institution, the FPMRS fellowship was jointly ACGME certified under the departments of Urology and OB/GYN in 2011 and the first fellow started in July of that year. Therefore, we specifically compared the graduating resident case log data for the academic years 2008 to 2011 and then from 2011 to 2014.

The ACGME collects case information on 10 gynecologic procedures and provides additional information based on the data of all ACGME-approved residencies including mean/median values along with percentiles. For our purposes, we collected data on VH and LH numbers that could include total or laparoscopic-assisted VH along with any cases of robotic assistance. For the academic year 2013 to 2014, laparoscopic-assisted VH was categorized as a VH per ACGME recommendations. We specifically chose these 2 modes of hysterectomy because they are commonly performed by specialists and generalists alike and are considered procedures that any currently graduating gynecologist should be comfortable performing. The number of VH and LH performed by the primary FPMRS specialist at our institution was also recorded during this period as a proxy of division volume in addition to overall institutional volume.

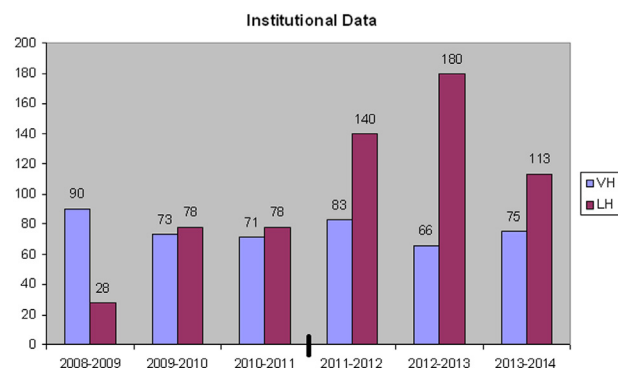
**FIGURE 1.** Bar graph comparing mean vaginal hysterectomy procedures logged by institutional residents, nationally, and by division proxy.

National ACGME data were also reviewed during this period.

Statistical analysis was performed using descriptive statistics and unpaired *t*-tests with an  $\alpha = 0.05$ . Data analysis was performed using SPSS. The UCLA Institutional Review Board deemed this study exempt from review.

## RESULTS

A total of 20 residents graduated in the 2008 to 2011 period before the start of the fellowship, whereas 21 residents graduated in the 2011 to 2014 time frame. The mean number of VH performed by this group before fellowship initiation was 28.4 ( $\pm 7.1$ ). The mean number of VH performed by this group after the fellowship was 23.8 ( $\pm 4.8$ ). The difference between these 2 groups was significant (Table). During this 6-year period, ACGME national data show a relatively stable number of vaginal hysterectomies being logged by graduating residents except for the 2013 to 2014 year where there was a large spike (Fig. 1). Our division proxy numbers were also generally increasing after initiation of the fellowship, whereas institutionally there was no specific trend in VH (Fig. 2).

**FIGURE 2.** Bar graph tracking vaginal and laparoscopic hysterectomy rates over a 6-year period. LH, laparoscopic hysterectomy; VH, vaginal hysterectomy.

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