Association of Women Surgeons: Career Development Resources

General surgery career resource

Ana M. Parsee, M.D.^a, Sharona B. Ross, M.D.^b, Nancy L. Gantt, M.D.^c, Kandace Kichler, M.D.^d, Celeste Hollands, M.D.^{e,*}

^aJohns Hopkins Hospital, Baltimore, MD, USA; ^bFlorida Hospital, Tampa, FL, USA; ^cNortheast Ohio Medical University, St. Elizabeth Health Center, Rootstown, OH, USA; ^dUniversity of Miami, Palm Beach Regional Campus, Palm Beach, FL, USA; ^eSt John's Children's Hospital, Springfield, IL, USA

KEYWORDS:

General surgery; General surgery residency; Surgical fellowship; Surgical subspecialties; Transition to practice; Surgery interest groups **Abstract** General surgery residency training can lead to a rewarding career in general surgery and serve as the foundation for careers in several surgical subspecialties. It offers broad-based training with exposure to the cognitive and technical aspects of several surgical specialties and prepares graduating residents for a wide range of career paths. This career development resource discusses the training aspects of general surgery.

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General surgery training provides the foundation for many different surgical career paths. The training begins with a general surgery residency, which is usually followed by either entry into practice or additional training. General surgery residency programs provide broad-based training with exposure to the cognitive and technical aspects of several surgical specialties and subspecialties. In this career resource, we discuss general surgery residency training and options for additional training upon successful completion of the residency.

Medical students

Medical students consider surgical careers at varying times during their education. There are different options available for exploring surgery as a career depending where in the educational continuum students are. Students

Edited by the Association of Women Surgeons CDR Task Force. The authors declare no conflicts of interest.

* Corresponding author. Tel.: +1-251-622-5886.

E-mail address: celestehollands@gmail.com

Manuscript received July 31, 2013; revised manuscript July 31, 2013

who enter medical school with an interest in surgery and those who become interested early can become involved in their schools' surgery interest group (SIGs) as early as the first day of medical school at most institutions. Each local SIG has different offerings to help students explore and develop their interest in surgery as a career. The Association for Surgical Education, the American Medical Student Association, and the American College of Surgeons have information about SIGs on their Web sites. ^{1–3}

In addition to SIGs, many schools have formal or informal programs led by the surgery residency program director or clerkship director to guide students interested in pursuing general surgery residencies. Shadowing programs or "exploratory experiences" are available at many institutions before the clinical years. Surgical research opportunities with enthusiastic residents and faculty members are also often available to medical students at all educational levels. Institutional department of surgery and medical school administrative staff members are resources to facilitate identifying these opportunities.

The American College of Surgeons encourages student membership and sponsors a comprehensive 3-day program for medical students during the annual Clinical Congress meeting. The program is designed to meet the needs of M1 to M4 students interested in learning more about pursuing surgery as a career choice.⁴ Excellent resources are also available online to help students navigate and make the most out of their surgical clerkships and M4 year and choose the best possible surgical residency.^{4–6}

Students planning on surgical careers should structure their medical school curricula accordingly. Residencies use medical students' United States Medical Licensing Examination Step I and Step II scores to determine which students will be offered interviews and to rank applicants. Detailed information about individual residency minimum United States Medical Licensing Examination score requirements can be found online in the FREIDA database.⁶ Although academic success is imperative, residency program directors value students who are well rounded, with experience in areas they are passionate about, such as research, community service, and global health. Each medical school will have its own mandatory M4 requirements and the opportunity to do rotations at other programs, often referred to as "audition" electives or subinternships. These experiences are helpful both for medical students to evaluate potential residency programs while taking on significant clinical responsibility and for the faculty members at the programs to get to know the students. Most programs use the Visiting Student Application System⁸ for their 4thyear surgical externships, and it is important for a student to actively communicate with a desired program's secretary or coordinator to ensure that a rotation is set up before the allocated number of spots are filled. Additional M4 coursework should focus on achieving competency in those areas essential for a surgical intern, particularly medical knowledge and patient care. It is advantageous to participate in a surgical intern preparedness course, or "boot camp," if it is offered. Letters of recommendation from at least 3 faculty members who know a student well will need to be requested early in the application process and forwarded to the Electronic Residency Application Service site to complete the residency application. M4 students generally set aside a month (usually December or January) to interview and schedule additional interviews with faculty permission during an appropriate outpatient month, such as ambulatory care or emergency medicine. Medical students apply for general surgery residencies using the National Resident Matching Program. 10 The timeline for the residency matching process includes submission of student program lists in February, with the supplemental match process (Supplemental Offer and Acceptance Program) and position announcement occurring in the third week of March.

It is advisable for students interested in careers in surgery to seek individual guidance from surgical faculty members early in their consideration of this career path. Faculty members should meet with students to discuss general surgery as a career choice, review the students' academic records, and provide options for faculty mentors to help the students maximize their chances for success.

This may include planning 3rd-year and 4th-year rotations, obtaining letters of recommendations, and developing strategies for the interview process.

General surgery residency training requirements

There are approximately 250 training programs in general surgery that are currently accredited by the Accreditation Council for Graduate Medical Education (ACGME)⁸ and the Residency Review Committee for Surgery. Additional details about each program can be found in the FREIDA database.⁶ A general surgery residency program is designed to prepare a resident to perform at the level of an American Board of Surgery (ABS)–eligible general surgeon and be competent to practice as a general surgeon or obtain additional specialized training through a surgical specialty fellowship.

A general surgery residency program provides extensive cognitive and technical training in the basic and clinical sciences of surgical disease as well as the technical skills needed to diagnose and treat surgical conditions. Per ACGME guidelines, a resident is trained to diagnose and treat conditions of the abdomen (hernia, gallbladder, liver, pancreas, and spleen), alimentary tract (esophagus, stomach, small intestine, large intestine, and anorectum), breast, endocrine organs, skin, and soft tissue. A general surgery residency will also provide exposure to surgical critical care and trauma, vascular, transplantation, thoracic, pediatric, plastic, genitourinary, gynecologic, and head and neck surgery, as well as surgical endoscopy. The Surgical Council on Resident Education portal, subscribed to by many general surgery residencies, provides a multimedia structured comprehensive curriculum with resources and assessment. 11 Additionally, simulation is used for the acquisition of skills and team training. Surgical residents are given progressive responsibility for patient and operative care as they advance through the residency. Although each residency has a unique evaluation structure, all residents can expect to be evaluated by faculty members, patients, peers, and hospital staff members and to take the ABS In-Training Examination every January.

The process to attain the appropriate knowledge, skills, and judgment takes place over 5 clinical years. Many academic programs afford 1 to 2 additional years of research to those residents who are interested. If permitted by a residency program, the 5 clinical years of residency training may be completed over 6 academic years. All extended training must be completed at a single program with advance approval from the ABS. Resident work hours are strictly limited by the ACGME to 80 hours per week, with one 24-hour period off per week, averaged over 4 weeks. In addition, postgraduate year 1 duty hours are limited to 16 continuous hours, postgraduate year 1 and intermediate residents must have at least 8 hours off between duty shifts, and appropriate levels of

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