



The Diverse Surgeons' Initiative: Longitudinal Assessment of a Successful National Program

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- BACKGROUND:** The Diverse Surgeons Initiative (DSI) is a program that was created to provide underrepresented minority surgical residents with the clinical knowledge and minimally invasive surgical skills necessary to excel in surgical residency and successfully transition into surgical practice. The early success of the graduates of the program has been published; however, a more longitudinal assessment of the program was suggested and warranted. This study provides a 5-year follow-up of the 76 physicians that participated in the DSI from 2002 to 2009 to determine if the trend toward fellowship placement and academic appointments persisted. Additionally, this extended evaluation yields an opportunity to assess these young surgeons' professional progress and contributions to the field.
- STUDY DESIGN:** The most current professional development and employment information was obtained for the 76 physicians that completed the DSI from 2002 to 2009. The percentage of DSI graduates completing surgical residency, obtaining subspecialty fellowships, attaining board certification, receiving fellowship in the American College of Surgeons, contributing to the peer-reviewed literature, acquiring academic faculty positions, and ascending to professional leadership roles were calculated and compared with the original assessment.
- RESULTS:** Of the 76 DSI graduates, 99% completed general surgery residency. Of those eligible, 87% completed subspecialty fellowships; 87% were board certified; 50% received fellowship in the American College of Surgeons; 76% had contributed to the peer-reviewed literature; 41% had obtained faculty positions; and 18% held local, regional, or national professional leadership positions.
- CONCLUSIONS:** This longitudinal analysis has revealed sustained success of the DSI in preparing underrepresented minority residents to excel in their training and transition into practice, obtain postsurgical fellowships, acquire faculty appointments, and contribute to the advancement of the field of surgery. (J Am Coll Surg 2015;220:362–369. © 2015 by the American College of Surgeons)

Recognizing the paucity of underrepresented minority (URM) surgeons receiving minimally invasive surgical (MIS) training in the late 1990s, the Diverse Surgeons

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Initiative (DSI) was created. This program, financially supported by Ethicon Endosurgery, originally intended to enhance the exposure of MIS equipment and techniques to practicing URM surgeons throughout the country. With stellar reviews from participants, in 2002 the DSI organizers redirected the focus of the program to target highly motivated URM surgical residents with the hope of encouraging and preparing them to seek out and obtain fellowships in MIS.

With the main emphasis involving preparedness and mentorship, the program immediately showed signs of success. Increasing numbers of surgical residency program directors were nominating their residents to DSI organizers in hopes of securing an opportunity for their residents to participate. Consequently, numerous DSI graduates pursued and successfully obtained MIS fellowships, with MIS fellowship program directors commenting

Abbreviations and Acronyms

DSI = Diverse Surgeons Initiative
 FACS = fellowship in the American College of Surgeons
 MIS = minimally invasive surgery
 URM = underrepresented minority

on their advanced skills even at the onset of their formal training.

In successive years, an increasing number of URM surgical residents that did not intend to pursue MIS fellowships became interested in the DSI purely to enhance their general surgery training, as they desired to seek fellowships in other subspecialties. Aware of the dearth of URMs represented in all of the surgical subspecialties, the DSI faculty quickly embraced this originally unintended effect. Additionally, it became evident that numerous DSI graduates were securing positions on surgical faculty after the completion of their definitive training.

The inadvertent consequences of the DSI program serving as a potential template to help increase the number of URMs obtaining subspecialty training and surgical faculty positions was formally assessed and published in 2009.¹ At that point in time, 76 URM residents had participated in the program. Of those eligible, 86% had obtained post-general surgery fellowships representing almost all general surgery subspecialties. Additionally, it was determined that an astounding 57% had obtained positions on surgical faculty nationwide.¹

Although the results were promising, an admitted shortcoming of the study was a lack of sufficient time to assess the longitudinal results of the program. Many of the DSI graduates were still in the midst of their training and, therefore, were ineligible for either fellowship or practice opportunities.

The purpose of this study is to provide a 5-year follow-up of the 76 physicians that participated in the DSI from 2002 to 2009 to determine if the trend toward fellowship placement and academic positions persisted. Additionally, this extended evaluation yields an opportunity to assess these young surgeons' professional progress and contributions to the field.

METHODS

The most current professional development and employment information was obtained for the 76 physicians that completed the DSI from 2002 to 2009. The 2010 to 2013 participants were not included, as the aim of this study was to evaluate the potential protracted effect of the DSI. Therefore, to remain consistent with the

previous study, the same 76 graduates (now 5 years older) were appraised.

The information obtained for this group included successful completion of their general surgery residency, completion of a post-general surgery fellowship, current employment in a private practice or academic setting, certification by the American Board of Surgery, and fellowship in the American College of Surgeons. Additionally, to assess the potential contributions of these DSI participants to the enrichment of the surgical discipline, the number of peer-reviewed publications recognized by PubMed as well as local, regional, or national surgical leadership positions held were also captured.

RESULTS

Completion of residency and subspecialty training

Of the 76 DSI participants from 2002 to 2009, 75 (99%) completed their general surgery training, and the other participant completed a residency in urology. Of the 76 participants, 74 were eligible for fellowship immediately after completion of general surgery. The one participant that had an immediate military obligation and the aforementioned participant that switched into urology were excluded. Of the 74 fellowship-eligible DSI graduates, 87% (64 of 74) went on to complete a post-general surgery fellowship. Minimally invasive surgery was the most frequently chosen fellowship (22 of 64). Other DSI graduates pursued fellowships in cardiothoracic (13 of 64), trauma/critical care (6 of 64), surgical oncology (6 of 64), transplantation/hepatobiliary (3 of 64), breast (3 of 64), plastic and reconstructive (3 of 64), colorectal (3 of 64), vascular (2 of 64), pediatric (2 of 64), and endocrine surgery (1 of 64) (Fig. 1).

Academic positions

Of the 76 DSI graduates, 69 had completed their definitive surgical training and were currently in practice. The 5 DSI graduates that were still completing fellowships, the 1 graduate that switched to urology, and the 1 resident that received a Fogarty International Research Fellowship and was subsequently hired by the CDC were excluded. Of the 69 DSI graduates now in practice, 41% (28 of 69) currently held positions as full-time faculty members either as assistant, associate, or full professor in an academic medical center. Part-time clinical instructors were not included (Fig. 2).

Board certification and fellowship in the American College of Surgeons

Of the 76 DSI graduates, 71 were included in assessment of board-certification status. Three graduates were excluded,

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