

Perceptions of Society for Vascular Surgery Members and Surgery Department Chairs of the Integrated 0 + 5 Vascular Surgery Training Paradigm

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INTRODUCTION: As the first generation of integrated (0 + 5) vascular surgery (VS) residents enter the job market, this survey sought to understand how the surgical community perceives this training paradigm.

METHODS: An anonymous online survey was e-mailed to surgery chairpersons (n = 193) and Society for Vascular Surgery (SVS) members (n = 2193) in the United States/Canada with 26% (n = 38) and 14% (n = 309) response rates, respectively. Respondents were asked about their practice background, residency program, hiring patterns, and perceptions of the 0 + 5 training.

RESULTS: Response rates were 26% (n = 38) and 14% (n = 309) for surgery chairpersons and SVS members, respectively. SVS respondents were from academic (62%) and private (38%) practices and included staff surgeons (62%), program directors (15%), and division chiefs (22%). Only 33% had a 0 + 5 program, and 57% had a VS fellowship. Overall, 94% were likely to hire a new vascular surgeon in the next 5 years. In some categories, SVS respondents believed 0 + 5 residents would be less prepared than 5 + 2 residents. Only 32% thought that 0 + 5 residents have the same level of surgical maturity, and 36% thought that they have the same level of open operative skills as 5 + 2 trainees. Another 34% thought 0 + 5 residents will need additional fellowship training in open surgery. However, there was also a general perception from SVS respondents

that 0 + 5 residents would be prepared for clinical practice (67%) and would have equal endovascular skills to 5 + 2 trainees (92%). The chairpersons had similar perceptions as SVS members. Both SVS members (88%) and chairpersons (86%) would consider interviewing a 0 + 5 graduate for faculty position; 83% and 72%, respectively, would consider hiring. Moreover, 93% of SVS respondents who currently have a 0 + 5 program and 86% of SVS respondents who do not would consider hiring a 0 + 5 graduate. Both SVS members (62%) and chairpersons (50%) believed the 0 + 5 paradigm is essential for the advancement of VS.

CONCLUSIONS: Overall perceptions of 0 + 5 graduates were positive and indicated their likely acceptance into the VS workforce. Although there were some reservations regarding the 0 + 5 graduates' maturity level and open operative skills, the surgical community was willing to interview and hire these trainees for staff positions. Further follow-up will be required to evaluate their performance in clinical practice. (J Surg 71:716-725. Published by Elsevier Inc. on behalf of the Association of Program Directors in Surgery)

KEY WORDS: integrated, vascular, residency, perceptions, fellowship

COMPETENCIES: Professionalism, Interpersonal and Communication Skills, Practice-Based Learning and Improvement

INTRODUCTION

Integrated training paradigms in vascular surgery (VS) have rapidly evolved since the approval of the VS primary certificate by the American Board of Surgery in 2006.¹ This new training pathway (0 + 5) allows medical students to enter vascular

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surgical residency directly after medical school. Graduates of these programs are only eligible for certification in VS rather than for both general surgery and VS certifications, as provided by traditional training pathways (5 + 2).² This integrated track responds to the challenges of training in increasing complex endovascular techniques as well as traditional open surgery, noninvasive vascular laboratory, and vascular medicine. The new training paradigm also responds to the predicted shortage of vascular surgeons in the United States and its added cost associated with increasing demand for services.³

A total of 48 0 + 5 integrated vascular programs and 104 5 + 2 programs currently exist. The rising number of approved 0 + 5 integrated vascular programs reflects increasing interest by medical school graduates in more focused and efficient VS training. Nonetheless, these programs have been developed largely a priori, without any preceding proof of concept. Furthermore, there remains some skepticism in the VS community about the surgical maturity of 0 + 5 graduates and their preparedness for clinical practice. The 0 + 5 programs are still in their infancy, and to date, there are no objective and validated measures to assess performance against the 5 + 2 programs. Unfortunately, against the backdrop of these uncertain perceptions and without any validated assessments of competency, graduating 0 + 5 residents prepare to enter the job market without knowing how their new integrated training will be received by the surgical community.

Given the sustained interest in early specialization through the integrated training paradigms and increasing number of integrated vascular residents entering into the job market, a survey was developed to explore how the surgical community perceives this training paradigm. Key domains included 0 + 5 resident training in open vs endovascular skills, surgical maturity, focus in vascular medicine and noninvasive laboratory assessment, and their case volume, compared with 5 + 2 trainees. These perceptions on hiring patterns were also assessed. Findings sought to understand the overall perception of graduates by the surgical community and its effect on recruitment.

METHODS

This study was approved by the institutional review board at the University of Pittsburgh.

An anonymous, voluntary survey of training programs, hiring patterns, and perceptions about 0 + 5 graduates was sent to all the Society for Vascular Surgery (SVS) members and U.S. and Canadian surgery chairpersons. The 2 distinct groups were chosen to elicit responses not only from the VS community but also from other surgeons in hiring capacities. The survey was e-mailed separately to SVS members under the auspices of the SVS Resident and Student Outreach Committee and to chairpersons through the office of the Chairman of Surgery at the University of Pittsburgh on November 30, 2011 and December 14, 2011.

The survey consisted of 36 multiple-choice questions and 3 open-ended questions.

Respondent Demographics and Program Details: The first 11 questions inquired about the respondent's current position, general surgery call responsibilities, type of practice, sex, age, surgical experience, and institutional availability of vascular training track (integrated 0 + 5 program vs traditional 5 + 2 program).

0 + 5 Faculty Recruitment: Additional 5 items assessed current and future hiring patterns and how much influence the respondent has in hiring staff vascular surgeons. A list of factors important to consider when hiring a VS graduate was included, and respondents were asked to select all that were influential in hiring decisions.

Resident Preparedness and Skills Training: A total of 18 items assessed perceptions of integrated residents' skills in endovascular and open surgical techniques, vascular medicine, noninvasive laboratory assessment, their level of surgical maturity, and their case volume compared with 5 + 2 trainees.

Perceptions of 0 + 5 Training Programs: Two additional questions asked whether respondents perceived a superior training paradigm when comparing the 0 + 5 integrated program vs the traditional 5 + 2 program in producing a more complete vascular specialist and asked specifically whether general surgical experience obtained in the 5 + 2 program carries an advantage over dedicated vascular surgical training.

Strengths and Weaknesses of 0 + 5 Integrated Residency: The final 3 open-ended questions asked respondents to describe their perceptions of the strengths and weaknesses of 0 + 5 programs and to provide any additional comments.

The questionnaire was constructed by the authors, who were staff vascular surgeons, 0 + 5 residents, and a survey design expert. The survey was pretested among the coauthors as well as members of the Association of Program Directors in Vascular Surgery education committee. This included survey experts who helped with survey creation, design, and evaluation, as well as education experts who ensured construct, criterion, and face validities. The survey was created and results reviewed on SurveyMonkey (Palo Alto, CA).

The values of *p* were derived from the most appropriate statistical test using the Stata Statistical Software (StataCorp 2011, College Station, TX). For categorical measures, chi-squared test was used. Fisher exact test was applied for 2 × 2 tables in which cell-size assumptions were violated. For sequences of nonindependent tests, the likelihood-ratio chi-squared test was used. The statistical significance was set at *p* < 0.05.

RESULTS

Respondent Demographics and Program Details

Overall, 309 of 2193 (14%) SVS members and 38 of 193 (26%) surgery chairpersons (2 of the 38 were vascular

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