

Service vs Education: Situational and Perceptual Differences in Surgery Residency

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OBJECTIVE: This study determined whether situational or perceptual differences exist when trying to define what constitutes “service” and “education” in surgery residency in relation to the Accreditation Council of Graduate Medical Education (ACGME) survey.

DESIGN: An institutional review board–approved, single institute, cross-sectional study was conducted through a survey. Participants were asked to rate common resident tasks. Participants were also asked general questions regarding “service” and “education.”

SETTING: Wright State University surgery program, Dayton, OH.

PARTICIPANTS: The study included 69 participants, which included medical students (19), residents (26), nurses/advanced practitioners (14), and attending surgeons (10).

RESULTS: A significantly high number of attending surgeons reported that writing a history and physical examination is educational compared with residents and students. Similar results were found regarding talking with patients/families.

Drawing blood and starting peripheral intravenous access were universally rated as service tasks.

For laparoscopic cholecystectomy, when the resident had done one previously, it was universally thought educational. When the resident had done more, most attending surgeons thought the task educational, but residents and students thought it much less educational.

When analyzing only residents, in talking with families, most interns rated this as service, whereas postgraduate years 2 and 3 reported it as more educational and postgraduate years 4 and 5 ranked it equally as service and educational.

Similar results were seen in answering nursing phone calls and writing admission orders.

Residents (88%) and attending surgeons (90%) agreed that service is part of residency training. Only 40% of residents, however, stated they know what the term “service” means in regard to the ACGME survey. Overall, 80% of attending surgeons and 44% of residents agree that “service” has not been well defined by the ACGME.

CONCLUSIONS: Situational and perceptual differences do exist regarding “service” and “education” in our program, and most participants are unclear about the terms. As the definitions are situational and change with the person queried, then should this be the ACGME standard to assess programs and issue citations? (J Surg 71:e111-e115. ©2014 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: service, education, surgery residency requirements, ACGME requirements, service vs education dilemma

COMPETENCIES: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement

INTRODUCTION

The Accreditation Council of Graduate Medical Education (ACGME) surveys all general surgery residents annually regarding “service” obligations vs clinical “education” during residency.¹ The residents’ response to this survey determines the compliance of the program to ACGME standards and all noncompliant responses may be reviewed by the residency review committee in surgery with one result being the issuance of citations to the programs. Moreover, this noncompliance also raises a question on the balance and emphasis between the “service” and “education” components in the programs.^{2,3} Several studies have tried to establish this balance and identify ideal residency experiences.²⁻⁴ However, very few studies have

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focused on the causes of this noncompliance. We believe that the definitions of these terms remain somewhat nebulous. This directly affects the survey responses and creates a conflict within the residency programs as to how to improve upon these scores, especially when the score is low and a citation is issued. Galvin and Buys,⁵ Sanfey et al.,⁶ and Quinn and Brunett³ have shown that the definition of these terms may depend on the perception of the person queried, but there is little research done in this area especially for general surgery residency programs. This study, therefore, determined whether there are situational or perceptual differences present when trying to define what constitutes “service” and “education” in surgery residency, and whether there is any need to update these definitions.

METHODS

An institutional review board–approved question-based survey was given to Wright State University Boonshoft School of Medicine participants, including medical students, surgical residents, surgical nurses/advanced practitioners (AP), and attending surgeons. (Note that there were no attempts to educate the participants before the survey being distributed.)

The internally validated survey consisted of 88 questions, with 74 of the questions related to specific resident tasks and 14 of the questions related to the terms “service” and “education.” Participants were asked to rate common resident tasks on a 5-point Likert scale (1 being pure service and 5 being pure education). Participants were also asked general questions regarding “service” and “education” and rated their agreement on a 5-point Likert scale (1 being strongly disagree and 5 being strongly agree).

The broad categories and related questions in each category are given later. Table 1 also gives examples of some of the specific questions contained in the survey.

- (1) *Activities related to documentation:* Questions were related to history and physical examinations (H&Ps), daily progress notes, and writing prescriptions.
- (2) *Communications related to clinical care:* Questions were related to daily rounding, talking with patients/families, answering nursing phone calls, discharge planning, transporting patients, and seeing patients in an outpatient setting.
- (3) *Skills, nonspecific:* Questions were related to drawing blood for laboratory tests and starting peripheral intravenous (PIV) access.
- (4) *Education:* Questions were related to teaching medical students and completing their evaluations.
- (5) *Skills, surgery specific:* Questions were related to simple laceration repair, complex laceration repair, central line placement, and performing a laparoscopic cholecystectomy (LC).

Some general questions about the terms “service” and “education” were also posed (Table 2).

An analysis was done by condensing the Likert scale (1 and 2 were service, 3 was a combination of service and education, and 4 and 5 were education). The questions were analyzed based on the role of the participant (student, resident, nurse/AP, and attending surgeon), and then several questions were additionally analyzed from only the resident perspective, looking at the postgraduate year (PGY) (interns, PGYs 2 and 3 combined, and PGYs 4 and 5 combined).

TABLE 1. Survey Questions Regarding Specific Resident Tasks

Instructions: Imagine yourself as a surgical resident. Please rate the following activities in regards to their level of “service” vs “education,” with 1 being pure service and 5 being pure education.

Category	Examples of Specific Questions
Documentation	Performing a History and Physical examination for a patient being admitted to your service Writing admission orders for a patient being admitted to your service Writing a daily progress note on a patient on your service before rounds with your attending surgeon Writing prescriptions for a patient on your service
Communication in clinical care	Doing daily patient rounds with the resident team and the attending surgeon Talking with the family of a patient on your service Speaking with the discharge planner regarding a patient on your service Answering phone calls from the nurse regarding a patient on your service
Skills, nonspecific	Drawing blood on a patient on your service Starting an IV on a patient on your service
Education	Completing an evaluation for a student or resident who is under you while on a service Teaching the medical students Attending teaching conferences
Skills, surgery specific	Doing a Laparoscopic Cholecystectomy—you have only done 1 before Doing a Laparoscopic Cholecystectomy—you have done 20 before Doing a Laparoscopic Cholecystectomy—you have done many before and have met your quota for the American Board of Surgery

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