

Fellowship Training Need and Contributions



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KEYWORDS

- Surgical education • Fellowship • Surgical specialties • Surgical residency
- Advanced laparoscopy • Board certification

KEY POINTS

- Most graduating surgery residents pursue fellowship training.
- The current status of residency training and multiple societal changes have contributed to the increased reliance on fellowship training.
- Surgery fellowships provide the opportunity to master surgical skills, gain confidence and progressive autonomy, and receive further mentorship before entering independent practice.
- Surgical education is a dynamic process that will continue to evolve as we face the challenges ahead. Despite these challenges, North American residencies and fellowships are among the best in the world.

HISTORICAL REVIEW

Eighty percent of graduating residents now apply for fellowship training.¹ In an effort to understand this phenomenon, it is beneficial to review the history and evolution of surgical education and subspecialization.

Dr William Halsted is credited with being the father of current surgical education. In 1890 he became the first chief in the department of surgery at Johns Hopkins University and around that time established the first formal general surgery residency. Halsted based his residency program on an apprenticeship model with hospital-based training. The internship had no established length of time; rather, advancement was granted when he decided the trainee was ready to progress. This internship was typically followed by 8 years of additional training as a “house surgeon.”² Trainees typically lived in the hospital; thus, the term *residency* came into use. The system

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Halsted established was pyramidal in structure, that is, more residents began training than were allowed to finish. Dr Halsted is credited with training some of the key educators of surgical subspecialization, including Harvey Cushing and Walter Dandy in neurosurgery, Samuel Crowe in otolaryngology, and Hugh Young in urology.^{3,4}

In the early 1920s, medical and surgical care grew increasingly complex, and participation in internships in the United States became more common. By the 1930s, the American College of Surgeons (ACS) was pressing for better surgical training. At this time, a Committee on Graduate Training in Surgery was created. The committee determined that the best approach to surgical training was through general surgery residency. The committee also established minimum standards of education in the understanding of surgical anatomy, physiology, and pathology.⁵ Around the same time, multiple certifying boards in subspecialties of surgery were established, including the American Board of Surgery (ABS) (Table 1).⁶

In the 1940s, Dr Edward Churchill at Massachusetts General Hospital advocated for a change from the pyramidal structure of training to a rectangular model in which all residents who started training would have an opportunity to finish, so long as they showed satisfactory progress.^{2,7} He thought that general surgical training could be accomplished with a 5-year residency.⁶ It was not until the 1980s that the Residency Review Committee (RRC), an arm of the Accreditation Council on Graduate Medical Education (ACGME), mandated that programs shift from the pyramidal to the rectangular structure.⁸

Specialty Board	Year
American Board of Ophthalmology	1917
American Board of Otolaryngology	1924
American Board of Obstetrics and Gynecology	1930
American Board of Orthopedic Surgery	1934
American Board of Colon and Rectal Surgery	1935
American Board of Urology	1935
American Board of Anesthesiology	1937
American Board of Plastic Surgery	1937
ABS	1937
American Board of Neurologic Surgery	1940
ABTS	1948
ABS, Pediatric Surgery	1973
ABS, Vascular Surgery	1982
ABS, Surgical Critical Care	1986
ABS, Surgery of the Hand	1989
ABTS, Congenital Heart Surgery	2006
ABS, Hospice and Palliative Medicine	2008
ABS, Complex General Surgical Oncology	2012

Abbreviations: ABS, American Board of Surgery; ABTS, American Board of Thoracic Surgery.

Adapted from Bruns SD, Davis BR, Demirjian AN, et al; Society for Surgery of Alimentary Tract Resident Education Committee. The subspecialization of surgery: a paradigm shift. *J Gastrointest Surg* 2014;18:1526.

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