

Surgical Thoracic Transplant Training: Super Fellowship—Is It Super?

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OBJECTIVE: The quality of training provided to thoracic transplant fellows is a critical step in the care of complex patients undergoing transplant. The training varies since it is not an accreditation council for graduate medical education accredited fellowship.

METHOD: A total of 104 heart or lung transplant program directors throughout the United States were sent a survey of 24 questions focusing on key aspects of training, fellowship training content and thoracic transplant job satisfaction. Out of the 104 programs surveyed 45 surveys (43%) were returned.

RESULTS: In total, 26 programs offering a transplant fellowship were included in the survey. Among these programs 69% currently have fellows of which 56% are American Board of Thoracic Surgery board eligible. According to the United Network for Organ Sharing (UNOS) requirements, 46% of the programs do not meet the requirements to be qualified as a primary heart transplant surgeon. A total of 23% of lung transplant programs also perform less than the UNOS minimum requirements. Only 24% have extra-surgical curriculum. Out of the participating programs, only 38% of fellows secured a job in a hospital setting for performing transplants. An astounding 77% of replies site an unpredictable work schedule as the main reason that makes thoracic transplant a less than favorable profession among new graduates. Long hours were also a complaint of 69% of graduates who agreed that their personal life is affected by excessive work hours.

CONCLUSION: Annually, almost half of all thoracic transplant programs perform fewer than the UNOS requirements to be a primary thoracic surgeon. This results in

a majority of transplant fellows not finding a suitable transplant career. The current and future needs for highly qualified thoracic transplant surgeons will not be met through our existing training mechanisms. (J Surg Ed ■■■■-■■■. © 2017 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: thoracic transplant, fellowship, super fellowship, surgical training and transplant

COMPETENCIES: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice

INTRODUCTION

The vast expansions in cardiothoracic procedures performed by minimally invasive or endovascular interventions as well as the advances in surgical management in heart failure has made additional fellowship training in these subspecialties of thoracic surgery essential for successful career and safe practice. This has led to an increase in subspecialty trainings, which also called for by many super-fellowships. These include Robotics, transcatheter aortic valve replacement, minimally invasive, thoracic transplant/mechanical circulatory support (MCS) and congenital. All these trainings are non-accredited fellowships except for congenital cardiac surgery, which has its own board certification and a clear well-defined training pathway. This extra year of training adds on to an already long training regimen for those seeking a career in cardiothoracic surgery. These trainings are promoted to make the fellow fully trained and able to perform all procedures as a primary surgeon. Unfortunately, the training in many of these subspecialties is frequently viewed by many as an apprenticeship with a fellowship year providing only the initial experience.^{1,2}

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Thoracic transplant fellowship programs questionnaire

1. Do you have a transplant fellowship?
 - Yes
 - No
2. Do you have fellow currently?
 - Yes
 - No
 If yes is he ABTS eligible?
 - Yes
 - No
3. How many Boards eligible CT fellows did you graduate in the last 3 years?
 - One
 - Two
 - Three
 - \geq four
4. Overall How many **NONE** Boards eligible CT fellows did you graduate in the last 3 years?
 - One
 - Two
 - Three
 - \geq four
5. How many heart transplants did you have the last year?
 - \leq 20
 - 20-40
 - 40-60
 - 60-80
 - \geq 80
6. How many Lung transplant did you do the last year?
 - \leq 20
 - 20-40
 - 40-60
 - 60-80
 - \geq 80
7. How many LVAD did you do the last year?
 - \leq 20
 - 20-40
 - 40-60
 - 60-80
 - \geq 80
8. How many ECMO did you do the last year?
 - \leq 20
 - 20-40
 - 40-60
 - 60-80
 - \geq 80

FIGURE 1. Survey questionnaire.

The wide expansion in the number of heart failure patients supported by MCS, and the increase in number of heart and lung transplant centers over the last few years has led to an increase of programs offering non-accredited accreditation council for graduate medical education (ACGME) fellowship for thoracic transplant and MCS. These programs proclaim to offer a well-rounded training resulting in fellows being able to perform all relating procedures as a primary surgeon “by the end of the training year”. On the other hand, many of the future employers think that the super-fellowship training is not enough and experience is the best teacher. In this article, we look from program directors respective for the following objectives: (1) Is the program providing the expected level of training; (2) Is the newly super-fellowship trainee experienced enough? (3) What is the job opportunities available for these graduates.

METHODS

A survey of 24 questions (Figs. 1–3) was sent to program directors of all centers performing heart or lung transplant in United States using United Network for Organ Sharing (UNOS) records performing any adult thoracic transplants

9. Does your fellow have rotations in CHF cardiology, pulmonary failure clinic....?
 - Yes
 - No
10. Do you consider your fellow is better trained in heart or lungs transplant?
 - Approximately even
 - Heart
 - Lungs
11. Do you think that the actual training programs are good enough to train fellows to be independent surgeon?
 - Yes
 - No
12. Did you fellow have a job at the time of graduation?
 - Yes
 - No
13. Was it in your institution?
 - Yes
 - No
 - His previous CT fellowship institution
14. Job description?
 - Transplant related
 - Cardiac primarily
 - Thoracic primarily
15. Do you think the training fellowship should be ECGME accredited?
 - Yes
 - No
 - Not sure
16. Do you think if we have accredited ECGME fellowship will have better candidates?
 - Yes
 - No
 - Not sure
17. Do you think that thoracic transplant should have a separated Board?
 - Yes
 - No
 - Not sure
18. Is transplant lung transplant done by cardiac or lung surgeons?
 - Cardiac
 - Thoracic
 - Mix

FIGURE 2. Survey questionnaire.

in autumn 2015. To avoid overlapped replies centers performing both heart and lung transplant received only one survey. The first portion of the questionnaire focused on key aspects of training, including initial qualifications,

19. In your practice model, do you do only transplant and mechanical assisted devices?
 - Yes
 - Mixed with cardiac surgery
 - Mixed with thoracic surgery
20. Do you think the transplant practice model do you do only transplant and mechanical assisted devices?
 - Yes
 - No
 - Not sure
21. Why do think career in thoracic transplant is not favorable by new graduates?
 - Long work hours
 - Unpredictable work schedule
 - Stress
 - Under compensation
22. If you think that you are undercompensated considering the number of hours you work?
 - Yes
 - No
 If you feel undercompensated would you chose to be a transplant surgeon again?
 - Yes
 - No
23. Do you think that your personal life is affected by the excess work hours?
 - Yes
 - No
24. Comments and suggestions (optional)?

FIGURE 3. Survey questionnaire.

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