

Characteristics of Independent Academic Medical Center Faculty

Amit R.T. Joshi, MD,^{*} Amber W. Trickey, PhD, MS, CPH,[†] Kara Kallies, MS,[‡] Benjamin Jarman, MD,[§] Jonathan Dort, MD,^{||} and Richard Sidwell, MD[¶]

^{*}Department of Surgery, Einstein Healthcare Network, Philadelphia, Pennsylvania; [†]Advanced Surgical Technology and Education Center, Inova Fairfax Medical Campus, Falls Church, Virginia; [‡]Department of Research, Gundersen Medical Foundation, La Crosse, Wisconsin; [§]Department of Surgery, Gundersen Medical Foundation, La Crosse, Wisconsin; ^{||}Department of Surgery, Inova Fairfax Medical Campus, Falls Church, Virginia; and [¶]Department of Surgery Education, Iowa Methodist Medical Center, Des Moines, Iowa

OBJECTIVE: Little is known about the characteristics of teaching faculty in US surgical residencies based at Independent Academic Medical Centers (IAMCs). The purpose of this study was to survey teaching faculty at IAMCs to better define their common characteristics.

STUDY DESIGN: An online, anonymous survey was distributed through program officials at 96 IAMCs to their faculty and graduates. Respondents were asked about their demographic information, training history, board certification, clinical practice, and exposure to medical students. Student *t*-tests and chi-square tests were calculated to evaluate associations between faculty characteristics.

SETTING: Independent Academic Medical Center general surgery training programs

PARTICIPANTS: A total of 128 faculty at 14 IAMCs participated in the study.

RESULTS: In total, 128 faculty from 14 programs responded to the survey. The mean age of faculty respondents was 52 years and 81% were men. 58% were employed by a nonuniversity hospital, and 28% by a multispecialty practice. 79% of respondents were core faculty. The mean length of time since graduation from surgery residency was 19 years. 86% were currently board certified. 55% of those who were currently board certified had an additional certification. 45% had trained in an IAMC, 50% in an university program, and 5% in a military program. 73% were actively practicing general surgeons, with the majority (70%) performing between 101 and 400 cases annually. The vast majority of faculty (90%) performed <200 endoscopies annually, with 44% performing none. 84%

and 35% provided ER and trauma coverage, respectively. 81% listed mentorship as their primary motivation for teaching residents. 23% received a stipend for this teaching. 95% were involved in medical student teaching. Faculty who completed training at university programs had more additional certifications compared with those with IAMC training (67% vs. 43%, $p = 0.007$). Certification differences by program type were consistent across age and time since residency completion. Age was not associated with residency program type ($p = 0.87$) nor additional certifications ($p = 0.97$).

CONCLUSIONS: IAMC faculty and graduates are overwhelmingly involved in general surgery, and most faculty have additional certifications. 90% of faculty have clinical exposure to medical students. Faculty at IAMCs were as likely to have been trained at an university program as an IAMC. In a time of increasing surgeon subspecialization and anxiety about the ability of 5-year training programs to train well-rounded surgeons, IAMCs appear to be a repository of consistent general surgical training. (J Surg Ed ■■■■-■■■. © 2016 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: resident education, Independent Academic Medical Center, faculty, general surgery, training, characteristics

COMPETENCIES: Professionalism, Systems-Based Practice, Practice-Based Learning and Improvement

INTRODUCTION

There are approximately 250 surgical training programs in the United States. Of these, approximately 100 are classified as “Independent” programs—that is, programs based at hospitals without an on-campus medical school. Some of these programs do have medical students, through affiliation

Correspondence: Inquiries to Amit R.T. Joshi, MD, Department of Surgery, Einstein Healthcare Network, 5401 Old York Road, Suite 510, Philadelphia, PA 19141; fax: (215) 722-3893; e-mail: joshiam@einstein.edu

agreements with local or distant medical schools or both. Despite their prevalence, little was known about this sizeable subset of US surgery residencies, until a few years ago.^{1,2} Recently, the Independent Academic Medical Center (IAMC) Committee of the Association of Program Directors in Surgery (APDS) has undertaken several studies to better analyze characteristics of IAMCs. Our first investigations have focused on characteristics of applicants to IAMCs to determine what kind of students apply to and ultimately match at IAMCs.^{3,4} Our next phase has been to study the educational environment of these training programs. Specifically, we sought to learn more about the surgeons who comprise the teaching faculty at the IAMCs. We hypothesized that faculty at IAMCs likely had a broad (and more traditional) scope of practice, and likely did not receive any financial remuneration for their teaching services.

The requirements stipulated by the Accreditation Council for Graduate Medical Education (ACGME) and American Board of Surgery (ABS), which pertain to surgical residencies have resulted in a significant standardization of all training programs—be they university or independent. However, it is still unclear what unique features may be found in IAMCs vs. the broader cohort of programs. As more information is ascertained about IAMCs, medical students seeking postgraduate training would be able to make better-informed choices about the kind of surgical training they would like to receive. Similarly, surgeons choosing what kind of educational environment they may wish to practice in could benefit from more information about IAMCs. Accordingly, results of this study would help both constituencies better select their desired training or practice settings.

METHODS

A 19-item survey (Appendix A) was created to query IAMC faculty about their demographic information, employment characteristics, level of experience, ABS certification status, training history, operative and endoscopy volume, on-call responsibilities, faculty status, and motivations to teach. The IAMC program directors were identified through the APDS website and were contacted electronically to solicit their faculties' participation in this study. A total of 14 IAMC program directors agreed to forward a survey solicitation to their faculty via Survey Monkey. The data were then downloaded onto a spreadsheet and analyzed. Descriptive frequencies, proportions, and means are presented. Faculty characteristics were evaluated between groups by Student *t*-tests for continuous variables and chi-square tests for categorical variables. All tests were two-sided, and statistical significance was assessed at the level of $\alpha = 0.05$. Statistical analyses were conducted using Stata/SE v.12 (College Station, TX).

RESULTS

A total of 128 faculty from 14 programs responded to the survey (Fig.). These programs were distributed across the United States, with the vast majority located in a metropolitan or urban setting. The mean age of faculty respondents was 52 years (range: 32–81), and 81% were men. Most respondents were employed surgeons, either by a hospital or multispecialty practice/health maintenance organization (Table 1).

The mean length of time since graduation from surgery residency was 19 years (range: 0–41). The ABS certification status was as follows: 86% were currently certified by the ABS; 7.8% had let their certifications expire; 3.2% were neither Board-“eligible” or certified; and, 2.4% were in the process of earning certification. Of those who were currently certified, 55% had an additional certification—including critical care/trauma (38%), colorectal (32%), and vascular (20%). A 45% had trained in an IAMC, 50% in an university program, and 5% in a military program (Table 2).

Actively practicing general surgeons comprised 73% of the cohort, with the majority (70%) performing between 101 and 400 cases annually. An 84% and 35% provided ER and trauma coverage, respectively. The vast majority of faculty (90%) performed <200 endoscopies annually, with 44% performing none (Table 3).

Mentorship was listed as the primary motivation for teaching residents by 81%. Only 23% received a stipend or relative value unit relief for their teaching responsibilities, and 95% were involved in medical student teaching. Core faculty comprised 79% of the respondents (Table 4). Faculty who completed training at university programs had more additional certifications compared with those with IAMC training (67% vs. 43%, $p = 0.007$). Certification differences by program type were consistent across age and time since residency completion. Age was not associated with residency program type ($p = 0.87$) or additional certifications ($p = 0.97$).

DISCUSSION

This study is the first in the literature to explore characteristics of faculty at IAMCs. There is a growing body of literature to suggest that IAMCs produce proportionally more general surgeons. A recent survey of general surgery residents found that IAMC graduates are more likely to pursue a career in general surgery rather than pursuing a postgraduate fellowship, independent of other variables such as hospital size, number of cases, urban population, and region.⁵ One could postulate that these graduates were modeling their faculty mentors, who might similarly have forsaken fellowship training. And yet, in this sample, only 45.7% of faculty themselves had trained in an IAMC and 55% of them had additional American Board of Medical

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