Resident Experience on Transplant Surgery

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History

- 10/06
- The Resident Review Committee (RRC) for Surgery proposed to eliminate the requirement for a rotation in transplant surgery by declassifying its status as "essential content."

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Basis of RRC concerns

- Bad feedback from residents regarding rotations on transplant surgery:
  - No educational benefit,
  - Poor operative experience,
  - High Service : Education ratio,
  - Poor interaction with transplant attendings,
- Complaints from General Surgery Directors
  - Estimated 35% of programs must "farm out" residents
  - The education experience is poor

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History (cont'd)

- 01/07
- American Board of Surgery, with input from the Transplant Advisory Council, opposed this proposal on the basis that transplant surgery has great *potential* to be an excellent academic and operative experience for the surgical residents, *provided that Transplant Surgery Programs are willing to provide this experience to residents.*
- The requirement will be left in place for an unspecified period of time (probably 2 yrs max) to allow Transplant Surgery programs to improve their resident experience.

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Situation Summary

- The RRC <u>will</u> eliminate the requirement for residents to rotate on Transplant Surgery unless significant improvements in the national resident experience on Transplant Surgery is realized within the next 1-2 years

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Situation Analysis:

- The RRC is highly motivated to eliminate transplant surgery as a requirement for training in general surgery.
- Part of the problem may be irresolvable, i.e. not all General Surgery programs have a Transplant Program, therefore "farm-outs" may be unavoidable.
- Ongoing ABS support is *tenuous*, and contingent on significant and immediate efforts being made to improve the resident experience on transplantation.

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Recommended Corrective Action Plan

- Address Resident Concerns
  - “No educational benefit”
  - “Poor operative experience”
  - “High Service : Education ratio”
  - “Poor interaction with transplant attendings”

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Address Resident Concerns

- No educational benefit
- Poor operative experience
- High Service : Education ratio
- Poor interaction with transplant attendings

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Improve Educational Benefit

- Rotation Objectives
- Rotation Curriculum
- Rotation Evaluation (2-way)

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Rotation Objectives

- Must be defined based on:
  - (a) what general surgeons need to know about organ transplantation and transplant surgery (*SCORE curriculum + ASTS curriculum*)
  - (b) core competencies
  - (c) level of training (R1-R5, urology)
- Must be made available to the residents prior to their beginning the rotation (Orientation Session)

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Curriculum

- Define and *Provide* Essential Curriculum required to meet objectives.
  - Essential Knowledge
  - Non-Operative Clinical Experience
  - Operative Experience

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Essential Knowledge

- Define
- Provide

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Essential Knowledge -Define *SCORE curriculum*

- Comprehensive Knowledge:
  - End-stage renal disease
  - End-stage liver disease
- Sufficient Knowledge
  - Organ Rejection
- Knowledge
  - Donor nephrectomy
  - Donor hepatectomy
  - Renal transplant
  - Renal-Pancreas transplant
  - En-bloc abdominal organ retrieval
  - Liver transplant
  - Pancreas transplant

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Essential Knowledge -Define *SCORE curriculum*

- Take advantage of the aspects of the transplant experience that are not listed under organ transplantation
  - Vascular Access
  - Vascular Surgery
  - Hepatobiliary Surgery
  - Surgery Critical Care*

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Essential Knowledge -Provide

- Interactive teaching *by Attendings who show up and teach (minimum 1 hr /week)*:
  - Lectures, Seminars, Journal Clubs
- Passive teaching:
  - Website, Handouts, Handbook

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Non-Operative Clinical Experience

- **Define – *SCORE +ASTS curriculae***
- **Provide**
  - Mandate exposure to clinical experiences with educational merit (1 on 1 with attending surgeons who teach).
    - Out-Patient clinic (1 half-day per week with attending)
    - In-Patient problem-based management (daily teaching rounds with attending)
  - Minimize exposure to clinical experiences without educational merit.
    - Eliminate resident service component
    - Use physician extenders
    - Re-orient colleagues, fellows, nurses,

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Essential Operative Experience

- DEFINE –
  - All surgical procedures have education merit
    - Take advantage of special opportunities for general surgery training on transplant i.e. Multiorgan donors, Vascular surgery, vascular access, hepatobiliary surgery, etc.
- PROVIDE –
    - Residents should actively participate, in some way, in every surgical procedure performed based on their level of training.
    - Residents should be assigned to specific surgical procedures, or parts of specific surgical procedures.
    - Fellow "buy in" essential.

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Address Resident Concerns

- No educational benefit
- **Poor operative experience**
- High Service : Education ratio
- Poor interaction with transplant attendings

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"POOR OPERATIVE EXPERIENCE"

- **RECOMMENDATIONS:**
  - *A* resident should participate in every single surgical procedure.
  - Residents should be assigned to specific procedures.
  - Residents scrubbed in for surgery, should be active participants in the surgical procedure, or parts of the procedure based on their level of training.

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"HIGH SERVICE:EDUCATION RATIO"

- RECOMMENDATIONS:
  - Traditional role of residents (junior or senior) housestaff as service "maintenance monkeys" must be eliminated. (buy-in from attendings, fellows, nurses)
  - Careful analysis of tasks assigned resident based on service:education ratio.
  - Reassignment of essential tasks with little for no educational value. i.e. Physician assistants, Nurse practitioners, etc.
  - Limit inpatient workload to remove impediments for achieving other key resident objectives i.e. OR experience, multiorgan donor procurements, OP clinics.

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"POOR INTERACTION WITH TRANSPLANT ATTENDINGS",

- RECOMMENDATIONS:
  - Daily problem based interactions (i.e. teaching rounds) between transplant attending and *residents.*
  - Regular (minimum weekly) educational sessions for residents + transplant attending.
  - Mandate resident OR and OP clinic time to coincide with most optimal encounters with transplant attending.
  - When with residents, Teach!

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Ongoing Performance Evaluation

- Evaluate Resident's performance:
  - Quiz (*Before vs After rotation*)
  - 360 degree evaluation
- Have residents evaluate your performance:
  - Case log (how many cases did they participate in?)
  - Mid rotation + Exit survey and/or interview (Are the rotation objectives being met? If not, what were the impediments?).
  - Listen to their concerns and respond!

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Optimal Resident Experience
Summary

- Define resident rotation objectives, curriculum, and evaluation tools.
- Establish regular interactive teaching sessions.
- Relieve resident's of service responsibilities – universal buy-in.
- Get residents into the OR and let them operate.
- Assign residents to specific cases, appropriate to their level.
- Get residents to go on multiorgan donors.

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Optimal Resident Experience Summary

- Increase interactive attending-resident encounters and use these opportunities to teach.
- Empower fellows to teach residents.
- Get ongoing feedback from residents – and respond to concerns.

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CONCLUSION

- To retain transplant's status as an essential component of resident training requires a significant *paradigm shift* in our traditional view of the role of residents.
- This must be implemented immediately.
- This will only happen if it clearly embraced by individual program leadership.

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