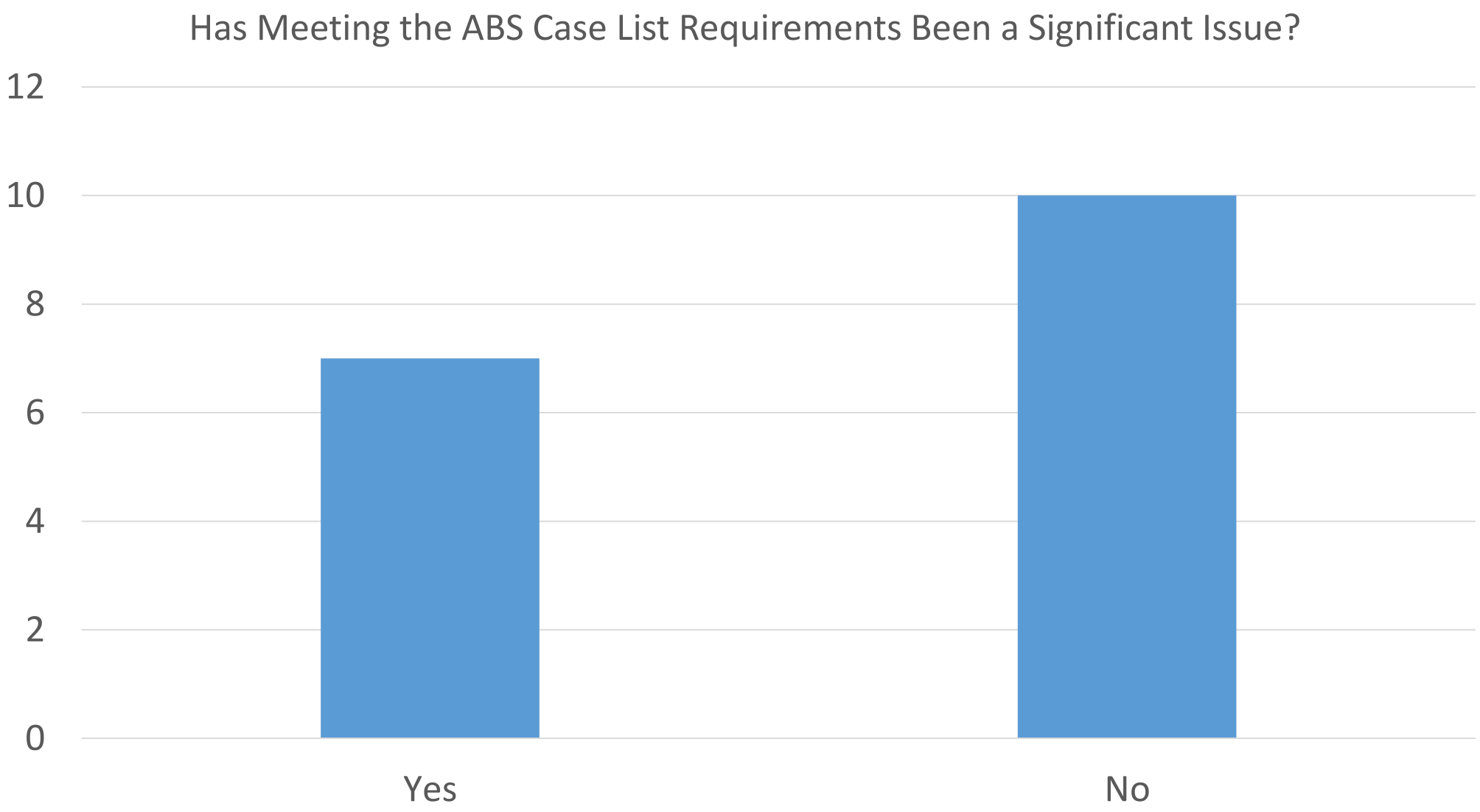
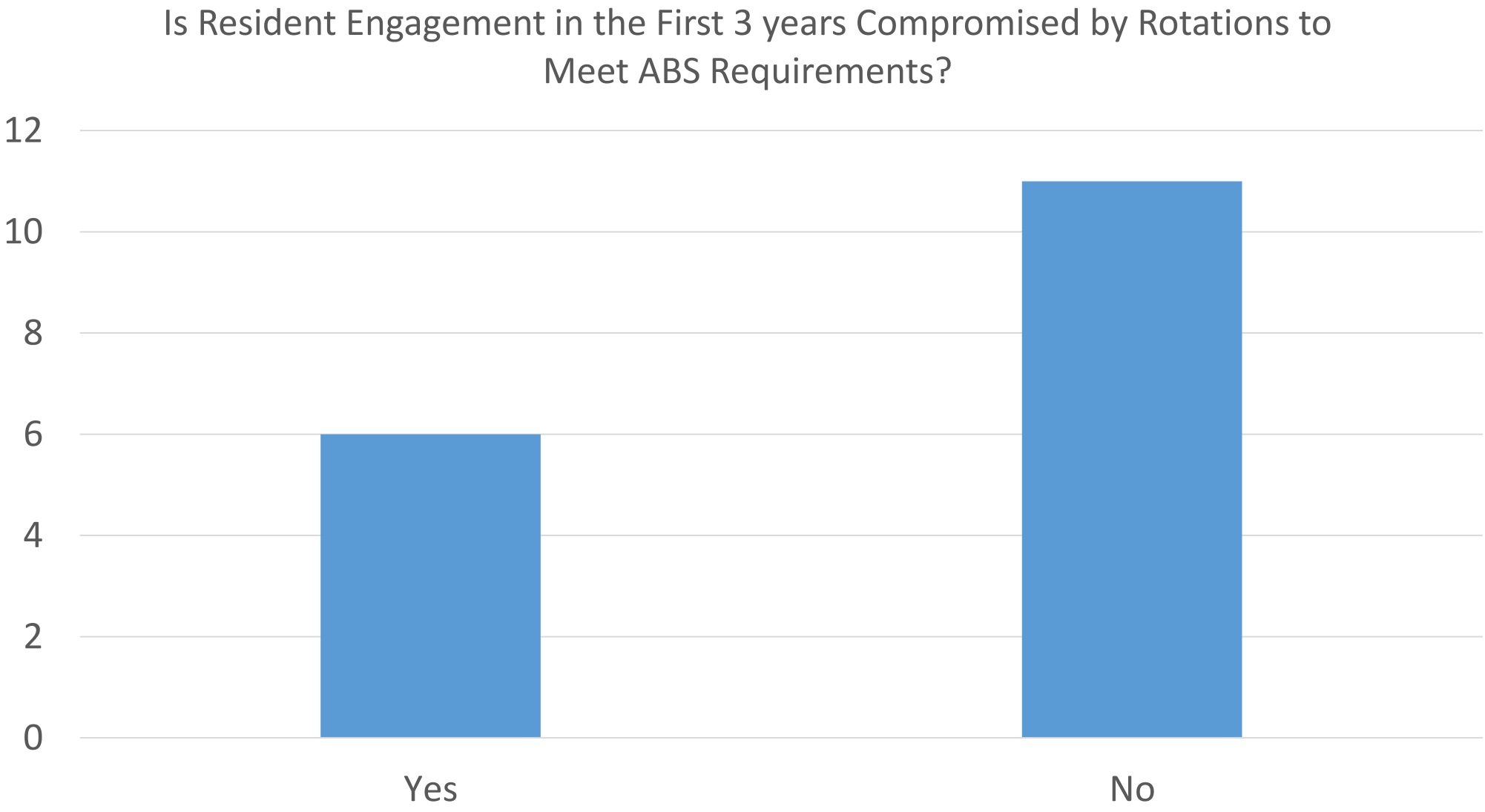
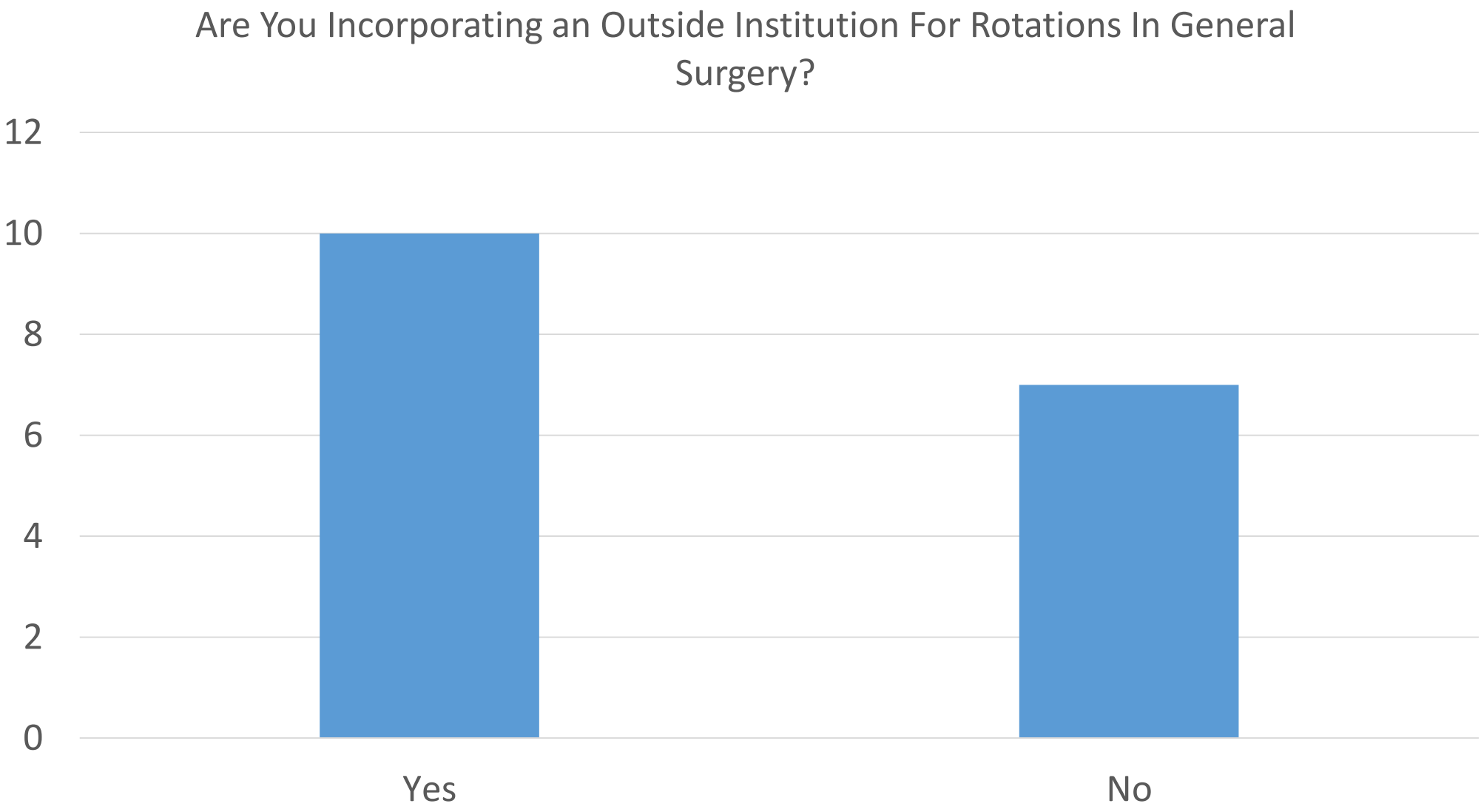
Integrated 6 Year CT Residency Case List Survey


Has Meeting the ABS Case List Requirements Been a Significant Issue?
12
10
8
6
4
2
0
Yes
No

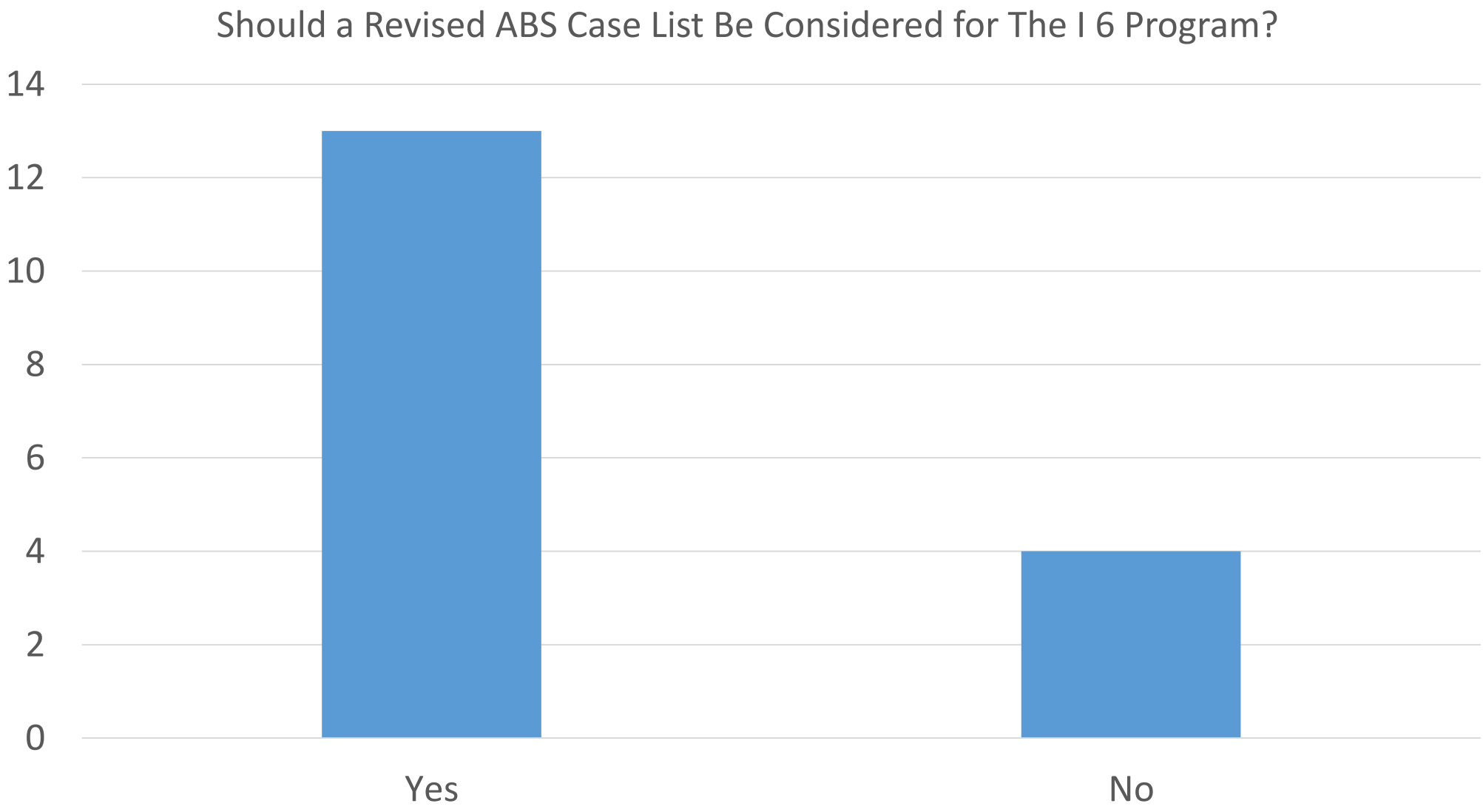
Requirement	Difficult	Not Difficult	Rating (1: Completely Unnecessary; 5: Indispensable)
Vascular (25)	2	15	1:0 2:0 3:0 4:3 5:9 No rating: 5
Skin/Soft tissue/Breast (10)	1	16	1:1 2:2 3:4 4:2 5:3 No rating: 5
Head/Neck (5)	8	8	1:1 2:5 3:1 4:2 5:3 No rating: 5
Alimentary Tract (20)	1	16	1:0 2:0 3:0 4:4 5:8 No rating: 5
Abdomen (30)	2	15	1:0 2:0 3:0 4:7 5:5 No rating: 5
Operative Trauma (5)	6	10	1:1 2:2 3:2 4:4 5:3 No rating: 5
Pediatric (10)	5	11	1:2 2:2 3:6 3.5:1 4:1 5:0 No rating: 5
Plastic (5)	5	12	1:3 2:1 3:6 4:2 5:0 No rating: 5
Lap – Basic (30)	1	15	1:0 2:0 3:1 4:4 5:7 No rating: 5
Lap – Advanced (10)	6	10	1:1 2:0 3:3 3.5:1 4:3 5:4 No rating: 5

Requirement	Difficult	Not Difficult	Rating (1: Completely Unnecessary; 5: Indispensable)
Vascular (25)	2	15	1:0 2:0 3:0 4:3 5:9 No rating: 5
Skin/Soft tissue/Breast (10)	1	16	1:1 2:2 3:4 4:2 5:3 No rating: 5
Head/Neck (5)	8	8	1:1 2:5 3:1 4:2 5:3 No rating: 5
Alimentary Tract (20)	1	16	1:0 2:0 3:0 4:4 5:8 No rating: 5
Abdomen (30)	2	15	1:0 2:0 3:0 4:7 5:5 No rating: 5
Operative Trauma (5)	6	10	1:1 2:2 3:2 4:4 5:3 No rating: 5
Pediatric (10)	5	11	1:2 2:2 3:6 3.5:1 4:1 5:0 No rating: 5
Plastic (5)	5	12	1:3 2:1 3:6 4:2 5:0 No rating: 5
Lap – Basic (30)	1	15	1:0 2:0 3:1 4:4 5:7 No rating: 5
Lap – Advanced (10)	6	10	1:1 2:0 3:3 3.5:1 4:3 5:4 No rating: 5

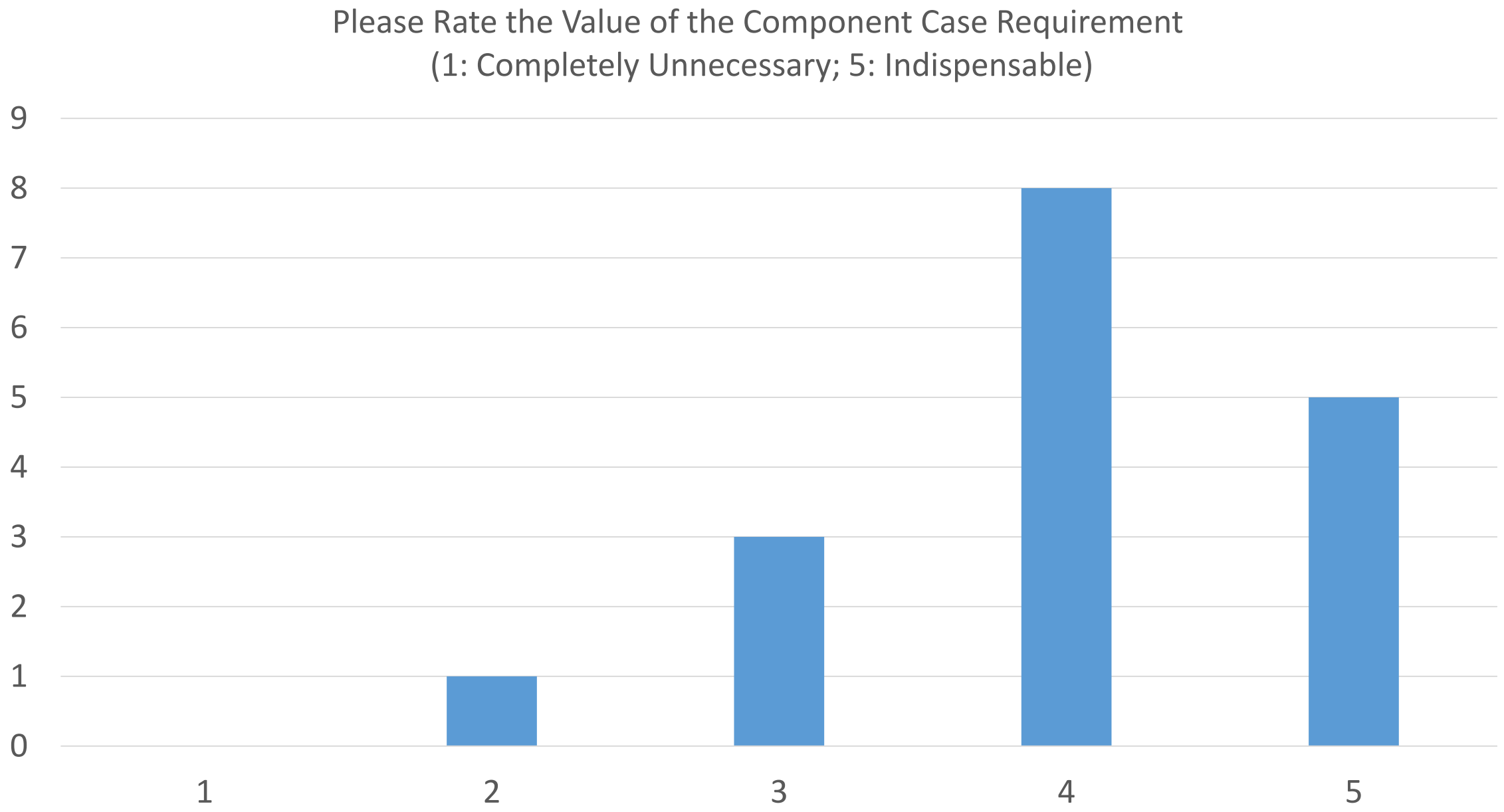

Is Resident Engagement in the First 3 years Compromised by Rotations to Meet ABS Requirements?
12
10
8
6
4
2
0
Yes
No


Are You Incorporating an Outside Institution For Rotations In General Surgery?
12
10
8
6
4
2
0
Yes
No

	Comments	
To obtain trauma cases and additional general surgery cases		
More surgical case volume that is not diluted by senior residents		
Inability to satisfy ABS volume requirements in a timely fashion at my home institution.		
Great experience at county hospital with different health care system. High trauma volume.		
Not getting indexed cases in our hospital.		
There are few outside rotations and they are part of our general surgery program selected to meet specific case requirements.		
Needed for case numbers and more one-on-one instruction / less competition with GS residents.		
Adequate general surgery opportunities within the institution.		
So the residents get better operative experience.		
We have a funding agreement with Kaiser Permanente. That being rotating out to Kaiser facility provides a good experience with laparoscopic cases and also general thoracic surgery.		


Should a Revised ABS Case List Be Considered for The I 6 Program?
14
12
10
8
6
4
2
0
Yes
No

	Comments	
Trauma is often seasonal and management can be non-operative.		
I6 residents will not have the same skill set as general surgery trained residents. by 3rd year, our i6 residents do have of their rotation in CTS. Vast majority of operative training in our general surgery program is during the 4-5th years. we have to accept that level of training for gen surg will be different. if we want a fully trained pgy-3 gen surgery resident then they need to have exact curriculum as pgy 1-3 gen surg residents otherwise, their general surgery level of expertise will be much different that what we would prefer for incoming cts residents. Big issue for us is we see differing levels of 'surgical maturity'. The younger I6 residents tend to have less of an appreciation for taking care of really sick patients and for the consequences or surgical error.		
The case list should be revised to reflect primarily abdominal surgery requirements and to a lesser but nevertheless important extent, vascular/endovascular requirements.		
Some requirements are difficult to fill, ie peds, plastics, etc.		
We are only in the first 2 years of the I-6 program, so it is a bit early for us to answer many of the questions. I feel that we do have to add rotations such as plastic surgery which may not otherwise be particularly beneficial.		
Difficult to provide in-depth experience in certain procedures.		
Head/Neck -- LAP Advanced issues		
Open abdominal procedures should have greater emphasis as the limit of this exposure is a significant shortcoming in the thoracic component of the I-6 program. It may be of value to "track" I-6 programs to those that meet general thoracic requirements vs. cardiothoracic requirements. I suspect the majority of programs are better equipped to meet cardiothoracic requirements similar to traditional independent programs.		
So residents can spend more time on cardiac, thoracic, vascular and critical care rotations...with us.		
Should include other skills such as: wire skills, echocardiography skills, etc. which are part of many integrated curricula.		
I think there should be a serious discussion on the goals of the training paradigm and the utility of some of the cases required. As a general thoracic surgeon, I feel the laparoscopic requirements are necessary, as thoracic is becoming more and more minimally invasive. We plan on our residents being FLS certified. Vascular is difficult as our residents are competing with general surgery residents and vascular residents to complete a limited number of cases. Finally, we should be devoting more time to cardiac and thoracic cases, instead of satisfying arbitrary general surgery requirements likes Peds and Plastics and Head and Neck.		
The head and neck requirements are too restrictive and should include things like dissections for esophageal cases. General surgery residents are often not exposed to head and neck cases.		
Hard to meet ENT.		
The current ABS case list includes categories and case numbers therein that are almost impossible to satisfy, particularly in large academic centers that incorporate general surgical fellowships (e.g., minimally-invasive, vascular, plastics, head and neck). Moreover, our I6 residents are not given priority towards satisfying these requirements, despite collegial requests, by our general surgical program in which their own categorical residents are hard pressed to satisfy certain requirements. I think a petition to the ABS/ABTS based on surveys like this from all programs would be a first step.		


Please Rate the Value of the Component Case Requirement
(1: Completely Unnecessary; 5: Indispensable)
9
8
7
6
5
4
3
2
1
0
1
2
3
4
5