

RAS-ACS News



A Quarterly Update from the Resident and Associate Society of the American College of Surgeons



American College of Surgeons
INSPIRING QUALITY:
Highest Standards, Better Outcomes

June 2011

Editor: Haytham Kaafarani, MD, MPH

In This Issue:

- Message from the Editor: Congratulations to Graduating Surgeons
- Perspectives on the 16-Hour Limit of Intern Duty: Avoiding the Shift Work Mentality
- Perspectives on the 16-Hour Limit of Intern Duty: Safeguarding Patient Safety First
- RAS-ACS Announces 2011 Leadership Scholarships for Residents/Associate Fellows
- Present Your Emergency Case Scenarios at the ACS Clinical Congress
- EAST Accepting Abstracts Online for 25th Scientific Assembly
- Report from the Membership Committee
- Report from the Education Committee
- Report from the Issues Committee
- Trauma: Systems and Funding
- Legislative Efforts
- Women and Minorities in Orthopedics
- Message from the Editor: Congratulations to Graduating Surgeons

For many surgical chief residents and fellows, June represents the last month of surgical training, and the start of a new phase. The memories of many days operating and nights on call are hard to efface, and the length of surgical training makes it hard for anyone

to claim that “time flew by” or to say “It feels that I just started yesterday!”

Nonetheless, one point is certain: The new phase is a sweet combination of pride, responsibility, and challenge—a phase all the graduating chiefs and fellows have been eagerly awaiting for years!

To all those graduating this month, the staff of the RAS-ACS eNews extends the warmest congratulations.

If you are graduating this month, take a few minutes to write down and share with us any memorable moments from your training, and the reasons for your choice of practice (private vs. academic) or fellowship. Such insights might help new residents as they decide on their career choices. Please send two to three paragraphs on the subject to hkaafara@post.harvard.edu, to be included in the August issue of the RAS-ACS News.

Haytham Kaafarani, MD, MPH

● Perspectives on the 16-Hour Limit of Intern Duty: Avoiding the Shift Work Mentality

The opinions expressed below represent the individual member’s ideas as a response to the April e-Newsletter solicitation, and not necessarily the opinion or stand of the RAS-ACS on the issue.

Since the inception of the 80-hour work week, surgical residencies across the United States have had to make dramatic changes in the training of residents. Despite the protests of attendings trained in the “old system” and even residents who believe that the restrictions compromise their surgical training, all parties have agreed to the changes required by the Accreditation Council for Graduate Medical Education (ACGME), and ACGME has shown no signs of backing down from its rules. Teams of ACGME site reviewers have visited many programs and slapped them with multiple citations or placed them on probation for violations of the 80-hour work week. Just as surgical departments have settled into the changes, a new installment of work hour restrictions has surfaced.

The incoming intern class of 2011 will not be allowed to work more than 16 hours at a time. Residents beyond this level of training are not required to adhere to this. However, this clearly foreshadows the extension of this rule to these interns as they progress along each year of training.

The intentions of the ACGME are good. The old system, where hours are unregulated, and residents spend virtually every waking hour in the hospital, is not healthy. However, as residents become attendings, their hours are surely not regulated. When they are on call and have an emergent case in the middle of the night past the 16 hours they can work, what will they do? If they have never had the experience of being on call overnight, will they need to cancel

their work the next day? Is this the dreaded “shift” work mentality that many of us fear? What will the future hold for us? Nocturnal surgeons who work only the evening shift?

As the work hour regulations become more stringent, it will undoubtedly foster a shift work mentality. In speaking with other chief residents, we see that many junior residents are very conscious of the clock and when it is time to sign out. Some may even be too quick to pass off work to their replacement. This is not to say that staying longer will generate more responsibility in these young residents. What we need to concentrate on, then, is instilling the sense of responsibility and patient ownership that generations of surgeons have taken pride in, regardless of the hours worked.

The work hours are here to stay. We will be charged with figuring out ever more complicated call schedules and cross coverage. However, we can focus on the positives of generating among residents greater collegiality, efficiency, and collective responsibility of patients. The mindset is more important than the actual hours worked. We need to train future residents to become just as detailed, caring, and involved in their patients, irrespective of what new work hour rules are thrown upon us.

Christina Wai, MD
Member of the RAS-ACS

● Perspectives on the 16-Hour Limit of Intern Duty: Safeguarding Patient Safety First

The opinions expressed below represent the individual member's ideas as a response to the April e-Newsletter solicitation, and not necessarily the opinion or stand of the RAS-ACS on the issue.

I am not sure that the 16-hour limit on the intern duty shifts will improve outcomes, because it does not change the call limit in subsequent years and does not prepare the intern for dealing with call emergencies while sleep deprived in the subsequent years of residency. I believe that a better choice would be to require interns on call to see patients with an upper-level resident on all of their night calls in the first year. This would help them prepare for the future and would give them the higher level of expertise that they currently lack. I have had many of my most challenging experiences in the middle of the night. There is no substitute for experience when it comes to emergencies. Simulated practice would give interns a chance to practice for emergencies, but ultimately, they will be required to act in real patient situations. The current regulations merely delay this experience. During my time as an intern, the most painful experiences at night were when I had difficulty accessing an upper-level resident. If the upper-level residents were required to be present for all calls (this would be facilitated by the intern being part of a night call team), an inexperienced intern would not have to treat a critically ill patient without upper level assistance.

Joan Johnson, MD
Member of the RAS-ACS

● RAS-ACS Announces 2011 Leadership Scholarships for Residents/Associate Fellows

The Resident and Associate Society of the American College of Surgeons (RAS-ACS) is accepting applications for its sixth leadership scholarships for Resident and Associate Fellow members. The scholarships cover tuition, travel, and subsistence for one of several ACS courses and will be awarded competitively to four young surgeons who best exemplify the RAS mission of developing future surgical leaders.

The available courses include:

- Clinical Trials Course, December 2–6, 2011
- Leadership/Joint Surgical Advocacy Conference, Spring, 2012
- Residents as Teachers and Leaders, April, 2012

Applicants should submit the following documents for consideration by the Selection Committee: a letter of request detailing the reasons for applying and course desired; a letter of support from the applicant's program director or department chair confirming that the applicant will be able to have time away from the department to attend the course; a letter of support from a colleague, mentor, or other staff person; and a current curriculum vitae. Only complete application packages will be considered and must be received no later than July 31, 2011. Send all application packages electronically to: Peg Haar, phaar@facs.org.

● Present Your Emergency Case Scenarios at the 97th ACS Clinical Congress

Interested surgical residents, fellows, and young attendings (up to two years from graduation) are encouraged to submit their challenging Trauma and/or Emergency Surgery cases for discussion at the Emergency Surgery for the Young Surgeon: When to Call in the "Grey Hair" session, which will be held on October 26 during the 97th American College of Surgeons Clinical Congress in San Francisco, CA. Ideally, the case scenarios will offer some "stop, think, and decide" points (for example, upon presentation, intraoperatively, during hospitalization, or management of complications) presenting surgical management dilemmas. Two to four entrants will be invited to present their cases on stage for discussion with our distinguished panelists and the audience. Cases with rich media content (for example, clinical pictures, X ray or CT-scan images, or intraoperative videos) will receive preference.

Please submit your case summaries to gkasotakis@partners.org no later than July 30, 2011. Winning entrants will be notified via e-mail by August 31.

George Kasotakis, MD, Member RAS-ACS
Communications Committee
Cosponsored by Committee on Trauma and RAS-ACS

● EAST Accepting Abstracts Online for 25th Scientific Assembly

The Eastern Association for the Surgery of Trauma (EAST) is accepting abstracts until July 1 for its 25th Annual Scientific Assembly. Abstracts must be submitted online at the EAST website, <http://www.east.org/online-submit.html>.

The 25th EAST Annual Scientific Assembly will be held January 10–14, 2012, at Disney's Contemporary Resort in Lake Buena Vista, FL. For more information, visit <http://www.east.org/Portal/Default.aspx?tabid=56>.

● Report from the Membership Committee

Leaders of the Membership Committee proudly note the development of several ongoing projects:

- Liaison program goals and expectations are being redefined in order to foster members' recruitment and participation. We envision a more lively, active relationship soon between the liaison's members and the Membership Committee, thereby improving our outreach to residents and medical students.
- The American College of Surgeons (ACS) Board of Regents has enthusiastically welcomed the membership survey and the Association of Program Directors in Surgery survey, and we are in the final phase of optimization before the results are distributed to all RAS members and program directors.
- Our efforts to reach out to international organizations of residents and young surgeons continues, and we are currently working with an organization of young surgeons in Italy as well as an ACS chapter there to formalize a plan for collaboration between the two countries. We have been invited to participate at the annual meeting of the Multi-Specialty Italian Society of Young Surgeons to share the American perspective on surgical training and encourage plans for a second RAS exchange program.

It is an exciting time to be part of RAS and we welcome the participation of any member in the activities of our Committee.

Rob Winfield, MD
Chair, Membership Committee

Daniela Molena, MD
Vice-Chair, Membership Committee

● Report from the Education Committee

Members of the Education Committee are currently composing an article for the August 2011 Bulletin of the American College of Surgeons, titled Stress, Burnout, and Maladaptive Coping: A Review of Strategies for Surgeon Well-Being. Committee leaders appreciate the invaluable contributions of all coauthors and the ongoing support of the Communications Committee leadership.

Education Committee members are also formulating a proposal that may encourage surgical residents and training programs to contribute to the Surgical Jeopardy question bank. Composing valid questions and moderating the Surgical Jeopardy session at the Clinical Congress remain key objectives of the committee.

The Vice-Chair of the Education Committee and minimally invasive surgery fellow at the University of Maryland, Osama Hamed, MBBS, has graciously accepted the position of RAS representative to the Advisory Council for SESAP. Please join me in congratulating him.

Lastly, members of the committee appreciate the opportunity to play a role in critical needs assessment efforts in the form of survey research championed by RAS.

James G. Bittner IV, MD
Chair, RAS Education Committee

● Update from the Issues Committee

Mark Your Calendar! The 2011 RAS-ACS Debate: What Is the Future of Surgery—Autonomous Professionals or Stuck as Employees? will be held October 23 in San Francisco, CA, during the Clinical Congress. ACS Fellows will moderate and debate this topic along with the winners of the Issues Committee Essay Competition. Plan to attend what will be a highly charged and vigorous discussion! Bring your questions to ask the panel. Also plan to attend the ACS-RAS Business Meeting prior to the debate on October 23.

Find information about legislative issues, including state advocacy resources at: <http://www.facs.org/ahp/statelegislation.html>

Amy Liepert, MD
Vice-Chair, Issues Committee

Kimberly Ruscher, MD, MPH
Chair, Issues Committee

● Trauma: Systems and Funding

Forty-two states have recognized the importance of a statewide trauma system. Alabama, California, the District of Columbia, Idaho, Michigan, New Jersey, Rhode Island, South Dakota, and Vermont are the only U.S. states that do not have a trauma system in place. Of the states with a statewide system, only 24 have some form of state funding. States collect and allocate funds for the state trauma system in a variety of ways that include the following: 13 states levy fines and fees on moving violations; seven states issue additional fees on motor vehicle registration, license plates, or driver's license renewal; six states have an excise tax on cigarettes; four states collect fees from criminal penalties; and five states allocate money from the state's general revenues.

● Legislative Efforts

During the 2010 legislative session, six states, including Alaska, Florida, Georgia, Michigan, New Mexico, and Tennessee, introduced legislation that would have allocated funds to the state trauma system. Alaska and Georgia allocated funding for trauma during the 2010 legislative session.

The Alaska legislature passed legislation (H.B. 168) that provides for state certification and designation of trauma centers, and created a trauma fund to help compensate certified trauma centers. Proving the impact that one surgeon can have on state advocacy, the state's American College of Surgeons Committee on Trauma Chair, Regina Chennault, MD, FACS, played a critical role in championing this legislation through Alaska's legislative process.

Georgia also saw legislative success in trauma system funding. In 2009, the Georgia legislature passed "super speeder" legislation (H.B. 160) expected to generate \$23 million in fiscal year 2010 for the state's trauma care network. The super speeder bill adds an additional \$200 fine for driving over 85 mph anywhere in the state, and for driving 75 mph or more on a two-lane road. The super speeder legislation also increased driver's license reinstatement fees for drivers committing a second or third offense for violations that result in a suspended license or other negligent behaviors.

Arkansas legislators worked hard to implement a trauma system with state funding. In 2009, the state legislature passed a bill (S.B. 315) which increased the excise tax on cigarettes and smokeless tobacco and is expected to generate \$88 million a year. Some of the money raised will pay for a trauma center in northwest Arkansas, and \$25 million has been earmarked for a statewide trauma system. The package included \$25 million for fiscal year 2010, and \$28 million for 2011 for a proposed trauma system.

Passing trauma system legislation is always difficult, especially

when the system requires funding. It is not impossible, however, as witnessed in Alaska, Georgia, and Arkansas. The American College of Surgeons encourages all states, chapters, and Fellows to continue to pursue funding to ensure the success of the trauma system.

The Issues Committee

Courtesy of the Division of Advocacy and Health Policy

● Women and Minorities in Orthopedics Survey

We are conducting a short survey that will take less than five minutes to complete. A previous study found that women and minorities are underrepresented in orthopedics compared to other surgical fields. Through this survey, we hope to gain an understanding of the factors that general and orthopedic surgical residents use when choosing their specialties. The data will be used to design better methods of increasing interest in orthopedic surgery among medical students. To complete the survey, go to <https://redcap.bidmc.harvard.edu/surveys/index.php?hash=735b90b4568125ed6c3f678819b6e058>.

Jaclyn Hill, MD

PGY-4

Harvard Combined Orthopaedic Residency Program

About RAS-ACS:

The Resident and Associate Society of the American College of Surgeons (RAS-ACS) is an organization within the American College of Surgeons that was formed to benefit young and future surgeons through involvement in the College's activities.

Membership in the RAS-ACS is automatic when you become a Resident Member or an Associate Fellow of the American College of Surgeons. Resident membership is open to all surgical residents enrolled in an accredited graduate educational program, surgical research, or fellowship program. Associate Fellow membership is open to young surgeons who are currently engaged in a second surgical residency, a research or a fellowship program, a surgical specialty practice, and are within five years of graduation from formal surgical residency training. Currently, more than 3,500 Associate Fellows and 9,300 Residents are part of the RAS-ACS.

Your Feedback Is Important to Us.

We are interested in ensuring that the content of RAS-ACS News meets the interests and responds to the needs of surgical residents and newly practicing surgeons across the country. Your feedback and ideas are important to us. Please send your comments about this newsletter and your ideas for articles to the Editor at [ras-](#)

news@facs.org.

Benefits of becoming a RAS-ACS member:

- free Journal of the American College of Surgeons subscription
- free Bulletin of the American College of Surgeons subscription
- reduced fee for Clinical Congress advance registration and access to CME credit
- reduced pricing for selected postgraduate courses at the Clinical Congress
- information on clinical and research fellowship opportunities
- free access to the College's job and resume databank
- electronic newsletter, website, and Web portal
- educational materials to meet requirements for board certification
- opportunities to serve on various College committees
- opportunities for local chapter affiliation
- access to ACS-sponsored insurance programs (life, health, disability)
- a voice in advocacy and policy-making issues concerning residents and young surgeons

Join today!

Be Sure to Visit These Important Areas of the ACS website:

How to Join RAS-ACS: <http://www.facs.org/ras-acs/membership/membership.html>

Job Bank:
http://www.healthcareers.com/site_templates/ACS/index.asp?aff=ACS&SPLD=ACS

ACS Web portal: <http://efacs.org/residents>

ACS Homepage: <http://www.facs.org/>

RAS Executive Committee

Joshua Mammen, MD, Chair
Heena Santry, MD, Vice Chair
Brian Santin, MD, Secretary
Joshua Broghammer, MD, FACS, Ex-Officio

Executive Committee Members, at large

Rima Abraham, MD
Michael Boros, MD
Donald Buck, MD
Bill Chiu, MD
Atul Kamath, MD
Fatuma Kromah, MD
Israel Nosnik, MD
Heena Santry, MD
Renee Solomon, MD

For additional information regarding the benefits and activities of the RAS-ACS, please contact Peg Haar at ras-news@facs.org



Click [here](#) to unsubscribe

633 N Saint Clair Street Chicago, IL 60611-3211
Phone: 312-202-5000 Toll free: 800-621-4111 Fax: 312-202-5001
E-Mail: postmaster@facs.org