Fellowship Training in Emergency Surgery: The Focus on “Education” is Lacking

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INTRODUCTION

In 2005, the American Association for the Surgery of Trauma, proposed the creation of the subspecialty of Acute Care Surgery. The subspecialty would encompass Surgical Critical Care, Trauma, and Emergency Surgery.1 The goal of creating such a specialty is to increase the desirability and viability of trauma as a profession. Several institutions have already adapted this model to their trauma service and have shown the benefits of incorporating the three disciplines into their practice.2 They have seen an increase in operative caseload as well as improved satisfaction of their trauma surgeons. Fellowship programs for critical care and trauma have also started to include emergency surgery into their program. However, there has been considerable variability in its incorporation. This study aims to determine the presence of emergency surgery in the fellowship curriculum and identify the educational components of each program.

ABSTRACT

Background: In the academic medical center, trauma and surgical critical care (SCC) fellowship programs have begun to incorporate emergency surgery (ES) as part of training for what may ultimately become the field of Acute Care Surgery. Neither SCC nor Trauma is required as part of current ACGME-approved SCC fellowship programs. We hypothesized that the didactic and feedback/evaluation components of postgraduate education in ES and Trauma, lacking an ACGME mandate, are not present in current fellowship programs.

Methods: An electronic survey tool was used to develop a questionnaire that was distributed to program directors of 80 ACGME-accredited SCC fellowship programs. The survey examined clinical and didactic programs as well as the feedback/evaluation processes for each component of training in current fellowship programs. Fisher’s Exact Test was used to evaluate questions of interest. Results: 54 programs directors responded (67.5%).

DISCUSSION

The concept of trauma education can be traced back to David R Boyd, MD, who in 1967, became the first recognized trauma fellow in a trauma care fellowship program. Over the past 40 years, Surgical Critical Care/Trauma has evolved into a distinct fellowship training program. However, significant variability in educational and curriculum constructs has been noted between programs.

This study evaluated the current structure of Surgical Critical Care/Trauma training programs and their educational components. The didactic and feedback/evaluation components of fellowship training appear to be lacking. As the process towards possible ACGME / ABS recognition of Acute Care Surgery moves forward, these educational deficiencies in training programs will need to be addressed.

REFERENCES