ASSOCIATION OF RESIDENCY ADMINISTRATORS IN SURGERY

NEWSLETTER

WINTER 2018

ARAS 1987

ASSOCIATION of RESIDENCY ADMINISTRATORS in SURGERY

Surgical Education Week
May 1-5, 2018
Austin, TX

In This Issue

ASSOCIATION OF RESIDENCY ADMINISTRATORS IN SURGERY

2017-2018 Executive Committee Members

President

APDS Representative for ARAS

Darlene Norton, C-TAGME
Greenville Health System
Greenville, SC
864-455-1435
dnorton@ghs.org

President-Elect

SuAnn White, C-TAGME
University of Oklahoma
Oklahoma City, OK
405-271-6308
SuAnn-White@ouhsc.edu

Executive Secretary

Lisa R. Olson
Medical College of Wisconsin
Milwaukee, WI
414-955.1833
Lrolson@mcw.edu

Mentor/Mentee Chair

ARAS Liaison Representative to ACS

Donna Heyduk, C-TAGME
Lankenau Medical Center
Wynnewood, PA
484-476-2169
heydukd@mlhs.org

Website & Publications Chair

Jessica Roof
Carolinas Medical Center
Charlotte, NC
704-355-3641
Jessica.Roof@carolinashealthcare.org

Social Media/Website Co-Chair

Sarah Kidd-Romero
University of Maryland General Surgery
Baltimore, MD
410-328-5878
Skidd@som.umaryland.edu

Membership & Certificates Chair

SCORE Representative

Susan Ratliff, C-TAGME
Emory University
Atlanta, GA
404-727-0093
sratlif@emory.edu

Professional Development, Sunshine & Social Event Chair

Dorothy Dickinson
University of South Alabama
Mobile, AL
251-471-7992
Dpettway@health.southalabama.edu

Past President & Consultant

Lillian Badurina
Mount Carmel Health System
Columbus, Ohio
614-234-5577
lbadurina@mchs.com

Message From The President

In the fall of the year, the ARAS Executive Committee meets to begin the planning process for the annual spring meeting. We received so many outstanding abstracts this year it was difficult to make selections, but I believe we have built a very strong educational program for you. The APDS/ARAS annual meeting will be held ***May 3-5, 2018*** at the Austin Marriott in Austin, Texas. Registration in now open and you can find a link on the ARAS website. Plan now to attend.

Along with updates from the ABS and ACGME, there will be some new segments; such as:

- Mrs. Eleanor Fitzpatrick, Director, House of Medicine Initiatives, Global Education in Medicine Service, Educational Commission for Foreign Medical Graduates (ECFMG)
- Mr. Patrick Fritz, Director, Electronic Residency Application System (ERAS)
- Professional Development Sessions include:
  - Social Media Training/Use
  - Developing Personal Leadership Skills
  - Management
  - Program Administrator Wellness
  - ACGME Self-Study (provided by the ACGME)
  - Dr. Juanita Braxton will bring us an update from the ACGME Program Coordinator Advisory Board and how the data from the ARAS research project is being utilized
- Our Keynote address will be provided by Mrs. Alice R. Gordon, Director, ORMC GME, Assistant DIO, Osceola Reginal Medical Center

New opportunities are coming your way! ARAS will provide attendees an occasion during breakfast to discuss "topics of interest" at Discussion Tables. Let us know what topics interest you, and if you would like to host one of the tables. You do not have to be an expert on the topic; just get the conversation going at your assigned table. Email me with ideas!

Another morning during breakfast will provide an opportunity for you to meet others from your region of the country for some networking. These are just a few of the program highlights!

As an organization, ARAS remains dedicated to providing educational opportunities and tools for the advancement of the residency program administrator. We continue to be an advocate for you as we meet with the APDS Board of Directors Executive Board and attend the Surgery Summit each year, which includes members of the ABS, APDS, ACGME, and others.

As we celebrate completing another residency year and look forward to a successful match day, let us take a minute to remember those in our community that were struck with tragedy this year. It seems that disaster affected the lives of so many of our friends and work families during 2017 by way of hurricanes, mass shootings, earthquakes, and fire. Yes, it was a tough year dear friends, but to quote Helen Keller . . . *"Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved."* It was very inspiring to see ARAS members support each other through kind words and acts of encouragement.

I look forward to seeing you in Austin, Texas in May. If you have any questions, the ARAS Executive Committee is always happy to provide any help we can. Do not hesitate to reach out to any of us at any time.

S. Darlene Norton, C-TAGME
President, Association of Residency Administrators in Surgery
2017-2018

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Administrator (Coordinator) Wellness

Dr. Juanita Braxton

What is Administrator (Coordinator) Wellness? For the sake of this article, let's use the term "Coordinator", since the ACGME still uses that title as well. Coordinator Wellness is akin to Resident or Physician Wellness or Well-Being – it is providing tools to help the coordinator understand and take care of his/her mental, physical and emotional health such as "establishing ways to recognize stress and burnout, creating an environment to promote work-life balance, and fostering a system of peer mentoring. This can ensure the wellness of those serving in program administrative roles, reduce burnout, and have a positive effect in the graduate medical education workplace" (Fountain et al., 2017) (taken from The Perfect Storm is on the Horizon).

Stress and burnout is inherent in any surgery coordinator position, it's the nature of the job; challenges will always rise, but understanding ways to help alleviate burnout, stress and maintaining a healthy relationship with your job can put you on the road to wellness.

According to the Accreditation Council for Graduate Medical Education (ACGME), a Coordinator assists the program director in the administration of the program. Each specialty-specific program requirements state this definition differently. For example, abdominal radiology states that their program coordinator must devote sufficient time to support the administration and educational conduct of the program; diagnostic radiology states that their coordinator must have sufficient time to fulfill the responsibilities essential in meeting the educational goals and administrative requirements of the program; and finally general surgery states that there must be a surgery program coordinator designated specifically for surgical education. This information was taken from the "Expected Time for Coordinator" on the ACGME website.

It is important for the Coordinator to know his/her role in the program and to understand what expectations the program has as they fulfill their duties on a daily, weekly, monthly, and yearly basis. Each program is very different and has very different expectations. In order for a Coordinator to maintain his/her wellness, clearly understanding the defined roles of the training program is essential.

Coordinator Wellness requires that we take care of ourselves first, so that we may help others. If our mental, physical or emotional health is compromised, we can do more harm than good in our work environments. Remember this acronym to remind yourself that it is your responsibility to take of yourself first. The acronym is ***TAKE CARE*** (I just made this up - lol)!

T – ***Think*** about what your role is in your training program. Be sure it doesn't overlap or circumvent your Program Director, remember you are there to assist and administrate.

A – ***Act*** What does that mean in your training program, are there others who can "act" on the behalf of the Program? If not, then get your "act" together and know your responsibilities. Read your job description, if it needs changing or updating, do it! Make sure your Program Director knows exactly what's in it and what all agencies (ACGME, GME, RRC, etc.) have tasked the Director to do and what the Coordinator CAN do; not what they want you to do.

K – ***Kind*** Be kind to yourself, mistakes happen, errors happen, know who does what and when.

E – ***Expectation*** You are NOT expected to be the Program Director, someone else has that title and compensation. Your expectation as defined by the ACGME is to assist the Program Director and support the program.

C – ***Compassion and Consideration*** Be compassionate not only with your residents, fellows and directors, but be compassionate with yourself. Take time to reassess and regroup. Be considerate of your time, mentally, physically and emotionally - take the time to understand what you bring to the training program and what is beyond your capabilities. It is ok to say NO!

A – ***Attitude and Altitude*** If your attitude is compromised because you are overwhelmed, overworked or just plain worn out, it will definitely affect your altitude – how your trainees, PD, and colleagues respond to you as a leader.

R – ***Reward*** **yourself** This is a challenging job. Success at any level is a great way to reward yourself and others.

E – ***Essential*** You are an essential part of the team. Imagine a car with no engine. That car will not go anywhere until that engine is fixed and running properly. Coordinators are many times the "engine" that keeps their programs running; therefore they are ESSENTIAL to that program. A car requires routine maintenance to keep it running great.

Coordinators MUST maintain a consistent self-maintenance schedule; this can include taking mental health days, using vacation and sick leave as appropriate, making sure that they are doing their job and not the job assigned to the Program Director (not biting off more than they can chew!).

Help your Program "take care" of you, by you taking care of yourself!

Reference:

Fountain, D., Quach, C., Norton, D., White, S., Ratliff, S., Molteg, K., & ... Badurina, L. (2017). The Perfect Storm Is on the Horizon! Journal of Surgical Education, doi:10.1016/j.jsurg.2017.07.020

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2017 ACS Clinical Congress Student Programs

The American College of Surgeons 2017 Clinical Congress was held in sunny San Diego this past October. While the ARAS Executive Committee (EC) was working hard to plan for SEW 2018, we took some time again this year to interact and present to over 300 medical students.

On Sunday and Monday, October 22 and 23rd, the EC participated in roundtable discussions for MS1s through MS4s. We presented "Useful Info for IMGs" and "I've Matched Now What?" The topics covered at the Monday session were "Preparing for Interview Day" and "Tips and Tricks from the Experts: ERAS, NRMP, SOAP." Students had the opportunity to ask the EC members a myriad of questions on these topics.

The ACS provides us with feedback from the students and they unanimously agree every year that the sessions are invaluable to them. ARAS is honored to be invited back by the ACS for the 2018 Clinical Congress which will be held in Boston.

Have you thought about becoming a member of ARAS?

If not, you should be… and here's why:

SuAnn White, ARAS President Elect

Being a member provides you, the coordinator/administrator, with several tangible benefits, but the true impact of belonging to a professional organization comes from being an active member of that organization and supporting its goals and helping it to grow and become stronger. By doing so, you develop a stake in your own growth, success and professional future, as well as the organization's.

The networking opportunities within the membership are invaluable. Our coordinators/administrators are one of our best sources of information, ideas, support, and friendship. Each year, men and women of the organization exchange ideas, form new friendships, and feel a collective sigh of relief as we realize that we are not alone. Over the past 10 years, many changes have occurred in the coordinator/administrator duties, which has led to a large volume of job turnover in the world of residency coordinators/administrators. Being a member of ARAS allows a connection with others experiencing the same trials and tribulations.

There is strength in numbers and ARAS is a large, strong leader among the specialties. ARAS affords its members the opportunity to meet people from all across our country, contributing to that all-important networking system. It is important to note that when you pay the registration fee for the Spring APDS / ARAS meeting, it is the registration fee only, and does not automatically secure your membership. The APDS Board of Directors review membership twice a year, at the fall ACS meeting and the spring APDS meeting.

To become a member of ARAS, you must first be an Associate Member of the APDS. Associate Membership can be obtained by completing and submitting an application form, copy of your current curriculum vitae and a letter of support from your Program Director. Feel free to contact any Executive Committee member to discuss the process for membership or follow the link at **www.arasurgery.org** for additional information and an application. Yearly dues are $225.00.

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ARAS Membership Updates

There are currently 280 ARAS members! We are very excited that the membership continues to grow on a yearly basis.

Has your contact information changed? Please update it with us!

In order for us to keep you informed, we require your most up-to-date contact information. Whether you have just moved to a new program or your office address and/or telephone number has changed, please update your contact information with us. You can do so by emailing Susan Ratliff at sratlif@emory.edu.

Why become a member of ARAS?

Being a member of ARAS provides several benefits but the true impact of belonging comes from being an active member. By joining, you would develop a vested interest in your own growth/success and your professional future. ARAS members are our best sources of information, ideas, support and friendship.

If you're not yet a member but have wanted to join, the process is simple. The membership application is available online at www.arasurgery.org. Your application must include your current CV and a letter of support from your Program Director. All items should be mailed to:

APDS/ARCS Headquarters Office
6400 Goldsboro Road
Suite 200
Bethesda, MD 20817-5846

Welcome New ARAS Members!

7 coordinators were approved for membership at the October 2017 APDS Board of Directors Meeting in San Diego, CA. Please join us in welcoming the following new members of ARAS!

Jessica Anderson
University of Minnesota
420 Delaware Street, SE (MMC 195)
Minneapolis, MN 55455

Bethany Bennett, MHA, C-TAGME
Swedish Medical Center
747 Broadway Heath 10
Seattle, WA 98122

Nancy Igoe
Allegheny General Hospital
320 East North Avenue
Pittsburgh, PA 15212

Linsey Kasper
Rocky Vista University
10099 RidgeGate Parkway
Suite 200
Lone Tree, CO 80124

Lisa Leininger
University of Michigan
2920 Taubman Center
1500 E. Medical Center Drive, SPC 5331
Ann Arbor, MI 48109

Deborah Mussman
Franciscan Health – Olympis Fields
20201 S. Crawford Avenue
Olympia Fields, IL 60461

Eugenia Smith
University of Florida – Jacksonville
653 W. 8th Street
FC 3rd Floor
Jacksonville, FL 32209

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Let's Get SOCIAL

Mentor~Mentee Update

ARAS has had a mentor program in place for many years. The idea is for a new coordinator to be paired with a seasoned coordinator and for those individuals to form a relationship, share information, and ask questions of one another. Every attempt is made to match coordinators in the same geographic region and in similar institutions (University, Community, Military), but is not always guaranteed.

We currently have 32 mentor/mentee relationships. The ARAS EC will recognize a mentor who has gone above and beyond the call of duty to assist their mentee again this year. An email will be sent out to all mentees requesting an update on how everything is progressing with their mentor. Last year we had a great response from the mentees. The outstanding mentor will be announced at the Spring Meeting in Austin. If you would like to send comments regarding your mentor, please email them to heydukd@mlhs.org.

To become either a mentor or a mentee, you can visit the ARAS website at www.arasurgery.org and complete the online form. There are also announcements made and sign-up sheets available at the Spring meeting each year. In addition, you may contact the Mentor / Mentee Program Chair, Donna Heyduk, at heydukd@mlhs.org for more information.

Sunshine Committee

The purpose of this group is to relay the care and concern of fellow members in times of need by sending wishes of encouragement or sympathy. The Sunshine Chair will send a card to members for the following reasons:

- Serious illness
- Death of a member (sent to a designated family member)
- Death of an immediate family member (parents, spouse, children, stepchildren)

If you are aware of a fellow coordinator who is ill, lost a loved one, needs cheering up, or is going through a tough time, let us know.

Also, if you hear of someone who has received a promotion or an award with respect to her/his position as a residency coordinator, we would like to acknowledge this accomplishment.

Please email the Sunshine Chair, Dorothy Dickinson, at Dpettway@health.southalabama.edu, with the name, address and reason for the card.

Roommates—Austin

Want to attend the 2018 ARAS Spring Meeting in Austin but think you cannot afford accommodations at the beautiful Austin JW Marriott hotel? Consider sharing expenses on lodging with another coordinator. If you are interested in sharing the cost of a room with someone, please contact Dorothy Dickinson, at Dpettway@health.southalabama.edu.

Out & About In Austin

The Executive Committee has been working behind the scenes to put together a few outings while in Austin to get you out of those stuffy ballrooms. More details to come, but be sure to pack your walking shoes and join us as we explore all the fun places Austin is famous for!

Supporting the Female Surgical Resident

Rebecca A. Snyder, MD, MPH

Although all trainees benefit from administrative support during residency, female surgical residents are confronted with a unique set of challenges. In this article, I will briefly address a number of issues that impact female residents, with a specific focus on how a residency can intentionally and programmatically support them. Although this is by no means comprehensive, and the issues discussed do not apply to every woman resident in training, by drawing attention to these issues, we can more effectively support women in surgery and promote their success.

According to the Association of Women Surgeons in 2015, 19.5% of surgeons in the US are women, making up only 13% of Associate Professors and 8% of Professors in Academic Departments of Surgery. Given that women remain a minority in surgery, particularly in academic leadership positions, it can be difficult for many women to identify a female mentor. Although male faculty serve as effective and supportive mentors to many women residents, formal mentorship programs are necessary to connect female residents with an appropriate professional mentor at programs with fewer women faculty.

Women in surgery also face a number of subtle, inherent biases that can have a tremendous impact on personal wellbeing and can undermine their career advancement. Surgeons are expected to be confident, decisive, and assertive leaders, yet these are not personality traits that are considered "feminine," and force women to choose between being seen as effective and unlikeable, or likeable but ineffective. A recent study from Stanford found that surgical residents of both genders believe that residents, faculty, and the general public perceive men to be better surgeons than women.[1] A follow-up investigation found that female surgical residents feel judged specifically based on their gender more than men, which was associated with increased emotional exhaustion, depersonalization, and overall worse wellbeing.[2] Recent literature has also found that female residents are more often the recipients of workplace "bullying" by faculty and nursing staff, which can take many forms, including ignoring or withholding necessary information, belittling or undermining work efforts, and using destructive innuendo and sarcasm.[3]

Gender bias impacts women faculty as well, which undoubtedly has a trickle-down effect at the resident level. A recent study of faculty introductions at Internal Medicine Grand Rounds found that when women faculty are introduced by men, they are introduced by their professional title (i.e. "Dr. Smith") only 49% of the time. Yet, women introduced male faculty by their professional title 95% of the time.[4]

Despite their success, women also tend to underestimate their own abilities. In one study, general surgery and OB-GYN residents were asked to predict their scores prior to a Fundamentals of Laparoscopy (FLS) skills test. Self-predicted scores were significantly lower among women residents, yet there was no actual difference in test scores based on gender.[5] Sadly, a recent study from Northwestern found that female thoracic residents were given less autonomy in the operating room than their male counterparts.[6] Faculty education and frequent feedback will be critical to ensure that women receive equal opportunities for advancement in the OR and gain appropriate confidence in their surgical skill. Fortunately, despite these added challenges and subtle biases, female surgeons continue to provide high-quality, safe surgical care. Fewer patients treated by female surgeons died, were readmitted to the hospital, or had a major complication compared to male surgeons in a recent study of over 100,000 patients.[7]

Outside of the OR, women are frequently given "soft" opportunities for career advancement and are overlooked for administrative and leadership positions due to ungrounded assumptions about desired lifestyle and family demands. Surgical faculty often assume that women will naturally gravitate towards "lifestyle" surgical specialties, such as breast or endocrine surgery, and fail to consider them for subspecialties with more grueling training or operative risk, such as transplant, hepatobiliary, or cardiothoracic surgery.

Although not specific to surgery, women in science are more likely to be described as "productive" or "knowledgeable," and much less likely to be described in recommendation letters with standout descriptors, such as "brilliant," or "trailblazer," compared to male scientists according to several studies.[8,9] Certainly as women residents are applying for surgical subspecialty fellowships and faculty positions, it is critical that letters of recommendation fairly and accurately represent their skills and accomplishments.

Finally, as we've seen in the recent national media, sexual and gender harassment is pervasive and can occur in any workplace. Previous data has suggested that between 20-60% of women in surgery experienced sexual harassment as medical students, residents, or faculty, and between 85-90% reported experienced gender-based discrimination.[10,11] Likely many more women have been witness to inappropriate jokes or remarks. It is critical that every program clearly communicates expectations for professional behavior among its staff, as well as outlines the process to report and address any such incidences with anonymity and without fear of retribution.

In addition to the challenges inherent to surgical training,

Supporting the Female Surgical Resident, Cont.

many women elect to have children during residency, which comes with its own set of physical, emotional, and logistical challenges. It is a sad reality that the United States is one of only two countries in the world that does not guarantee paid maternity leave. Surgical residents face not only a male-dominated, cultural pressure to limit time off for maternity leave, but also a financial pressure as well. Women residents must use all of their allotted sick and vacation days to cover just a few weeks of maternity leave, leaving them no leave available for the rest of the year should the child (or mother) have a health need.

The American Board of Surgery permits residents to take six weeks of leave in the first three and/or last two years of general surgery residency and still complete residency on-time. Residents may also extend this leave and "pay back" additional time after graduation, which is now feasible given that fellowship start dates are delayed until August 1. Surgical residency programs should publish and distribute their program's leave policy to all incoming residents and develop a formal, supervised process for adjusting rotational and call schedules as needed when pregnancy occurs. We should encourage women to take *at least* six weeks of maternity leave before returning to work, and residents should not be asked to take extra call before or after maternity leave.

Because of countless health benefits to a mother and child, the American Academy of Pediatrics recommends exclusive breastfeeding for at least six months, continuing ideally until at least 12 months of age. If a woman plans to breastfeed, the first weeks after childbirth are essential for establishing a breastfeeding relationship. Upon returning to work, surgical residents immediately begin working long hours away from their children, and may not feel empowered to speak up about needing to express pumped breast milk at the necessary regular intervals. A private space to pump (or nurse) in close proximity to the operating room and patient care units should be mandatory. Additionally, residency programs should educate surgical faculty about the expectation to support breastfeeding among new mothers, specifically by providing regular breaks to pump during clinic, between cases, or by providing resident or first assistant relief for a nursing mother in the OR during a long operation.

Not all female (or male) residents will have children, and those who do not should also not be unfairly burdened with holiday or extra call simply because they do not have childrearing responsibilities. Some women may also struggle with fertility and should be allowed time off from work for regular appointments. The trauma of a miscarriage can also be easily overlooked- or even go unnoticed- by faculty and program directors, and yet warrants time away to heal physically and emotionally. Finally, we need to allow time to adequately address mental health among all residents, male or female, single or married.

As any parent knows, high quality childcare can be incredibly expensive, particularly given the sheer number of hours that surgical residents work per week, not to mention the hourly resident salary average of $13.28 (2014).[12] No day-care opens at 5 am and stays open 24 hours while a resident takes in-house call, and unfortunately, no day-care will care for a sick child. Although we are far from this reality at most centers, hospitals should work to provide subsidized, on-site childcare for residents. Emergency back-up childcare to assist resident parents with unexpected issues is just as critical.

Finally, the mental load of parenting is unequally distributed among dual-professional families, with women physicians performing nine more hours of domestic duties than men per week.[13] After working 80 hours per week, resident moms are going home to do laundry, wash baby bottles, pack lunches, and get up in the middle of the night to nurse or tend to a sick child. We need to provide financial and scheduling support for women residents so that they can tend to their own self-care, as well as the necessary care for their family, such as pediatrician appointments, financial planning, or housecleaning services, for example.

Male residents and fathers clearly share some of these challenges, and this discussion is not intended to diminish or overlook those. However, it is infrequent that these issues facing women residents in surgery are discussed, and often too late. Simple awareness among faculty, program directors, and program coordinators may go a long way towards beginning to address some of these challenges, and ensuring that women have the best opportunity for success in this demanding, but rewarding vocation.

Dr. Snyder is a Surgical Oncologist specializing in hepatopancreatobiliary surgery at the University of South Carolina School of Medicine Greenville. She completed General Surgery Residency at Vanderbilt University and Surgical Oncology Fellowship at MD Anderson Cancer Center.

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ACGME Spotlight

It's Critical to get it right!

Guidelines

The system will allow residents to identify the required minimum 40 (as of: 2018) surgical critical care index cases by using CPT Code 99292. Code 99292 will map to all seven of the surgical critical care conditions.

It is important for new users entering CPT code 99292 to understand that this index category is different from the other codes. CPT code 99292 (and it alone) will allow credit to be taken for multiple procedures on the same patient on the same day. You still need to mark one of the codes for credit, but on the report they will counted equally. After adding the second code, you will be prompted that the code is already in the selection list, simply click "Ok" to proceed.

Reports will provide both a summary of all instances in which the resident managed two of the seven index critical care conditions and a detailed report for each patient encounter that will identify all the conditions that were managed by the resident for any one patient.

Do not submit 40 of the same conditions. The completed logs should include experience, with at least one patient in all seven of the categories.

NEW SURGICAL CRITICAL CARE PROCEDURES
RRC CODE ASSIGNMENT

To follow is a list of RRC procedure values that have been assigned to the newly developed Surgical Critical Care Patient Management Procedures.

8410 - Ventilatory Management
(>24 hrs on ventilator)
8420 - Bleeding
(non-trauma patient >3 units)
8430 - Hemodynamic instability
(Req. Inotropic/pressor support)
8440- Organ dysfunction
(renal, hepatic, cardiac failure)
8450 - Dysrhythmias
(requiring drug management)
8460 - Invasive line management/monitoring
(Swan-Ganz, catheter, arterial lines, etc)
8470 - Parenteral/enteral nutritionBottom of Form

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Time for TAGME

The TAGME application portal is now open but you must act quickly if you want to be TAGME certified in 2018.

Organizational Structure

The leadership framework for TAGME has been redesigned to reflect the structure of the ACGME Review Committees. TAGME has established Certification Review Boards (CRB) arranged as follows to include specialties and subspecialties within each category:

- Hospital-based specialties
- Medical Specialties
- Surgical Specialties
- Institutions (ACGME and AOA-accredited institutional GME)

Specialty Review Boards (SRB) will remain an important component of the Board of Directors. Three members will be selected by the specialty to represent its interests on the appropriate CRB.

Certification

In order to make it possible for program administrators from any ACGME- or AOA-accredited residency/fellowship to become TAGME certified, a **global certification** is now available. This process consists of a **Qualifying Assessment (QA)**, a 3.5-hour, internet-based, open book evaluation. All QA candidates will receive instructions via email and must complete the assessment between the specified dates. Results are available shortly after completion. A score of 80% or greater is required for successful completion.

Candidates who successfully complete the QA will receive the **Certifying Assessment (CA)** via email. The candidate will have 8 weeks to complete the Certifying Assessment by the specified date. This assessment is also open-book and consists of narrative and matching questions. A score of 80% or greater is required for successful completion.

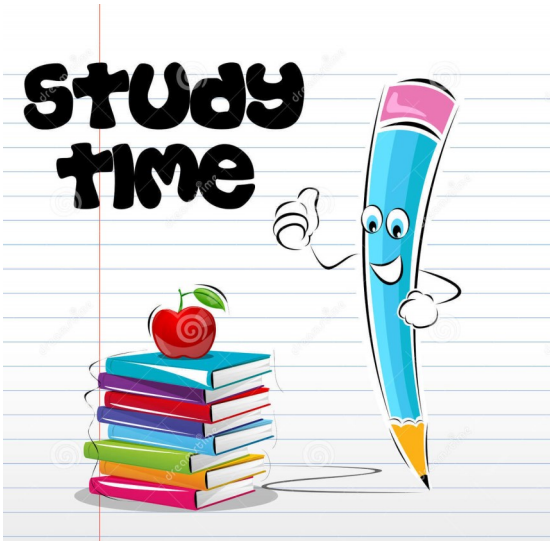
If successful on both parts, the candidate will be certified for five years. Candidates will have two attempts at each assessment. If unsuccessful, the candidate will have to re-apply.

Maintenance of Certification Assessment (MOC) is an internet-based, 3.5 hour, open-book format that will consist of 100 multiple choice and short-answer questions. MOC candidates will no longer be required to complete the Certifying Assessment.

The TAGME Board of Directors (BOD) revised the 2018 timeline:

January 1-February 28	Application Window
April 15-30	QA and MOC Completion
May 15-July 15	CA completion
October	Notification of Certification
November-December	Distribution of Certificates

For more information and application deadlines, please go to the TAGME web site at www.tagme.org.



NEWSLETTER WINTER 2018

See YOU in Austin!

Registration Now OPEN!

ASE: May 1-3, 2018

ARAS: May 3-5, 2018

This conference is designed to provide you with an outstanding educational experience and opportunities that will enable you to move your career forward and help you achieve and maintain success as a surgical residency coordinator. You will gain new skills and knowledge to enhance expertise as a surgical coordinator and increase current skill level.

If you attend only one conference this year, ARAS's annual conference is your best investment!

Project BOB

Breast Cancer Prevention Partners

Exposing The Cause Is The Cure

This year's Project BOB donations in our 2018 meeting in Austin will benefit Breast Cancer Prevention Partners (BCPP). Founded in 1992, Breast Cancer Prevention Partners (BCPP) is the leading science-based and advocacy organization working to prevent breast cancer (and other diseases) by eliminating our exposure to toxic chemicals. BCPP is working to transform how everyone thinks about and uses chemicals and radiation in order to protect our health, prevent breast cancer and sustain life.

From science to action to saving lives, BCPP focuses on:

- Elevating consumers' right to know
- Removing toxics from our food
- Making cosmetics safe
- Bringing breast cancer prevention to the forefront

BCPP prevention tips on personal care products, cleaning products, food packaging, and workplace health are some of their most sought after resources. Awareness and adoption of these tips can help redefine your daily routine and help you reduce your risk to the disease. Knowledge is power! Funds raised will continue to provide critical support for Breast Cancer Prevention Partners (formerly Breast Cancer Fund) work to prevent breast cancer by eliminating our exposure to toxic chemicals and radiation linked to the disease. If you would like more information on BCPP, you can visit www.bcpp.org .

A Road Well Travelled
ARAS New Coordinator Workshop 2018

Lisa Olson

It is a very exciting time for our organization. A new name and a new year creates plenty of opportunities for new program administrators. If you are a surgery program administrator who has been in your position for less than three years, mark your calendar for Wednesday, May 2, to attend the New Program Administrator's Workshop. Our 2018 Annual Meeting kicks off with a one-of-a-kind educational experience. Reflected by our theme, "Where in the World," this year's workshop will provide you with a guide map of tools and tricks of the trade to help you navigate the monthly, quarterly and yearly tasks an administrator is required to perform.

We begin the journey with a keynote address by Dr. James C. Hebert, The Albert, G. Mackay, MD '32 and H. Gordon Page, MD '45 Professorship in Surgical Education from University of Vermont Larner College of Medicine. Dr. Hebert will speak to us on the significance of a program administrator's role, and how you can contribute to the success of your residency program.

The voyage continues with session topics ranging from orientation to graduation, and everything in between. But fear not, you need not make the trip alone! Our mentor program pairs new administrators with seasoned administrators, eager to share their experience and knowledge with you. Look for sign-up opportunities at the meeting.

The day's learning is supplemented with networking opportunities. Not only will you have access to our ARAS Executive Committee throughout the day, serving as your tour guides into the wonderful world of surgery program administration, but the workshop day also provides two opportunities for networking and learning. A Dutch-treat group luncheon is planned at one of the local restaurants. We will break into groups of attendees, and each group will have an EC member at their table for questions, introductions and general guidance. You may also sign up to attend dinner with your workshop co-attendees at one of several nearby restaurants. Networking is one of the best tools an administrator can have . . . building relationships of professionals that can be ready to lend a hand now or in the future.

So, as you prepare for your expedition, make room in your return luggage for new knowledge, tools, contacts, and everything you need to continue your journey to becoming a successful program administrator. We'll see you in Austin. Safe travels!

Upcoming Professional Development Sessions

Jessica Roof

We are excited to share that we will be offering more Professional Development sessions this year to further increase your competence and performance, improve and broaden your knowledge and skills, and to continue to develop those personal qualities required to be successful in your professional career.

This year the Executive Committee chose the following, robust topics for our Professional Development sessions:

- Social Media Training/Use
- Developing Personal Leadership Skills
- Management
- Program Administrator Wellness
- ACGME Self-Study (provided by the ACGME)
- Dr. Juanita Braxton will bring us an update from the ACGME Program Coordinator Advisory Board and how the data from the ARAS research project is being utilized
- Our Keynote address will be provided by Mrs. Alice R. Gordon, Director, ORMC GME, Assistant DIO, Osceola Reginal Medical Center

For more information on these great sessions be on the lookout for the Surgical Education Week program coming out early Spring.

Following our meeting, you will be emailed a certificate of attendance for each PD session attended. Be sure to fill out those surveys during the meeting to earn credit. Remember, these sessions can and should be used towards initial TAGME certification or continuing education to maintain certification.