

NEWSLETTER SUMMER 2017



ASSOCIATION OF RESIDENCY ADMINISTRATORS in SURGERY

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



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2017-2018 Executive Committee Members

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Message From The President



Wow what a meeting we had in San Diego! Presentations were so well received. Many of you expressed your excitement about the meeting to each other and the ARAS Executive Committee through our new Facebook page. Energy is still high, and I love that you are asking for and sharing great tools and ideas via Facebook.

We had 43 new coordinators attend the New Program Coordinators workshop. Our Social Chair for last year, Mrs. Donna Heyduk, did an outstanding job of planning an outing in the evening for this group. Following the full day New Coordinator's Conference on Monday, 23 people took the ferry across the bay over to Coronado. The group had the choice to select from 2 different restaurants for dinner. This is the first evening outing for the new coordinators in many years. Both the food and the *camaraderie* were excellent, and the ride back across the bay later in the evening offered an outstanding view of San Diego at nighttime.

ARCS/ARAS experienced many changes this year, including: our organization's name change to the *Association of Residency Administrators in Surgery* aligning us more with TAGME, going green with on-line presentations, using a QR reader to complete our evaluations, and the ARAS Research Project presentations of "*The Perfect Storm is on the Horizon*" given at the APDS and ARAS meetings. We hope to follow-up with this project, and are hopefully optimistic that it will impact administrator's salary, job status, administrative support and assistance in regards to burnout. The APDS was very excited about the project. The ACGME and the ACGME Program Coordinators Advisory Group both asked to receive a copy of the research. Your voice was heard through this project!

Next year, we would like to see many of you submit posters for a new "program administrator's research showcase." We encourage you to begin thinking about that now and be part of this new event.

Your ARAS Executive Committee is already working on next year's program. Evaluations from the New Coordinators Workshop and ARAS meeting provided great suggestions for future presentations.

We appreciate all of our members and want to represent as best we can. Thank you for your support, ideas, participation and being the best bunch ever!

Darlene Norton, C-TAGME



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Meet the 2017~2018 ARAS Executive Committee



S. Darlene Norton, C-TAGME
Greenville Health System
Greenville, South Carolina

President — Darlene has been the residency coordinator for the Greenville Health System, Ramage Center for Teaching and Learning, Department of Surgery, since 2010. She has over 25 years of experience in graduate medical education. She served on the Board of Directors for the Association of Family Medicine Administration from 2006-2011. In 2009, she served as President. She and husband, Myron, have two children, Michael 28 and Melissa 24. She enjoys reading, music and spending time with family and friends.



SuAnn White, C-TAGME
University of Oklahoma
Oklahoma City, OK

President Elect — SuAnn has been a residency program coordinator at the University of Oklahoma College of Medicine since 2009. She started her career on campus in Student Affairs handling medical student scheduling in 2007. She and her husband, Chuck, reside in a historical section of Oklahoma City and spend a lot of free time working to restore their home that was built in 1933. She has many four legged children which bring much love and enjoyment to her life.



Donna Heyduk, C-TAGME
Lankenau Medical Center / Main Line Health System
Wynnewood, PA

Mentor/Mentee Chair & ARAS Liaison Representative to ACS — Donna has been an employee at Main Line Health System since 2005. Previously, she managed the Continuing Medical Education for the system and in 2012 she joined the General Surgery Residency Program. Donna and her husband, Bob, have 3 grown children and 2 dogs they enjoy spending their time with. She enjoys crocheting, cooking, and traveling.



Susan Ratliff, C-TAGME
Emory University
Atlanta, GA

Membership & Certificates Chair & SCORE Representative — Susan, an employee with Emory University in Atlanta, GA for 20+ years, joined the General Surgery Residency program in 2011. She previously managed the Geriatric Medicine and Hospice/Palliative Medicine educational programs in the Department of Medicine and was a program coordinator in the Department of Medicine's Office of Education. She graduated from Georgia State University. Susan is originally from New Orleans, LA and currently resides in Lithonia, GA. She enjoys traveling, reading, music and spending time with her family and friends.



Jessica Roof
Carolinas Medical Center
Charlotte, NC

Website & Publications Chair — Jessica joined the general surgery residency program at Carolinas Medical Center in April 2014 at the annual ARCS meeting in Chicago, IL but has been with the system since June 2009 serving as the vascular and cardiothoracic coordinator initially. Prior to that she was the general surgery and surgical critical care coordinator for 3 years at the University of South Carolina/Palmetto Health and remembers fondly attending previous ARCS meetings in Washington, DC and Toronto, Canada. She is married to her husband Jason and enjoys spending as much time as she can with their two active little boys, Slade (5) and Brooks (1.5).

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Meet the 2017~2018 ARAS Executive Committee, cont.



Lillian Badurina

**Mount Carmel Health System
Columbus, Ohio**

Immediate Past President — Lillian has been the Program Administrator for General Surgery at Mount Carmel West Hospital since 1997. She has two Children, Angela and Nikola and three grandchildren. Outside of work she enjoys walking with friends, traveling and spending time with her family. Lillian is the Administrative Director of a Croatian Group called Selo of Columbus, which performs the songs and dances of Croatia. She loves college football, especially the Ohio State University Buckeyes. She also sells buckeye necklaces at all the home games.

Welcome to the Newest Executive Committee Members

Please join us in welcoming the following as the newest members of the ARAS Executive Committee and thanking them for their help during our most recent ARAS meeting in San Diego.

Dorothy Dickinson

**University of South Alabama
Mobile, AL**

Professional Development, Sunshine & Social Event Chair — Dorothy Dickinson began her employment at University of South Alabama with the Department of Radiology in 2007. In 2012, she managed the surgery clerkship program and then became the residency program coordinator in the same year. Prior to joining the University, she was a Senior Researcher with the Proctor and Gamble Company in Bethel Connecticut for 8 years. Dorothy is originally from Brooklyn, New York. She graduated from Columbia Southern University with an AS in Business and has plans to pursue her TAGME certification next year. She and her husband, Shun have 3 grown children and 4 adorable grandchildren. They spend a lot of time doing evangelistically work with their church. She enjoys traveling, home remodeling, and reading.



Sarah Kidd-Romero

**University of Maryland Center
Baltimore, MD**

Social Media and Website Co-Chair — Sarah has been a coordinator for the General Surgery Residency at the University of Maryland Medical Center since 2011. Before this role in the Department of Surgery, she was the clerkship coordinator for two years. She graduated from Towson University with a bachelor degree in Psychology & Biology. Sarah is born and raised in Baltimore and is a dedicated fan of the Baltimore Ravens and Baltimore Orioles. The other loves in her life are her husband (of 5 years) and her two rescue dogs, Peanut & Hazel. Sarah and her husband enjoy their free time hiking, kayaking, and traveling to the national parks.



Lisa Olson

**Medical College of Wisconsin
Milwaukee, WI**

Executive Secretary — Lisa Olson has been the Program Manager of the Medical College of Wisconsin's General Surgery Residency program since December of 2013 and an employee of MCW since October of 2007. She began as a Program Coordinator for the Healthier Wisconsin Partnership Program and more recently was in the position of Program Manager for Community Pediatrics, working with second-year Pediatric Residents. Lisa has a BS in English and Communication and is currently pursuing her MBA with a concentration in Healthcare Management. Lisa is also involved with GME at a local level, serving as the Program Coordinator representative to the Housestaff Health and Welfare Committee at her institution. She and her husband, Ben, have two sons, Jay 24 and Zach 21. Lisa enjoys the Green Bay Packers, training for various community runs, and spending time with her family and friends.



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Departing Executive Committee Members

At the end of our meeting in San Diego, it was time to say thank you and goodbye to Chi Quach, Dawn Fountain, C-TAGME and Kim Molteg, C-TAGME.

Chi served as our Executive Secretary, President and most recently as Past President of ARCS. She was our computer wizard early on and the reason that ARCS Executive Committee completed their first research project. She has not only been an inspiration and mentor but a truly wonderful friend who has encouraged me to grow to be the professional I am today.

Dawn has pushed ARAS to many different levels and challenged us to do more. She was responsible for Project Bob which this year raised a record amount as well as Chaired the Publication and Professional Development Committee. She worked hours on the manuscript and has been an advocate to most of our after-hour adventures.

Kim Chaired our Sunshine & Social Events and was also our ACS Representative during her time on the committee. Kim was a very caring and dedicated leader in everything she was asked.

In addition to all their assignments these three were asked to stay on an additional year as consultants as we transitioned in replacing some of the vacant positions. Thank you all your hard work, leadership, friendship and dedication to ARAS, not to mention all the laughs we had together!

~ Lillian Badurina



2018-2022 EXECUTIVE COMMITTEE APPLICATION INFORMATION

Please consider applying to become a member of the ARAS Executive Committee. The committee is comprised of nine members and is responsible for the leadership of the organization and the development of our annual educational meeting. Each year the committee reviews all applications and tries to appoint one Community and one University based coordinator based upon open positions.

Criteria for applicants to the Executive Committee:

- Be a current member of ARAS
- Have attended at least three APDS/ARAS meetings
- Show written and financial support from your program director and/or chair to attend two meetings each year, the fall planning meeting in conjunction with the ACS and the spring SEW meeting
- Be able to attend all Executive Committee planning sessions (at least 2 meetings per year to include APDS/ARAS Spring conference) & conference calls
- Be willing to host a planning meeting if elected president
- Not have served on the committee during the past four years

Applicants should model professionalism. This includes, but is not limited to: promoting a positive learning environment, exhibiting good judgement, and demonstrating respectful behavior in response to those whom they serve. Applicants should also positively influence and promote a healthy work environment by consistently placing first the interest of other members and the organization as a whole. They should strive to guide and promote the success and advancement of the ARAS organization.

An electronic application is available on the ARAS website under the "Executive Committee" tab. You will be required to submit a photo, your CV and a letter from your Program Director/Chair.

Applications will be accepted until **September 15, 2017**.

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ARAS Membership Update

There are currently **376** coordinators listed in our membership directory! We are very excited that the membership continues to grow on a yearly basis. Please take a moment to review your contact information on our website. If any changes are needed, please contact Susan Ratliff at sratlif@emory.edu.

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

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

New ARAS Members

Thirty-seven coordinators were approved for membership at the April 2017 APDS Board of Directors Meeting in San Diego, CA.

Please join us in welcoming the following new members of ARAS!

Antia Adams

Morehouse School of Medicine
Atlanta, GA

Maxwell Bomser

South Nassau Communities Hospital
Oceanside, NY

Pam Bossard-Sanko

Penn State Hershey
Hershey, PA

Allyson Bremer

Baylor College of Medicine
Houston, TX

Ashley Beavers

University of Florida
Gainesville, FL

Gina Brooks

Swedish Medical Center
Englewood, CO

Melisa Beckman

SUNY at Buffalo
Buffalo, NY

Katrina Brungardt

Creighton University
Omaha, NE

Sandra Bolton

Palmetto Health Richland Hospital
University of South Carolina
Columbia, SC

Laura Campbell

University of Oklahoma COM
Tulsa, OK

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New ARAS Members, continued

Patricia Cano

ACGME ARMC/Kaiser
Fantana, CA

Barbara Caufield

University of Colorado
Aurora, CO

Jaye Chambers

Baylor College of Medicine
Houston, TX

Jessica Chavez

Paul L. Foster School of Medicine
El Paso, TX

Tracy Cottrell

Johns Hopkins University
Baltimore, MD

Julie Dill

Riverside Methodist Hospitals (Ohio Health)
Columbus, OH

Vanessa Dyson

Stamford Hospital
Stamford, CT

Sarah Flores

St. Joseph Hospital
Denver, CO

Katherine Hartzell

St. John Hospital and Medical Center
Detroit, MI

Amanda Jabri

VA Commonwealth University Health System
Medical College of Virginia
Richmond, VA

Frederica Jackson

Maine Medical Center
Portland, ME

Lana Ketlere

Boston Medical Center
Boston, MA

Rachel Lefevre

UTSW Medical School
Dallas, TX

Michael Lilley

Mountain Area Health Education Center
Asheville, NC

Nikki McCutchan

Loma Linda University
Loma Linda, CA

Danielle McKeever

UPMC Mercy General
Pittsburgh, PA

Esmeralda Mireles

Dell Medical School at UT Austin
Austin, TX

Cara Molinari

MedStar Washington Hospital Center
Washington, DC

Marianne Mylan

Brookdale University Hospital & Medical Center
Brooklyn, NY

Renee Pepin

University of New Mexico School of Medicine
Albuquerque, NM

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New ARAS Members, continued

Sophia Racchumi

Kaiser Permanente Los Angeles
Los Angeles, CA

Andrea Sondgeroth

Mercy Medical Center - Des Moines
Des Moines, IA

Sarah Saad

American University of Beirut Medical Center
Beirut, Lebanon

Myrna Vasquez

TTUHSC - El Paso
El Paso, TX

Jennifer Sexton

Keesler Medical Center
Keesler AFB, MS

Pamela Willis

UIC - Metropolitan Group Hospitals
Chicago, IL

Kylene Smartis

Northeast Georgia Health System
Gainesville, GA

30th Anniversary Celebration

Slogan Winner



Historian



Past Presidents



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What 30 People Created 30 Years Later

P.J. Schenarts, MD, FACS

President, Association for Program Directors in Surgery

ASSOCIATION OF RESIDENCY ADMINISTRATORS IN SURGERY

In 1988, when Paula Rusico, Sarida Paley and approximately twenty-eight other surgical residency coordinators were meeting in a conference room in Dallas, Texas, there was no way to predict what would become of this group 30 years later. At that time, the title coordinator was the best word to describe the job done by the program administrators of today. The term coordinator first appears in the English language around 1635, and referred to a co-subordinate. Thirty years ago, many surgical residencies were directed by the departmental chairman, with another subordinate surgeon and a coordinator often doing the work of managing the residency. The type of work back then was basically to maintain order in the residency. The rules were much simpler to interpret and comply with. With each passing year the complexity of the coordinator's job was amplified. For example, in 2003 the ACGME requirement for resident supervision was a single 16-word sentence. By 2011, this single requirement ballooned to 14 sentences of 251 words, which included the new terms of direct and indirect supervision.

Now 30 years since Dallas, the program coordinator's job is far more complex. In most cases she or he is the only person 100% devoted to the surgical residency. Not only have the residency program requirements become complex, the required documentation of compliance with these requirements is difficult but critical. While many departmental chairman no longer hold the title of program director, the never-ending push for faculty clinical productivity results in program directors having limited time to administrate the residency. As a result, the coordinator has been required to develop excellent verbal and written communication skills, as well as expert organizational skills. The coordinator is now responsible for a multitude of duties including: resident evaluations, documentation, recruitment, hospital appointments, licensing, credentialing, as well as compliance with ACGME and hospital policies. They are also responsible for distribution of educational materials,

scheduling conferences, and coordination of resident research related travel, and coordination of resident activities. None of this could have been predicted in 1988.

In the Journal Academic Radiology, Dianna Otterstad provides a month by month guide to the activities the coordinator is involved with over an academic year. While comprehensive, this list does not include a major function that is left unsaid; that of providing a support system for the residents. Donna Drake was my first coordinator and stood in for my deceased mother at my wedding. Former President, June Cameron, TAGME; followed her in that role. Each year she gave out the "Den Mother's Award", a cartoon illustration that captured all the struggles, joys and nuances of my own residency. Both of these women were the emotional support systems that allowed numerous residents to complete their training.

When one considers the current complexity of the occupation, the coordinator or co-subordinate is no longer applicable. In fact, it is down-right insulting. Imagine your spouse calling you a pupa, the worm like, immature form of a butterfly. The term Residency Administrator is far more reflective of the work that is actually being done. This recent change of the Association's name to replace the term coordinators with administrators better captures the complexity and critical nature of the occupation. With this change, the house of surgery joins internal medicine, pathology, anesthesiology, and family medicine in recognizing the important contribution to resident training our administrators make. It is hoped that the members of ARAS can influence those in radiology, psychiatry, ENT and emergency medicine to make similar changes in the formal names of their organizations and associations.

Thirty years ago, the term coordinator reflected co-subordinate nature of the relationship with the program director and the department. This term is now completely antiquated. If it was not for your advanced administrative skills set, none of our residencies would be successful.

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2017 Coordinator Recognition Award Sandy DelCoglin



Every year, the Association of Residency Coordinators in Surgery recognizes one coordinator nominated by her program director and members of her residency who has consistently gone above and beyond. This year's winner was awarded a crystal plaque as an extra thank you for 27 years of service and dedication to her program. This year's recipient is described by her program director as "superlative, the back bone of our surgical education program, she has been a sister, mother, a shoulder to cry on and taskmaster for her surgical residents." It was a pleasure to announce Sandy DelCoglin from Christina Care in Newark, Delaware as this year's winner.

Newest Coordinator Award

Door Prize Winners

Each year ARAS recognizes the coordinator in attendance that has been in their job for the LEAST amount of time.

This year we had THREE! The winners of the title "Newest Coordinator" at our San Diego meeting were Vanessa Jordan from Pinnacle Health Hospitals, Lauren Dickerson from Tulane University School of Medicine, and Max Bomser from South Nassau Community Hospital.



All three received a gift bag which included a lovely assortment of items brought from various EC hometowns.

Each attendee at the ARAS conference in San Diego was given an entry into our daily door prize drawings. Winners had to be present at the time of the drawing to win.

Each winner received an Amazon Fire Tablet this year. Thanks for participating each day!



CONGRATULATIONS to all our winners!



Attendees of the New Coordinators Workshop held at the San Diego Meeting on April 17, 2017

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Mentor-Mentee Update

A mentor's role is to teach, guide, and help shape the professional growth and learning of the mentee and to serve as a positive role model. At our annual meeting during Surgical Education Week in San Diego this year, the ARAS Executive Committee was proud to recognize Lauren Hook from Einstein Health Care System (Philadelphia) as the 2017 recipient of our annual Mentor Award. Her mentee, Andrea Sondgeroth from Mercy Medical Center in Des Moines, Iowa, described a very tumultuous start to her career when just a couple of months after starting they received notice that the ACGME was withdrawing their accreditation. Andrea went on to describe how they had 1 month to revamp their problem areas and turn a new application into the ACGME. Lauren was there for Andrea from advice and shared documents to examples guidance with new policies. Andrea and Lauren are grateful for the relationship formed at just the right time.

To become either a mentor or a mentee, you can visit the ARAS website at www.arcsurgery.org and complete the online form or you may contact the Mentor / Mentee Program Chair, Donna Heyduk at heydukd@mlhs.org for more information.

We make a living by what we get, but we make a life by what we give. –Winston Churchill



~ Membership Perk ~

ARAS members have the added benefit of being able to access our Photo Gallery where they can view LOTS of pictures from our San Diego meeting and other past meetings!

www.arcsurgery.org

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.

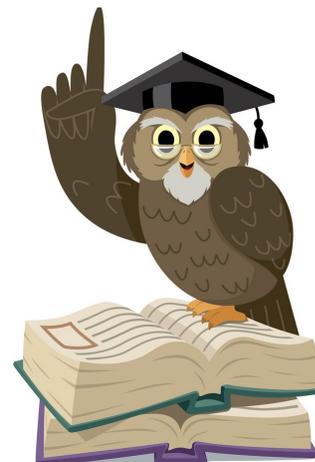
Please email the Sunshine Chair, Dorothy Dickinson, at Dpettway@health.southalabama.edu, with the name, address and reason for the card.

Professional Development

The Professional Development sessions were a success again this year. We had 202 attendees and 404 certificates were sent out to attendees. Reviews of the sessions were overall positive.

If you participated in the sessions and turned in your evaluation and have not yet received your certificate, please contact Susan Ratliff at: sratlif@emory.edu.

We will begin planning the professional development series for Austin during our October planning meeting. Please let us know if you have any ideas for speakers or topics.



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When Tragedy Strikes

Hurricane Harvey

Houston and surrounding areas of Texas

Friday, August 25, 2017

ASSOCIATION OF RESIDENCY ADMINISTRATORS IN SURGERY

The Association of Residency Administrators in Surgery organization sends its prayers to our members and friends in Texas. Our hearts are burdened with all the devastation that this great state has endured. With all this said, as a community of strong willed people, the amazing coming together of our nation has been clearly realized in the acts of kindness from all the volunteers who have become heroes to us all. Many of our friends across the nation are running to the rescue. This outpouring of support and love is what being an American is all about.

For those of us at home, there are many things we can do to show our support. You can use the link below to the American Red Cross to make a \$10 donation.

<https://www.redcross.org/donate/hurricane-harvey>

The American Hospital Association (AHA) announced this week that the Texas Hospital Association (THA) has established the THA Hospital Employee Assistance Fund to help hospital employees who experienced significant property loss or damage because of Hurricane Harvey. All funds will be used to directly assist hospital employees in Federal Emergency Management Agency-designated disaster areas. Administrative services are being provided in kind so that 100 percent of donated funds will be used to assist hospital employees. The AHA has contributed an initial \$50,000 to the fund. To donate directly to THA, follow this link:

<https://www.tha.org/Harvey/ReliefFund>.

Find a donation center in your town that is coordinating a relief effort and do what we do best. . . get your residency program involved in collecting items that are desperately needed, or beginning a fund drive.

And never forget, giving blood is a simple thing to do, but it can make a big difference and help save a life.

The ARAS Executive Committee will continue to do all we can as an organization to help keep us connected by providing notices and messages through our ARAS Facebook page. Links above will also be placed on the ARAS website homepage.

Again, as a community let's do what we can to help our friends in Texas.

Stay strong Texas,

Darlene Norton, C-TAGME



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The more you know... FEC & FES

Implementation of the American Board of Surgery Fundamentals of Endoscopy Curriculum into a general surgery training program: understanding FES and FEC

John D. Scott MD FACS FASMBS and S. Darlene Norton, C-TAGME

ASSOCIATION OF RESIDENCY ADMINISTRATORS IN SURGERY

In many small communities across the United States, the sole providers of endoscopic procedures are general surgeons. Unfortunately, many underserved areas of the country do not have gastrointestinal physician services available. To meet this ever-expanding need, general surgeons have traditionally been trained to perform endoscopic surveillance and basic therapeutic endoscopy. The American Board of Surgery (ABS) has relied on a number of factors to demonstrate competency, including specialty certification, prior training, and the performance minimum number of procedures.

In 2011, a consortium of medically-based gastrointestinal endoscopic societies published a joint statement critical of the methods in which many hospitals granted endoscopic privileges to general surgeons. The crux of their argument centered around the apparently lack of a defined educational curriculum within general surgery training programs, specifically for endoscopy. In recognition of this perceived deficiency of acceptable documentation of competency, surgeons affiliated with the Society of American Gastrointestinal Endoscopic Surgeons (SAGES) in 2013 developed the Fundamentals of Endoscopic Surgery™ (FES) program, a training and evaluation system based loosely on the successful Fundamentals of Laparoscopic Surgery™ (FLS) program. The FES program consists of several online didactic training modules followed by a skills evaluation performed on an endoscopic simulator.

In 2014, the ABS followed suit by issuing a policy mandating that general surgery residency programs institute the Fundamentals of Endoscopy Curriculum (FEC). This broad based document addresses gaps in the documentation of acquisition of endoscopic skills by general surgery residents. In general, the board initiated a “stepwise, milestone-based curriculum that includes both didactic and hands on training.” In effect, this new outline for endoscopic training in general surgery residency training supersedes the mandatory minimums previously used to demonstrate competency for endoscopy. This mandatory requirement must be completed by all

residents who complete their training in the 2017-2018 academic year. Failure to have appropriate documentation of completion all stages of the FEC will prevent residents from applying to take their ABS qualifying exam.

During the roll out of the FEC, there was some confusion on the proper implementation of the curriculum within training programs. Much of the misunderstanding seemed to have centered on differences between the FEC and FES. The SAGES-based FES is the final step (Level V) within the FEC. It is often helpful to think of the process in this context: the FEC is a multi-year curriculum designed to familiarize residents with endoscopic methods and techniques, whereas FES is final exam to demonstrate competency. In addition, trainees are required to utilize the Global Assessment of Gastrointestinal and Endoscopic Skills (GAGES) performance evaluation tool, culminating in score of 18, which correlates with technical competency.

The key to successful implementation of FEC is organization and documentation. Currently, there is no repository for verification of completion of the entire curriculum. Much like its sister program FLS, residents who complete FES will receive a certificate. As a warning though, residents who complete the FES exam but yet have inadequate documentation that they have completed the entire FEC may be denied access to the ABS qualifying exam. Therefore, it is the responsibility of the resident and the residency coordinator to accurately document completion of each level of the FEC.

Although the FEC was constructed to give broad guidelines to residency programs to design and interpret their own specific curriculum, the ABS intent is clear on several salient points: step-wise acquisition of technical and cognitive skills beginning at the PGY-1 level and extending until the PGY-4 level, completion of the mandatory minimums for endoscopy, establishment of a dedicated endoscopy rotation, progression to a GAGES score of 18, and completion of FES in the PGY-4/5 year. Residency programs were given some leeway on the materials used in didactic

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The more you know... FEC & FES, cont.

sessions and how technical skills acquisition are assessed though residency.

In our program at the Greenville Health System, we immediately designed an endoscopy education program that would be inline with the standards set in the ABS-FEC document. There are 5 levels of competency assigned within FEC. Each level of endoscopic competency is independent of PGY level. Residents may advance to higher FEC levels regardless of their advancement in PGY level. Each FEC level has a set of didactic tasks and endoscopic skills attainment that need to be completed prior to advancement. For FEC levels 1 and 2, the didactic recommendations can be found in the Appendix A of the ABS-FEC document. These are suggested sources from the SCORE curriculum, the FES didactics, or various textbooks. Once again, these are suggested texts, program are given freedom to choose the didactic method that best provides information to their residents. For lower level skills acquisition, technical milestones are best achieved through simulation and hands-on training.

In mid-level FEC levels, the didactic lessons continue but real world endoscopic training is initiated. A dedicated endoscopic rotation is highly recommended by the ABS. Residents will begin to be evaluated on performance with use of the GAGES questionnaire. There is no specific guideline for the number of endoscopies that must be performed during FEC level 3; however, for clarity and for needed progression toward ABS minimums, our program assigned 20 upper and lower endoscopies that must be performed at this level (with GAGES forms turned in). In FEC level 4, once again, an arbitrary assignment of 5 uppers and 5 lowers was initiated in our program, but all endoscopies must be performed at a GAGES score of 18. In FEC level 5, ERCP experience is introduced, 5 additional endoscopies are required at a GAGES level of 18, and the FES certification process can begin.

As you can see in the table on pg. 14, all residents are given an FEC tracking sheet that documents their progression through FEC levels. This document tracking sheet is kept in their permanent file and is available for presentation to the ABS should it be required. Successful completion of the FEC

requirements is expected by the beginning of the PGY 5. Graduation from residency cannot proceed until FEC documentation is complete and FES certification is confirmed by certificate.

In addition, residency programs are required to document and provide tracking on the FEC progress for all residents. In our program, a global tracking worksheet identifies where residents are in the FEC process so that we can identify trouble areas and prescribe an appropriate intervention. The ABS requires updates on the progress of residents and FEC.

This is the Greenville Health System General Surgery Program's interpretation of the ABS-FEC document. Once again, flexibility of design is built into these mandates. For all residents, each residency program must demonstrate their own step-wise progression of attainment of didactic and technical skills culminating in FES certification in order to fulfill the ABS mandate. We believe that our FEC-FES program meets these basic requirements.

We strongly recommend using the ABS-FEC document handy as a resource as you develop your own FEC-FES program, but be mindful that your residents will NOT be able to take their ABS Qualifying Exam without documentation of completion of the FEC program, and FES certification is insufficient alone to document compliance.

ASGE, AASLD, ACG and AGA statement regarding the ABS mandate for surgery resident training in endoscopy (2011). <http://www.asge.org/uploadedFiles/Pressroom/JointSocietyABSTrainingStatement2011.pdf>. Accessed 23 Apr 2013.

Jeffrey W Hazey et al., "Why Fundamentals of Endoscopic Surgery (FES)?," *Surgical Endoscopy* 28, no. 3 (December 7, 2013): 701–3, doi:10.1007/s00464-013-3299-3.

The American Board of Surgery Flexible Endoscopy Curriculum For General Surgery Residents. https://www.absurgery.org/default.jsp?certgsqe_fec

NEWSLETTER SUMMER 2017

The more you know... FEC & FES, cont.

ASSOCIATION OF RESIDENCY ADMINISTRATORS IN SURGERY

| FEC Tracking Sheet | | To be kept in Permanent File | | | | | | | | | |
|---|-----------------------------|------------------------------|---------------------------------|--------------------------|---|--------------------------|--|--------------------------|---|--------------------------|--|
| Resident name | | | | | | | | | | | |
| Anticipated Graduation Year | | | | | | | | | | | |
| Level | 1 | ✓ | 2 | ✓ | 3 | ✓ | 4 | ✓ | 5 | ✓ | |
| Cognative Milestones Completed | Score EGD module | <input type="checkbox"/> | FES module 1 | <input type="checkbox"/> | FES Module 2 | <input type="checkbox"/> | FES Module 7 | <input type="checkbox"/> | FES Module 8 | <input type="checkbox"/> | |
| | Score Colonoscopy module | <input type="checkbox"/> | FES Module 4 | <input type="checkbox"/> | FES Module 3 | <input type="checkbox"/> | FES Module 9 | <input type="checkbox"/> | FES Module 12 | <input type="checkbox"/> | |
| | | | FES Module 5 | <input type="checkbox"/> | FES Module 6 | <input type="checkbox"/> | | | | | |
| | | | | | FES Module 10 | <input type="checkbox"/> | | | | | |
| | | | | FES Module 11 | <input type="checkbox"/> | | | | | | |
| Technical Milestones Completed | One handed wheel deflection | <input type="checkbox"/> | Proper Scope setup and function | <input type="checkbox"/> | 20 Upper Endoscopy GAGES shoresheets returned | <input type="checkbox"/> | 5 Upper Endoscopies with a minimum GAGES score of 18 | <input type="checkbox"/> | Assist with 5 ERCPs | <input type="checkbox"/> | |
| | Control of suction | <input type="checkbox"/> | Trouble shooting | <input type="checkbox"/> | 20 Lower Endoscopy GAGES shoresheets returned | <input type="checkbox"/> | 5 Lower Endoscopies with a minimum GAGES score of 18 | <input type="checkbox"/> | 5 Upper or Lower Endoscopies with GAGES score of 18 | <input type="checkbox"/> | |
| | Irrigation Insufflation | <input type="checkbox"/> | Scope Manipulation | <input type="checkbox"/> | | | | | | | |
| | Passage of instruments | <input type="checkbox"/> | | | | | | | | | |
| | | | | | | | | | Obtain FES certification | <input type="checkbox"/> | |
| Residents must complete all requirements for each level to progress to next level | | | | | | | | | | | |
| Attestation of FEC Completion by Program Director | | | | | | | | | | | |

Call for Abstracts

Please plan on joining us for our annual meeting in Austin, TX May 3-5, 2018. More information will be available on the website soon!

Be a part of the meeting!! If you have an idea for a presentation, speaker, panel discussion or break out session, we want to hear from you. The committee is responsible for the development of the spring conference and we need everyone's input regarding new topics and sessions that attendees will find beneficial to plan a successful conference. Even if you have an idea for a presentation or a topic you would like to hear more about but are not willing to present, please complete the abstract form and the committee will try to find a way to incorporate it into our conference.

Abstract Deadline is September 15, 2017.

You may submit an abstract by going to our website and completing the abstract form:

www.arcsurgery.org



Save the Date

ASE: May 1-3, 2018

ARAS: May 3-5, 2018

Austin, TX