American College of Surgeons

General Surgery Residency Survey

Program Name:
Respondents' Names:  
Respondents' Positions:  

Question 1.
How many chief residents have graduated from your program in each of the past five years, by gender?

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
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</thead>
<tbody>
<tr>
<td>2005</td>
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<tr>
<td>2006</td>
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<td>2007</td>
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<td>2008</td>
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<tr>
<td>2009</td>
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</tbody>
</table>

Question 2.
What is the total number of categorical residents, by gender, that have entered your program over the past five academic years (2004/2005 through 2008/2009)?

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
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<tr>
<td>Female</td>
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</tbody>
</table>

Question 3.
How many chief residents graduating from your program in the past five years (2005-2009) have entered surgical clinical fellowships immediately following graduation from your program?

Total number (2005-2009)
Number in each sub-specialty:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
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<tr>
<td>Cardiothoracic</td>
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<tr>
<td>Colorectal</td>
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<tr>
<td>Critical Care</td>
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<tr>
<td>Endocrine</td>
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<tr>
<td>Hand</td>
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<tr>
<td>Hepato-Biliary-Pancreatic</td>
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<tr>
<td>Minimally invasive/laparoscopic</td>
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<tr>
<td>Oncology</td>
<td></td>
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<tr>
<td>Pediatric</td>
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<tr>
<td>Plastics</td>
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<tr>
<td>Transplant</td>
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<tr>
<td>Vascular</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Question 4.
How many categorical residents have left your program over the past five academic years (2004/2005 through 2008/2009), prior to completing five clinical years in your program, in order to enter other surgical sub-specialty residencies? (Do not include residents who transferred to another general surgery residency program.)

Number in each sub-specialty:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiothoracic</td>
<td></td>
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<tr>
<td>ENT</td>
<td></td>
</tr>
<tr>
<td>Neurosurgery</td>
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<td>Ophthalmology</td>
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<tr>
<td>Orthopedic Surgery</td>
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<tr>
<td>Plastics</td>
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<tr>
<td>Urology</td>
<td></td>
</tr>
<tr>
<td>Vascular</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

(please specify)
Question 5.
What is the total number of categorical residents, by gender, that have left your program over the past five academic years (2004/2005 through 2008/2009) prior to completing five clinical years, in order to enter a non-surgical specialty? (for example, family practice, anesthesia, internal medicine)

Male  (total for 2004/2005 through 2008/2009)
Female  (total for 2004/2005 through 2008/2009)

Question 6.
What is the total number of categorical residents currently enrolled in your program?  
(Years 1 through 5)  
Of these, how many are supported by GME Medicare?  
(Your institution's graduate medical education director will have this information.)

Question 7.
How many faculty members are involved in resident education at your program, as reported to the Residency Review Committee (RRC) in your most recent Program Information Form (PIF)?

Number of faculty members

Question 8.
(Program Directors only)
ACGME requires that "each resident has at least 750 cases per resident across five years of training" and that programs seeking an increase in complement demonstrate "adequate clinical material and complex operative cases." (http://www.acgme.org/acWebsite/downloads/RRC_progReq/440_general_surgery_01012008_u08102008.pdf p. 8 and p. 12)
Based only on this ACGME requirement (if funding were NOT an issue), do you currently have clinical and operative volume to accommodate an increase in resident complement?

- Yes
  If Yes, how many additional residents per year could your program accommodate based on current clinical and operative volume?  
- No

Question 9.
(Program Directors only)
Below is a list of procedures based on the Surgical Council on Resident Education (SCORE)'s list of "essential and common" procedures to be included in a curriculum for a five-year general surgery residency training program. These procedures are defined by the SCORE as "frequently performed operations in general surgery; specific procedure competency is required by end of training (and should be attainable primarily by case volume)."
Overall, how would you characterize the number of these "essential and common" procedures available to your residents during their training?

- We have the just the right amount of these procedures to meet resident training needs.
- The number of these procedures available exceeds resident training needs.
- It is a struggle to meet resident training needs for at least some of these procedures.

- Abdomen - General
  Open exploratory laparotomy
  Bowel resection
- Abdomen - Hernia
  Open and laparoscopic hernia repair (inguinal, femoral and ventral)
- Abdomen - Biliary
  Open and laparoscopic cholecystectomy with or without cholangiography
- Abdomen - Liver
  Open and laparoscopic liver biopsy
- Abdomen - Spleen
- Upper and lower endoscopy/bronchoscopy
- Breast, Skin and Soft Tissue
  Breast biopsy and mastectomy
  ALND and SLN
- Endocrine
  Partial or total thyroidectomy
  Parathyroidectomy
- Surgical Critical Care
  Pulmonary artery catheter placement
  Airway management/tracheostomy
  Measurement of compartment pressures (abdomen, extremity)
- Vascular - Venous
Open and laparoscopic splenectomy

- Alimentary Tract - Esophagus
  - Laparoscopic antireflux procedure

- Alimentary Tract - Stomach
  - Percutaneous endoscopic gastrostomy
  - Open gastrostomy

- Alimentary Tract - Anorectal
  - Hemorrhoidectomy
  - Subcutaneous lateral internal sphincterotomy
  - Drainage anorectal abscess
  - Anal fistulotomy

Venous insufficiency and operation for varicose veins

- Vascular - Access
  - Arteriovenous graft/fistula

- Thoracic Surgery
  - Chest tube placement

- Pediatric Surgery
  - Inguinal herniorrhaphy in children
  - Umbilical hernia repair in children

Question 10.
(Program Directors only)

Below is a list of procedures based on the Surgical Council on Resident Education (SCORE)’s list of "essential and uncommon" procedures to be included in a curriculum for a five-year general surgery residency training program. These procedures are defined by SCORE as "rare, often urgent, operations seen in general surgery practice and not typically done in significant numbers by trainees; specific procedure competency required by end of training (but cannot be attained by case volume alone)."

Overall, how would you characterize the number of these "essential and uncommon" procedures available to your residents during their training?

- We have the just the right amount of these procedures to meet resident training needs.
- The number of these procedures available exceeds resident training needs.
- It is a struggle to meet resident training needs for these procedures.

- Abdomen - Biliary
  - Open common bile duct exploration

- Abdomen - Spleen
  - Splenectomy/splenorrhaphy

- Alimentary Tract - Esophagus
  - Open antireflux procedure
  - Laparoscopic repair of paraesophageal hernia

- Alimentary Tract - Stomach
  - Partial/total gastrectomy
  - Transect vagotomy and drainage

- Alimentary Tract - Small Intestine
  - Repair of duodenal perforation
  - Superior mesenteric artery embolectomy/thrombectomy

- Alimentary Tract - Large Intestine
  - Subtotal colectomy with ileorectal anastomosis/ileostomy

- Alimentary Tract - Anorectal
  - Excision of anal cancer
  - Whipple procedure

- Trauma
  - Management of esophageal trauma
  - Splenectomy/splenorrhaphy
  - Repair hepatic lacerations
  - Drainage pancreatic injury
  - Repair bladder injury
  - Repair vascular injury
  - Fasciotomy for injury

- Vascular - Arterial Disease
  - Embolectomy/thrombectomy artery
  - Amputations

- Thoracic Surgery
  - Exploratory thoracotomy Paracardial window for drainage

- Pediatric Surgery
  - Pyelotomy
  - Emergency operation for malrotation
  - Emergency operation for intussusception

- Genitourinary
  - Nephrectomy
  - Orchectomy
  - Repair iatrogenic ureteral injury

- Head and Neck
  - Cricothyroidotomy

Question 11.
Have you applied for an increase in resident complement from the Residency Review Committee (RRC) during the past five academic years (2004/2005 through 2008/2009)?

- Yes
- No

Question 12.
(Program Directors only)
With regard to the training of general surgeons in the U.S., do you believe:

- We are training too many surgeons nationally.
- We are training the correct number of surgeons nationally.
- We are not training enough surgeons nationally.

Question 13.
(Program Directors only)
Do you believe that there is currently a shortage of general surgeons in the U.S.?

- Yes, across the nation
- Yes, in some places
- No
- Not sure

Question 14.
(Program Directors only)
Please provide additional comments about the current supply of general surgeons or general surgery training capacity.