

2-2019

Assessing the Operative Log Data of Traditional (5+2) vs. Integrated (0+5) Vascular Training Programs

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Recommended Citation

Gillan, Ernest C.; Feghali, Anthony; Nguyen, Tuong; Salvatore, Dawn; DiMuzio, Paul; and Abai, Babak, "Assessing the Operative Log Data of Traditional (5+2) vs. Integrated (0+5) Vascular Training Programs" (2019). SKMC JeffMD Scholarly Inquiry, Phase 1, Project 1.

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SI CTR Abstract
December 15, 2018

Assessing the Operative Log Data of Traditional (5+2) vs. Integrated (0+5) Vascular Training Programs

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Introduction: In 2006, the Accreditation Council for Graduate Medical Education (ACGME) approved an integrated 5 year vascular surgery residency program. Operative experience can be used as a surrogate marker for success in the evolving field of vascular surgery training.

Objective: The purpose of this study is to compare the operative experience of those graduating from the traditional (5+2) vascular training program with the integrated (0+5) program.

Methods: National operative case log data supplied by the ACGME was gathered and organized for vascular surgery residents graduating between 2013 and 2018. Mean case numbers were compared between integrated vascular residents and traditional vascular fellows (mean case numbers for vascular fellows included cases from their general surgery residencies).

Results: The 5+2 trainees performed 36% more overall procedures than the 0+5 trainees (mean, 1650 vs 1050). The greater number of overall procedures performed by the 5+2 trainees was primarily realized by an increased number of abdomen (e.g. biliary, small/large intestine) cases. However, the 5+2 trainees performed 8% less vascular procedures (mean, 786 vs 854). The greater number of vascular procedures performed by the 0+5 trainees was primarily realized by increased numbers of endovascular (e.g. endovascular peripheral obstruction) and venous (e.g. caval filter) cases.

Discussion: The integrated 0+5 graduates performed more total vascular procedures than their 5+2 counterparts. The overall total operative experience remains greater for the traditional 5+2 graduates, given their additional two years of training. Further longitudinal studies will be needed to fully assess the effect of the new integrated 0+5 training paradigm.