Regarding “Association of Program Directors in Vascular Surgery (APDVS) survey of program selection, knowledge acquisition, and education provided as viewed by vascular trainees from two different training paradigms”

The results of this exceedingly important survey\(^1\) point to a vital area for improvement in our training programs for vascular residents. It is not surprising that our residents indicate the business side of training as one of the areas that needs improvement. Almost 69% and 70% of integrated and independent residents, respectively, opined that they needed more education in this area. In a survey, 13\(\%\) practicing vascular surgeons in a regional vascular society were asked to score their knowledge of 11 business-related topics.\(^2\) The mean score of respondents was a dismal 7.7 out of a possible 20 maximum points achievable.

Since the survey, the Department of Surgery at Ohio State started a 24-month practice management once a month curriculum, which is mandatory for fourth and fifth year General Surgery Residents. The topics include healthcare economics, personal finance, purchasing insurance products, choosing financial advisers, healthcare law, marketing, physician-hospital relationships, evaluating employment agreements, and many other practical topics. Vascular Residents are also invited to attend but are rarely in attendance due to other commitments. This has proved to be a major plus for the program in truly getting General Surgery residents ready for the “real world” as well as a major asset in recruiting new applicants to the program.

The Association of Program Directors in Vascular Surgery should create a basic framework for a practice management program and persuade Program Directors to incorporate this important aspect in the Vascular Residency training on equal footing with the scientific parts of instruction. No longer is this knowledge valuable for just those graduates entering private practice. Academic Vascular Surgeons will need this knowledge as well.

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REFERENCES

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Reply

A critical evaluation of surgical education and, in fact, all medical education is taking place on many fronts. Our survey was an attempt to determine the current strengths and challenges of our training programs from the perspective of the trainee. Certainly, the business aspect of vascular surgery is one area that appears to have taken a back seat to other educational efforts. In this letter to the editors, an article is mentioned which suggests that we, as surgeons, have not embraced the business side of surgery to the degree required in the current environment. Included within our manuscript are four articles that reflect the fact that essentially all those involved in surgical education—resident, educator, and practicing surgeon—believe that such training is very important to the ultimate success of a vascular surgeon. The Association of Program Directors in Vascular Surgery, as sponsor of the survey, is aware that we as instructors will need to address this area of perceived educational deficiency.

I applaud the authors for having instituted a practice management course within their Department of Surgery that includes many of the practical issues so important to understanding the business of surgery. I cannot comment on the local involvement of the vascular surgery residents. What would be most helpful to advance the concept of a dedicated business course within surgical training would be a detailed description of the program, a pre- and postcourse measurement of knowledge gained and possibly a method to determine how it has improved the postresidency competence of the involved residents. If your program has in place for any length of time, such an evaluation of your course could provide critical insight into those areas most important to the residents and ultimately to the practicing surgeon. With all that must be covered in a vascular surgery training program and with the time constraints imposed, providing a course with proven and measurable standards is becoming ever so important.

The business aspect of surgery is important in the education of our residents and to their future success. It must be addressed within our training programs as must the cognitive, technical, professional, interpersonal communication, and systems-based understanding of a well trained vascular surgeon.

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Regarding “Results of endovascular aortic aneurysm repair with general, regional, and local/monitored anesthesia care in the American College of Surgeons National Surgical Quality Improvement Program database”

Edwards and colleagues are to be commended for their excellent analysis of anesthesia morbidity related to endovascular repair of abdominal aortic aneurysms (EVAR) based on data in the National Surgical Quality Improvement Program Database.\(^1\) Since vascular surgeons may read this report and, in the future, suggest spinal anesthesia for their EVAR patients, we would like to comment on some of the issues elucidated by this report. As correctly stated in their conclusion,\(^2\) the National Surgical Quality Improvement Database (NSQIP) database is not designed to analyze anesthetic data, and as such cannot bring to the discussion known variables, such as anesthesia duration, perioperative temperature, use of specific pharmacologic agents, fluid administration, obesity, etc. Therefore, trying to speculate as to why one anesthetic technique is associated with a certain outcome is going to be challenging. There is also a tendency to view general anesthesia as a fundamentally noxious technique compared with regional anesthesia in elderly patients, when in actuality, objective evidence for this position is lacking. Take, for example, Goldstein et al’s recent study...