The need for autonomy in vascular surgical training: We need an autonomous board and RRC

A younger vascular surgery program director’s perspective
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A (younger) Vascular Surgery Program Director should...

- Provide comprehensive VS training and the environment to learn the art of vascular surgery
- Be an advocate and sponsor for current trainees
- Anticipate future specialty developments to tailor/modify current training paradigms to future needs
- Educate about the history of our specialty: learn from the past in an era when history is “disappearing”

What do trainees want?

- Exposure to a wide range of patient diseases and vascular surgical procedures
- Interaction with invested faculty
- To be prepared for the next career phase
  - Clinical practice
  - Research
  - Running a business
  - Functioning within a system
  - Leading our specialty

Ultimately, we answer to...

Shouldn’t we remember to be patient-centric, not self-serving?

- Do they care about our independent board?
- Nope.

Patients want:

- Communication
- Qualified (we know that means board certification)
- Recommended specialist (competition with other specialties)

Disclosures

- None for this presentation
ABVS attempt failed, BUT…

- Actually accomplished its goal of steps towards independence
  - Recognized changing practices (endovascular)
  - Independent certificate
  - Changes to integrated training requirements
  - Independent training without general surgery program
  - Control over exams (initial and re-cert)
  - Isn’t this what we were wanting?
  - Seems like ABS is changing to meet the times and understands the message sent in the ’90s

Independence of specialty

- Defined by an independent board (a "thing")
  - Don’t we teach our children to value intangibles over tangibles?
  - Or, defined by respect?
  - Increased numbers
  - Current new program application is onerous
  - Gaining reimbursement by working with insurance providers
  - Becoming chairs of departments and heads of centers (locally, still dominated by gen surg)
  - Working with specialties closest to ours

SVS survey

- Emphasis on trainees’ thoughts
- Include all VS, not just current members (don’t we want new members brought in to support the collective voice?)
- True analysis of what it would cost
- Start up
- Maintenance
  - Transferred to members, obviously
  - Smaller voice (3rd smallest)
- Include view of colorectal’s experience
- Is VSB accomplishing these goals already?

In the end…

- Our specialty is beginning to be respected/recognized due to the giants before us
- Plenty of work before us
- Include the next generation of leaders
- Strive to higher standards
- Accomplished by an independent RC and some form of vascular surgery board

Thank You

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