

SCIENTIFIC PROGRAM

THURSDAY, SEPTEMBER 11, 2008

8:00 A.M. – 12:00 Noon

EXECUTIVE COUNCIL MEETING - Doty Room (Hilton Hotel)

1:00 P.M. – 3:00 P.M.

SESSION I - Lecture Hall (Monona Terrace)

INTRODUCTORY REMARKS

Brian G. Rubin, M.D., President

*PRESIDING: Patrick J. Geraghty, MD
Sandra C. Carr, MD*

1. Educational Challenges for Vascular Surgery Training Programs: An Initial Proposal for a Skills Module-based Open Vascular and Endovascular Surgical Skills Curriculum

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OBJECTIVES: There is little consensus supporting the use of simulation or skills module training to enhance the surgical skills of vascular surgery residents, and currently there exists no national vascular or endovascular surgical skills lab curriculum for vascular surgery training programs. The aim of our presentation is to describe the initial development and implementation of a comprehensive skills module-based curriculum into an accredited vascular surgery training program.

METHODS: Our curriculum is comprised of the following skills module components: clinical, noninvasive vascular laboratory, open surgical, endovascular, and uncommon, rare and emergency surgical skills modules. Modules are divided into 3 groups: Phase I-basic/core skills; Phase II-advanced skill procedures; Phase III-team based skill training. A total of 50 modules have been developed. Modules are defined as being low, intermediate or high fidelity training models. Vascular resident performance during each skills module is assessed using procedural checklists, time constraint assessments, and global rating scales. Translational performance from the skills lab to the operating room and endovascular suite is evaluated using procedure specific performance rating instruments.

RESULTS: Incorporation of the skills module-based curriculum into our training program begins July 1, 2008. Our initial analysis will focus on the ease of implementation of the curriculum into the training program, initial start-up cost data, impact on the vascular trainees 80-hour work week, impact on faculty

time schedules, and construction of preliminary learning curves and reliability measures for each of the skills modules and vascular surgery trainees.

CONCLUSIONS: Our proposal is the first documented attempt at incorporating a surgical skills module-based curriculum into the core training of vascular surgery residents. We believe the curriculum content of our proposal has the potential to positively affect the technical and clinical education of the vascular surgical trainee. We believe that a clinical vascular and endovascular skills module-based curriculum is a valid educational tool that will help to improve patient safety and address core competency issues facing current program directors in vascular surgery.

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