

Available online at www.sciencedirect.com

ScienceDirect

www.elsevier.com/locate/semvascsurg

Vascular surgery practice and training: Perspectives of a recent integrated 0+5 graduate

Mathew Wooster*

Department of Surgery, Division of Vascular Surgery, Medical University of South Carolina, 114 Doughty Street, BM 654E, MSC 295, Charleston, SC 29425

ARTICLE INFO

ABSTRACT

The development of the 0+5 integrated vascular training program allows training to begin after medical school and is a “new” paradigm in specialty surgery training. Whether community and academic surgeons in practice will accept this training program remains an unanswered question. My perspectives as an integrated vascular resident trainee who recently entered clinical practice provide insight on the adequacy of my training and the lessons I have learned as a vascular surgery specialist.

© 2019 Elsevier Inc. All rights reserved.

The integrated vascular surgery residency was established in 2006, with its inaugural class maturing with two graduates in 2012 (University of South Florida, Stony Brook University). As the training paradigm has continued to expand, with 53 programs now in the country, there remain naysayers with concerns about whether the trainees are graduating with sufficient experience and maturity to become fully accepted members of the vascular surgery workforce. While no one can immediately dispel these qualms, we can and should ease the minds of medical students considering an application to one of these programs who fear future repercussions of their decision with a few lessons from a recent integrated 0+5 vascular surgery graduate.

Lesson 1: Age does not matter, a specialist is a specialist

Vascular surgery is the most frequently called intraoperative consult in most hospital systems. That can be an

intimidating prospect for a fresh graduate, especially if the operating room you walk into has a veteran attending operating across the table. Add in the fact that with the integrated program, we are finishing at a younger age than ever before, and this can be even more startling. The stakes are often high and typically stress levels are already at a peak in the room by the time you arrive, and another surgeon has had to put ego aside to ask for assistance. What does that senior person then say to a very young, very fresh vascular surgeon who walks into their operating room to help? “Thank you for coming.”

In just 6 months of practice I have been called into cases with colleagues from the following specialties: otolaryngology, neurosurgery, trauma surgery, colorectal surgery, surgical oncology, and breast and endocrine surgery. Not once has there been any reaction other than gratitude for my arrival and assistance.

The further out from training surgeons get, the less experience they have with problems outside of their own specialty. That makes you even more valuable to the senior surgeons; fear not their calls.

*Corresponding author.

E-mail addresses: woosterm@musc.edu, mathew.wooster@gmail.com.

Lesson 2: Your partners are crucial, pick them well

In training, you are surrounded by other trainees going through the same experiences that you are at the same time. Once you graduate, there may be other new faculty members who have joined, but generally there is only one new member within each specialty at a given center. That is a pretty big change from rounding in teams of 3 to 5 people, always having a co-resident or co-fellow to call at 2 AM to complain about the nursing staff or the grumpy attending. But your partners are your new work-family. Pick them well and you will always have someone to talk to about anything that may arise, good or bad, in the hospital. You can work together to help correct challenges in the operating room staffing or supply, you can discuss scheduling conflicts, and as a team make the work environment a better place. When you look for a new job, it is not important that you and your partners share the same hobbies or have similar taste in music, but it is crucial that you share common professional goals and a common sense of the routes to take to improve patient care and your overall work–life balance.

Lesson 3: Your way is not always the best way, but it is a good way

Particularly if you enter academic medicine, you are essentially guaranteed to hear the following phrase: “that is not how Dr X does it.” And Dr X is, naturally, the best, most wonderful doctor ever created and has never had a complication, ever. Trust your training and trust yourself. The caveat to this is to stay open to new ideas. Medicine is an art as much as it is a science, and seeing new ways to do things is never bad; you can choose which parts you keep and incorporate into your own practice and which new ideas are not for you and your patients. One of the most exciting parts of surgery is the opportunity to work with other surgeons and see how they learned to do things because, just as for you, their way is not always the best way, but it is a good way.

Corollary lesson 4: You did not learn everything, you have not seen everything, and you do not know everything

Especially in a technology-driven field like vascular surgery, there are constantly new devices coming out. It is important to critically evaluate the new devices conceptually as well as the data that are available for them, which is often quite limited. It is perfectly fine to try new devices that you did not use in your training, but surround yourself with people who can support that decision—see lesson number two, your partners are critical.

Lesson 5: You will have a lot of “free” time when you start a new job, take advantage of it

Going from a training program where you are a service chief in charge of three or more faculty surgeons to a practice where you are responsible for one surgeon—yourself—means downtime. There will not be nearly as many patients to care for in the hospital or operations to perform, and your clinics will not be busting at the seams—yet. At first, this can be an unsettling feeling, but use the time wisely because you may not get this again. Once your practice builds up you will be busy again, therefore, until then, use the opportunity to establish good habits/patterns so that once you are busy they are already in place. This has broad-reaching implications. Habits and patterns can be as simple as getting sufficient sleep, cooking/eating healthy meals, and exercising routinely. But it also entails establishing clear relationships with your partners, administrators, staff, and others so that each of you knows the expectations of the other. Be clear about your workflow for scheduling cases and how your clinic should be arranged before it becomes overwhelming.

Lesson number 6: Billing is hard

Most people do not learn anything about billing while in training, and then, all of a sudden, post-graduation, it becomes one of the most important parts of your day. If you do not bill correctly, you do not receive credit from the hospital for the work you are doing and you do not receive financial credit from the insurance providers for the effort you expended. Compounding the situation is the fact that billing changes almost every year with new Current Procedural Terminology codes and new rules! This is another good place to rely on your partners to show you the ropes. This is also a good place to use some of your “free” time to meet with your local billing/coding staff to receive some education on the topic and to establish a good contact point for down the road (when you are busy and need a quick answer about how to bill for something). Billing/coding can be one of the most overwhelming parts of starting practice, but within a short period it just becomes another box that you check after each patient seen: note—check, orders—check, prescriptions signed—check, follow-up—check, dictation—check, billing—check.

Finally, lesson 7: Vascular surgery is amazing, challenging, ever-changing, and you have never seen it all

Stay humble, but also know that we have the best career that exists. Surround yourself with good people, do your best to maintain a work–life balance, and reap the rewards of all the hard work you put in. Take pride in knowing that you will help an extraordinary number of patients through physically and emotionally challenging times over the course of your career. Good luck.