Developing the AAST Acute Care Surgery Fellowship Program

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HISTORY

Why? What was the need?
• Trauma perceived as non-operative
• Surgical Critical Care mandated by most trauma programs is largely non-operative
• No uniform training model for trauma surgeons
• ABS does not recognize trauma surgery as a specialty
• No universally recognized voice to represent trauma surgeons
• Public, payers and legislators are expecting improvements in process and outcome of care.
• Need for patient access to quality trauma care, emergency general surgery care and critical care

J Trauma: 2005;58:614-616
The question was asked:

“Can the attractiveness of the field of trauma surgery in America be improved in the face of many challenges?”

The danger trauma surgeons face currently in the field is attracting too few recruits and that won’t change unless a clear advantage and meaningful purpose is found AND we can provide an opportunity to define a new, exciting, needed discipline.

How was this accomplished:
In August 2003, a joint meeting between the leadership of:

- American Association for the Surgery of Trauma (AAST)
- Committee on Trauma (COT)
- Eastern Association for the Surgery of Trauma (EAST)
- Western Trauma Association (WTA)

met to discuss restructuring the training and practice of trauma surgery.
Leadership from the following groups were invited:
- American Surgical Blue Ribbon panel
- American Board of Surgery
- ACS Division of Education
- Surgery Residency Review Committee
- American Association of Program Directors in Surgery
- Society of Critical Care Medicine
- American Trauma Society

It was decided at this meeting that AAST would be lead organization
- In September 2003, President Ronald Maier formed a new Ad Hoc Committee
- Committee to Develop the Reorganized Specialty of Trauma, Surgical Critical Care, and Emergency Surgery, Chaired by Gregory J. Jurkovich, M.D.
- In 2005, the Committee was renamed the Acute Care Surgery Ad Hoc Committee
- It was moved to a standing Committee in 2006
PROGRAM

• 2007
  • First curriculum published
  • Program Information Form (PIF) completed
  • Site visit package developed

• 2008
  • First program, University of Nevada Las Vegas approved
  • Three programs were approved in 2008/2009: University of Colorado/Denver General, University of Pittsburgh, and UCSF-Fresno
  • Fellowship completion test developed

• 2009
  • Certificate of completion developed

• 2010
  • Curriculum reviewed and revised, new curriculum published July 2010
  • Online operative case log system developed

• 2012
  • Journal of Trauma name changed to Journal of Trauma and Acute Care Surgery
  • AAST conference name changed to: Annual Meeting of AAST and Clinical Congress of Acute Care Surgery
  • Revisit package developed
2013
- First site revisit – Las Vegas
- History chronicled in The American Association for the Surgery of Trauma 75th Anniversary Commemorative Book
- Program completion test reviewed and 50% of questions rewritten (new test approved 1/2014)
- First year data of case log analyzed and presented at AAST Annual Meeting, Sept. 2013
- AAST Acute Care Surgery (ACS) Program Directors Committee Formed

2014
- Denver and Fresno revisits
- Curriculum review and revision

Other
- Current number of programs: 16
- Site 17 visit scheduled for March 2014
- Over 45 fellows completed the fellowship
Costs – Direct and Indirect

August 2003-March 2006 estimated

- Indirect Costs
  - In person meetings – at least once a year
  - Conference Calls – quarterly
  - All volunteer time, no staff
  - Volunteer hours: approximately 500-750 per year

- Direct Costs:
  - Meetings held at Chicago, O’Hare
  - 19 committee members/volunteers
  - Estimated costs: $25,000 per meeting

March 2006-December 2013

- Indirect costs (per year):
  - 25 person committee
  - Monthly conference calls (~300 hours)
  - Site visits (~185 hours)
  - In person meeting once a year and at Annual Meeting (~350 hours)
  - Project work (~500 hours)

- Direct Costs (per year)
  - Committee meeting, Case Log Hosting, Honoraria, Marketing/Database, Test Validation, Travel Expenses - $38,000-$75,000
  - Staff time: ~$40,000-$50,000
Total Costs

Direct Expenses (non staff) since 2003: $475,000
(estimated, 2006-2013 $400,000*)

* $20,000 to build the online operative case log

Direct Expenses (staff) since 2006: $275,000*
* About 15-20% of overall staff time

Indirect/Volunteer time since 2003: ~10,000 hours
(estimated, since 2006 ~8,500)

Total income received from site visits: $92,000

What’s Next:

• Mapping of operative case log to essential and desired list
• Review of case log system and decide on enhancements
• Computer generated fellowship test
• Proposal to Board of Managers for dedicated part-time staff

More information? www.aast.org
Click on “Acute Care Surgery”