“Academic vs. Clinically-based Vascular Surgery Fellowships”

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General Surgery Resident Program Breakfast
SVS Vascular Annual Meeting June 7, 2012
National Harbor, MD
My younger brother, Joe, is a private practice orthopedic & hand surgeon in Augusta, GA.

Trained in clinically-based programs

Questioned my sanity re: pursuing academics
Why would you do an academic fellowship?

• Interested in a career in academic surgery
• Interested in a research experience
  – If you like to ask questions and find answers
• Case quality/complexity
• Access to resources, networking
• Don’t care for the “business” aspects of modern medicine
  – you’d rather teach
• You like the “pomp and circumstance” of an academic program
Why you might NOT do an academic fellowship

• No interested in an academic career
• *Do not want to compete with “other learners”*
• *Want to do “bread and butter” cases*
• Want to do lots of “bread and butter” cases
  – Case volume
• Desire to be prepared for private practice environment
• Value efficiency
Who are these other learners?

- General Surgery Residents
- 0+5 vascular residents
- NP/PA/nurses
- Medical students
- Radiologists
- Cardiologists
- Neurosurgeons
Why would you do an clinically-based fellowship?

• Interested in private practice career
  – Not that interested in research or teaching
• Want to be prepared for the “business” of medicine
• Interested in front-line practice
  – In the trenches, all the time
• You don’t want to compete with “other learners”
• Value efficiency
Why you might NOT do an clinically-based fellowship

• The opportunity to do research and teach in the future is important to you
  – Plan a future in academic surgery
• You want to do a lot of complex cases on a regular basis during your training
• You like taking care of “challenging” (aka very ill) patients with “significant” (severe) vascular disease
• You were dropped on you head at birth
Can I go into academics if I do a clinically-based fellowship?

• Short answer is yes… but it might be difficult
• A clinical fellowship might not emphasize what academic department looks for in future hires
  – Publications, research…
• Conventional wisdom says that is easier to go from an academic training program to private practice and from a clinical training program to an academic practice
• Check the track record of the fellowships you are interested in
Am I committed to an academic practice if I do an academic fellowship?

- Short answer is no
- Since the UM Vascular Fellowship started in 1982...
  - We have graduated 24 fellows
  - 18/24 (75%) have stayed in academics
  - 6/24 (25%) have gone into private practice
- Again, check the track records of the fellowships you are interested in
If I choose an academic fellowship how can I prepare for a career in private practice?

- Billing + coding
- Establishing a referral base
- Covering call
- Understanding contracts
- SVS courses
- Off-site rotations
Can you really get research done in the two years of fellowship?

• You will have the opportunity to write book chapters, review articles, moderate

• Ask about research commitment, expectations, and protected research time

• Our last 10 fellows published 55 papers (basic science + clinical) – average of 5.5 papers during their fellowship years

• Clinical programs are less likely to have this opportunity, especially in basic science
# Differences in Case Volume and Distribution

**Case Volume Requirements**

<table>
<thead>
<tr>
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<th>Minimum #</th>
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<tbody>
<tr>
<td>Abdominal</td>
<td>30</td>
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<tr>
<td>Cerebrovascular</td>
<td>25</td>
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<tr>
<td>Peripheral</td>
<td>45</td>
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<tr>
<td>Complex</td>
<td>10</td>
</tr>
<tr>
<td>Endovascular Therapeutic</td>
<td>80</td>
</tr>
<tr>
<td>Endovascular Diagnostic</td>
<td>100</td>
</tr>
<tr>
<td>Endovascular Aneurysm repair</td>
<td>20</td>
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<tr>
<td><strong>Minimum required cases</strong></td>
<td><strong>315</strong></td>
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</table>
## Case Numbers - Graduating Senior Vascular Fellow

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<thead>
<tr>
<th></th>
<th>Primary</th>
<th>Required</th>
<th>Secondary</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Abdominal</td>
<td>91</td>
<td>30</td>
<td>20</td>
<td>111</td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>92</td>
<td>25</td>
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<td>107</td>
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<tr>
<td>Peripheral</td>
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<td>57</td>
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<tr>
<td>Complex</td>
<td>101</td>
<td>10</td>
<td>40</td>
<td>141</td>
</tr>
<tr>
<td>Endovascular</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Diagnostic</td>
<td>39</td>
<td>100</td>
<td>201</td>
<td>240</td>
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<tr>
<td>Therapeutic</td>
<td>107</td>
<td>80</td>
<td>73</td>
<td>180</td>
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<tr>
<td>Graft</td>
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<td>20</td>
<td>4</td>
<td>38</td>
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<tr>
<td><strong>Total Major Open</strong></td>
<td>334</td>
<td>82</td>
<td></td>
<td>416</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
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<td></td>
<td>874</td>
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</tbody>
</table>
Other Differences in the training paradigms…

• Niche cases- complex vascular surgery- are more often seen in academic programs
  – Fenestrated stent grafts, TAAA, pediatric vascular

• Faculties at academic programs tend to be larger
  – More points of learning

• Faculties in clinically-based programs tend to be smaller
  – More personal and more like an apprenticeship
Other Differences in the training paradigms...

- Practices and hospitals at clinically-based programs tend to be more streamlined and efficient
  - Less scut, fewer Tylenol calls, fewer distractions
- Clinically-based programs tend to have more amenities for trainees (or rather they have them in place for the staff and allow trainees access)
  - Surgeon’s lounges, doctor’s cafeteria,
Summary

- Both types of training programs have their advantages and disadvantages
- Both have and will continue to produce well trained and competent vascular surgeons
- Choose a program type based on your future practice goals
- When in doubt, I would recommend choosing an academic program
Celiac/Hepatic Artery Graft
SMA Graft
Right Femoral Conduit
Right Renal Artery Graft
Left Renal Artery Graft