

“Academic vs. Clinically-based Vascular Surgery Fellowships”

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Society for Vascular Surgery Disclosure Slide



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- 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

| | Minimum # |
|-------------------------------------|------------------|
| Abdominal | 30 |
| Cerebrovascular | 25 |
| Peripheral | 45 |
| Complex | 10 |
| Endovascular Therapeutic | 80 |
| Endovascular Diagnostic | 100 |
| Endovascular Aneurysm repair | 20 |
| Minimum required cases | 315 |

Case Numbers- Graduating Senior Vascular Fellow

| | Primary | Required | Secondary | Total |
|--------------------------|---------|----------|-----------|-------|
| Abdominal | 91 | 30 | 20 | 111 |
| Cerebrovascular | 92 | 25 | 15 | 107 |
| Peripheral | 50 | 45 | 7 | 57 |
| Complex | 101 | 10 | 40 | 141 |
| Endovascular Diagnostic | 39 | 100 | 201 | 240 |
| Endovascular Therapeutic | 107 | 80 | 73 | 180 |
| Endovascular Graft | 34 | 20 | 4 | 38 |
| Total Major Open | 334 | | 82 | 416 |
| | | | | 874 |

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,*

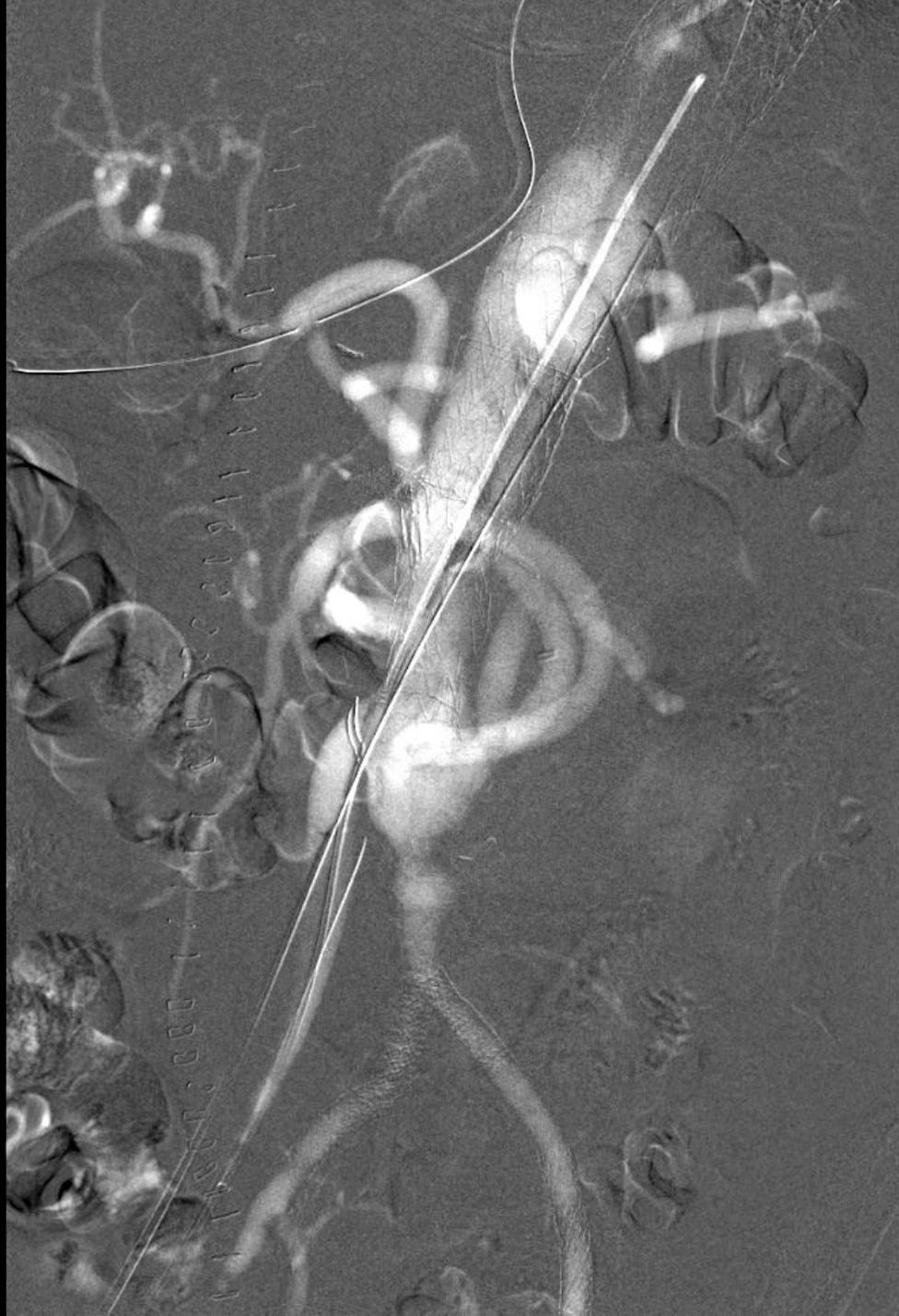
Summary

- 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
Graft**



SMA Graft



duit



