



2-2019

Assessing the Operative Log Data of Traditional (5+2) vs. Integrated (0+5) Vascular Training Programs

Ernest Gillan, BS

Thomas Jefferson University, ernest.gillan@jefferson.edu

Anthony Feghali, MD

Thomas Jefferson University, anthony.feghali@jefferson.edu

Tuong Nguyen, MD

Thomas Jefferson University, tuong.nguyen@jefferson.edu

Dawn Salvatore, MD

Thomas Jefferson University, dawn.salvatore@jefferson.edu

Paul DiMuzio, MD

*Thomas Jefferson University, Paul.Dimuzio@jefferson.edu**See next page for additional authors*

[Let us know how access to this document benefits you](#)

Follow this and additional works at: https://jdc.jefferson.edu/si_ctr_2021_phase1 Part of the [Medical Education Commons](#), and the [Surgery Commons](#)

Recommended Citation

Gillan, Ernest C.; Feghali, Anthony; Nguyen, Tuong; Salvatore, Dawn; DiMuzio, Paul; and Abai, Babak, "Assessing the Operative Log Data of Traditional (5+2) vs. Integrated (0+5) Vascular Training Programs" (2019). SKMC JeffMD Scholarly Inquiry, Phase 1, Project 1.

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Authors

Ernest Gillan, BS; Anthony Feghali, MD; Tuong Nguyen, MD; Dawn Salvatore, MD; Paul DiMuzio, MD; and Babak Abai, MD

Ernest Cole Gillan
SKMC Class of 2021
SI CTR Abstract
December 15, 2018

Assessing the Operative Log Data of Traditional (5+2) vs. Integrated (0+5) Vascular Training Programs

Ernest C. Gillan BS, Anthony Feghali, MD, Tuong Nguyen, MD, Dawn Salvatore, MD, Paul DiMuzio, MD, Babak Abai, MD

Introduction: In 2006, the Accreditation Council for Graduate Medical Education (ACGME) approved an integrated 5 year vascular surgery residency program. Operative experience can be used as a surrogate marker for success in the evolving field of vascular surgery training.

Objective: The purpose of this study is to compare the operative experience of those graduating from the traditional (5+2) vascular training program with the integrated (0+5) program.

Methods: National operative case log data supplied by the ACGME was gathered and organized for vascular surgery residents graduating between 2013 and 2018. Mean case numbers were compared between integrated vascular residents and traditional vascular fellows (mean case numbers for vascular fellows included cases from their general surgery residencies).

Results: The 5+2 trainees performed 36% more overall procedures than the 0+5 trainees (mean, 1650 vs 1050). The greater number of overall procedures performed by the 5+2 trainees was primarily realized by an increased number of abdomen (e.g. biliary, small/large intestine) cases. However, the 5+2 trainees performed 8% less vascular procedures (mean, 786 vs 854). The greater number of vascular procedures performed by the 0+5 trainees was primarily realized by increased numbers of endovascular (e.g. endovascular peripheral obstruction) and venous (e.g. caval filter) cases.

Discussion: The integrated 0+5 graduates performed more total vascular procedures than their 5+2 counterparts. The overall total operative experience remains greater for the traditional 5+2 graduates, given their additional two years of training. Further longitudinal studies will be needed to fully assess the effect of the new integrated 0+5 training paradigm.