

**Methods:** An online survey was sent to ninety-one vascular surgery program directors; seventy-nine programs responded for a return rate of eighty-seven percent.

**Results:** Eighty-one percent of programs currently have a 5-2 structure. Eighty-four percent of programs recruit via the match, while twenty-five percent recruited outside the match. Seventeen percent of programs had residents involved in vascular surgery research prior to committing to vascular surgery. Two-thirds of programs have a vascular medicine program. Simulators are currently in use in twenty-three percent of programs. Eighty-three percent of programs involve rotations in two or more institutions. Two-thirds of programs have medical student focus groups. Over fifty percent of programs are completely independent from general surgery. Of those responding, only six percent stated that they had open positions under their cap. Fifty-two percent said they were exploring changes in their programs. Of these, thirty-two percent said they were hoping to expand their program, and eighty-nine percent said they were exploring a move to a 0-5 model. However, many saw barriers to expansion, with cost being the most commonly cited hindrance. Two-thirds of respondents reported their administrations were supportive of expansion.

**Conclusion:** While sixteen programs have been approved for the 0-5 model, many other institutions are also interested in moving in that direction. Ninety-one applicants have applied for the currently available 0-5 positions.

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PP27.

**Vascular Surgery Resident Operative Experience 1999-2007: The Need for Alternative Training Modalities**

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**Objective:** The emergence of a variety of endovascular technologies in the past decade has resulted in a dramatic change in the scope of vascular surgery practice. The number of complex open vascular surgery cases has decreased significantly accompanied by an increase in the number of minimally invasive catheter-based procedures performed. It would be expected that vascular surgery trainee exposure to complex open cases would also diminish. This review was undertaken to 1) analyze the impact of these changes in practice patterns on the training of vascular surgery residents and 2) identify content areas for alternative educational opportunities.

**Methods:** Vascular Surgery Case Logs submitted to the Accreditation Council for Graduate Medical Education (ACGME) by graduating vascular surgery residents were analyzed. The frequency of both open and endovascular procedures was determined. The mean with standard deviation, maximum and mode was available for all years. The mode, the most commonly reported number by trainees for a given procedure, was used to compare each procedure annually.

**Results:** Case log data was analyzed from July 1, 1999 to June 30, 2008. During the 9 year study period a mean of 103 trainees from 86 programs reported cases to the ACGME annually. In 2008, the most commonly coded procedure by trainees completing a vascular surgery fellowship was 55 diagnostic arteriograms. In 1999, the most commonly coded procedure was 38 femoral-popliteal-tibial bypass/endarterectomies FPTBE. (Table)

**Conclusions:** Despite a dramatic increase in endovascular procedures during the past 9 years, vascular surgery residents continue to report satisfactory experience with common open vascular operations. Gaining experience in complex open procedures, varicose veins and dialysis access remains as much of a challenge today as it did in 1999. Alternative training modalities such as online learning modules, regional symposia, and simulation centers may help bridge this gap.

**Most commonly reported vascular trainee case numbers**

Procedure	2008	1999
Ruptured AAA	2	3
AAA	11	21
EndoAAA	20	n/a
TAAA	1	0
CEA	25	28
Renal BPG	0	0
FPTBE	23	38
Fem-Fem	5	4
Dialysis Access	0	0

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PP28.

**General Surgery Resident Participation Validates Vascular Surgery SCORE Curriculum**

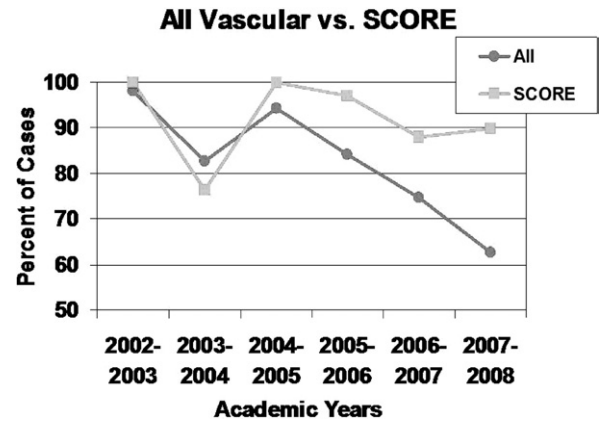
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**Objective:** The Surgical Council on Resident Education (SCORE) published their patient care curriculum in April 2008. It has been met with controversy. The SCORE Curriculum decreases the vascular skill level of general surgery residents. We have described our observation of diminishing resident participation in vascular surgery. We hypothesized that residents continue to participate in SCORE cases.

**Methods:** A retrospective review of the Vascular Surgery database from July 2002 thru June 2008 was done to evaluate the type of case and resident involvement. A subset of vascular cases that residents are supposed to master according to the SCORE curriculum was analyzed. The percentage of all vascular cases and SCORE vascular cases with resident participation was then compared over time by academic years and evaluated.

**Results:** A precipitous drop in resident coverage of all vascular surgery cases was observed. Resident participation was 98.2%, 82.6%, 94.4%, 84.2%, 74.6%, and 62.6% over the study period. Among SCORE cases, the percentage of resident participation was 100%, 76.7%, 100%, 97.1%, 87.9%, and 89.9%. Regression analysis shows a steep decline for all vascular cases but statistically no change for SCORE.

**Conclusions:** In our training program, the residents have free will to cover whichever cases they desire. Other than the RRC defined category requirements for 44 vascular cases, they are not obligated to cover any other vascular surgeries. In our experience, a decline in the coverage of vascular cases by general surgery residents has occurred. No such decline has happened when separating out the SCORE subset. This validates the SCORE curriculum and has important implications for training future vascular surgeons.



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PP29.

**Unilateral Baroreceptor Stimulation is as Effective as Bilateral Therapy for Blood Pressure Reduction in Patients with Resistant Hypertension: Multicenter Trial Results of the Rheos® System**

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**Objective:** Surgically-implanted carotid baroreceptor stimulators for the treatment of resistant hypertension are being evaluated in a prospective multicenter research trial. Although bilateral implantation and activation is prescribed by protocol, we examined the effect of unilateral stimulation to determine if satisfactory results can be attained with single-sided treatment.

**Methods:** Patients were recruited into the trial if they had a blood pressure (BP) > 180/85 while on ≥3 antihypertensive drugs. The Rheos® system consists of a pacemaker-like battery/pulse generator unit implanted subcutaneously in an infraclavicular position. Electrical stimulator leads were tunneled subcutaneously and, through separate neck incisions, circumferentially wrapped around the carotid bifurcation. Once the electrodes and device were implanted, dose-response voltage testing was done for each side and bilaterally. Similar testing was performed post-operatively at each follow-up visit. Data is reported as mean ± sem. Changes in BP and heart rate (HR) were analyzed by ANOVA.