



MIDWEST SURGICAL ASSOCIATION

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2. REGISTRY-BASED TRAINEE ASSESSMENTS: LEVERAGING A QUALITY COLLABORATIVE FOR SURGICAL EDUCATION

Presenter: Jonah D Thomas MS | Cleveland Clinic Foundation

J Thomas, A Fafaj, S Zolin, C Horne, C Khandelwal, J Lipman, J French, S Rosenblatt, A Prabhu, D Krpata, M Rosen, C Petro

Background: Procedure-specific assessments can be extremely beneficial in surgical education, but mechanisms for capturing these assessments often fail due to lack of engagement by staff surgeons and trainees. In February 2019, an optional three-question trainee assessment, based on the American Board of Surgery Operative Performance Assessment Forms, was embedded within an institution-wide surgical quality collaborative registry (QC). We hypothesized that optional QC-based trainee assessments would have greater staff surgeon engagement compared to traditional optional trainee assessments.

Methods: At our institution, entering operative data into the QC is standard practice following laparoscopic cholecystectomy and hiatal hernia repair. All laparoscopic cholecystectomies and hiatal hernia repairs performed between February 2019 and February 2020 were reviewed for surgeon engagement with trainee assessments during trainee-assisted cases. Engagement was defined as answering at least two of three optional questions, including the validated Zwisch scale to measure intraoperative trainee autonomy, a five-point Likert scale to evaluate trainee performance during the critical portion of the operation, and an estimation of case complexity compared to similar operations. Engagement rates for each participating surgeon were determined. To provide a historical comparison, the total number of traditional, optional trainee operative evaluations in our graduate medical education website for all operations performed between July 2017 and June 2019 was determined.

Results: 2106 registry-entered cases were reviewed. 96% (1527/1597) of cholecystectomies and hiatal hernia repairs were trainee-assisted. Surgeons engaged with QC-based trainee assessments 85% (1299/1527) of the time. Nineteen staff surgeons who regularly work with trainees provided assessments with median engagement of 92% [IQR 82% - 100%]. In contrast, a total of 35 traditional, optional trainee operative evaluations were completed for all cases performed at our institution between July 2017 and June 2019.

Conclusion: Embedding optional trainee assessments into an existing surgical quality collaborative registry yields a high quantity of procedure-specific operative assessments compared to traditional methods of trainee evaluation. Assessment platforms that are easily integrated into surgeons' standard workflows offer substantial utility in surgical education. Currently, our quality collaborative registry is being expanded to capture additional surgical procedures and integrate more specific feedback for trainees.