American Board of Thoracic Surgery: Fewer Graduates, More Failures

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The facts

- Imminent shortage of cardiothoracic surgeons as early as 2020
- Cardiothoracic surgeons will remain important as cardiovascular and pulmonary diseases are leading causes of mortality and morbidity
- The number of applicants for fellowship training in cardiothoracic surgery are decreasing
Background

– Since 2000, ABTS has noted a yearly decrease in certificates being awarded
– In 2003 ACGME imposed the 80 hour work week
– We hypothesize that not only are we training fewer graduates; potentially ones less capable of becoming successfully certified
Methods

– Examined ABTS board scores 2000-2011
– 2000 to 2005: Pre 80 hour work week
– 2006 to 2011: Post 80 hour work week
– Examined whether there was a difference in written and oral boards
Reduction in resident applications; reduction in cardiothoracic surgery programs
Written and Oral Exam Success

ORAL FAILED
WRITTEN FAILED

www.aats.org
Success of written exam

10.6% failure rate

17.4% failure rate

P<=0.01

www.aats.org
Success of Oral Exam

14.4% failure rate  28.1% failure rate

P≤0.001
Conclusions:

- Decreasing number of trainees will not meet the need of the growing American population
- Decreasing number of successful examinees
- Oral exam failure rate higher than the written
Suggested rationale:

– Decrease in critical cardiac case volume
– Tension exists between training and outcomes
– Decreased first responder scenarios
– Value based healthcare delivery unfamiliar
Recommendations:

– Realize that shortfall of certified cardiothoracic surgeons may be as early as 2020

– Improve experiential education required: I-6 programs

– Training to competency rather than time should prevail

– Continued implementation of the New Thoracic Surgery Curriculum is timely and appreciated