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A Decades Review: Decreasing Case Volume At A Core Clinical Site Affecting Fellows Training Experience

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Introduction: The correlation between training program case volume has been validated by Shaban as a predictable objective training metric to generate a competent surgeon.

- Each training program must monitor index cases and appropriate autonomy at rotation sites
- **Aim:** to identify case volume changes in a single training program and the need for consistent rotation re-evaluation.

Methods:

Ten-year retrospective review Fellowship ACGME case logs:

8 graduated and 2 current.

- The total number of cases
  - Fellows 1-6: one and 12 months
  - Fellows 7-10: one to 9 months * (extrapolated to one year)

Fellow		1 M	Extrapolated 12M data	AAA	Abd Obstr	Carotid	P Obstr	Venous	Access	Amputation
10	24-26	23								
9	23-25	53								
8	22-24	79	265	10	2	20	101	4	28	21
7	21-23	87	332	20	7	21	133	0	44	26
6	20-22	55	548	41	7	33	199	33	91	36
5	19-21	57	417	14	1	36	168	5	62	23
4	18-20	56	444	21	2	15	115	8	55	18
3	17-19	56	370	19	2	24	112	22	74	28
2	16-18	65	452	25	7	16	111	20	27	23
1	15-17	32	377	33	4	24	111	25	32	21

Results (Table 1):

- 2015-2020: 1-month case numbers average 53.5.
- Increased to eighty-seven in 2021 (mid-COVID) with a continual decline for fellows 8-10 (79, 53, and 23 respectively).
- Equalized 12-month case data showed a change in graduating case volume for fellows 6-8 from 548 to 332 to 265 respectively.
- All case categories showed a decline in volume, the most pronounced being aneurysms.

Discussion: Incomplete rebound from COVID

- Multiple staff changes.
- New directives with increased bureaucratic obstacles and a malfunctioning sterilization department that shut down the entire OR and had all surgery transferred to other institutions.

The authors suggest that all programs stay diligent and constantly re-evaluate their rotational cycle and quality that the different sites provide.

Conclusions: The pathway to teaching competence has been shown to be repetitive case volume, and it is the responsibility of the education leadership to find the best clinical partner for that goal.

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