

Surgical Critical Care Program Directors Society
Annual Meeting
October 6, 2015
Chicago, IL

- I. Dr. David Spain called the meeting to order at 0610.
- II. The minutes of the Annual Meeting from October 2014 were unanimously approved.
- III. President's report: Dr. Spain shared information from Dr. Steven Stain of the RRC. The continuous model of programmatic approval was reviewed. There are 111 SCC programs, 10 with initial approval and 2 with a warning.
 - Plastic surgeons have been approved to take the SCC fellowship.
 - It appears that the osteopathic residencies will be approved to be eligible for SCC fellowships in the near future but they are not currently approved. Per the ABS, the DOs will have to complete three years in approved residency in order to sit for the boards. What this means is that Program Directors should avoid taking DO residents into their program until 2018. DOs accepted into programs may not be eligible to sit for the board until 2018.
- IV. Report from the American Board of Surgery: Dr. Luchette delivered the report from the ABS. The minutes of the June ABS meeting are posted on the SCCPDS website in the *members-only* section. The ABS has been focused the following:
 - The redesign of the surgical residency. At the current time, it appears that core general surgery will take 4 years and then all residents will take some form of fellowship. This transition is expected to take 5-10 years to implement.
 - The maintenance of certification, based on the controversies surrounding Internal Medicine. At the current time, the ABS plans to continue to require MOC.
 - ACGME oversight of osteopathic programs
 - The new time for the qualifying exam (July). Programs are being encouraged to migrate the start of fellowships to August 1st, but this cannot be mandated by the ABS.
- V. SAFAS update: Dr. Chiu reported on the success of the SAFAS program. The standard application was created in 2013, and beta testing on the website in 2014. The program went live in March of 2015. We had 217 applicants through the system, compared to NRMP last year with 187. 94% of applicants are registered for the match - 6% are emergency medicine residents and therefore do not go through the match. 51% registered for SCC or ACS, while 40% registered for SCC only. 95% of applicants are surgeons, most with MDs. The application system was reviewed in detail. Discussions regarding opening and closing dates for the application service, and the frequency of email notifications.
 - **A motion was made that applications close in August 15, and open on January 2nd 2016. A notification will be placed on the website recommending that all applications be completed by August 15.**

VI. Treasurer's report: Dr. Chiu delivered the treasurer's report in detail. This report will be posted on the website in the *members-only* section. Net assets are \$53,000 with \$38,000 in income from SAFAS.

- **A motion was made that \$20,000 be set aside for strategic initiatives and \$5000 to support the SAFAS administrator. The motion was approved.**
- **A motion was made to set aside funds to reimburse applicants who were unsuccessful in their attempts to match. The motion was not approved.**

VII. Audit Committee report: Drs. Maerz and O'Keefe reviewed the balance sheets and agreed with the treasurer's report without change.

VIII. Match committee update: Dr. Adams reviewed the process to investigate match violations. Match violations can only be investigated by the NRMP, which is part of the signed agreement for match participation. "Attempts to circumvent the match process" will be reviewed by the NRMP through a confidential process. All primary residencies must follow the "all-in" policy. NRMP is likely to mandate an all-in policy for all programs in the near future which will obviate violations of the spirit of the match.

IX. SCORE update: Dr. Jerry Jurkovich, the Chair of the ABS component board, presented a report on the surgical critical care exam, which is written from a "blueprint". If you score in the highest 10% on the surgical critical care exam, you are invited to write questions on the SCC exam. However, the test content may not correlate with what the fellowships are teaching or the SCCPDS members think SCC should teach. The ABS and the program directors appear to be in alignment, however the ABS needs to negotiate these changes with the ACGME. The ABS would like to reach out to the society as the content efforts to develop the SCORE curriculum for SCC. The details of administrative support and how to finance the development of the curriculum have yet to be defined.

X. Bylaws committee update: Dr. Cocanour reported on governance changes for the organization. The membership committee has been removed from the bylaws as the memberships are institutional and not individual. The secretary has been tasked to reach out to new programs regarding eligibility for membership in the SCCPDS.

XI. AAST critical care committee update: Dr. Maxwell reported on the caregiver zones, the training zone or the education zone. Content can be submitted by members of the SCCPDS, and will be vetted by the critical care committee. Content will be scrubbed to remove institutional identify prior to posting.

XII. Society of Critical Care Medicine update: Dr. Jose Diaz reviewed the application process for fellowship in critical care (FCCM). Deb Kuhls is hosting an ASSET course at the annual meeting which will be available for critical care fellows. Flyers were distributed to the members at the time of the meeting. The surgery section of the SCCM is interested in strengthening PI education for fellows. Dr. Diaz also updated the group on the geriatrics program being promulgated by the ACS, and stated that the surgery section might incorporate geriatrics topics into upcoming meetings.

XIII. Education committee update: Dr. Kaups encouraged members to participate in SCORE module development.

XIV. Pediatric surgical critical care update: Dr. Kelly Austin described 12 programs that are combined pediatric surgery and surgical critical care programs that may complicate match participation. These programs are open to participate in SAFAS and in curricular development for critical care fellows.

XV. Nominating committee: Dr. Luchette proposed the following slate.

- Dr. Chuck Adams - AAST critical care committee representative.
- Dr. Christine Cocanour – Manager at Large
- Dr Robert Maxwell – Manager at Large (to replace Matti Horst)
- **The slate was unanimously approved.**

XVI. New business:

- A list-serve will be developed for SCC program coordinators.
- An annual meeting for program coordinators may be needed in the future.
- To optimize communication between annual meetings, the Board is proposing the development of a quarterly newsletter. Please email Dr. Spain (dspain@stanford.edu) if you think a newsletter would be useful.
- New committee members were added to standing committees per presidential appointment (listed below).

SCCPDS 2015 Committee Nominations (new highlighted)

Nominating

Fred Luchette (Chair) (2014 – 2016)

Suresh Agarwal (2014 – 2016)

Pam Lipsett (2015-2017)

Governance

David Livingston (Chair 2015 – 2017)

Anuradha Subramanian (2014 – 2016)

Daniel J. Bonville (2015 – 2017)

Audit

Kent Choi (chair; 2015-2017)

Matthew Lissauer (2015-2017)

Education: To be broken into subcommittees

Krista Kaups (Chair) (2014 – 2016)

Marc DeMoya (Vice Chair) (2014 – 2016)

Hasan Alam

Melissa Brunsvold

Karyn Butler

Andre Campbell

Jeff Chipman

Panna Codner
Bryan Cotton
Joe Cuschieri
Jay Doucet
Nabil Issa
Lew Kaplan
Laszlo Kiraly
Linda Maerz
Bob Maxwell
Anne Mosenthal
Pauline Park
Ayodele Sangosanya
Robert Schulze
Elizabeth Steensma
Sam Tisherman
Rob Todd
Hieu Ton-That
Leslie S Tyrie

SCCPDS Ad Hoc Committee

Match

Ron Gross (Chair) (2015-2017)
Kenji Inaba (2014 – 2016)
David Plurad (2014 – 2016)
Nicole Stassen (2015-2017)

US Ad Hoc

Jay Doucet (co-chair; 2015-2017)
Paula Ferrada (co-chair; 2015-2017)

Peds Committee

Kelly Austin (chair; 2015-2017)

The meeting was adjourned at 7:57 am.

Respectfully submitted

Kimberly A. Davis MD MBA Secretary