

Transplant Accreditation & Certification Council [TACC]

DOUGLAS G. FARMER, MD

WENDY J. GRANT, MD, FACS

What is the TACC?

The Transplant Accreditation & Certification Council (TACC) was established by ASTS in January 2017 to oversee accreditation functions and to develop a pathway for fellow certification.

Mission:

The Transplant Accreditation & Certification Council serves the public and healthcare community by promoting excellence and professionalism through education, accreditation, and certification.

Purpose:

- To improve the safety and quality of transplant care.
- To develop and maintain high standards of excellence by rigorous evaluation and accreditation of training programs.
- To establish professional standards through examination and certification of transplant surgeons

TACC Members:

Chair: Douglas G. Farmer, MD

Co-Chair: Wendy J. Grant, MD, FACS

Jonathan P. Fryer, MD

Michael B. Ishitani, MD

Richard J. Knight, MD

Alan N. Langnas, DO

John C. Magee, MD

Lewis W. Teperman, MD

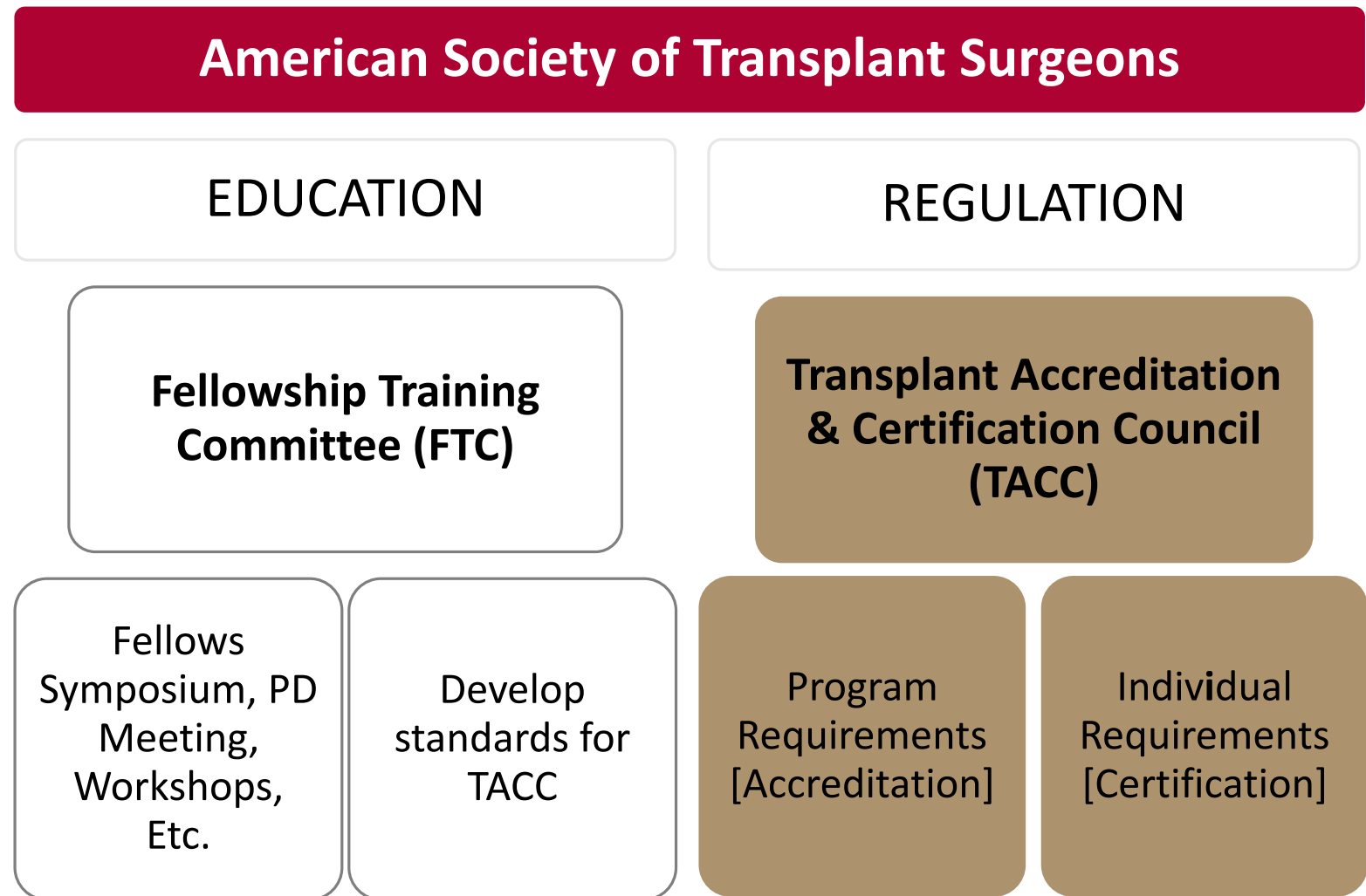
Matthew Cooper, MD

Dev Desai, MD

FTC Chair: Andre A.S. Dick, MD

FTC Co-Chair: Tayyab Diwan, MD

What is the difference between the FTC and TACC?



Knowledge Assessment Committee

Chair: Wendy Grant, MD (2020)
Co-Chair: Jonathan Fryer, MD (2020)
Lokesh Bathla, MD (2021)
Richard Knight, MD (2021)
Mike Ishitani, MD (2021)
Karim Halazun, MD (2021)
Sunil Geevarghese, MD, MSCI (2021)
Kelly Collins, MD (2021)
Erin Maynard, MD (2021)
Peter Yoo, MD, FACS (2021)
C. Kristian Enestvedt, MD (2020)
Marc Melcher, MD (2020)
Benjamin Samstein, MD (2020)
Jennifer Verbese, MD (2020)
Sandy Feng, MD, PhD (2020)

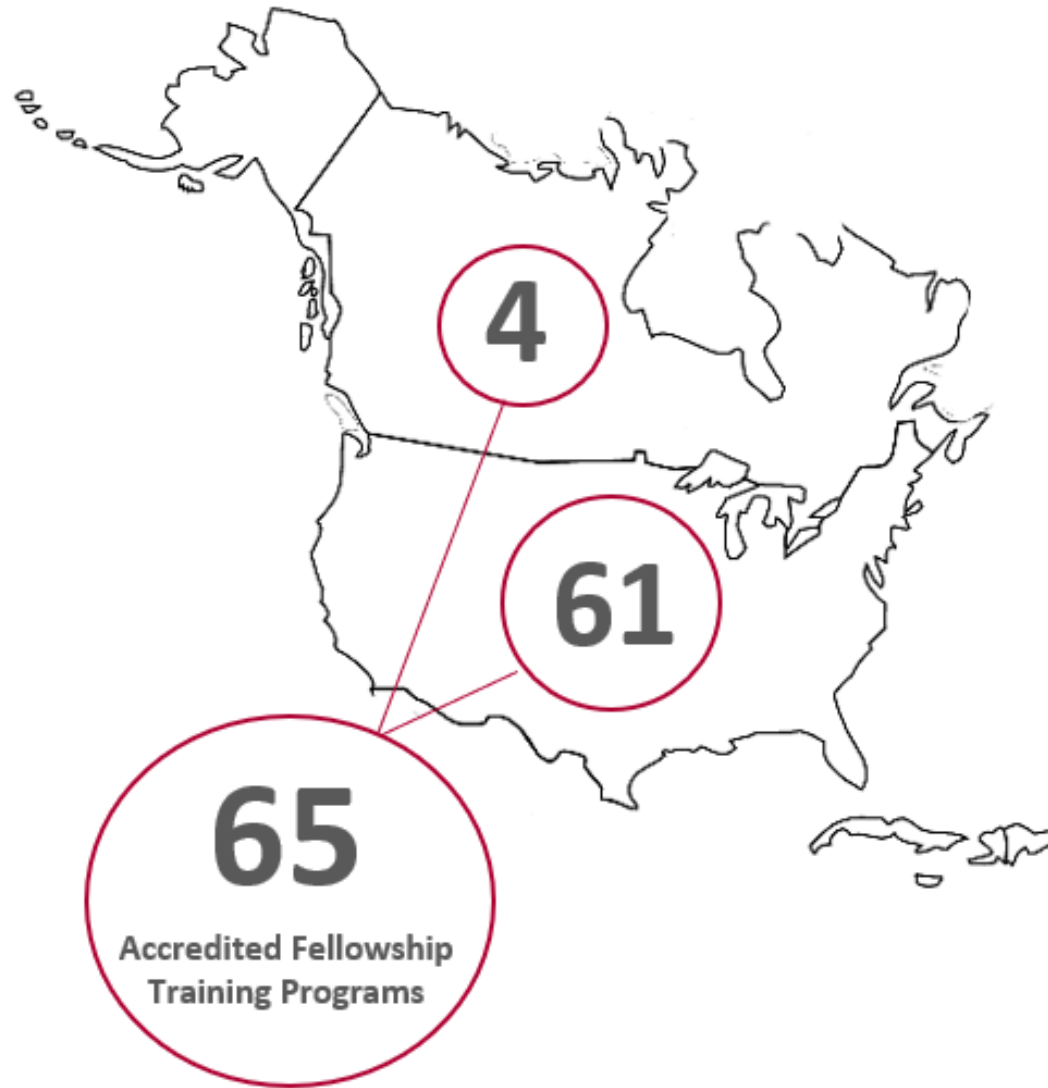
Oral Exam Committee

Chair: John Magee, MD (2022)
Co-Chair: Lew Teperman, MD (2022)
Ian Carmody, MD (2021)
Jacqueline Garonzik Wang, MD (2021)
James Eason, MD (2021)
Gabriel Schnickel, MD (2021)
Randall Sung, MD (2022)
Pete Abrams, MD (2022)
Sandy Feng, MD, PhD (2022)
Joseph Magliocca, MD (2022)
Amy Evenson, MD (2023)
Amit Mathur, MD (2023)
Peter Abt, MD (2023)
Derrick Christopher, MD (2023)

Program Accreditation Committee

Chair: Patrick Dean, MD (2022)
Gregory Veillette, MD (2022)
Clark Andrew Bonham, MD (2021)
Steve Hanish, MD (2021)
Catherine Kling, MD (2022)
Atsushi Yoshida, MD (2022)

Transplant Accreditation & Certification Council Committees:



Fellowship Overview:

Number of
Fellowship
Training
Programs
Accredited in
Each Organ
System:

Kidney: 64 Programs

Liver: 50 Programs

Pancreas: 20 Programs

Intestine: 4 Programs

Hepatobiliary: 11 Programs

Hepatopancreatobiliary: 11 Programs

Year	Number of Fellows
2015 - 2017	60
2016 - 2018	60
2017 - 2019	61
2018 - 2020	64
2019 - 2021	71

Number of Fellows in Accredited Training Programs

Year	Number of Certificates Requested
2015 - 2017	57
2016 - 2018	55
2017 – 2019 (as of 9.5.2019)	37

Certificate of Completion Requests

Year	Number of Certificates Requested	Total Number of Fellows:
2015 - 2017	57	60
2016 - 2018	55	60
2017 – 2019 <i>(as of 9.5.2019)</i>	37	61

Certificate of Completion Requests:

- Not all fellows are submitting for a certificate of completion request. The program should be reminding each fellow to complete the requirements and apply for a certificate.
- If a fellow does not meet the requirements for a certificate of completion and the program does not recommend approval, the program needs to notify the TACC

Certificate of Completion Eligibility:

Fellows are eligible to receive an TACC certificate of completion when they complete a 24-month TACC Accredited Abdominal Transplant Surgery Fellowship AND fulfill requirements for organ systems in which their fellowship program is accredited to train. This includes organ systems for which the program has accreditation at the start of the fellow's training AND organ systems for which the program receives accreditation within the first 12 months of the fellow's training.

For example, if a fellow started training in August 2017 and the program became accredited in Pancreas transplant in July 2018, the fellow would be eligible to receive a certificate of completion in pancreas transplant if he or she meets requirements.

It is the responsibility of an individual training program to inform the fellow about specific program accreditation status at the start of fellowship training and when changes to the program accreditation status occur that affect the certificate eligibility of the fellow.



Accreditation & Reaccreditation

Reaccreditation:

- 2020 Reaccreditation Applications were due by Monday, September 16, 2019. All programs whose accreditation expires in June 2020 were required to apply for reaccreditation.
- Applications will be reviewed by the Program Accreditation Committee (PAC) and all programs will receive a decision no later than December 2019.
- Note, if a program is approved to train an additional fellow, it will be for the upcoming 2020 Match for 2021 Positions. The ASTS and TACC will not recognize fellows that are hired outside of the match. This means if you are approved to train an additional fellow you are not eligible to hire one to start in July/August 2020. The position will have to be through the upcoming match cycle.



June 2020

Application Opens when the Match closes



August 3, 2020

Deadline for Accreditation Applications



September 15, 2020

Deadline for Reaccreditation Applications



December 2020

Deadline to notify all programs before the next Match cycle

Next
Reaccreditation
Timeline:

Who needs to apply?

You should apply for reaccreditation if:

1. Your accreditation is expiring
2. You are interested in adding BTF – Kidney/Liver or STF – Intestine/Pancreas/Hepatobiliary/Hepatopancreatobiliary to your accreditation
3. You are interested in adding more fellows to your program



Knowledge Assessment

2019 Knowledge Assessment Results:

The 2019 Knowledge Assessment was administered to all first- and second-year fellows on April 5, 2019 and April 13, 2019. Fellows took the exam through a secure online test platform, ExamSoft, and their Fellowship Training Program Director (or designated alternative) served as their proctor.



Do any programs
have any feedback on
the exam process?

2019 Knowledge Assessment: Results

The assessment consisted of 120 questions. After reviewing the question performance, the Knowledge Assessment Committee voted to remove 3 questions from the exam.

Each fellow and their Fellowship Training Program Director received a copy of their scores in a summary report which showed their score and how they did in each category on the exam.

2019 Knowledge Assessment:

ASSESSMENT PERFORMANCE

70%

Average Score
(81.9/117)

41%

Low Score
(48/117)

88%

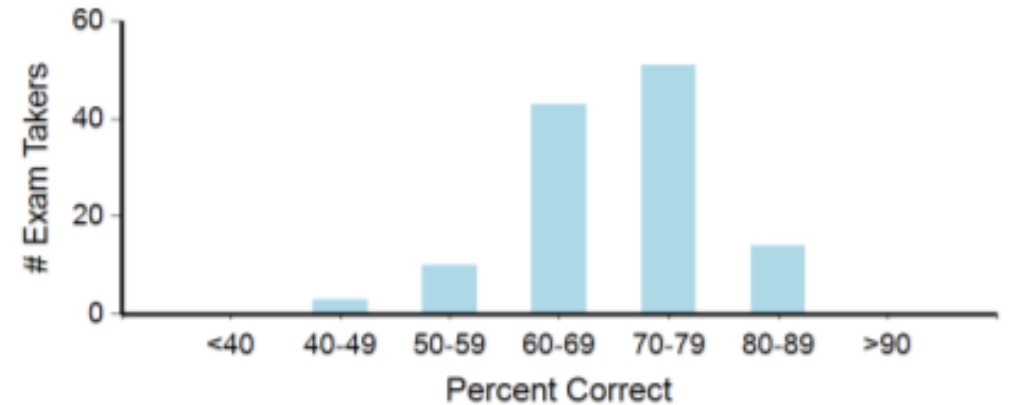
High Score
(103/117)

Assessment Score Reliability (KR-20)



Likelihood of students repeating the same performance.

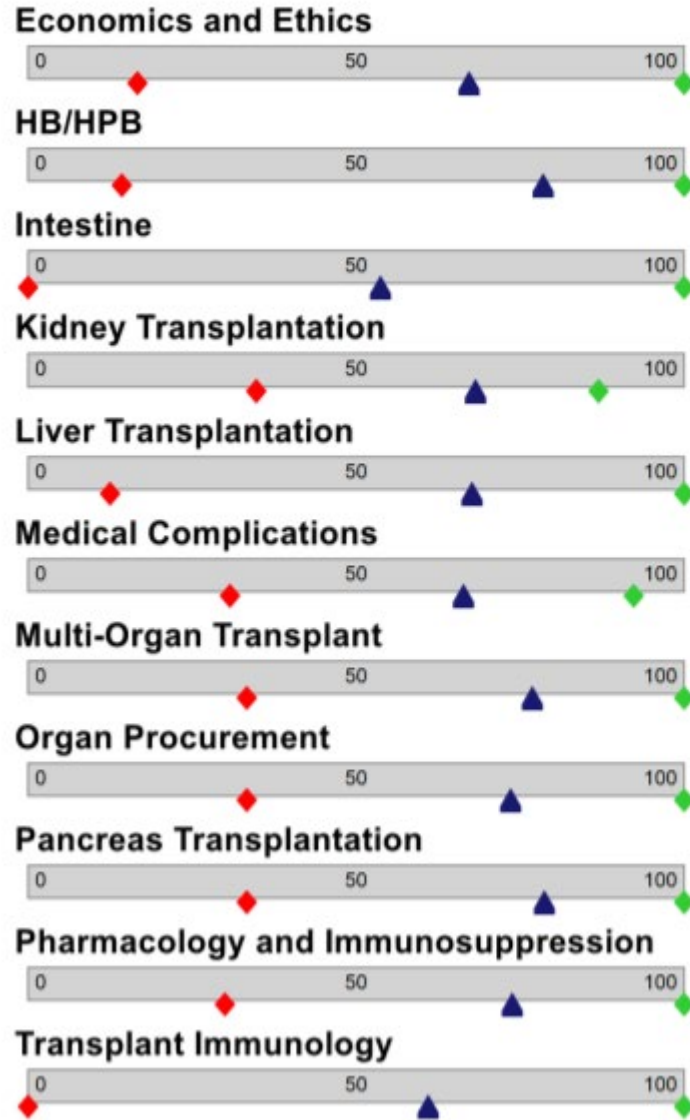
Total Student Performance Histogram



LEARNING OUTCOMES

(Category Performance)

◆ Low ▲ Avg ◆ High



Category Performance:

First- and Second-Year Fellow Comparison:

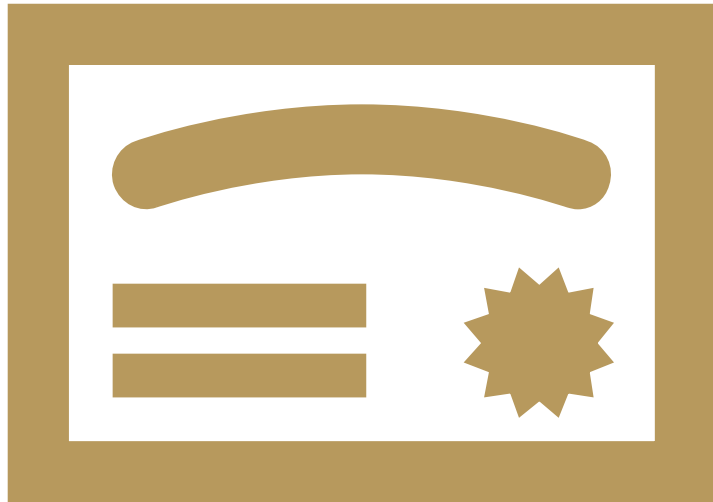
	First Year Fellows (2018-2020)	Second Year Fellows (2017-2019)
Average:	65.95%	74.07%
Min:	41.03%	55.56%
Max:	85.47%	88.03%

2020 Knowledge Assessment Dates:

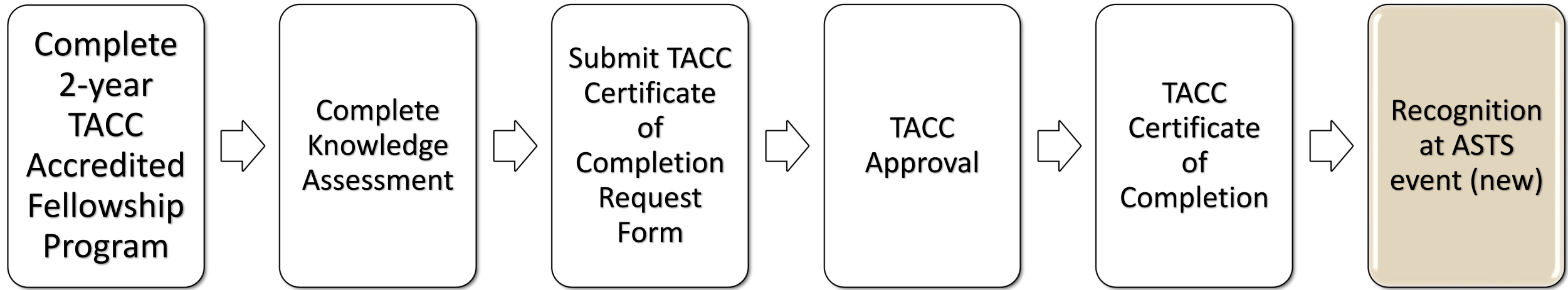
Friday, April 17, 2020

OR

Saturday, April 25, 2020



Certification Pathway



Step 1: Fellowship

Completion of
Training (Step 1)



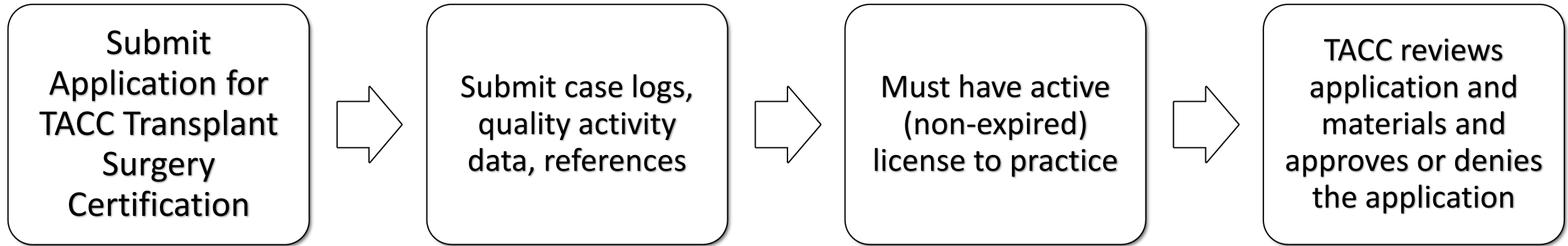
```
graph LR; A[Completion of Training (Step 1)] --> B[In practice minimum of one year and maximum of five years]; B --> C[Apply for TACC Transplant Surgery Practice Certification within five years];
```

The diagram consists of three rounded rectangular boxes arranged horizontally, connected by right-pointing arrows. The first box contains the text 'Completion of Training (Step 1)'. An arrow points from this box to the second box, which contains the text 'In practice minimum of one year and maximum of five years'. Another arrow points from the second box to the third box, which contains the text 'Apply for TACC Transplant Surgery Practice Certification within five years'.

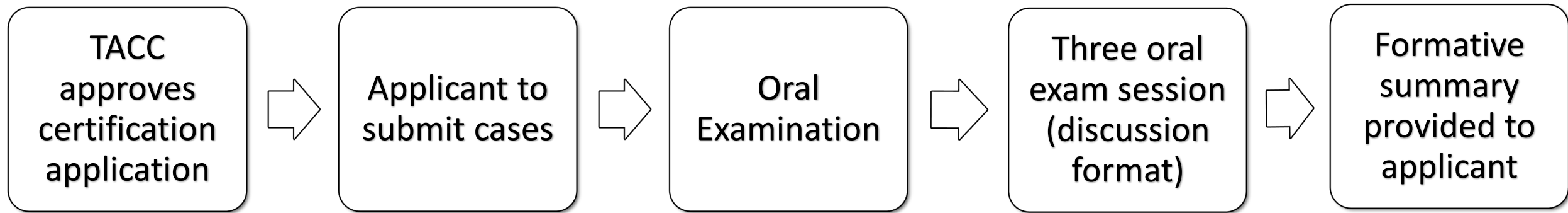
In practice minimum
of one year and
maximum of five
years

Apply for TACC
Transplant Surgery
Practice Certification
within five years

Step 2: Certificate of Completion and Practice



Step 3: Certification Application

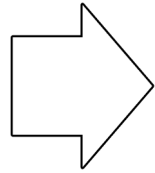


Step 4: Certification Examination

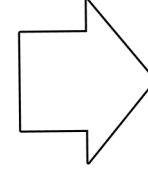


Step 5: Certification

**Start
Recertification
Cycle**



**Ongoing practice
and education
programs**



**Continuous
Certification**

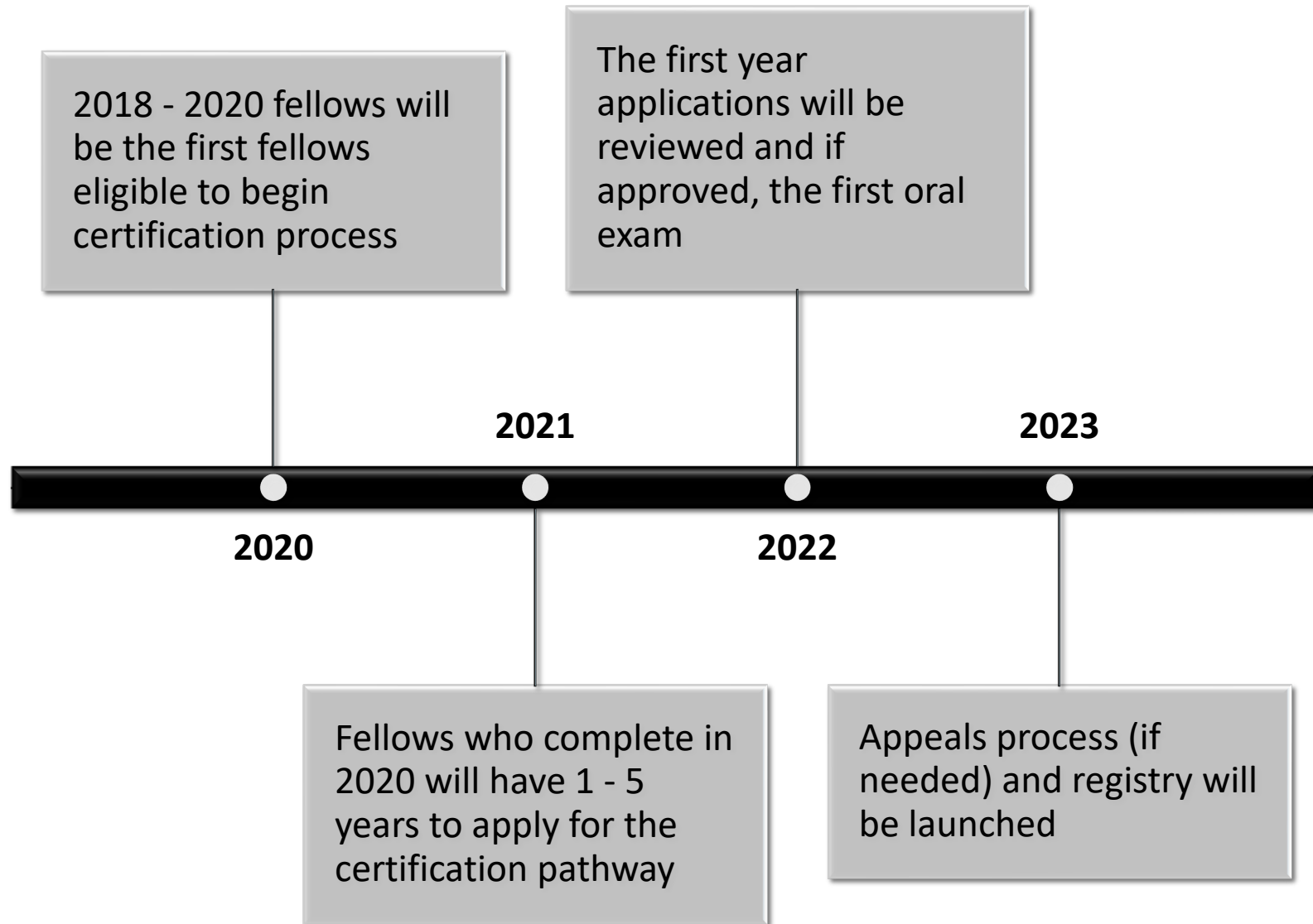
Step 6: Ongoing Practice



Oral Exam Update

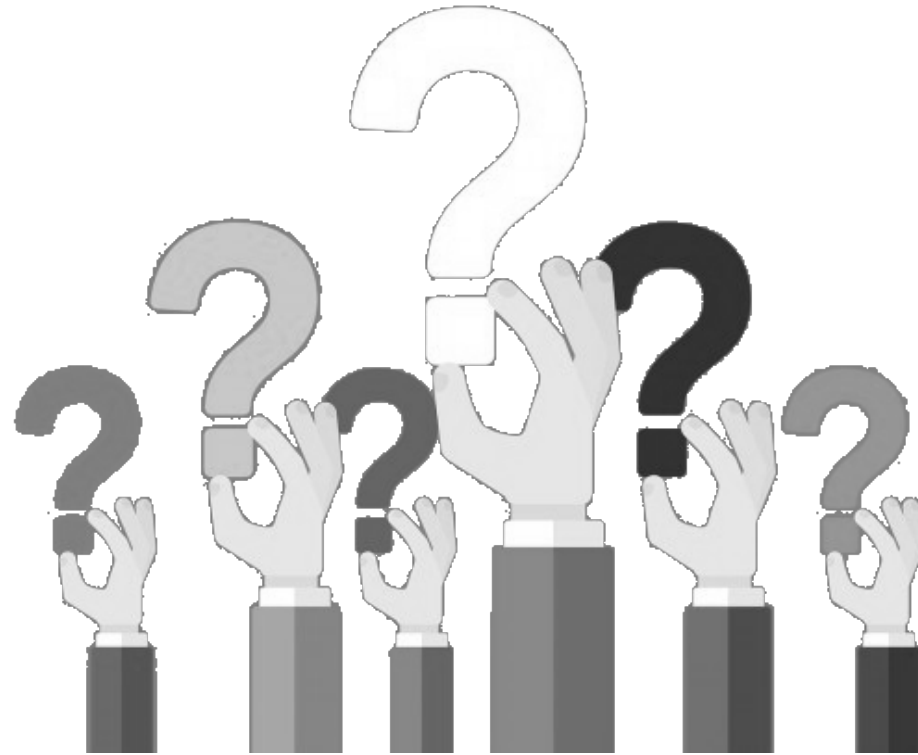


Timeline



CERTIFICATION TIMELINE

Questions?



Fellowship Training Committee (FTC)

ANDRE A.S. DICK, MD, MPH

TAYYAB S. DIWAN, MD

Fellowship Training Committee Members:

Chair: Andre A.S. Dick, MD, MPH (2022)

Co-Chair: Tayyab S. Diwan, MD (2020)

Anthony C. Watkins, MD (2020)

Kendra D. Conzen, MD (2020)

R. Cutler Quillin, MD (2021)

Lea K. Matsuoka, MD (2021)

Christopher J. Sonnenday, MD, MHS (2022)

Christopher M. Jones, MD (2022)

Chandra S. Bhati, MS, FEBS, MRCS (2022)

Kelly M. Collins, MD (2022)

Markus Selzner, MD (2022)

Ashraf M. El-Hinnawi, MD, FACS (2022)

Councilor Liaison: Mike Englesbe, MD (2020)

Upcoming Fellowship Meetings

13th Annual Surgical Fellows Symposium

Where: Las Vegas, NV

When: October 4-6, 2019

Attendees:

- 60 Second-Year Fellows
- 30 Speakers



Friday, October 4, 2019

Living Donor Nephrectomy:
Technical Discussion
Selection of Living Donors for
Kidney and Liver
Kidney and Liver Deceased
Donor Offers and Decision
Making
UNOS's Organ Offer Simulator
(SimUNet)
Deceased Donors and Technical
Aspects of DCD, Decision Making
and Outcomes
ASTS President's Message
Pancreas Transplant
Pediatric Kidney and Liver
Transplant

Saturday, October 5, 2019

Organ Allocation Policies
Waitlist Management and
Exceptions
Pathway to Cultural Dexterity:
Impact on Patient Care
Histocompatibility and
Immunosuppression: Kidney
and Liver
Burnout Prevention Strategies
Transition to Practice:
Considerations for Success
Technical Pitfalls of Kidney,
Liver, and Pancreas

Sunday, October 6, 2019

Transplant Trivia
Transplant Certification
Pathway Update
Survey Results Discussion
Meeting Wrap-Up and Adjourn

2019 Fellows Symposium Program Overview

UNOS's Organ Offer Simulator (SimUNet) for Training and Experimentation

The ASTS has partnered with UNOS to conduct an “Offer Simulation Study to Examine the Role of Tailored Education on Kidney Offer Acceptance Decision-Making for 2nd Year Transplant Surgical Fellows”

Fellows and Faculty were asked to participate and complete a consent survey. All participants that accepted were sent offers on September 3-6, 2019 and the results will be discussed during the Fellows Symposium.

A few weeks after the Symposium, participants will be sent another round of sample offers and the results will be analyzed to assess the degree to which the intervention affected participant's responses.

2020 Education Workshop

The Fellowship Training Committee is developing the agenda for the 2020 Education Workshop which will take place on **Friday, January 10, 2020 from 8:00 am – 11:00 am at the ASTS Winter Symposium.**

The Education Workshop at the ASTS Winter Symposium is designed to address topics germane to surgical training of students, residents, and fellows, as well as the professional development of surgical educators.

Final program will align with the winter symposium theme of past and future in transplantation

- Minimal invasive approach in transplantation and HPB
- Diversity/Equity/Inclusion



**20th Annual
State of the Art
WINTER
Symposium**

**HONORING OUR HISTORY,
FORGING OUR FUTURE**

ASTS 
American Society of Transplant Surgeons®

January 9–12, 2020 | Loews Miami Beach Hotel

Fellows are encouraged to attend the 20th Annual State of the Art Winter Symposium on January 9 - 12, 2020. All fellows and trainees receive a discounted registration rate.

Questions?



Requirements for Fellowship Training:

ASTS Website:

Everything fellowship related can be found under the **TRAINING** tab of the ASTS website

The screenshot shows the ASTS (American Society of Transplant Surgeons) website. At the top, the ASTS logo is on the left, and navigation links for 'Join ASTS', 'Read AJT', 'Career Center', 'ASTS Foundation', 'TACC', and 'Contact Us' are on the right. Below these are links for 'Welcome, Chelsey', 'Member Portal', and 'Sign Out'. A main navigation bar contains tabs for 'Events', 'Training', 'Professional Development', 'Connect', 'Advocacy & Resources', 'About ASTS', and 'ASTS Foundation & Grants'. The 'Training' tab is selected, and its dropdown menu is open, listing: 'Abdominal Transplant Surgery Fellowship', 'Resident Resources', 'Academic Universe', 'Transplant Accreditation & Certification Council', 'Fellowship Training Programs', 'Fellowship Resources and Requirements', 'Program Accreditation', 'Match Information', 'Fellowship Training Director Resources', 'Fellowship Opportunities', and 'Fellowship in Transplantation Grant'. The background features a large banner for the '20th WIN Symposium' with the text 'Registration and Housing Open' and 'Save on registration through November 13, and be sure to book your hotel before December 7!'. The event dates 'January 9-12, 2020 | Loews Miami Beach Hotel' are also displayed. At the bottom, there are two sections: 'American Journal of Transplantation' and 'Academic Universe', each with a brief description.

ASTS
American Society of Transplant Surgeons®

Join ASTS | Read AJT | Career Center | ASTS Foundation | TACC | Contact Us

Welcome, Chelsey
Member Portal | Sign Out

Events Training Professional Development Connect Advocacy & Resources About ASTS ASTS Foundation & Grants

Abdominal Transplant Surgery Fellowship
Resident Resources
Academic Universe
Transplant Accreditation & Certification Council
Fellowship Training Programs
Fellowship Resources and Requirements
Program Accreditation
Match Information
Fellowship Training Director Resources
Fellowship Opportunities
Fellowship in Transplantation Grant

20th WIN Symposium

Registration and Housing Open
Save on registration through November 13, and be sure to book your hotel before December 7!

January 9-12, 2020 | Loews Miami Beach Hotel

American Journal of Transplantation
The American Journal of Transplantation (AJT) is the official journal of the American Society of Transplantation Surgeons.

Academic Universe
The ASTS Academic Universe houses the National Transplant Surgery Curriculum.

Reaccreditation:

The Transplant Accreditation & Certification Council oversees the Accreditation and Reaccreditation process and will cover more information on accreditation

All programs are required to apply for reaccreditation every three years. The program is required to submit their transplant volumes for three consecutive academic years.

Match

Programs must participate in the annual match administered through the SF Match. Program will direct all interested applicants to the SF Match to register for the annual match.

Programs must report all results, including filled and unfilled positions, to the ASTS when the match concludes in June of each year. Programs that do match their open position can fill the slot outside of the SF Match.

The TACC will not recognize fellows that are taken outside the match if a program voluntarily chooses not to participate in the annual match process or is shown not to participate in good faith.

Fellow Assessment Tools: Surgical Log and Milestones

The Fellow Assessment: Surgical Log and Milestones form should be submitted by Fellowship Training Program Directors. Forms should be submitted bi-annually, at 6-month intervals. The assessment should include a copy of the fellow's **surgical log report, an operative milestone assessment, and a non-operative milestone assessment.**

For the milestones, if you are having more than 1 faculty member assessing fellow(s) please average the assessment and send only 1 form.

The surgical log approval was added to this process in order to make sure that Program Directors are still reviewing their fellow's logs after the individual case approval process was removed.

2018 Fellow Symposium

My program has adopted the ASTS managed time Policy concerning workload practices for fellows

Yes 36%

No 20%

I did not know this policy existed 44%

Managed Time Policy:

The fellowship training program must designate formal continuing medical education (CME) time for the fellows, including attendance to at least one regional/national meeting during their fellowship that does not count toward vacation time.

The fellow must be provided at least two weeks of vacation every year, excluding time for academic meetings.

The fellow must be off call and free from clinical responsibilities at least one weekend per month (48 hours) and at least two additional 24-hour periods every month exclusive of vacation time

Future Initiative-Fellow Bootcamp

Collaboration with Curriculum Committee to develop pre-bootcamp modules

These would be sent to fellows for review prior to the bootcamp

Discussion continue in regards to whether to send prior to start of fellowship or within first couple months

These modules could/will be initiated even prior to development of a potential bootcamp

Future Initiative-Fellow Bootcamp

Pre-Curriculum Review Package as 7/29/19		
Immunobiology & Tx Research	Basic Transplant Immunobiology: Basic Concepts	Allan Kirk, MD
Immunobiology & Tx Research	Basic Transplant Immunobiology: Rejection	Allan Kirk, MD
Immunobiology & Tx Research	Basic Immune Management of Transplant Patients	Allan Kirk, MD
Organ Recovery	Abdominal Organ Recovery from Deceased Donors	Jeffrey D. Punch, MD --> Amy Friedman, MD
Organ Recovery	Recovery of Abdominal Organs from Controlled Donation after Cardiac Death (DCD) Donors	David J. Reich, MD, FACS
Organ Recovery	Organ Preservation 101: Basic Principles	Zoe Stewart, MD
Kidney Tx	End Stage Renal Disease and the Renal Transplant Evaluation	Monica Grafals, MD
Kidney Transplantation	Pre-transplant Evaluation of the Kidney and/or Pancreas Recipient	David Lee, MD
Kidney Transplantation	Evaluation of the Potential Living Kidney Donor	Julie Heimbach, MD --> Elizabeth Thomas, MD
Kidney Transplantation	Kidney Preparation for Transplantation	Kian Modanlou, MD
Kidney Transplantation	Kidney Transplantation: Surgical Complications	Sanjay Kulkarni, MD FACS
Kidney Transplantation	Kidney Transplantation: Surgical Procedures	Sanjay Kulkarni, MD FACS
Kidney Transplantation	Living Donor Nephrectomy	Matthew Cooper, MD
Kidney Transplantation	Kidney Transplantation and Induction Therapy	Dixon Kaufman, MD
Kidney Transplantation	Maintenance of Immunosuppression for Kidney Transplant (formerly Minimization of Calcineurin Inhibitors (CNIs) in Kidney Transplantation) part I and II	Belinda T. Lee, MD --> Oya Andacoglu, MD
Liver Transplantation	Cardiac Evaluation of the Potential Liver Transplant Candidate (previously Liver Transplantation: The Pre-Evaluation: Part I)	Jonathan Fryer, MD --> Seth Waits, MD
Liver Transplantation	Cardiac Evaluation of the Potential Liver Transplant Candidate (previously Liver Transplantation: The Pre-Evaluation: Part II)	
Liver Transplantation	Liver Implantation Techniques, part I	
Liver Transplantation	Liver Implantation Techniques, part II	Sunil K. Geevarghese, MD, FACS
Pancreas Transplantation	Surgical Technique of Pancreas Recovery	Khalid Khwaja, MD

Accreditation Fee	Reaccreditation Fee	Annual Program Fee Structure:	
\$4,500	\$1,500	Annual Program Fees are invoiced in April of each year the amount due depends on the total number of fellows for the upcoming academic year	
<p>This includes new program applications and programs seeking accreditation after a lapse in accreditation.</p> <p>*Travel expenses for site visit are additional and will be invoiced separately.</p>	<p>Reaccreditation typically occurs every 3 years.</p> <p>Programs who apply outside their 3-year cycle to change their BTF, STF, or fellowship complement are required to pay the reaccreditation fee.</p>	0 Fellows:	\$2,500
		1 Fellow:	\$3,100
		2 Fellows:	\$3,700
		3 Fellows:	\$4,300
		4 Fellows:	\$4,900
		5 Fellows:	\$5,500
		>5 Fellows:	\$6,500

2019 Fellowship Training Program Fees:

Feedback and Opportunities for Improvement:

Engaging the team in Fellow Education

ANDRE DICK, MD

WENDY GRANT, MD

Do you have partners that won't let the fellows operate?

Yes

No

How many total fellows do you have?

1
2
3
4
5
6

How many total faculty do you have?



Do you have regular scheduled meetings about your fellow?

Yes

No

Are you chief/boss of your transplant program?

Yes

No

Do you have authority as PD to tell a partner how to do something?

Yes

No

How do you get information for the milestones?

Just you fill out the
milestones

Group meeting

Fellow fills out the
milestone

Gather the information
in another way

Engaging the team in Fellow Education

Education is a key component of academic medicine

There are lots of challenges

- Institutional pressures for efficiency produce more
- Highly variable teaching approaches in the OR, Wards or in clinic
- Trained as physicians and not educators

To the unengaged surgeon

- Fellow suffers
- Produce a fellow that is not competent

Engaging the team in Fellow Education

One of your partners is the go-to surgeon (master surgeon)

This person does the most challenging cases but is always on the right side of the table

When the surgeon does the lap donor cases the fellow holds the camera

How do you get this surgeon to be fully engaged in the educational process?

Pathway to Cultural Dexterity: Impact on the Workforce Pipeline

Tanjala S. Purnell, PhD, MPH
Jayme E. Locke, MD, MPH

SEPTEMBER 18, 2019

Diversity Issues Committee Members

Chair: Jayme E. Locke, MD, MPH

Co-Chair: Paolo Martins, MD PhD

Councilor Liaison: Julie Heimbach, MD

Staff Liaison: Jennifer Taylor

Members:

Sylvester M. Black, MD, PhD

Erin C. Maynard, MD

Terra R. Pearson, MD

Dinee C. Simpson, MD

Malay B. Shah, MD

Oscar H Grandas, MD, FACS

Navpreet Kaur, MD

Pablo Serrano, MD

Lee S. Cummings, MD

Tanjala S. Purnell, PhD, MPH

Nature of the Problem

What is cultural competence and why is it important?



Cultural Competence

- A set of values, principles, behaviors, attitudes, policies, and structures that enable organizations and individuals to work effectively in cross-cultural situations

Cultural Dexterity

- Understanding the importance of social and cultural influences on patients' health beliefs and behaviors... Considering how these factors interact at multiple levels

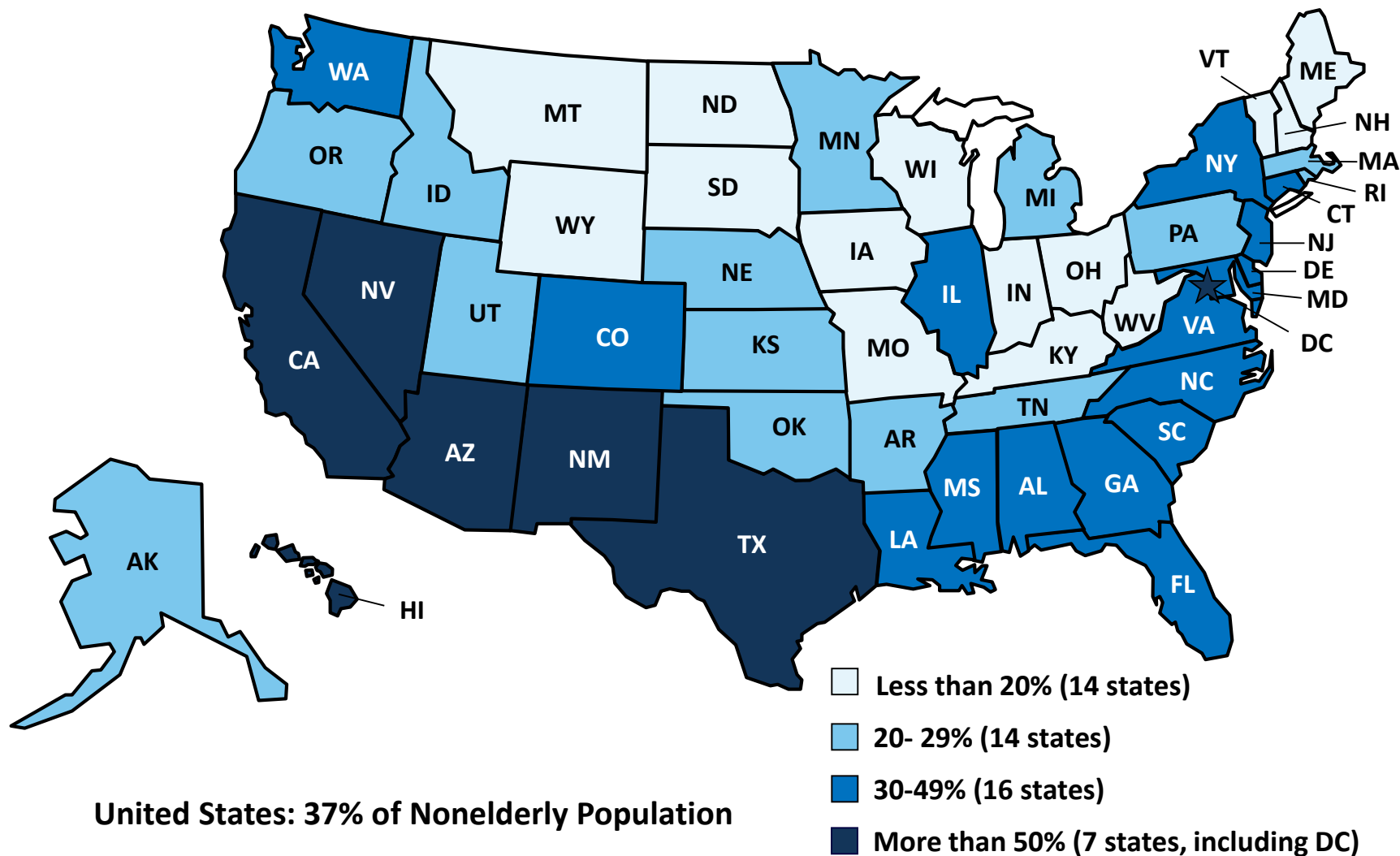
- U.S. Dept. of Health and Human Services, OPHS, Office of Minority Health. National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report. Washington, DC: Department of Health and Human Services (2001).
- Betancourt JR, et al. "Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care." *Public health reports* (2016).

NIH Statements Regarding Cultural Competence

- **Critical to reducing disparities** and improving access to high-quality care that is respectful of and responsive to the needs of diverse patients
- Vital to achieving accuracy in **medical research studies**
- Enables systems, agencies, and groups of professionals to function effectively to **understand the needs of diverse groups** accessing health care

Source: National Institutes of Health <http://www.nih.gov/clearcommunication/culturalcompetency.htm>

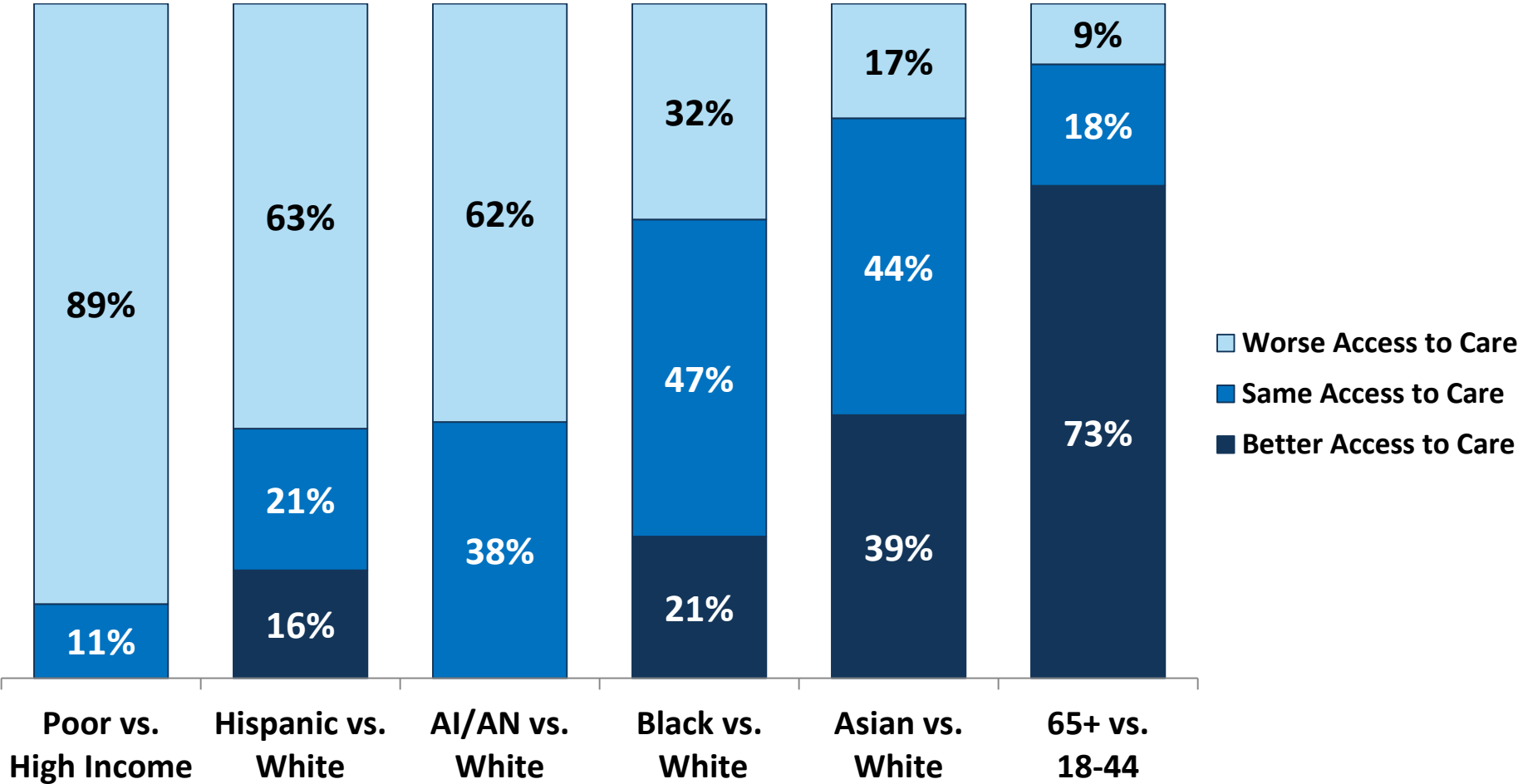
Share of Nonelderly Population that is a Person of Color by State, 2010-2011



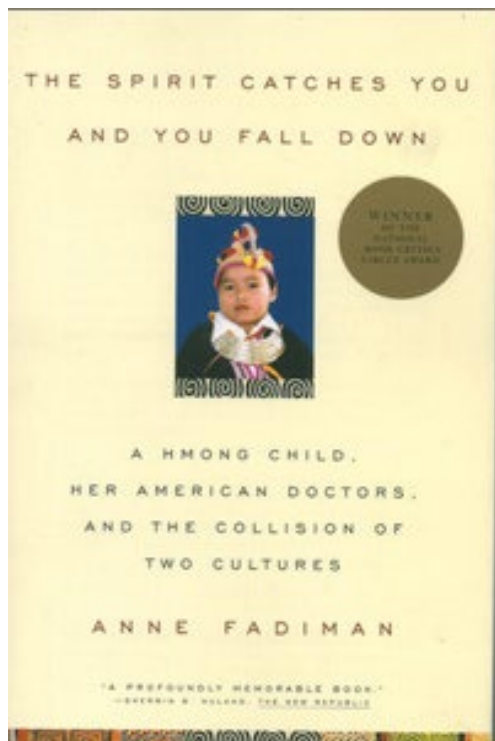
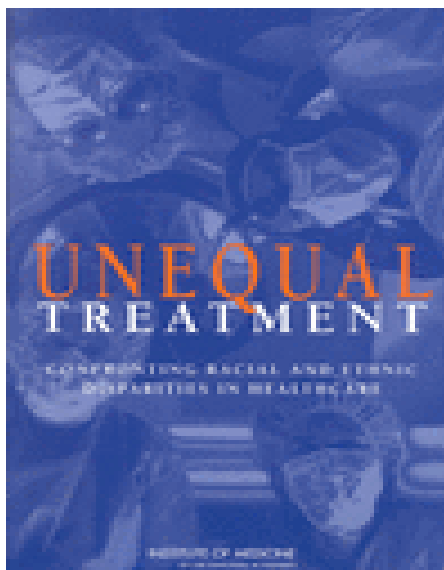
SOURCE: KCMU/Urban Institute analysis of 2011 and 2012 ASEC Supplements to the CPS.

Disparities in Access to Care for Selected Groups

Percent of access measures for which groups experienced worse, same, or better access to care:



AI/AN = American Indian or Alaska Native.
SOURCE: AHRQ, "National Healthcare Disparities Report, 2011, <http://www.ahrq.gov/qual/qdr11.htm>



Back | Share | Save | T- T+

Top Stories

NIH finally makes good with Henrietta Lacks' family -- and it's about time, ethicist says

Updated August 7, 2013, AT 1:55 pm

By Art Caplan, Ph.D., NBC News contributor



Henrietta Lacks Cultural Competency Certificate Discussion Questions:

1. How would Henrietta Lacks' experiences with the medical system have been different if she was a white woman, or a person from a higher socioeconomic class?
2. Do you think that the way Henrietta's mentally disabled daughter Elsie was treated in the institution was based on race? Socioeconomic status?
3. What do you think about Henrietta Lacks' story being told by a middle class white woman? How do you think the story would have been different if Rebecca Skloot herself had not been a part of it?

Source: <http://www.macomb.edu/nr/rdonlyres/012ddfdc-6b74-4b0f-b3ac-fa090eaf4f26/0/immortallifehenrietalacks.pdf>

Is there implicit bias in transplantation?

- Implicit (subconscious) bias refers to the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.
- These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control.

- Staats C. State of the science: Implicit bias review 2014. Kirwan Institute for the Study of Race and Ethnicity.
- Rudman LA. Social justice in our minds, homes, and society: The nature, causes and consequences of implicit bias. Social Justice Research, 17(2):129-142.

Recent News Headlines

Modern Healthcare

18,692 views | Jul 6, 2019, 09:00am

Medicine Has An Implicit Bias Problem, What Needs To Be Done



Bruce Y. Lee Senior Contributor
Healthcare



Dr. Dineen Simpson is Northwestern Memorial Hospital's first female, African-American transplant surgeon. (Raquel Zaldivar/Chicago Tribune/TNS via Getty Images) GETTY

Monday, July 15, 2019 | by Julia Haskins, Staff Writer

Where are all the women in surgery?

For decades, women have been discouraged from entering the surgical specialties. That's changing, thanks to concerted efforts by medical schools and teaching hospitals.



Stephanie Bonne, MD, clearly recalls her first bout of sexism in surgery as a third-year medical student working in the operating room alongside a male student.

August 10, 2019 01:00 AM

Workplace harassment often ignored say women healthcare leaders

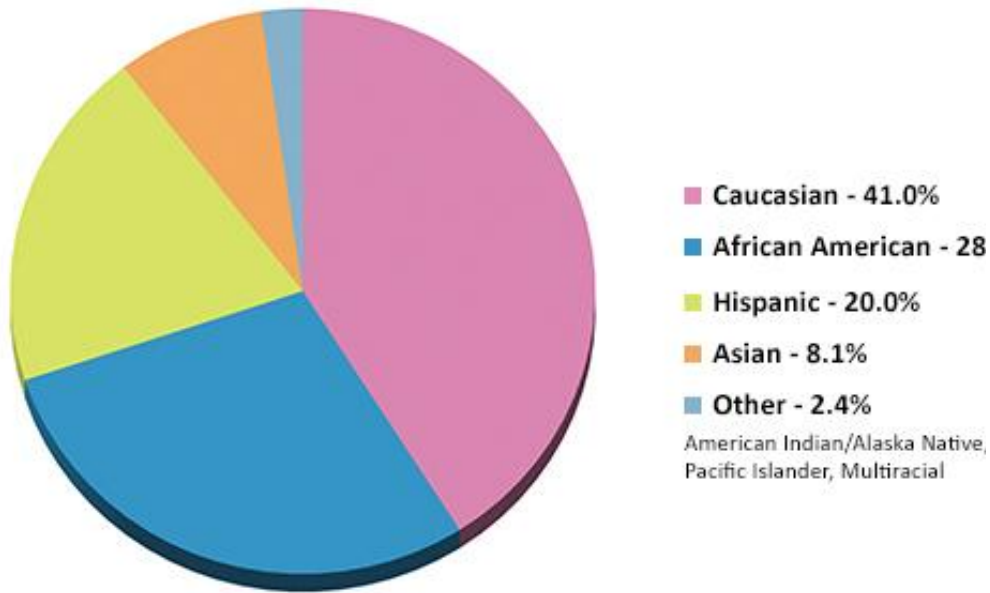
MARIA CASTELLUCCI



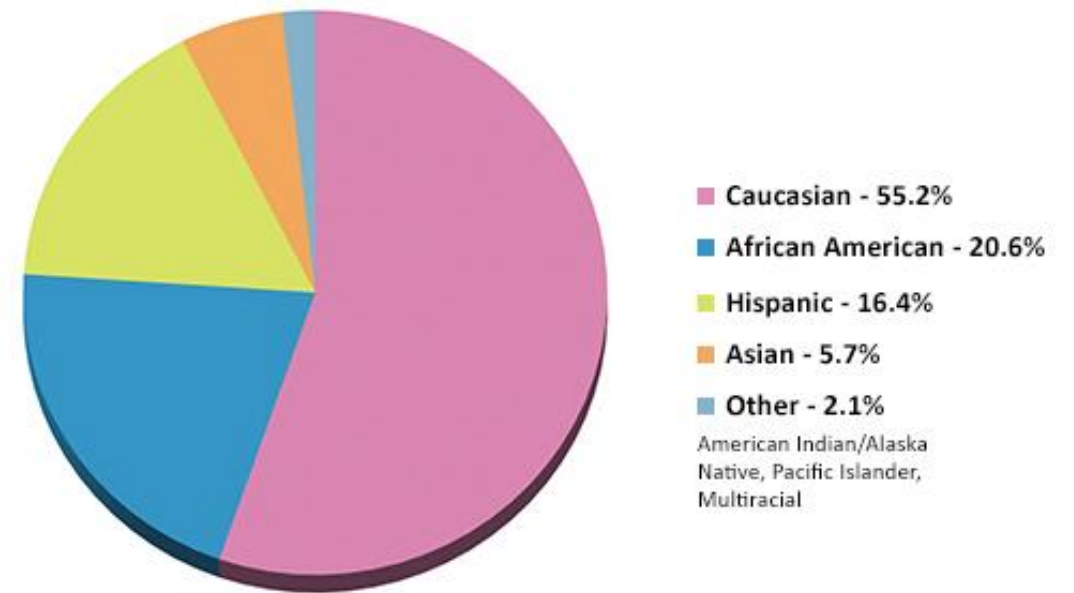
About a quarter of female healthcare leaders have experienced workplace sexual harassment and many said nothing was done when it was reported to leadership.

U.S. Transplant Waiting List and Recipients

Waiting List by Ethnicity (1/2019)

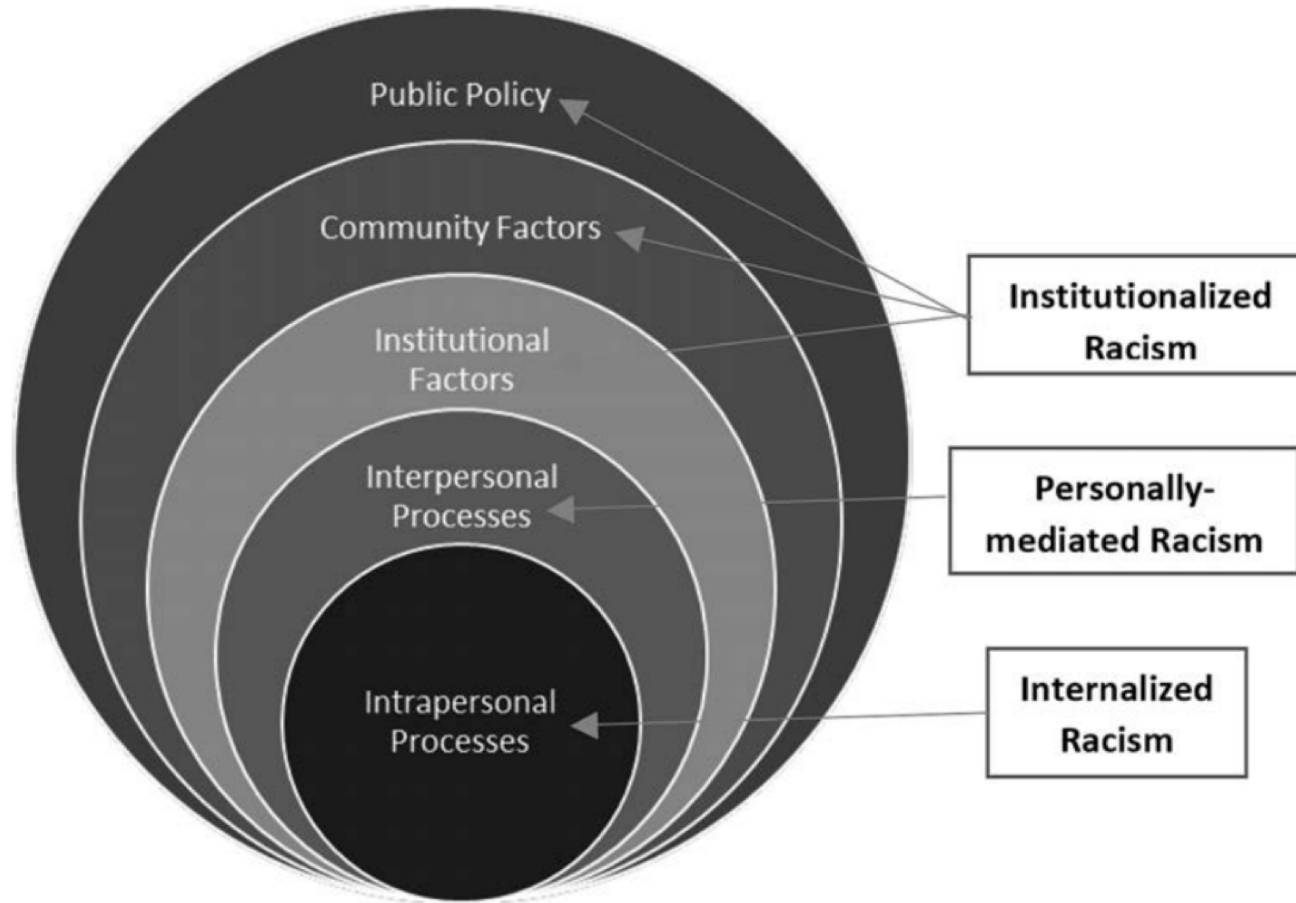


Transplants Recipients by Ethnicity (2018)



- <https://www.organdonor.gov/statistics-stories/statistics.html>

Race, Racism, and Access to Transplants?



- Arriola KJ. Race, Racism, and Access to Renal Transplantation among African Americans. *J Health Care Poor Underserved*. 2017;28(1):30-45. doi:10.1353/hpu.2017.0005. PubMed PMID: 28238984.



National Institutes of Health

Office of the Director
Scientific Workforce Diversity

Introduction



Diversify
the Talent Pool



Unbiased Talent
Searches



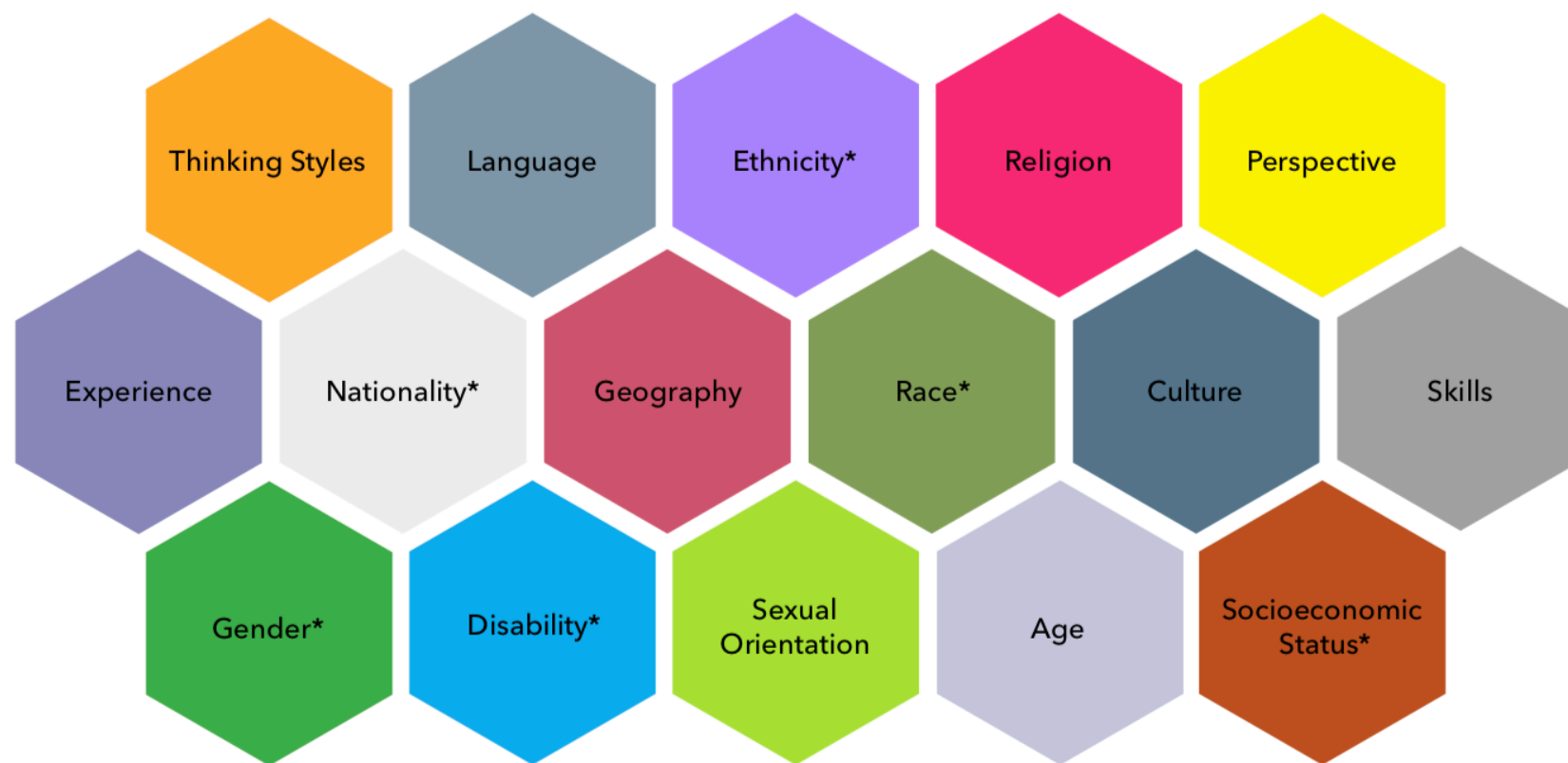
Outreach and
Networking



Mentoring
Relationships

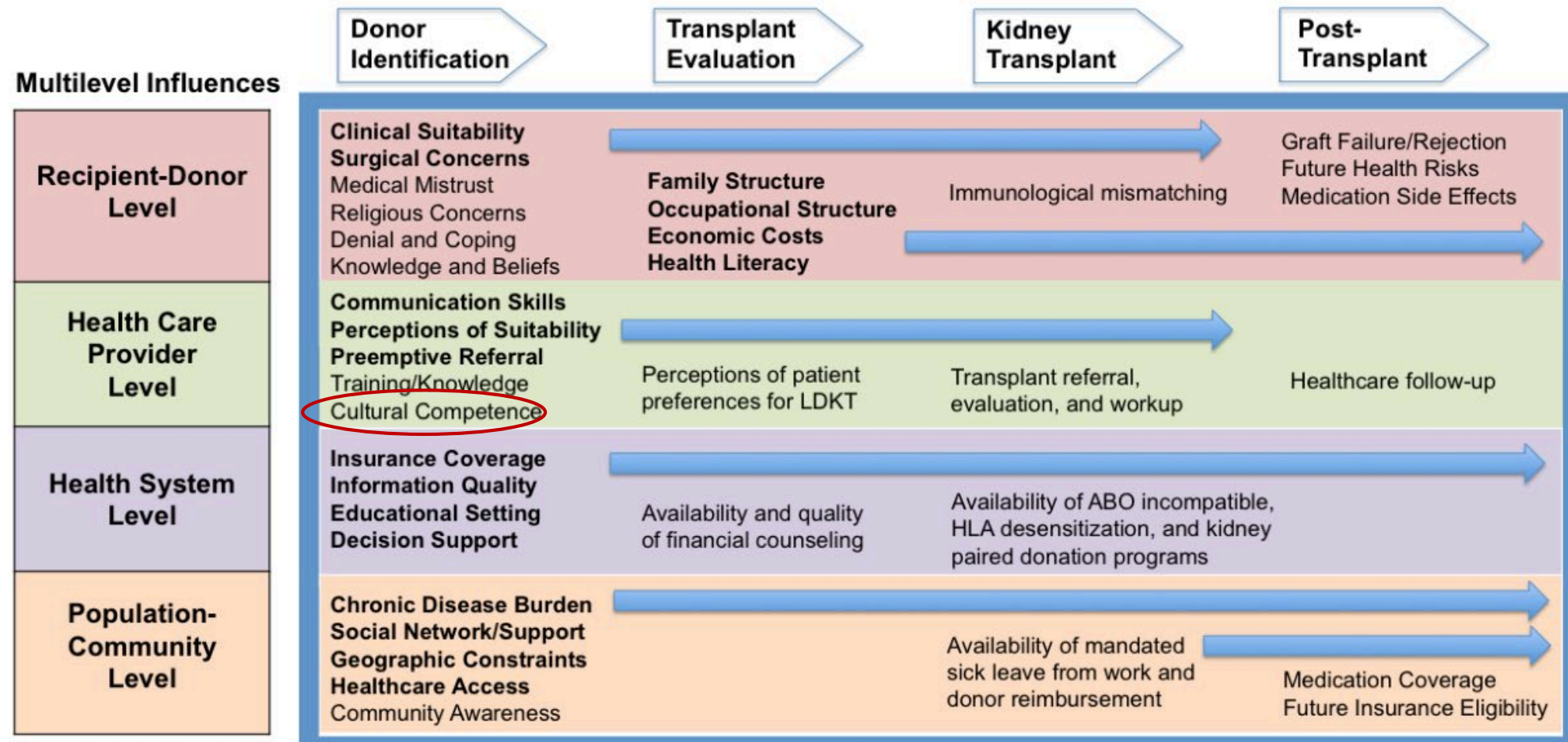
Citation Library

Many Types of Diversity



* Underrepresented Populations in U.S. Biomedical, Clinical, Behavioral and Social Science Research

Evidence-Based Model Highlighting Barriers That Contribute to Disparities in Kidney Transplantation



- Purnell TS, Hall YN, Boulware LE. Understanding and Overcoming Barriers to Living Kidney Donation among Racial and Ethnic Minorities in the United States. *Advances in Chronic Kidney Disease*. 2012 Jul; 19(4): 244-51.

ASTS Diversity Issues Committee

Racial and ethnic characteristics of transplant surgeons and nephrologists in the U.S. in 2013

	Transplant Surgeons (n=613)	Transplant Nephrologists (n=699)
Racial Group		
Non-Hispanic whites	57.7% (354)	51.8% (362)
Minorities	42.2% (259)	48.2% (337)
Minority Group		
Non-Hispanic whites	57.8% (354)	51.8% (362)
AA	5.5% (34)	3.3% (23)
Asian	15.2% (93)	20.0% (140)
Hispanic	8.0% (49)	7.9% (55)
Others	13.5% (83)	17.0% (119)
Speak language other than English	15.5% (95)	15.2% (106)
Reported languages other than English spoken		
Spanish	17.7% (23)	22.5% (27)
French	13.1% (17)	4.2% (5)
Hindi	5.4% (7)	11.7% (14)
German	6.9% (9)	5.0% (6)
Chinese	6.2% (8)	5.8% (7)
Farsi	6.9% (9)	5.0% (6)
Arabic	5.4% (7)	5.8% (7)

ASTS Survey results: 2013 Transplant center linguistic characteristics by center volume

	All Ktx programs (n=174)	Ktx programs \leq 50 (n=85)	Ktx programs >50 (n=89)
Center has a provider that speaks a language other than English			
Transplant surgeons	23.0% (40)	12.9% (11)	38.2% (34)
Transplant nephrologists	25.9% (45)	12.9% (11)	32.6% (29)
At least 1 kidney transplant physician			
NHW	94.3% (164)	90.6% (77)	97.8% (87)
African American	24.1% (42)	23.5% (20)	24.7% (22)
Asian	55.8% (97)	50.6% (43)	60.7% (54)
Hispanic	35.6% (62)	28.2% (24)	42.7% (38)
Other	60.9% (106)	60.0% (51)	61.8% (55)

ASTS Survey: 2018 Evaluation of Workplace Environment in Transplant Medicine

Sample Demographics (n=186)

71.51% White/Caucasian; 17.2% Asian; 5.91% Black/African American

65.59% male

34.41% were 35-44 years old; 29.57% were 45-54 years old; 26.88% were 55-64 years old

25.41% were Protestant; 18.92% were Catholic; 12.43% were Jewish

75.27% were Attendings; 9.14% were Fellows

65.05% responded “Yes” to: “Have you ever experienced harassment/mistreatment in the workplace?”



Interactive Group Discussion: ASTS Survey Participant Quotes

“I have had comments made about me like “what was she thinking getting pregnant?”

“My colleagues told me that my director was making comments like, ‘Don't worry, we're getting rid of her.’ And the terrible part is being powerless to do anything about it.”

“As a fellow, I made only 50% of the salary that my male transplant surgery colleagues with similar years of training made.”



Photo courtesy: Getty Images

Interactive Group Discussion: ASTS Survey Participant Quotes

“Female surgeon mistreating a male surgeon in a silent and constant manner (quiet harassment by trying to generate misinformed atmosphere).”

“As a fellow I experienced blatant anti-Semitism by my program director.”

“Patient requested a different doctor because of my race and/or gender”

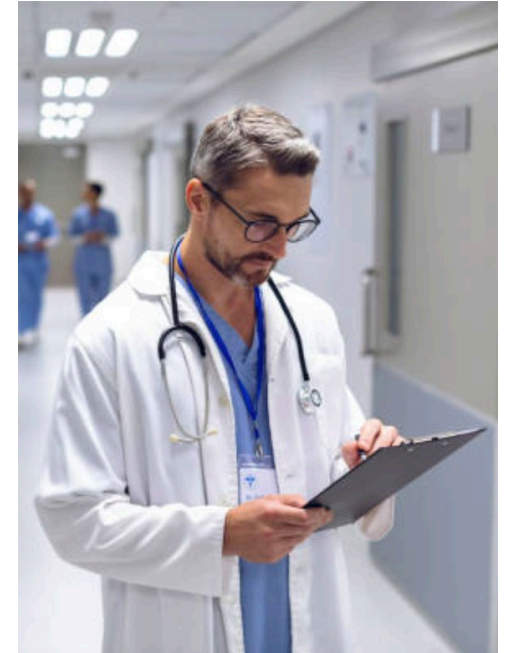


Photo courtesy: Getty Images

Interactive Group Discussion: ASTS Survey Participant Quotes

“It was disheartening to experience racial and gender discrimination from other women because I was in a position that was senior to them.”

“Derogatory comments were made in public about my light accent.... Not allowing me to participate as a speaker in local seminars, courses.”

“There is a pervasive tendency in my program for my judgment to always be subject to questioning, my decisions are always wrong, even though they are modeled on decisions I was trained to make.”



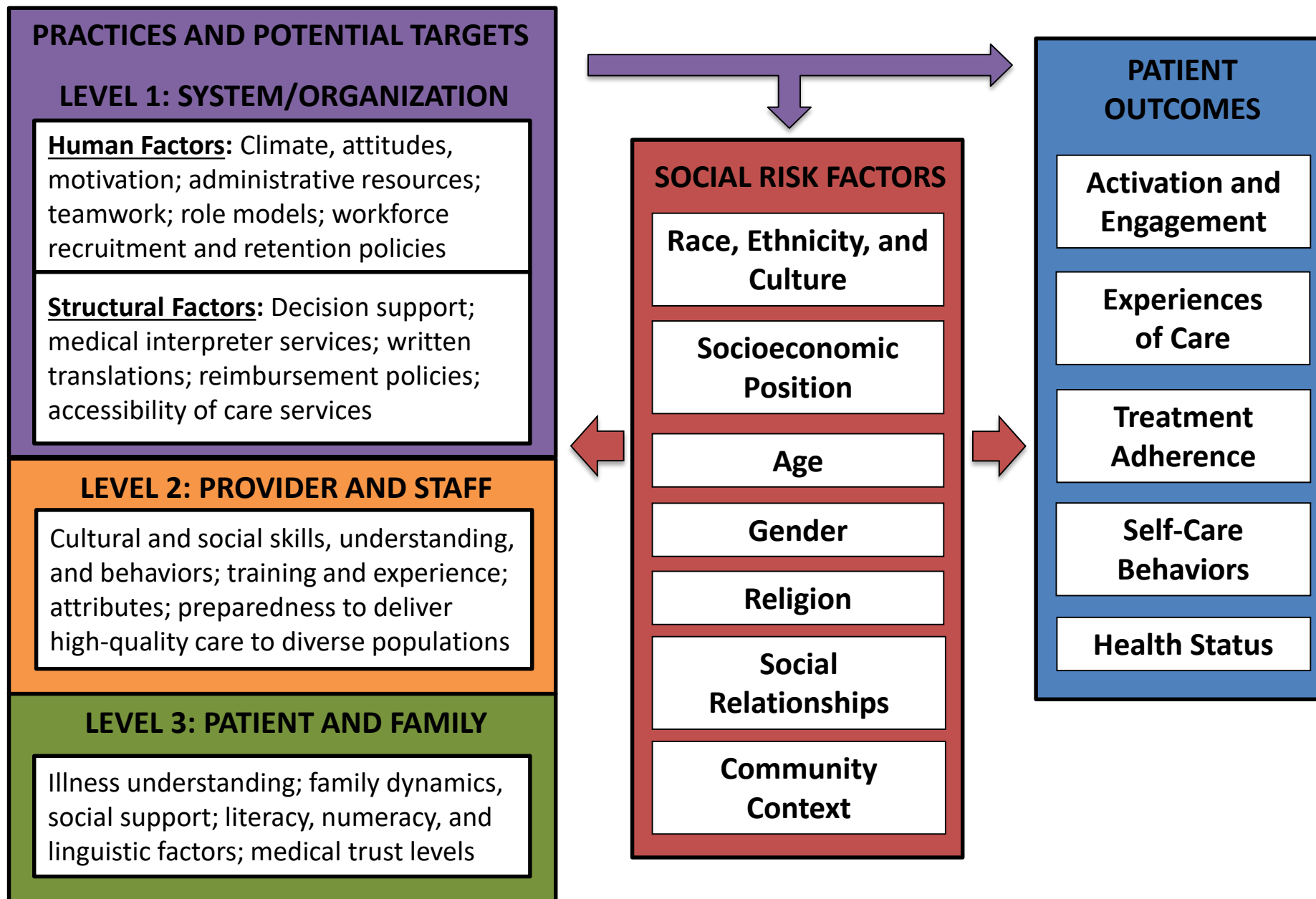
Photo courtesy: Getty Images

How Do We Fix This?

Strategies to Promote Cultural Competence

- Workforce diversity reflecting patient population
- Use of community health workers
- Partnering with communities
- Ongoing training of staff for delivery of culturally appropriate services
- Availability and offering of language assistance for patients with limited English proficiency
- Stratification of performance data by race/ethnicity

• **Source:** Saha S, Beach MC, Cooper LA. Patient centeredness, cultural competence and healthcare quality. *J Natl Med Assoc.* 2008 Nov;100(11):1275-85. PubMed PMID: 9024223; PubMed Central PMCID: PMC2824588.



- Purnell TS, Marshall JK, Olorundare I, Stewart RW, Sisson S, Gibbs B, Feldman LS, Bertram A, Green AR, Cooper LA. Provider Perceptions of the Organization's Cultural Competence Climate and Their Skills and Behaviors Targeting Patient-Centered Care for Socially At-Risk Populations. J Health Care Poor Underserved. 2018;29(1):481-496.

ASTS Workforce Diversification Initiative

Strategic Goals

- To diversify the ASTS membership and attract talented underrepresented minorities to the society
- To provide a comprehensive curriculum for underrepresented minority society members that promotes career development, academic excellence, and leadership attainment
- To enhance the cultural competency of the ASTS

ASTS Workforce Diversification Initiative

Program Components

Cultural competency session as part of every Fellows Symposium

Cultural competency session as part of every Transplant Program Directors Meeting

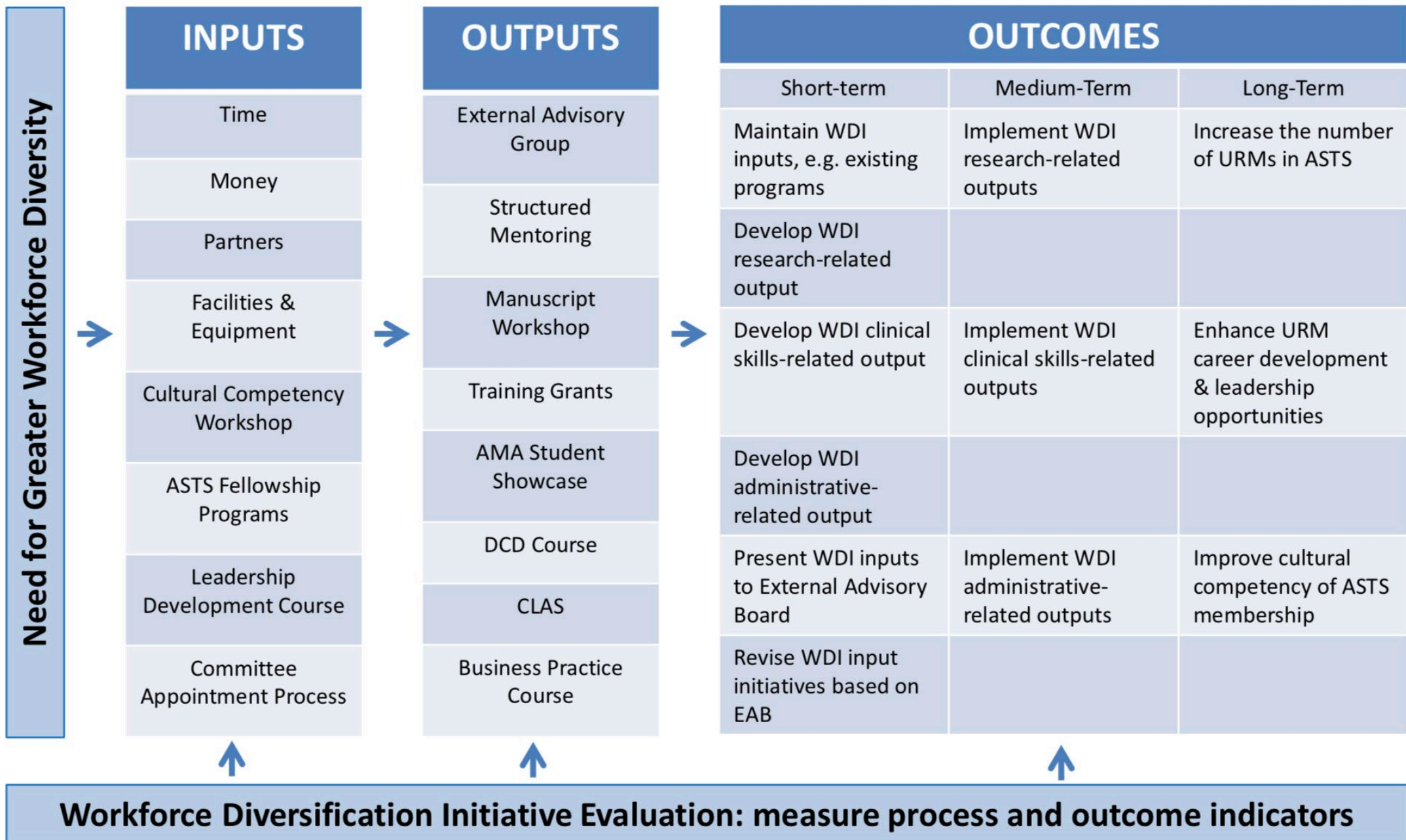
Cultural competency module as part of National Transplant Surgery Curriculum

Cultural competency session at the ASTS Winter Symposium

Provide stipends for ASTS courses to under-represented minorities in transplant

Measure and report membership statistics to track progress (or lack thereof)





Additional Programs and Resources

Culturally Competent Methods to Promote Organ Donation Rates Among African-Americans Using Venues of the Bureau of Motor Vehicles

C.E.B. Zaramo, T. Morton, J.W. Yoo, G.R. Bowen, C.S. Modlin

Abstract Full Text PDF Images References

Abstract

Background

The diversity of the nation is one of society's greatest assets, but this feature is overshadowed by the disproportionate burden of disease that exists among America's minorities. Evidence of the disparate health status has been documented in low life expectancy, cancer, diabetes, cardiovascular, and kidney disease as well as a plethora of disorders that necessitate organ transplantation. Many minorities have been reluctant to register to become organ donors. This circumstance can be alleviated by educating the public regarding the necessity of organ transplantation. We have developed a "unique" collaborative outreach program designed to promote acceptance of organ donation in African-Americans (AAs). Our outreach curriculum at Bureau of Motor Vehicles (BMV) has resulted in increased registrations and awareness regarding the need and positive perceptions toward donation.



Multicultural Considerations in Donation & Transplantation: Developing Cross-Cultural Communication Skills

UCSF Transplant Symposium September 27, 2012 – San Francisco, CA

Hedi Aguiar RN, CCRN, MSN
Donation Services Liaison Project Manager
California Transplant Donor Network

Transplant center provision of education and culturally and linguistically competent care: a national study.

Gordon EJ, Calcedo JC, Ladner DP, Reddy E, Abecassis MM.

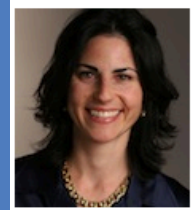
Institute for Healthcare Studies, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA. e-gordon@northwestern.edu

Abstract

Although transplant centers are required to educate patients about kidney transplantation (KT) and living donation (LD), little is known about the educational format, and cultural and linguistic competence necessary for patients to make informed treatment decisions. This study surveyed US transplant administrators about education provided concerning KT and LD and culturally and linguistically competent care. Transplant administrators were invited to participate in an anonymous Internet-based survey about education format, education providers, promoting LD, culturally and linguistically competent care and center characteristics. Most (61%) transplant administrators contacted (N = 280/461) completed the survey. Most administrators (91%) reported that their center provides any type of formal education in their pre-KT evaluation. Education was mostly provided by: nurses (97%), social workers (72%) and surgeons (55%), and predominantly as one-on-one (80%) versus group discussions (60%). Education was primarily delivered through written materials (93%). Written educational materials in Spanish (86%) and the provision of interpreters (82%) were emphasized over educational sessions in Spanish (39%), or employing bilingual (51%) and bicultural staff (39%). Half (55%) promoted LD as the best option. Transplant centers need to take greater efforts to consistently provide appropriate education, promote LD, and provide culturally and linguistically competent care to ensure effective communication with all patients.

MH&B Special Topics Lectures

These lectures address diverse topics within bioethics and the medical humanities. Speakers are MH&B faculty or special guests we've invited to present. The lectures run every Thursday from **noon to 12:45pm** in the **Searle Seminar Room** in the Lurie building, during The Graduate School's fall, winter, and spring quarters. Due to public interest, we've made these lectures open to all, inside and outside the Northwestern community. Please feel free to bring a lunch.



Elisa J. Gordon, PhD, MPH
Research Associate Professor
Institute for Healthcare Studies
Comprehensive Transplant Center
Northwestern University Transplant Outcomes Research Collaborative (NUTORC)
Medical Humanities & Bioethics

Education & Culturally Competent Care in Transplantation: Implications for Quality Improvement

Tuesday, November 2, 2010

This lecture discusses the results of a national survey of transplant administrators regarding the provision of education and culturally and linguistically competent care to kidney transplant candidates and the implications for addressing racial/ethnic disparities in access to transplantation.

Reducing Ethnic Disparities in Organ Donation through a Culturally Competent Transplant Program

Tuesday, November 9, 2010

This lecture discusses the impact of a culturally competent Hispanic Transplant Program on Hispanic patient and family member knowledge and attitudes about organ donation and transplantation. What makes the program culturally competent? What are the implications of culturally competent programs for reducing disparities in living donation rates? More broadly, how can such programs be disseminated?

**Diversity and Inclusion
Home**[Diversity 3.0 Learning Series](#)[Diversity Portfolios](#)[LGBT Health Resources](#)[Research Data and Publications](#)[Contact Diversity and Inclusion](#)

Unconscious Bias Resources for Health Professionals

At academic medical centers, unconscious biases can compromise diversity and inclusion efforts in admissions, curriculum development, counseling, and faculty advising, among other functions. The AAMC provides resources and trainings to assist these institutions to meet their goals around addressing unconscious biases.

Unconscious Bias Train-the-Trainer Program for the Health Professions

The AAMC partnered with Cook Ross, Inc. to create training in the science behind unconscious bias. This training will help academic medicine staff and faculty mitigate these disparities across the medical education continuum.

This evidence-based, intensive, and dynamic 4-day course provides a hands-on experience to prepare attendees to deliver an unconscious bias workshop. This unique program is aimed at leaders in academic medicine and other professionals in healthcare and biomedical research who want to integrate unconscious bias learning opportunities into their organizations.

Registration is now closed for the upcoming workshop on September 23-26, 2019 in Washington, DC.

Please direct questions to Angela Moses at amoses@aamc.org.



National Institutes of Health

Office of the Director
Scientific Workforce Diversity

Introduction



Diversify
the Talent Pool



Unbiased Talent
Searches



Outreach and
Networking



Mentoring
Relationships

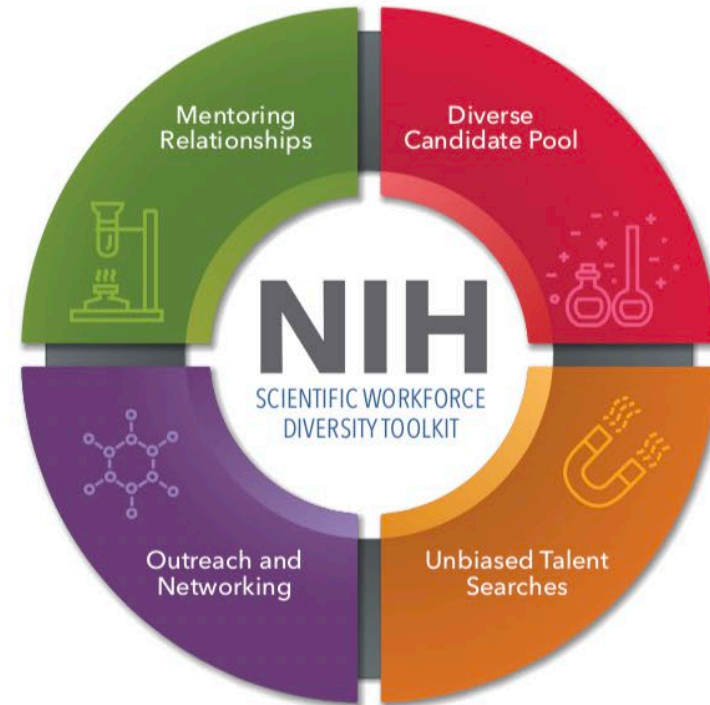
Citation Library

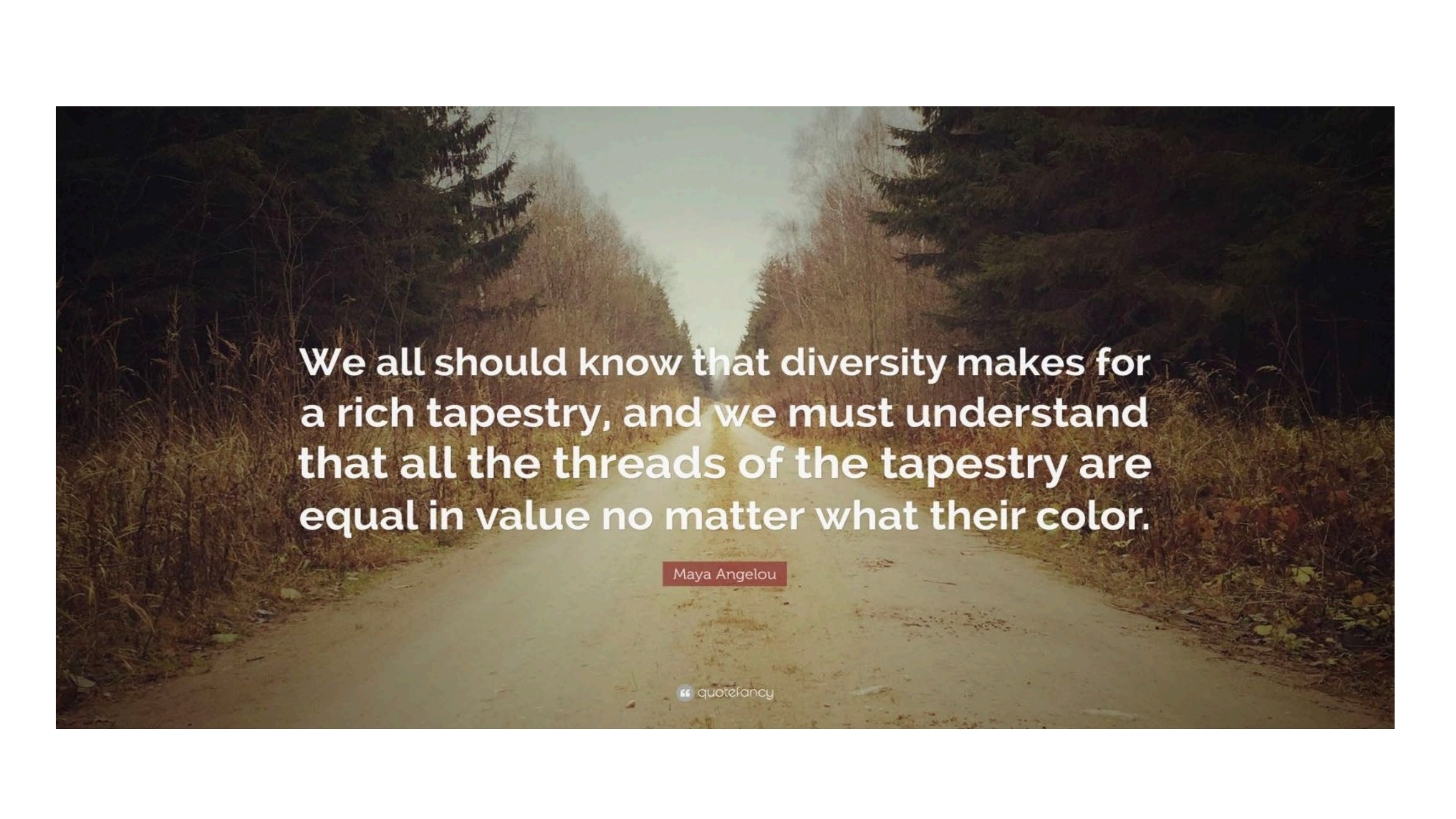
NIH Scientific Workforce Diversity Toolkit

The U.S. scientific research enterprise – from basic laboratory research to clinical and translational research to policy – requires intellect, creativity, and diverse skill sets and viewpoints.

Diversity

- ... enhances excellence, creativity, and innovation
- ... broadens the scope of biomedical inquiry
- ... addresses health disparities
- ... ensures fairness in our highly diverse nation



A photograph of a dirt road winding through a forest. The road is light-colored and leads towards a bright opening in the trees. Tall evergreen trees line both sides of the road, and some bare deciduous trees are visible in the distance. The overall tone is somewhat muted and atmospheric.

We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their color.

Maya Angelou

Pathway to Cultural Dexterity: Impact on the Workforce Pipeline

Tanjala S. Purnell, PhD, MPH
ASTS Diversity Issues Committee

EMAIL: TPURNEL1@JHMI.EDU



@ tpurnell1908



Fellowship Opportunities Hands-on Courses

TAYYAB S. DIWAN, MD

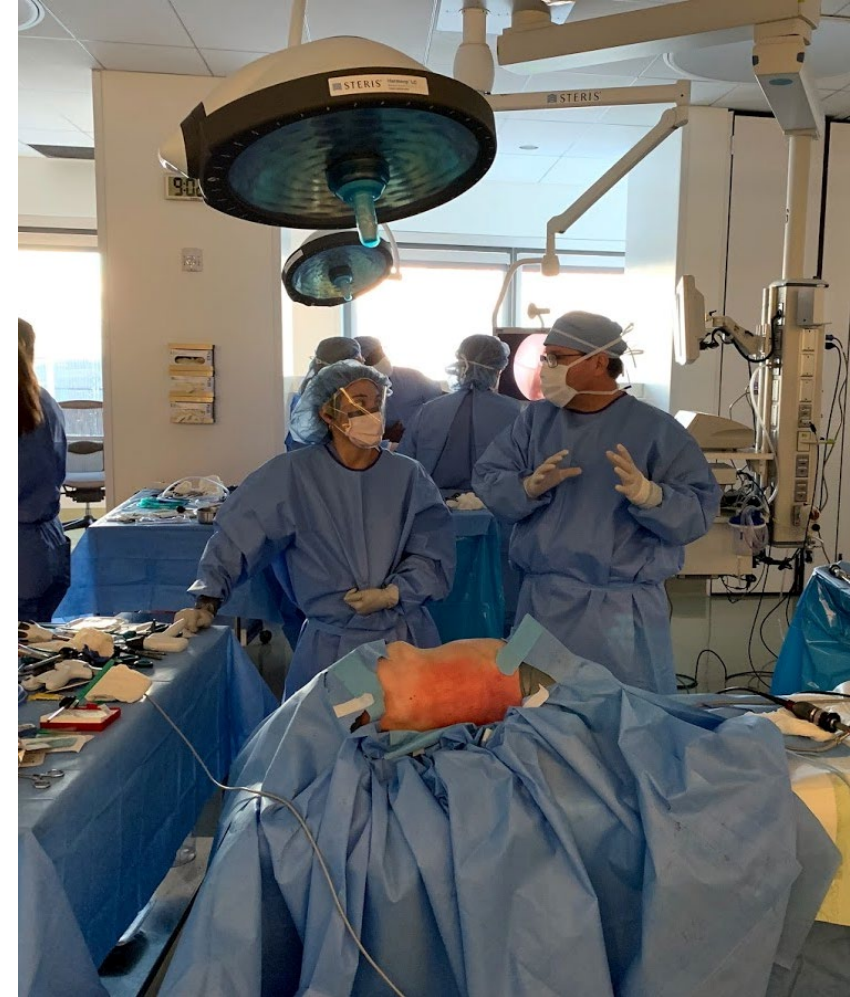
2019 Combined LDN/DCD Workshop

When: August 26 – 28, 2019

Where: Methodist Institute for Technology, Innovation and Education (MITIE)
Houston, TX

Fellow Attendees:

Type of Registration	Number of Fellows
Combined LDN/DCD	12
LDN (only)	5
DCD (only)	3
Total Number of Fellows:	20



2019 Combined LDN/DCD Workshop

2019 Combined LDN/DCD Workshop

Type of Registration	Total Registered
Combined LDN/DCD Fellow Registration	11
Combined LDN/DCD Member Registration	1
Combined LDN/DCD Non-Member Registration	0
Combined LDN/DCD Industry Registration	9
DCD Member Registration	7
DCD Non-member/Industry Registration	3
DCD OPO Registration	15
LDN Member Registration	9
LDN Non-member Registration	2
LDN Industry Registration	7
Total Registered:	64

Monday, August 26, 2019

8:00 am – 9:00 am	Registration and Breakfast	
9:00 am – 12:00 pm	Surgical Video and Discussion	Lloyd Ratner, MD, MPH Tayyab S. Diwan MD
12:00 – 1:00 pm	Lunch (Sponsored by Veloxis)	Presentation by: Jason Wellen, MD, MBA
1:00 – 1:45 pm	Intra-Op Complications and Difficult, Unusual, and Unique Cases	Lloyd Ratner, MD, MPH
1:45 – 2:30 pm	Donor Nephrectomy Techniques	Lloyd Ratner, MD, MPH Madison Cuffy, MD
2:30 – 3:15 pm	Appropriate Workup and Patient Selection for Donation	Madison Cuffy, MD
3:45 – 4:30 pm	Considerations for Appropriate Kidney Selection	Tayyab S. Diwan MD
4:30 – 5:15 pm	Post-op Care and Potential Complications	Mark Hobeika, MD
5:15 – 6:00 pm	Long Term Effects and Complications after Donation	Trevor Nydam, MD

Laparoscopic Donor Nephrectomy (LDN) Workshop: Day 1

Tuesday, August 27, 2019

Methodist Institute for Technology, Innovation, and Education (MITIE)

6:30 am – 7:00 am Breakfast

7:00 am – 11:00 am Laparoscopic Donor Nephrectomy Hands-on Lab
MITIE Lab

11:00 am – 12:00 pm Lunch

12:00 pm Adjourn

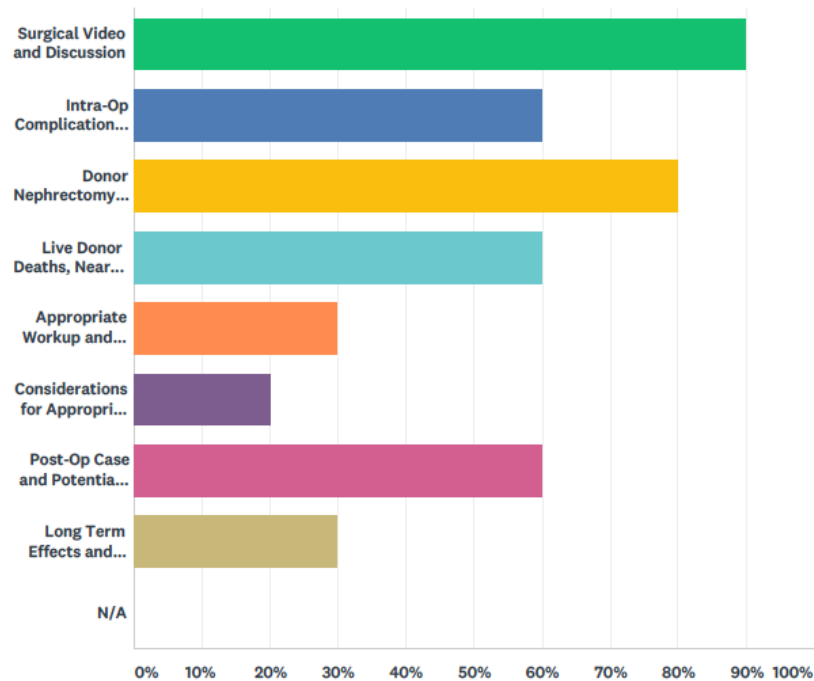
Laparoscopic Donor Nephrectomy (LDN) Workshop: Day 2

Laparoscopic Donor Nephrectomy (LDN) Workshop

2019 Laparoscopic Donor Nephrectomy (LDN) Workshop Post Evaluation

Q5 What topics/presentations were exceptional?

Answered: 10 Skipped: 0

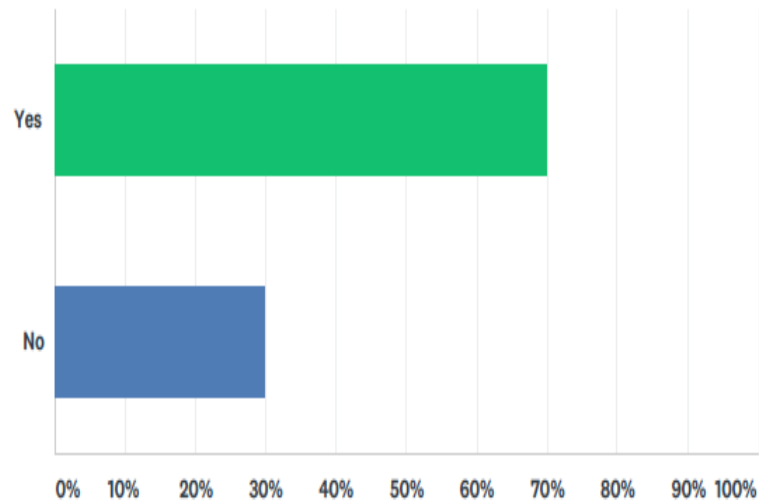


#	RESPONSES	DATE
1	I was very happy about the course that was offered and the various discussions that took place. I have no negative feedback.	9/9/2019 8:00 AM
2	They were all great people, I learned a lot from the course ☐	9/7/2019 8:18 AM
3	Faculty was engaging and helpful	9/5/2019 8:53 AM
4	Great course. Very informative. Surgical videos were "honest"....meaning....realistic and not just showcasing the perfect cases with no bleeding. A realistic depiction of donor nephrectomy	9/2/2019 4:02 AM
5	Faculty was excellent	9/1/2019 5:59 PM
6	One of the comments from a faculty members "fellows should not go on procurement themselves" was particularly eye catching for me as it reflects lack of trust in your team and lack of training on your part to your fellows. I think they should encourage new people to be independent	9/1/2019 7:44 AM
7	None	8/31/2019 5:13 PM
8	more attention to the perceived message delivered when discussing informed consent. it might appear that the surgeon was "dumbing down" the risk/benefit and making it easier to have the donor agree rather than taking different efforts to insure understanding. discussion about the real meaning behind the live donor advocate. ways to get the hospital to understand and participate in donor selection and safety from the perspective of the donor surgeon	8/31/2019 7:26 AM
9	I would like robotic approach for LDN and i think Sp or Xi should be part of our ASTS LDN since donor deserve most advance technology	8/30/2019 9:40 AM
10	Tay and Madison did a wonderful job running the program. Mark and Travis were awesome! They were so transparent about their difficulties with surgery/patients and helped me know that I was not alone when dealing with difficult clinical situations.	8/30/2019 9:19 AM

Laparoscopic Donor Nephrectomy (LDN) Workshop

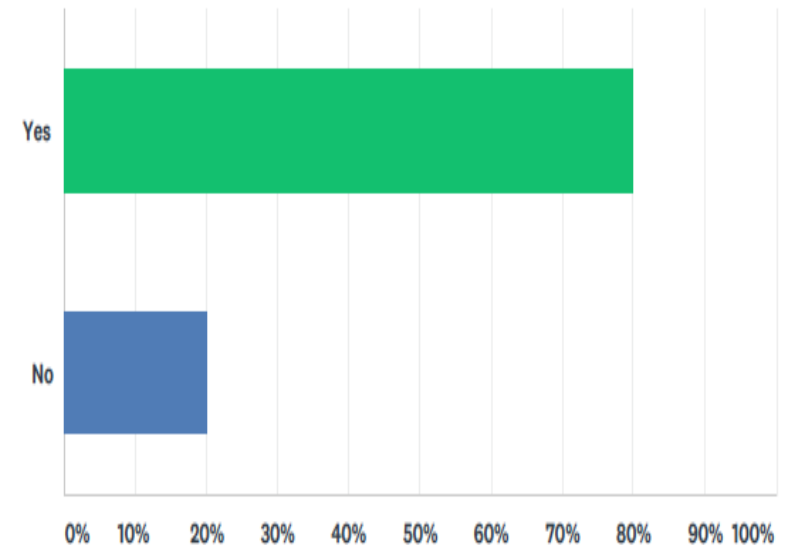
Q8 Would you be interested in attending an Advanced LDN Workshop that would cover such issues as regulations around living donation, establishing and maintaining a living donor program, etc.?

Answered: 10 Skipped: 0



Q9 Do you feel a mentoring program following attendance of this course would be beneficial?

Answered: 10 Skipped: 0



Comprehensive Donation after Cardiac Death (DCD) Workshop: Day 1

Tuesday, August 27, 2019

Methodist Institute for Technology, Innovation, and Education (MITIE)

Setting Up a DCD Program in your DSA

12:00 – 12:20 pm	OPO Perspective	Kevin Myer
12:20 – 12:40 pm	Surgeon Perspective	George Loss, MD
12:40 – 1:00 pm	Ethical Issues	Mark Hobeika, MD
1:00 – 1:30 pm	Panel Discussion	All

Setting Up the DCD Recovery

1:30 – 1:50 pm	Identifying the Suitable DCD Donor and Recipient	David Foley, MD
1:50 – 2:10 pm	Optimizing the Donor Recovery Process	Steve Hanish, MD
2:10 – 2:30 pm	Panel Discussion	All
2:30 – 2:50 pm	Break (Sponsored by Veloxis)	

Performing the DCD Recovery

2:50 – 3:10 pm	DCD Recovery 101	David Foley, MD
3:10 – 3:30 pm	Surgical Videos and Discussion	Steve Hanish, MD
3:30 – 3:50 pm	Adjunctive Therapies	Steve Hanish, MD
3:50 – 4:20 pm	Panel Discussion	All

Strategies to Improve Outcomes

4:20 – 4:40 pm	Hypothermic Ex-Vivo Perfusion	Cutler Quillin, MD
4:40 – 5:00 pm	Normothermic Ex-Vivo Perfusion	TBD
5:00 – 5:20 pm	Improving Best Practices	George Loss, MD
5:20 – 5:50 pm	Panel Discussion	All

Comprehensive Donation after Cardiac Death (DCD) Workshop: Day 2

Wednesday, August 28, 2019

Methodist Institute for Technology, Innovation, and Education (MITIE)

7:15 – 7:45 am Breakfast Available

7:45 – 8:30 am	Review of Day 1 and Thoracic Perspective	Phil Camp, MD
----------------	--	---------------

8:30 am – 12:00 pm Hands-on Cadaver Lab
MITIE Lab – 5th Floor

12:00 – 1:00 pm	Lunch Case Study Discussion: Management of Post Operative Complications	All
-----------------	--	-----

DCD Costs & Outcomes

1:00 – 1:30 pm	SRTR/Outcomes Data and Mitigating Risk	David Axelrod, MD
----------------	--	-------------------

1:30 – 2:00 pm	Cost of DCD Liver Transplantation	David Axelrod, MD
----------------	-----------------------------------	-------------------

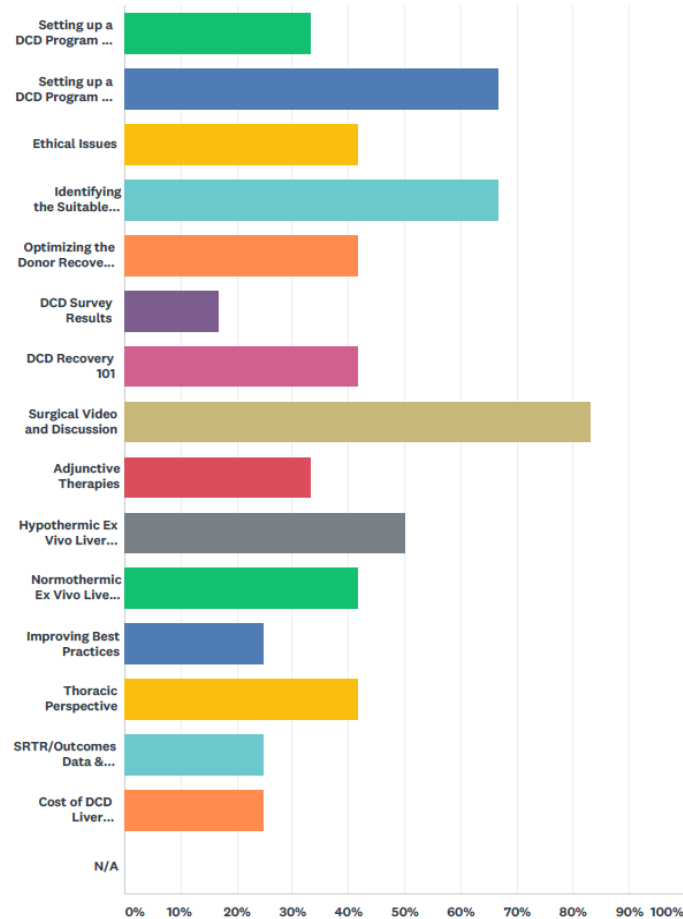
2:00 – 2:30 pm	Panel Discussion and Workshop De-brief/Post-Test	All
----------------	--	-----

2:30 pm	Adjourn	
---------	---------	--

Comprehensive Donation after Cardiac Death (DCD) Workshop

Q3 Which presentations did you find to be exceptional?

Answered: 12 Skipped: 0

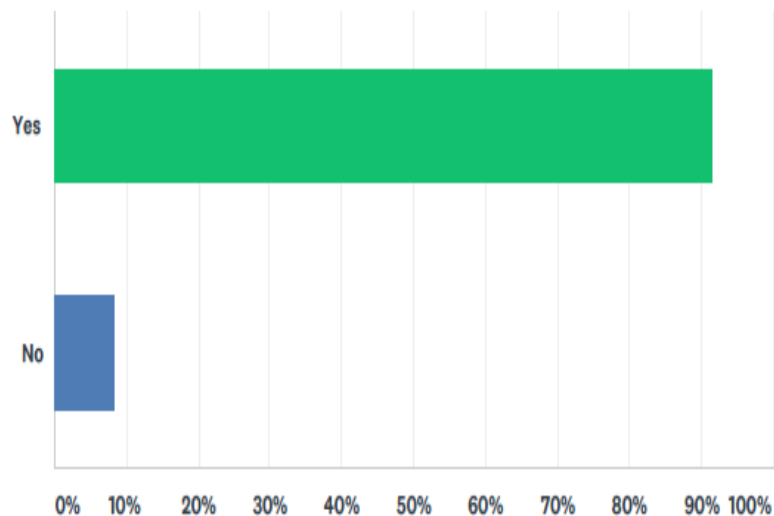


#	RESPONSES	DATE
1	They were all excellent	9/5/2019 2:16 PM
2	I was impressed with Dr. Hobeika. He seemed generally interested in the OPO personnel's perspectives on the DCD process. It was refreshing to hear. Dr. Loss always provides a really clear, no frills message. This is what we do, here are our numbers, it works for us.	9/3/2019 1:55 PM
3	Would benefit from a lecture focusing on DCD kidney or pancreas	9/3/2019 9:49 AM
4	Each topic was discussed thoroughly and the speakers were knowledgeable and engaging	9/2/2019 7:27 AM
5	excellent discussions	9/1/2019 8:22 AM
6	I was very impressed with all the faculty members that participated in the workshop	9/1/2019 4:38 AM
7	The were all great and helpful 😊	8/31/2019 7:46 PM
8	Faculty was fantastic	8/31/2019 2:47 PM
9	No comment	8/31/2019 1:00 PM
10	N/A	8/31/2019 9:37 AM
11	Faculty members did a great job	8/31/2019 9:04 AM
12	the faculty presentations and discussion were excellent. good group and very engaged	8/31/2019 8:07 AM

Comprehensive Donation after Cardiac Death (DCD) Workshop

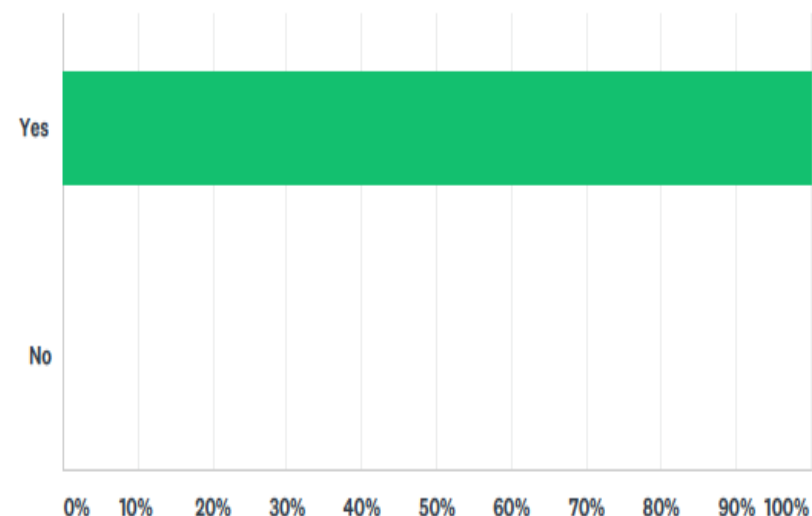
Q8 Did you find the cadaver lab portion of the workshop to be worthwhile and educational?

Answered: 12 Skipped: 0



Q11 Would you be likely to recommend that a colleague or peer attend this workshop?

Answered: 12 Skipped: 0



Advanced Education Taskforce

- Hands-on courses to be developed within an overall ASTS framework/plan
- Short-Term Goals
 - Successful series of co-located courses (DCD, LDN, etc.)
 - Add members to the taskforce
- Medium/Long Term Goals
 - Pancreas backbench and procurement
 - Split liver
 - Robotic kidney transplant (Dr. Benedetti)
 - Alternative to cadavers
 - International experience (offer our courses and learn from others)

Advanced Education Taskforce

- Future Plans:
 - Develop transformative models for surgical education
 - Episodic versus longitudinal training
 - 3D printing
 - VR
 - Utilize these courses as part of certification process
 - Discuss development of “advanced” programs
 - Mentoring program

Applied Medical Renal Hilum Dissection (RHD) Model: *Pilot Study*

R. CUTLER QUILLIN III, MD

ASSISTANT PROFESSOR OF SURGERY

UNIVERSITY OF CINCINNATI

No disclosures.

Training transplant surgery fellows in laparoscopic donor nephrectomy (LDN)

ASTS requires transplant surgery fellows to complete **40** kidney transplants and **12** living donor nephrectomies

Appendix D: Living Donor Nephrectomy Requirements (over 24-month fellowship)

LDN Fellow Operative Volume Requirements
Living Donor Nephrectomy (LDN)
Fellow must perform a minimum of 12 living donor nephrectomies over the 24-month fellowship.
Fellow must participate in preoperative evaluation of LDN donors and manage postoperative care.
Multi-disciplinary care of these patients should be inherent in the Kidney Training program.
Program Director will designate whether fellow <i>has had training</i> in LDN or has had <i>exposure</i> in LDN. In order for the fellow to be designated to have been trained case logs must indicate minimum number of cases as primary surgeon.

Training transplant surgery fellows in laparoscopic donor nephrectomy (LDN)

Learning the operation from the perspective from a recent transplant surgery fellow graduate.

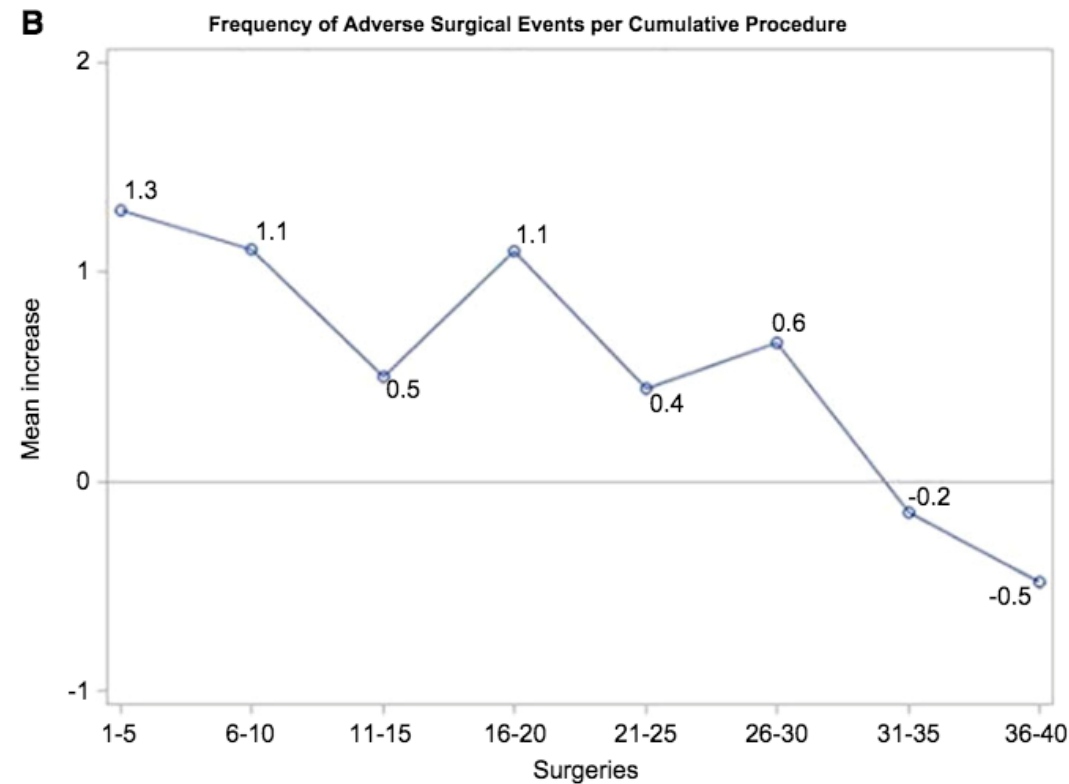
- Tempering of the "hot shot" chief resident
- Unfamiliar planes
- General surgeon fear of the ureter
- Operating on healthy patients that don't need the operation

Defining the Tipping Point in Surgical Performance for Laparoscopic Donor Nephrectomy Among Transplant Surgery Fellows: A Risk-Adjusted Cumulative Summation Learning Curve Analysis

O. K. Serrano^{1*}, A. S. Bangdiwala², D. M. Vock³,
D. Berglund¹, T. B. Dunn¹ , E. B. Finger¹,
T. L. Pruett¹, A. J. Matas¹ and R. Kandaswamy¹

- N=30 fellows from
- Surgical performance
- Compared novice 1

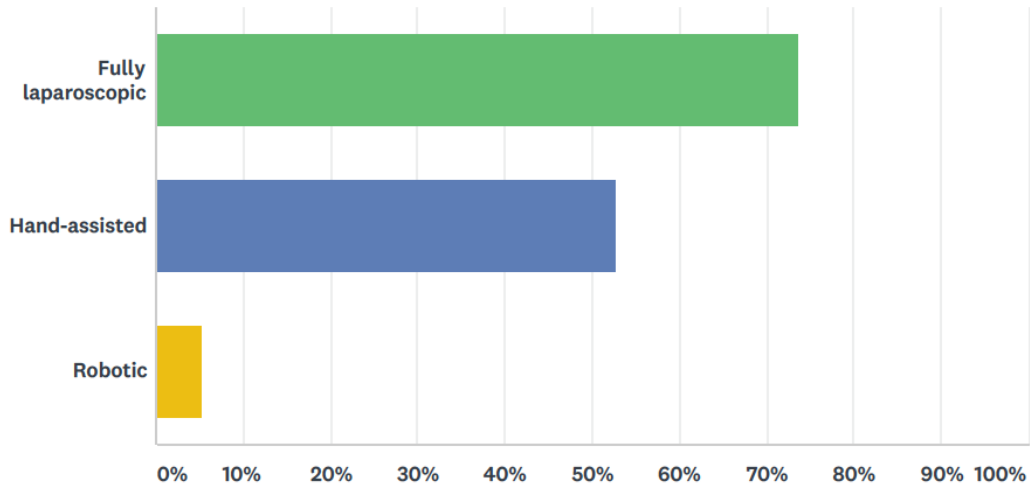
- Tipping point in performance after 24-28 cases
- Proficiency after 35-38 cases



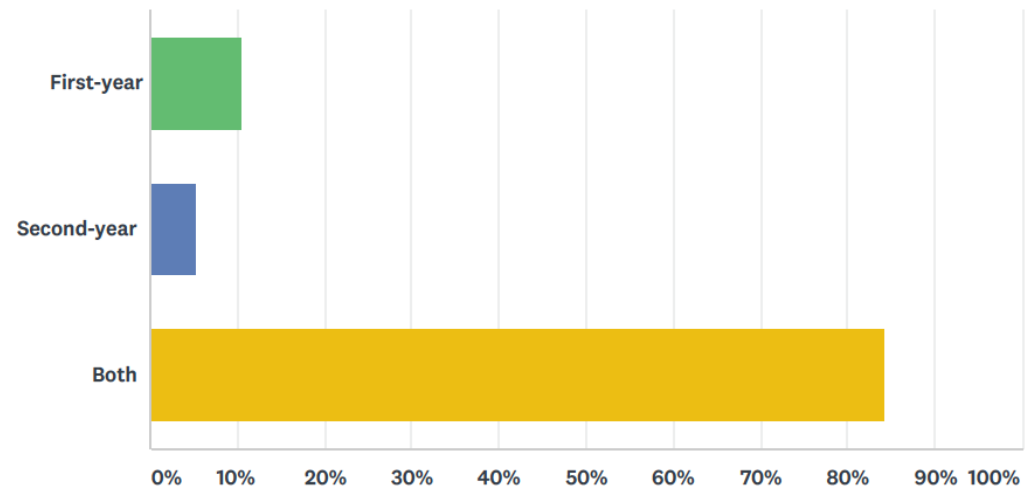
complication

Program director questionnaire

n=19 programs with LDN performed by 3.4 ± 1.3 surgeons



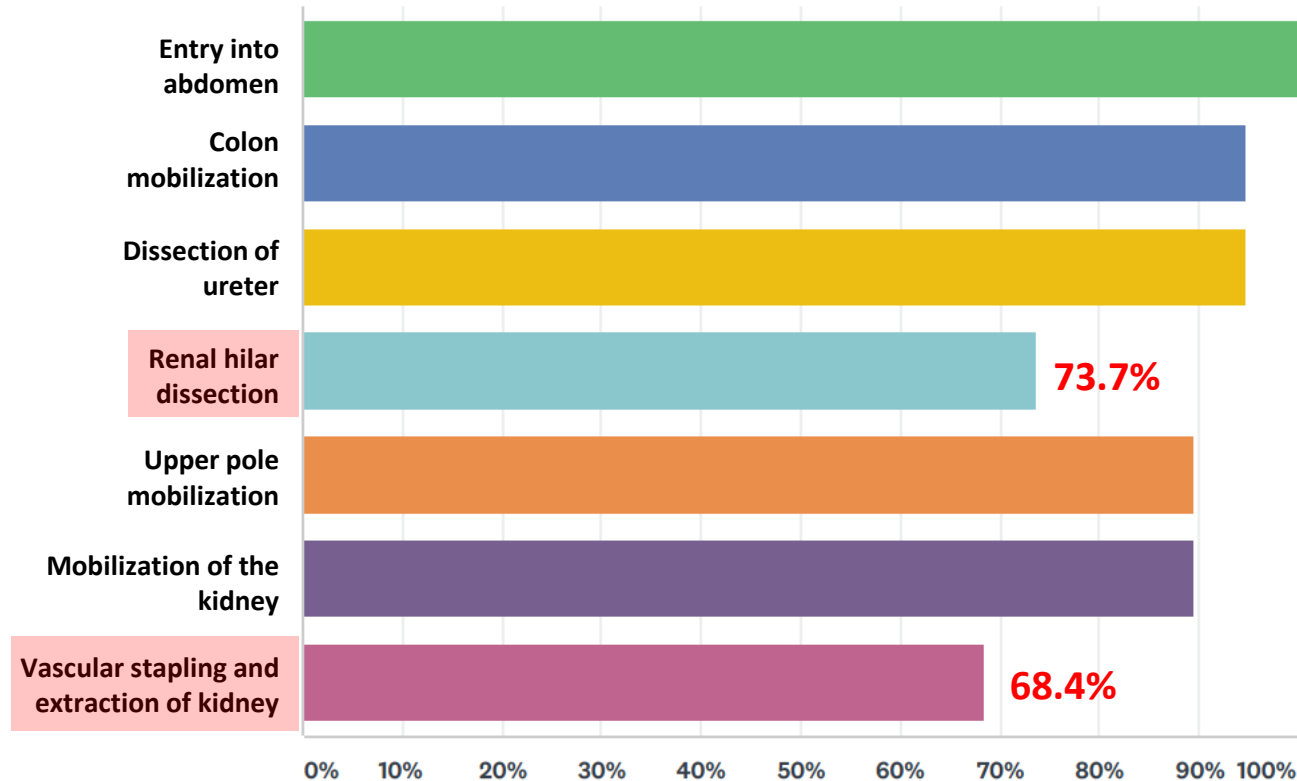
How performed



When fellow trained

Program director questionnaire

Which aspects of the laparoscopic donor nephrectomy do fellows routinely perform?



Advancing training in transplant surgery

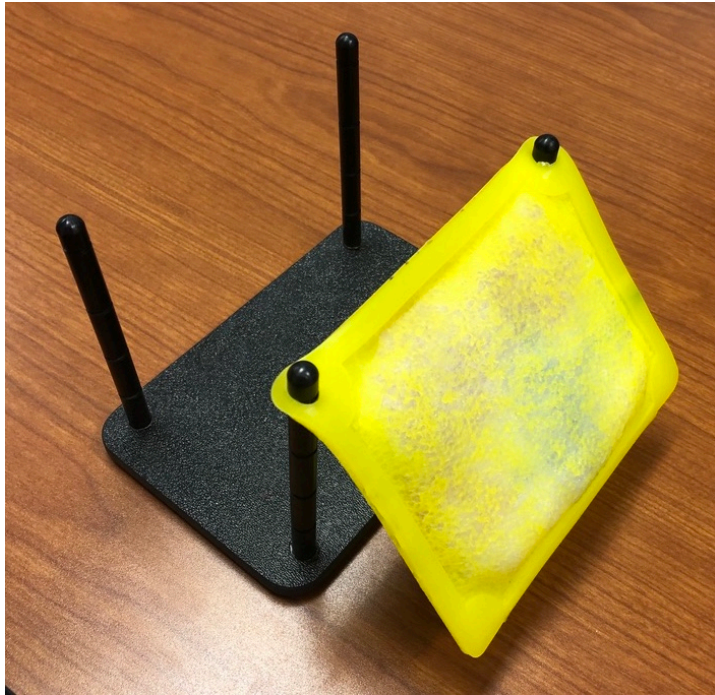
- The ASTS is committed to continuing education through its development of hands-on training programs such as the **Laparoscopic Donor Nephrectomy Workshop and the Comprehensive DCD Workshop**.
- The ASTS is advancing its training opportunities and has collaborated with Applied Medical to develop a simulation model, the **Renal Hilum Dissection (RHD) Model**.

Renal Hilum Dissection Simulation Model



The Renal Hilum Dissection (RHD) Simulation Model was developed by Applied Medical in collaboration with the ASTS to help transplant surgeons gain exposure to renal hilar dissection prior to direct patient interaction and to accelerate technical proficiency.

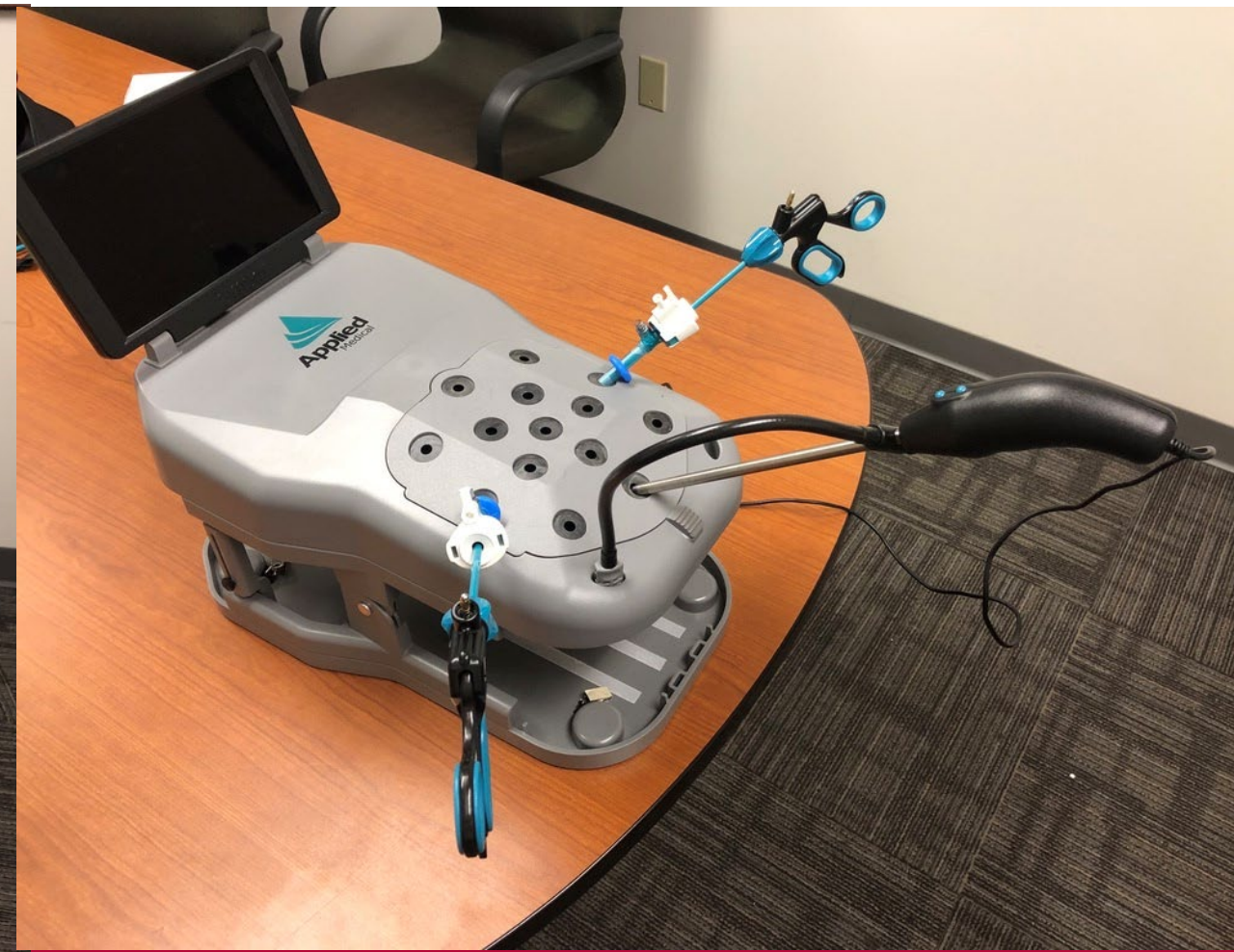
Renal Hilum Dissection Simulation Model



Model first presented at ATC in June 2018.

FTC and Applied Medical have continued to work to refine model and develop pilot study.

Model used with laparoscopic trainer

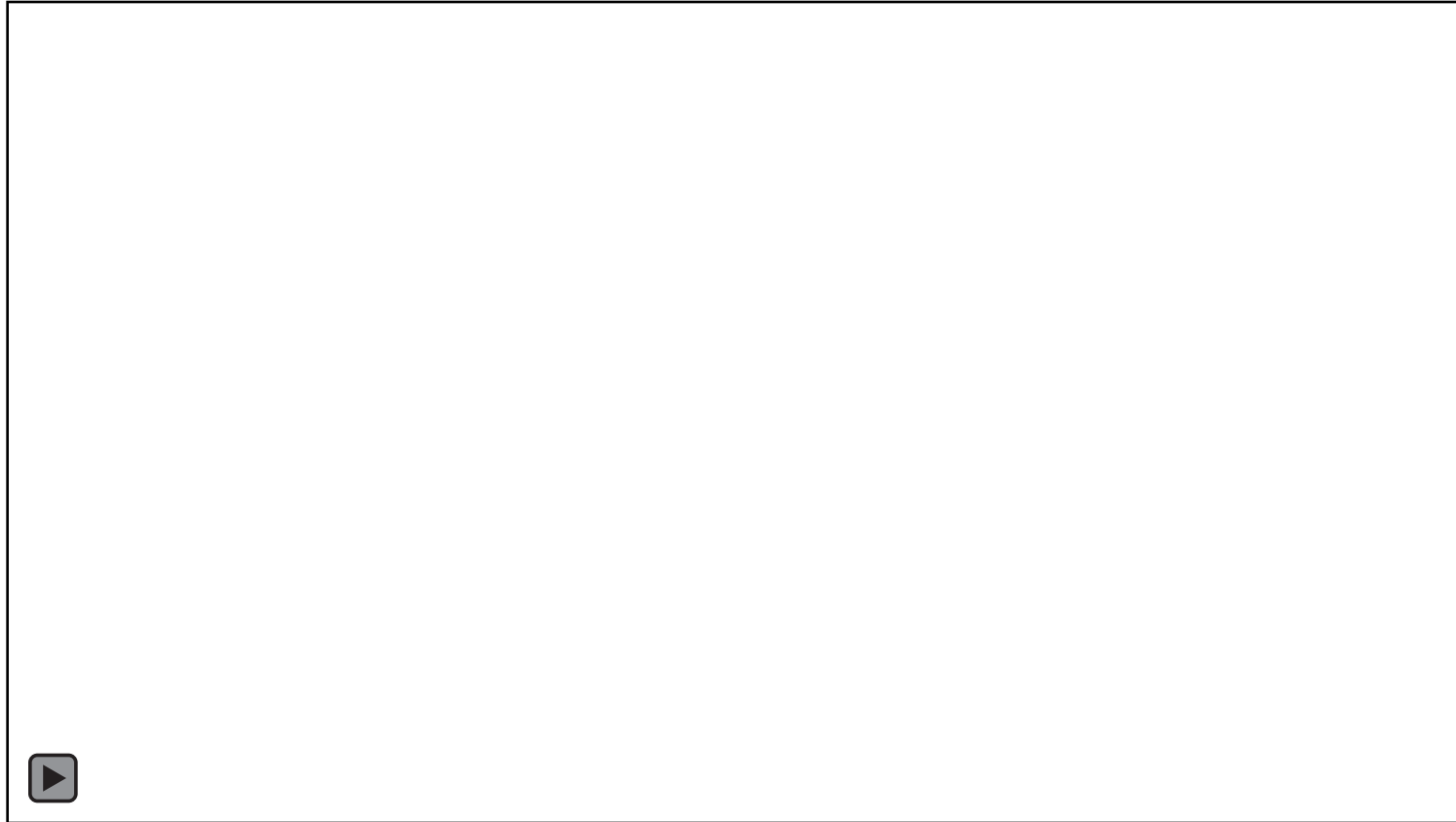


Simulation experience with standard laparoscopic instruments.

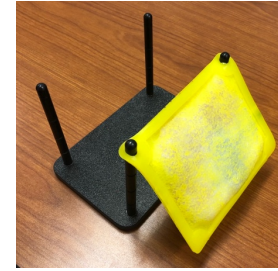
Video recording capability for performance review.



RHD model



RHD Simulation Model



Goal of collaboration is to incorporate this simulation model into transplant surgery training.

First need to assess efficacy as an education tool.

RHD pilot study developed by FTC

RHD Study Outline

Completed in two phases.

Phase 1

- Evaluate use of the RHD model as an instructional tool and standardize the approach to assess the model.

How can we use the model to teach and evaluate fellows

RHD Study Outline

Completed in two phases.

Phase 2

- Evaluate the RHD model as a tool to help fellows learn this portion of the procedure outside of the operating room.

Is the model/simulation experience effective in helping fellows learn the operation

RHD Study: *Phase 1*

Participants: Accredited Abdominal Transplant Surgery Fellowship Programs

- **Program 1: University of Cincinnati**
 - FTC Lead: Ty Diwan, MD and Cutler Quillin, MD
 - **Program 2: University of Colorado**
 - FTC Lead: Kendra Conzen, MD
 - **Program 3: New York Presbyterian/Columbia University**
 - FTC Lead: Anthony Watkins, MD
 - Columbia University/New York Presbyterian Lead: Lloyd Ratner, MD and Rodrigo Sandoval, MD
- Timeline: 8 – 10 weeks

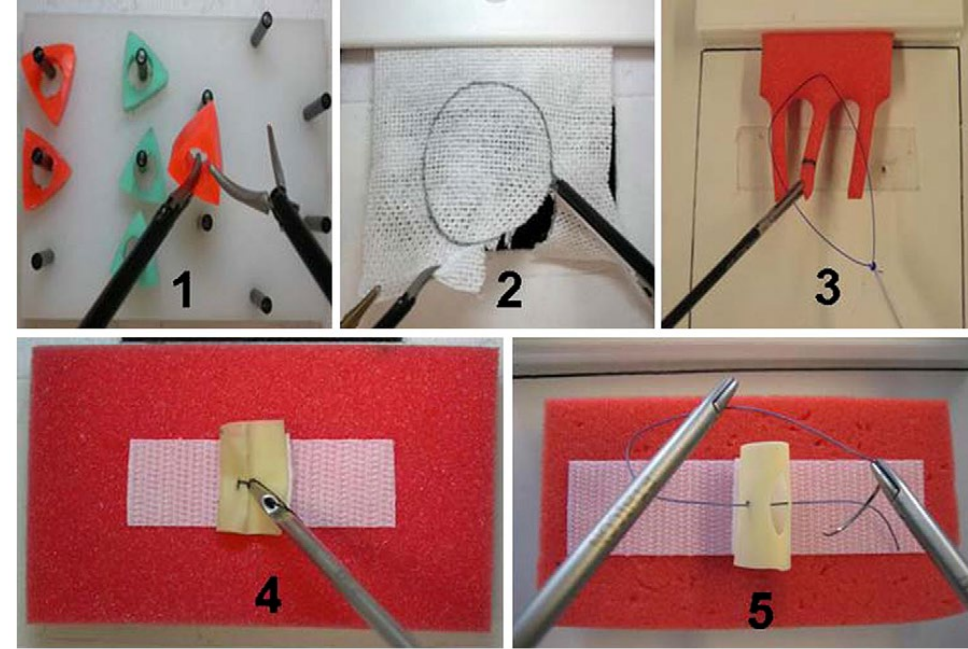
RHD Study: *Phase 2*

1. Baseline operative assessment
2. **Intervention** – use of RHD model
3. Post-intervention assessment

RHD Study: *Phase 2*

Fellow data to be collected

- Gender
- Training specialty (general surgery / urology / other)
- Year of training in current transplant surgery fellowship
- Country of residency training
- Training program identifier
- Number of LDN @ time of baseline assessment (use to normalize performance and obtain from ASTS case logs)
- Fundamentals of Laparoscopic Surgery @ time of baseline assessment (use to normalize performance)



Assessments

GOALS

RHD Model Assessment

- GOALS

LDN Operative Assessment

- GOALS
- Operative Performance Rating System (OPRS)



The American Journal of Surgery 190 (2005) 107–113
Surgical education

A global assessment tool for evaluation of intraoperative laparoscopic skills

Melina C. Vassiliou, M.D.^a, Liane S. Feldman, M.D.^a, Christopher G. Andrew, M.D.^a,
Simon Bergman, M.D.^a, Karen Leffondré, Ph.D.^b, Donna Stanbridge, R.N.^a,
Gerald M. Fried, M.D.^{a,*}

^aSteinberg-Bernstein Centre for Minimally Invasive Surgery, McGill University Health Centre, 1650 Cedar Avenue, #L9-309, Montreal, Quebec, Canada H3G 1A4

^bDepartment of Social and Preventive Medicine, Université de Montréal, Montreal, Quebec, Canada



OPRS

Feasibility, reliability and validity of an operative performance rating system for evaluating surgery residents

Jennine L. Larson, MD, Reed G. Williams, PhD, Janet Ketchum, Margaret L. Boehler, RN, MS,
and Gary L. Dunnington, MD, Springfield, Ill

Global rating score (1-5 scale)

Depth perception
Bimanual dexterity
Efficiency
Tissue handling
Autonomy

Developed specifically for RHD of LDN

Case Difficulty
Degree of prompting
Dissection of renal vein
Dissection of renal artery
Overall performance

Assessments

RHD Model Assessment

- GOALS

LDN Operative Assessment

- GOALS
- Operative Performance Rating System (OPRS)



- **Attending surgeon at program**
- **Video submitted for blinded review by study team**

Analysis

Operative assessment

Baseline

Fellow factors
LDN

Simulation assessment

Intervention
RHD model

Operative assessment

Post-
intervention

#LDN

Questions?

*Example of
fellow applicant
using RHD
model*



SF Match – Feedback and Opportunities for Improvement

ANDRE A.S. DICK, MD, MPH

2019 Match for 2020 Positions:

This was the first year ASTS partnered with SF Match to administer the annual Abdominal Transplant Surgery Fellowship Match. The match featured a centralized application and a longer match cycle to allow for additional time for interviews.

Overall, the results of the match are consistent with previous cycles through the NRMP. It was noted that there was an increase in applicants compared to previous years.

2019 Abdominal Transplant Fellowship Match

APPLICANT DATA

Applicant registrations	137
-------------------------	-----

# Applicant Rank Lists Submitted	97
----------------------------------	----

Matched Total	64
---------------	----

Unmatched Total	33
-----------------	----

% Matching Total	66%
------------------	-----

Total # of Withdrawals	4
------------------------	---

PROGRAM DATA

# of Participating Programs	55
-----------------------------	----

Positions Offered	70
-------------------	----

Positions Filled	64
------------------	----

Unfilled Positions	6
--------------------	---

2019 Match Data:

	2015 Match for 2016 Positions	2016 Match for 2017 Positions	2017 Match for 2018 Positions	2018 Match for 2019 Positions	2019 Match for 2020 Positions
Program Information					
Active Programs	64	58	60	59	55
Slot Information					
Active Positions (slots)	77	74	76	77	70
Positions Filled (%)	75.3%	68.9%	71.0%	81.8%	91.4%
Applicant Information					
Active Applicants	89	75	94	95	137
Matched Applicants	65.2%	68.0%	65.0%	66.3%	66.0%

Year to Year Match Comparison:

Interview Breakdown	#:
Average number of interviews a fellow attended	9
Highest number of interviews a fellow attended	27
Lowest number of interviews a fellow attended	1

Applicant Interview Information

Applicant Information	
US Grads	30
Non-US Grads	34
Total Number of Applicants:	64

2019
Matched
Applicant
Information

	2015 Match for 2016 Positions	2016 Match for 2017 Positions	2017 Match for 2018 Positions	2018 Match for 2019 Positions	2019 Match for 2020 Positions
Applicant Breakdown					
Matched US Grad	23	23	17	29	30
Matched Non-US Grad	35	24	36	31	34
Matched Osteo		4	1	3	-
Total Matched:	58	51	54	63	64

Year to Year Match Comparison:

SF Match Rules

Rules for Program Directors:

Appointments

The participating programs agree not to make any appointments prior to the match. Positions that remain vacant after the match may be filled by direct negotiation between program directors and applicants. These positions may be listed on the Vacancy Information System.

Confidential Rank List

All ranking lists are confidential. The matching program will not reveal how any applicant ranked any program, nor how any program ranked any applicant.

Statements Of Intent

If made, such statements must be unilateral, voluntary, and unconditional. Neither party may ask the other for a commitment. A statement like: "I will rank you first if you rank me first" is against the matching rules. A statement like: "You are among the best programs/applicants I have seen so far; I appreciate meeting you regardless of how you will rank me" is permitted.

Binding Commitment

Both the program and the applicant formally commit to accepting a position with any one of the rank choices listed. Both parties are bound by the results of the match. However, an applicant's actual entry into the training program (and continuation in it) is contingent upon satisfactory completion of the prerequisite training, any special requirements the program may have stated explicitly for all applicants and satisfactory performance during training.

Violations

Observed violations of the matching rules must be reported to the SF Match Director, who will forward information to the sponsoring organization.

Rules for Applicants:

Match participants make the following binding agreement:

- I am solely responsible for the choices on my rank list and for the match outcome resulting for those choices.
- I understand that no participating training program has the right to require that I state how I shall rank that program on my confidential rank list, nor do I have a right to demand that any program inform me how it plans to rank me.
- I understand that I cannot avoid accepting an appointment to which I have been matched without a written release from the applicable program. I also understand that another program cannot offer a position to me unless I have this release. I understand that releases are not automatic, and my actions may be challenged.
- By submitting a rank list, both the applicants' choices and the fellowship directors' choices make the match result a binding commitment. However, any offer made is contingent upon satisfactory completion of the prerequisite training as generally required and special requirements if specified by a particular training program.
- If I obtain a position in this match, I will withdraw from all other matches in post-graduate medicine that compete and conflict with this match. I agree that match results may be sent to other formal matching programs as notice of action under their respective rules.
- I declare that I have no obligations (e.g. military) which might prevent me from accepting a position if offered.
- I authorize the SF Match the use of any information I have provided in any study approved by the SF Match, provided that no information clearly and uniquely identifying me is disclosed in reports resulting from such a study.

2020 Match for 2021 Positions

2020 Match for 2021 Positions

Wednesday, January 15, 2020

- Applicant registration begins.
- Please note that registration is open until the rank list deadline. Applicants are encouraged to register as early as possible to allow time to apply and for interviews.

Wednesday, February 12, 2020

- This is the Target Date for applicants to complete the requirements for application distribution.
- This is NOT a deadline. Some programs accept applications at any time; others may set a deadline. It is the applicant's responsibility to contact training programs for individual deadline dates.

Wednesday, June 10, 2020

12:00 PM PST
Match Deadline

- ALL rank lists must be submitted by 12:00 PM (noon) PST. After the deadline rank lists choices will be locked and no changes can be made

Wednesday, June 17, 2020

Match Results

- Match results are made available to programs and applicants.

Thursday, June 18, 2020

- Any vacancies which remain after the match will be announced on the Immediate Vacancies page. The list is subject to change and we do our best to only post and process requests to forward applications to active vacancies.
- Contact programs directly or use the provided form on this page to have your completed CAS file sent. Programs are responsible for contacting the SF Match to remove a vacancy once filled.

July/August 2021

- Abdominal Transplant Surgery fellowship training begins.
-

Feedback and Opportunities for Improvement:
