

Study allays concerns that cardiothoracic physicians-in-training provide suboptimal care

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A conundrum in medical education is how to train residents in complex and technically difficult procedures without reducing the quality of patient care. In an analysis of prospective data from a study of coronary artery bypass grafting (CABG), no differences were found in short-term or one-year patient outcomes and patency of grafts between properly-supervised residents and attending surgeons. G. Hossein Almassi, MD, is presenting the results of this research at the 95th AATS Annual Meeting in Seattle, WA on April 28, 2015.

"These findings strongly support the education and training of residents who will be the future generation of cardiac surgeons," stated Dr. Almassi, a professor of cardiothoracic surgery at the Medical College of Wisconsin (Milwaukee).

This was an analysis of prospectively collected data from the ROOBY (Randomized On/Off Bypass) trial, the world's first large trial that was designed to compare outcomes from standard CABG with the use of a heart-lung machine to the beating heart bypass grafting technique. Eighteen Veterans Affairs (VA) medical centers took part in the study and 2203 patients were enrolled. Most of the medical centers were affiliated with academic medical schools and 16 participated in the training and education of both medical students and cardiac surgery residents.

The level of residents' training varied between postgraduate year 6 and 10 postgraduate year. The results showed that residents acted as the primary surgeon in the majority of surgeries: 77.8% (493/633) of on-pump CABG procedures and 67.4% (431/639) of off-pump procedures. This difference was statistically significant (p

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