

Surgery practice patterns differ by location of residency

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trained surgeons had a significantly lower proportion of patients with documented inpatient mortality before matching (risk difference, ?1.01). NUBR-trained surgeons also had significantly lower mean proportion of [patients](#) with complications (risk difference, ?3.17) and prolonged length of stay (risk difference, ?1.89 percent). No significant differences were seen between NUBR- and UBR-trained [surgeons](#) in patient mortality, complications, and prolonged length of stay after matching.

"Surgeons trained in NUBR and UBR programs have distinct practice patterns," the authors write. "After controlling for patient, procedure, and hospital factors, no differences were observed in the inpatient outcomes between the two groups."

More information: [Abstract/Full Text Editorial \(subscription or payment may be required\)](#)

(HealthDay)—Nonuniversity-based residency (NUBR)-trained surgeons and university-based residency (UBR)-trained surgeons have distinct practice patterns, according to a study published online Jan. 10 in *JAMA Surgery*.

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Morgan M. Sellers, M.D., from the Hospital of the University of Pennsylvania in Philadelphia, and colleagues conducted an observational cohort study to examine the differences in practice patterns and [clinical outcomes](#) for surgeons trained in NUBR and UBR programs. Practice [pattern](#) analysis was performed for 3,638 surgeons with 1,237,621 patients, representing a total of 214 residency programs. Data from 2,301 surgeons and 312,584 patients were included in clinical outcomes analysis.

The researchers found that NUBR-trained surgeons performed more procedures than UBR-trained surgeons (median, 328 versus 164) and performed a greater proportion of procedures in the outpatient setting (risk difference, 6.5). Compared with UBR-trained surgeons, NUBR-

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