

SURGICAL TRAINEE AUTONOMY DURING ARTERIOVENOUS FISTULA CREATION: IS THERE A COST?

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DISCLOSURE

Janell Holloway

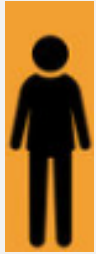
**No Relevant Financial
Relationship Reported**



BACKGROUND/METHODS

**Upper extremity arteriovenous fistula (AVF)
creation is opportunity for resident autonomy by use
of teaching assistant (TA)**

BACKGROUND/METHODS



TA = Senior Resident/Vascular Fellow



Attending

and



Junior Resident

BACKGROUND/METHODS



Attending

and



Resident



BACKGROUND/METHODS

- **Objective:** Determine if outcomes were affected by the presence of a teaching assistant
- **Methods: Retrospective**
 - Consecutive cases
 - 1 trainee with attending vs 2 trainees supervised by attending
- **Outcomes:** operative time, complications within 30 days, maturation



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- **261 operations**
 - **Teaching assistants in 104 operations**
 - **45 trainees participated**



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 - **Brachiobasilic**
 - **Radiocephalic**



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Outcomes by Presence of Teaching Assistant

	<u>Teaching assistant (%)</u>	<u>No Teaching Assistant (%)</u>	P value
Complication Rate	7.7	7.4	0.9
Maturation Rate	79.6	76.8	0.6

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Operative Time by Assistant Type and Training Level

	<u>N (%)</u>	<u>Operative time (min)</u>	
Teaching Assistant	104 (40)	111.5	P=0.001
Fellow	17 (16)	124	
PGY-5	59 (57)	119	
PGY-4	6 (6)	102.5	
PGY-3	22 (21)	100	
No Teaching Assistant	157 (60)	97	
Fellow	5 (3)	117	
PGY-5	18 (11)	86.5	
PGY-4	14 (9)	93	
PGY-3	113 (72)	98	
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CONCLUSION

- AVF suitable for general surgery resident autonomy
- Complication rates and maturation similar
- TA associated with longer operative time

THANK YOU!