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## Invited Commentary

## We have met the enemy and they are us



Another enlightening report from this group which has been studying the opinions of general surgery trainees for over 10 years. It explores the role financial pressures play in the vexing problem for General Surgery of an attrition rate much higher than other surgical specialties.<sup>1</sup> In the most recent data released by the Accreditation Council for Graduate Medical Education, (General) Surgery had 261 trainees leave prior to completing training with 1288 residents graduating for an attrition rate of 20.3%. Markedly higher than other surgical specialties (Orthopedic Surgery 2.9%; Urology 3.2%; Otolaryngology 4.2%, Obstetrics & Gynecology 6.5%) with only Neurologic Surgery at 15.1% approaching our specialty.<sup>2</sup> Thus, we shouldn't blame attrition in General Surgery on issues inherent in a surgical career since, if that were true, we would expect a similar rate in other surgical specialties.

In the current study we see that financial considerations play a surprisingly complex role in decisions surgical trainees make on whether to continue their training. So wherein lies the problem? This group has produced data on resident factors such as gender,<sup>3</sup> expectations,<sup>4</sup> and race<sup>5</sup> and shown how they all play a factor in attrition. They have even proposed a predictive model to identify residents at risk of leaving a general surgery program.<sup>6</sup> Interestingly, resident motivation does not seem to correlate with attrition.<sup>7</sup> A study by a different team using similar methods concludes that "program-level data may help in developing targeted interventions to reduce attrition."<sup>8</sup> An in-depth qualitative study of 19 residents who had left general surgery residency programs identified 4 themes, all of which were programmatic.<sup>9</sup>

We learn much from these and other studies about factors that contribute to residents not completing their training. But we have yet to identify the key factor that is most actionable. And it matters. We need the general surgeons and the subspecialists who are spawned in these training programs. Our solution to this point: Accept a 20% attrition rate and mitigate its effects with a cadre of preliminary residents who can step in to complete training for those who have left. However, this is a solution at excessive cost. Many of our colleagues argue that attrition is inherent in our specialty akin to other highly specialized pursuits such as Navy Seals or elite athletes. But again, that doesn't jive with the much lower rate of leaving seen in other surgical specialties.

When we look at all of this data, the most predictive risk of attrition keeps staring us in the face: The decision to pursue a career as a general surgeon. Looking at resident factors, including financial pressures as the present study has done, is very informative. It

will guide our solutions. It also demands that we look in the mirror and ask ourselves this: What role have we played in these factors that drive a competent former medical student to leave the surgical training and career of which they formerly dreamed? Perhaps we as surgical educators should consider the words of Walt Kelly's Pogo: "We have met the enemy, and (they) are us."

### Declaration of competing interest

The author has no financial conflicts of interest to disclose.

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