

colon and rectal surgery



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COLON AND RECTAL SURGERY

Background

Colon and rectal surgery deals with diagnosing and treating diseases of the intestinal tract, colon, rectum, anal canal and perianal area. The specialty was known as proctology until 1961, when the name was changed to better reflect the specialty's focus.

Practitioners treat all age groups, but most of their patients are middle-aged and elderly. Their work typically involves a mix of techniques such as endoscopy and colonoscopy. New technology has made it easier to diagnose and treat inflammatory bowel disease, Crohn's disease, colon cancer and other patient problems.

This field has one of the longest training programs in medicine, requiring a five-year residency in general surgery before specialty training begins. The number of residency programs remains comparatively small keeping the need for university faculty in the specialty.

Profile

Sixty-three physicians identified as specialists in colon and rectal surgery participated in the survey. One hundred percent of the survey participants are board-certified in general surgery, and 89 percent are also certified by the American Board of Colon and Rectal Surgery.

Ninety-one percent of the physicians surveyed said they considered general surgery as a specialty during medical school, while 22 percent considered colon and rectal surgery. Thirty-three percent also considered internal medicine while in school. It's likely that many of the physicians in this group decided to specialize in colon and rectal surgery only after completing their five-year residencies in general surgery.

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Ninety-seven percent of these physicians indicated that they are either very satisfied or somewhat satisfied with their specialty – a very high percentage. “The specialty is very much appreciated,” said one practitioner. “When acute situations arise and are handled in a professional manner.”

Perspectives

What aspects of colon and rectal surgery are most appealing?

Twenty-nine percent of the physicians surveyed said the most satisfying aspect of the specialty is their ability to make a contribution by successfully working with patients problems. Sixteen percent indicated that they enjoy the rapid results that occur with patients and their recovery.

“The specialty encompasses some of the best aspects of general surgery with much better control over lifestyle,” said one respondent. Another said colon and rectal surgery offers a “good blend of office and hospital work, relatively few at-night emergencies and relatively little trauma.” In addition, colon and rectal specialists enjoy applying advanced procedures and technologies in the detection of disease that yield less invasive surgery.

What aspects of colon and rectal surgery are least appealing?

Given their high rate of overall satisfaction, it is no surprise that colon and rectal surgeons do not have strong complaints about their specialty.

Twenty-seven percent of the surgeons surveyed said they are sometimes bothered by managed care issues. Some said they dislike working long or irregular hours (13 percent) and the lack of continual direct patient contact (11 percent). One respondent indicated one of her least appealing aspects of practice are, “Patients that do not listen to her advise.”

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What would you advise students to consider carefully before selecting colon and rectal surgery?

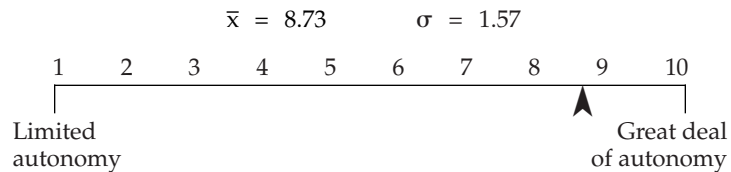
Eight percent of the physicians surveyed advised students to consider the long training required to become a colon and rectal surgeon. For young doctors who are willing to undertake the training, the payoff is a specialty that offers a lot of control over lifestyle and medical practice. One participant said, "Students should consider the time commitment to the specialty."

CRITICAL FACTORS

Autonomy

Eighty-three percent believe they are able to practice medicine with a high level of autonomy. Not surprisingly, solo practitioners enjoy the greatest autonomy.

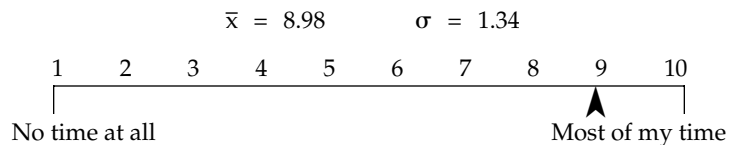
“I have the opportunity to make decisions about my patients as I have a great deal of direct patient contact,” said one respondent.



Caring for Patients

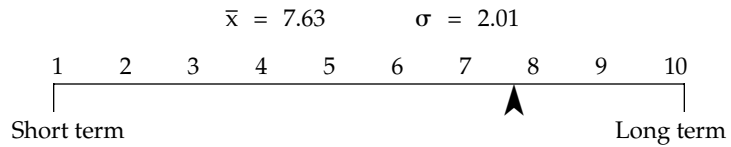
Ninety-five percent of the colon and rectal surgeons surveyed said they spend most of their time working directly with their patients. “I can apply my knowledge to direct patient care,” said one physician. Another physician estimated that he spends less than 10 percent of his time on administrative details and paperwork.

Participants reported having about 90 patient encounters per week including office visits, hospital care and telephone conversations.



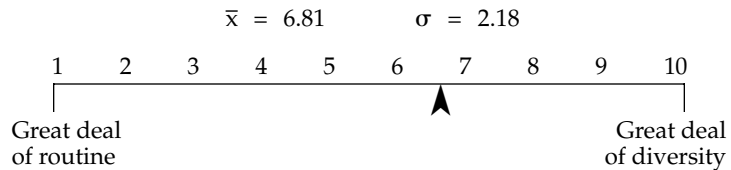
Continuity of Care

Seventy percent of the physicians surveyed said most of their patient relationships are ongoing. "Some patients need only one or two office visits while others may be in my care for more than a year," said one respondent.



Diversity

Colon and rectal surgery involves a relatively narrow range of diagnoses and procedures. Fifty-two percent of the physicians surveyed ranked the specialty as having a great deal of diversity while 19 percent indicated they have a great deal of routine. One surgeon said, "There is a nice mix of office work, endoscopy, and colon and rectal surgery."

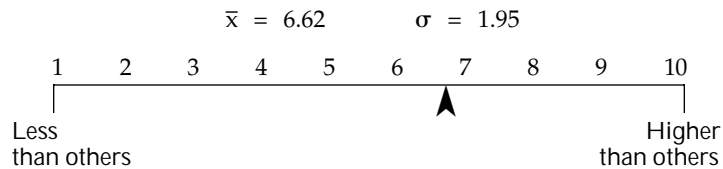


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Income

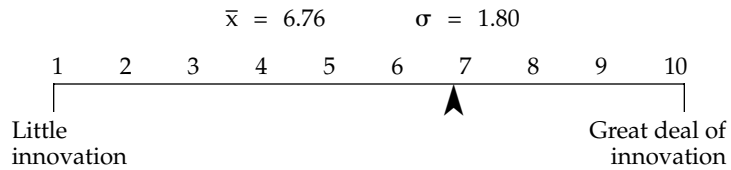
Despite the downward pressure on earnings caused by medical cost controls, most colon and rectal surgeons are satisfied with their pay. Sixty-two percent of the physicians surveyed feel their income is somewhat higher than incomes in other specialties.

The average pre-tax income for the surveyed colon and rectal surgeons from their 1998 medical practices was \$220,415.



Innovative Thinking

Because of the nature of their specialty, colon and rectal surgeons see few unusual or exotic medical problems. Fifty-seven percent of the surgeons surveyed believe their specialty requires a great deal of innovation. "There are one to two cases a week where you need to be creative," said one respondent.



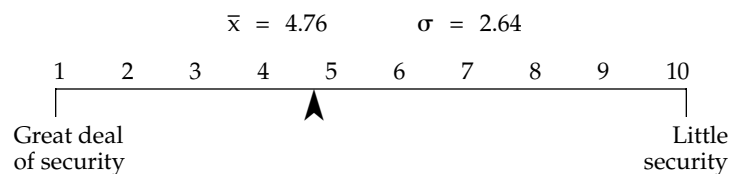
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The colon and rectal surgeons spend their week as follows:

Activity	Average Hours Per Week
Patient care	41
On call	37
Professional activities (i.e., teaching, consulting, research)	4
Administrative activities	5
Professional travel (i.e., en route to hospital, meetings)	4
Continuing education	2
Community service activities	1

Security

Colon and rectal surgeons indicated some concerns with the impact of managed care and cuts in Medicare. Still, only 19 percent of the colon and rectal surgeons surveyed said they feel uncertain about the future. "Obviously, medicine and payment schemes are in a state of flux," said one surgeon, "but there is always a need for experienced, competent colon/rectal surgeons as long as the area is not over-served."



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Patient Characteristics and Types of Illnesses

Colon and rectal surgeons treat mainly adults and the elderly.

	Age Group of Patients <u>Average (%)</u>
Infants	1
Children	3
Adults	53
Elderly	43

The physicians surveyed treat about as many males as females. Fifty-one percent of their patients are classified as generally healthy, 23 percent acutely ill, 20 percent chronically ill and 6 percent terminally ill. Fifty-nine percent of the respondents indicated that they work in a managed care environment

The conditions colon and rectal surgeons most commonly treat are:

1. Hemorrhoids
2. Colorectal malignancies/carcinoma
3. Polyps
4. Fissures
5. Diverticulitis

Among the conditions they find most challenging to treat are:

1. Inflammatory/irritable bowel disease
2. Crohn's disease
3. Rectal malignancies/carcinoma
4. Cancer
5. Incontinence

Malpractice Premiums

The colon and rectal surgeons surveyed paid an average of \$20,600 for malpractice insurance in 1998. This fee varies according to practice setting.

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Training Requirements

There are 33 accredited training programs in colon and rectal surgery offering 60 positions according to the AMA's 1999-2000 Graduate Medical Education Directory.

Residency training in colon and rectal surgery is a one year program. Certification by the American Board of Surgery is a prerequisite for examination by the American Board of Colon and Rectal Surgeons. A general surgical residency is five years and thus the total length of training is six years. To achieve certification by the American Board of Colon and Rectal Surgeons, the surgeon must pass both a written and an oral examination.

Certification is valid for 8 years, after which a recertification examination is necessary.

Professional Organizations

American Board of Colon and Rectal Surgery
20600 Eureka Road
Suite 713
Taylor, MI 48180
Phone: (734) 282-9400

American Society of Colon and Rectal Surgeons
85 W. Algonquin Road, Suite 550
Arlington Heights, Illinois 60005
Phone: (847) 290-9184
Fax: (847) 290-9203
Email: ascrs@fascrs.org
www.fascrs.org

American Board of Surgery
1617 John F. Kennedy Blvd
Suite 860
Philadelphia, PA 19103-1847
Phone: (215) 568-4000
Fax: (215) 563-5718

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Glaxo Wellcome Inc. *Medical Specialties Survey*, 1998.

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Getting into a Residency: A Guide for Medical Students, Kenneth V. Isserson, 4th edition, Galen Press Ltd., AZ, 1996.

AAMC DATA BOOKS: Statistical Information Related to Medical Schools and Teaching Hospitals, AAMC, Washington DC, 1999.

The American Board of Colon and Rectal Surgery, General Information Booklet, January 1998.

A History of the American Board of Colon and Rectal Surgery, Norman D. Nigro, Harriette Gibson, The American Board of Colon and Rectal Surgery, 1990.

Mean Scores for Critical Factors

Autonomy	8.73	Manual/Mechanical	
Caring for Patients	8.98	Activities	9.19
Continuity of Care	7.63	Pressure	7.52
Diversity	6.81	Responsibility	9.30
Family/Leisure Time	6.25	Schedule	5.30
Focus of Expertise	8.98	Security	4.76
Income	6.62	Sense of	
Innovative Thinking	6.76	Accomplishment	9.24
Intellectual Content	5.27	Status Among	
Interacting with Other		Colleagues	7.41
Physicians	6.86		

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Exercise

After you have finished the above career option profile, please complete the following exercise:

- ◆ List your top five Critical Factors below;
- ◆ In Column A, list the rating you gave each of these factors in your Briefing Document;
- ◆ In Column B, list the mean scores for each factor as found in the above profile;
- ◆ Subtract the items in Column B from those in Column A and write the remainder in Column C;
- ◆ Total the numbers in Column C. **NOTE:** Ignore + and – signs.

The closer the number at the bottom is to “0,” the more likely it is that this specialty may be a match for you and requires your further investigation. This total alone, however, means very little until you have compared it with those from each specialty profile.

Critical Factors	A (Your Rating)	B (Mean Scores)	C (Differences)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total:	_____