

# Joint Council on Thoracic Surgery Education, Inc.

633 N. St. Clair St, Suite 2320

Chicago, IL 60611

(312) 202 -5890

---

To: Program Directors - Thoracic Surgery Directors Association

From: Edward Verrier, MD  
Surgery Director  
Joint Council on Thoracic Surgery Education

Re: 6-Year Comprehensive Integrated Curriculum Transition Manual

As I am sure most Program Directors in Thoracic Surgery know, the leadership of the American Association for Thoracic Surgery (AATS), the American Board of Thoracic Surgery (ABTS), The Society of Thoracic Surgeons (STS), and the Thoracic Surgery Foundation for Research and Education (TSFRE) decided to create a more powerful "Joint Council on Thoracic Surgery Education (JCTSE)". The mission and vision of this organization as charged is to creatively deal with the current and future issues facing thoracic surgery education in both residency training and continuing medical education. The JCTSE has a Board made up of two representatives of the 4 founding organizations. Each of these 4 founding organizations made a significant financial contribution for the next 4 years to adequately fund this new 501(c)3a organization and the Board selected a Surgical Director for that time frame. The Joint Council has an Advisory Board made up of representation from 7 different educational organizations plus 3 additional appointees made by the surgical director for a total council membership of 17 members. In addition to the AATS, ABTS, STS, TSFRE, the Thoracic Surgery Directors Association (TSDA), the Thoracic Surgery Residents Association (TSRA) and the American College of Surgeons (ACS) are represented on the Advisory Council.

One of the most pressing issues facing thoracic surgery education is the need for curriculum reform...general surgery training has changed, the quality of incoming residents into CT have less surgical experience and little research background, we are not attracting women into the specialty, pass rates on ABTS exams have diminished on both the qualifying and certifying exams, etc. The ABTS has recently challenged all of us to carefully look at the need for mandating all thoracic surgery training programs to go from the current 5 / 2 or 3 algorithm which allows residents to sit for both the American Board of Surgery (ABS) exams but also the American Board of Thoracic Surgery exams to a comprehensive integrated 6 year curriculum. Thoracic surgery would match applicants immediately out of medical school and then be responsible for the curriculum for the entire 6 years. This training scheme would bypass ABS eligibility completely but would allow ABTS qualification at 6 years. The Thoracic Surgery RRC at their recent meeting decided the TS-RRC will look favorably on programs proposing curricular reform although they did not endorse a mandate.

Those of us who have tried to navigate the transitions required to create a 6 year integrated program, have recognized many of the obstacles that a CT program director faces if they wish to make such an adjustment in their curriculum. We have put this manual together to help a thoracic surgery program director think about the issues and plan for any such transition. This manual is not comprehensive and will be expanded as experience accumulates. This manual is mainly based on the experiences of Michael Acker at Penn, Robert Robbins at Stanford, John Calhoon at UT – San Antonio and myself at the University of Washington. Please feel free to call me at any time if the manual does not make sense or you identify areas we might improve. We will place the 4 completed applications to the Thoracic Surgery RRC on the web as soon as we have a web site for the Joint Council.

I hope this manual helps if you are considering adding or moving to an integrated curriculum.

Best regards

A handwritten signature in black ink, appearing to read "E. Verrier". The signature is fluid and cursive, with a large initial "E" and a long, sweeping tail.

Edward V. Verrier, MD