

## Letter from the President

This is my final Newsletter to Program Directors in Cardiothoracic Surgery. It has been a pleasure to serve as President of the TSDA over the last two years. We have entered a challenging time in terms of curriculum reform, work hours, internet education, competency evaluations, and training program quality. I believe we have responded responsibly over the last two years in attempting to work closely with the Program Directors in General Surgery as well as keeping our own house in order. I am very proud of the team that has worked the past two years in trying to improve our curriculum both at the Pre-Requisite level and at the Requisite level as well as dealing with these challenges of overall curricular reform and work hours.

What follows is a synopsis of the TSDA-STS meeting, on February 3, 2003, in San Diego, California.

The Thoracic Surgery Directors Association had an excellent meeting in San Diego in conjunction with the annual STS meeting. The first hour of the program was dedicated to continuing the discussion on work hours in thoracic surgery. I reviewed the current ACGME guidelines and summarized our previous meeting at the ACS in September concerning the potential impact on cardiothoracic training. We then presented a list of concrete suggestions that had been submitted by the constituency of the TSDA to deal with this ACGME issue

(see last page). As all of you know, we must have a resolution of this process by July of 2003. We also had Dr. Dearani from the Mayo Clinic and Dr. Sellke from Beth Israel in Boston give concrete examples of how they have addressed these issues within their own programs. In the distributed white program binder there were other examples from the University of Michigan, the University of Washington, and Northwestern University. Also in the white binder were all current references concerning work hour issues that may help a program director deal with this transition.

The next hour and a half of the program was directed towards curriculum reform and what would a program director need to consider if they wanted to change the length or structure of their training program. I gave an introduction on the historical foundations leading to a widespread belief that thoracic surgery must develop new options to deal with curricular reform. Much of the foundation work came out of the Joint Council on Thoracic Surgery Education under the leadership of Fred Crawford. That Council recommended nine potential reform issues including making ABTS certification optional for ABS training. Once this issue was accepted by the various thoracic surgery councils (ABTS, RRC, TSDA, etc.), the door opened to considering 1) integrated programs where applicants would be matched out of medical school or 2) shorter curricular

options involving an abbreviated General Surgery foundation and an extended Thoracic Surgery Curriculum.

Dr. Mathisen presented the perspective of the RRC in terms of what type of standards and regulations may occur. Drs. Kron and Gay provided excellent insights into the perspectives of the American Board of Surgery and the American Board of Thoracic Surgery. Currently vascular surgery and pediatric surgery have developed a potential 4-3 option, both leading to board certification in general surgery after four years of foundation and two or three years of subspecialty training. Thoracic surgery was not initially included in that list because they have a separate Board. Subsequently, plans were made for three representatives of the American Board of Surgery (Malangoni, Lewis, Maier) to meet with four representatives of thoracic surgery (Gay, Kron, Gardner, and Pairolero) to discuss whether a similar option would be available in thoracic surgery. This is an important discussion because it would also allow a 4-3 curriculum in Thoracic Surgery. A three-year TS curriculum was recommended by the Joint Council as optimal for thoracic surgery education.

We then gave two examples of how to change a two-year training program in thoracic surgery to a three-year duration. This was presented by myself as we recently went through this process at the University of

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Washington. Those slides are available to other Program Directors by request. In addition, Dr. Jeff Gold went through the process of developing a six-year integrated program out of medical school using the foundation work which was previously developed for much of the discussions at the ABTS and RRC levels. Those discussions were well received. There is additional data in the white binder that hopefully will allow programs to deal with curricular reform within their programs if they so choose.

The second half of the meeting dealt with new and old business. The Thoracic Surgery Research Award presentation was given to Frederick A. Tibayan from Stanford University for his presentation entitled, "A Geometric Remodeling in Chronic Ischemic Mitral Regurgitation." His Program Director, who also received an award, was Dr. Bruce Reitz. Dr. Richard Lee, President of the Thoracic Surgery Residents Association, then presented the TSRA Socrates Award to Dr. William Baumgartner as an example of an outstanding thoracic surgical educator.

Dr. Verrier's Presidential report was brief and emphasized the following objectives: 1) to expand and improve the current curriculum on-line, 2) to improve the Thoracic Surgery Directors website, 3) to enhance and improve the competency evaluation tool for

residents and faculty, 4) to continue to be a resource for curricular reform, 5) to continue to be a resource for work hour issues for Program Directors, 6) to continue to obtain financial support for our curriculum development, 7) to continue to be a resource in thoracic surgery leadership to the AAPD, TS RRC, the ABS, and the ABTS, and 8) to work hard to continue to attract the best and brightest applicants to cardiothoracic surgery.

Dr. Gold then presented the Secretary-Treasurer's report. Dr. Gold was pleased to re-confirm the commitment of support for our curricular efforts from both Edwards and Ethicon through 2003. This is the second year in a proposed five-year program from Ethicon. Dr. Gold noted that the Edwards Company has a keen interest in the educational product having recognized the value of its accountability. Dr. Gold underscored that there may be challenges in the future with call for support which could make financing of programs more tentative. Overall, his presentation of our current financial profile showed a robust reserve compared to five years ago and an opportunity to continue our curricular efforts. He did note that some other discussions would be necessary in order to look carefully at the dues structure, sources of other income such as charging fees for meeting attendance, dues and fees for coordinators, meeting registration fees, a charge for information or material, marketing of the curriculum, and charges for the Blue Book. All of these possibilities were further discussed at the Executive Committee Meeting and will be re-presented to the constituency in May.

The Nominating Committee of the organization was completed. Dr. Verrier nominated Irv Kron as his representative to the Committee and the constituency elected Bruce Reitz as their elected member. Nominations are necessary for President-Elect, for Secretary-Treasurer, and for Councillor. The transition in organizational

leadership will occur in Boston during the TSDA-AATS meeting.

We then had some brief updates on our major projects. The Evaluation Tool developed by Bill Begg was distributed in September and is being used by a number of programs. We believe this evaluation tool can be upgraded by making data entry easier (electronic), and the evaluations more comprehensive. This upgrade is in process and will be completed by the May meeting. The Evaluation Tool was also distributed to other programs who had not previously received it.

Dr. Gold gave an update on the Pre-Requisite Curriculum Committee. As you know, he has submitted an abstract based on the assessment of this prerequisite curriculum tool efficacy. The study group has been able to show that the curriculum had a positive effect on ABSITE scores based on use prior to entering the cardiothoracic training program. This data will hopefully be put into a manuscript form for submission to one of our journals. Dr. Gold is also planning to re-convene the Pre-Requisite Curriculum Committee to update the tool for future years.

Dr. Calhoon gave a brief review of the survey sent to regionalize resident interviews. This is a complex question. Clearly, most residents are spending upwards to \$5,000 traveling around the country for interviews. There is a belief that this process could be simplified, potentially regionalized, and the form approved. Dr. Calhoon has attempted to coordinate his interview time slots to correspond favorably with time slots offered by programs in Dallas and Houston for the benefit of the interviewer. This could be done by other geographically close programs. He will review the results of that effort and update the survey over the next few months.

Dr. Shemin and Bill Begg then reported on the Curriculum Implementation Committee. Over 100 pieces of programming have been harvested and are presently being formatted to place

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### **TSDA Officers**

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on the Thoracic Surgery Directors Association website. The process of placing such educational information on the Website includes putting the video in a PowerPoint presentation format, dictating an audio complement to the video, sending the combined audio and video presentation to Bill Begg who will submit the completed material to Amadeus for formatting for presentation on our TSDA website. This is another project which hopefully will continue to yield fruit over the next few months. We are hoping that at least 100 pieces of information will be placed on the TSDA website by April and the rest of the Requisite Curriculum will be filled out by other presentations.

Dr. Richard Shemin gave a brief report on the status of the National Match lawsuit. This is a lawsuit submitted by a few residents around the country basically claiming an anti-trust issue with the current National Match program. This has tremendous long-term implications on how residents are chosen (chaos). A number of educational societies are the defendants and are accumulating information, dollars, and support for defending this lawsuit. Dr. Shemin will continue to update the TSDA constituency due to his representation on the Council of Academic Specialties and the Council on Medical Specialty Societies.

Overall, the San Diego meeting was comprehensive and dealt with a number of critical issues to the organization and to the Program Directors. The Executive Committee was very pleased with the excellent turnout and the lively discussions.

## TSDA Website

It is clear that the Thoracic Surgery Directors Association website must be updated and be made a functional part of our curriculum efforts. Up until recently the website has been significantly out of date. The Executive Committee has made an aggressive attempt to update the website by re-formatting the entire website and making it a much more dynamic tool that can be used by Program Directors and residents. Bill Begg is working very hard at revamping the overall presentation of the website, updating the data on the website, improving links to other educational resources, and populating our curriculum with outstanding pieces of educational curriculum. We now have over 100 pieces of educational material that will soon populate the TSDA website (by the Boston meeting). We have contracted to date with Amadeus Corporation to format the data and ensure the visual quality of presentations so that it would be appropriate for our website. The current Curriculum Editors will ensure the content quality. We believe the TSDA website will be the premier educational source for our residents and faculty. Dr. Jeff Gold has developed an outstanding Navigational Tool that will allow us to go through the various sources of educational material and provide a platform for easy accessibility. We are very excited that this will be functional soon. I suggest that all of you on a weekly basis check out the TSDA website as it grows over the next few months.

### The Blue Book

It has been suggested that the Curriculum Outline Book ("Blue Book"), which outlines the Requisite Curriculum needs to be updated. This was last completed by Dr. Behrendt and his group in approximately 1996. A number of changes in curriculum have occurred since that time. We particularly need to add areas related to competencies, ethics, geriatrics, and new curriculum. All of our previous outlines should also be updated. The Executive Committee will put together a new work group to review the Blue Book in preparation for the April meeting.

## TSDA Meeting Agenda

*The next meeting of the Thoracic Surgery Directors Association will be a briefer meeting at the AATS meeting. It is tentatively scheduled for Saturday, May 3, 10:00 – 12:30 pm in the Wellesley room of the Boston Marriott Copley Plaza Hotel. The preliminary agenda for that meeting is the following:*

- A. Timing and format of Future TSDA meetings
  - STS conflict with TECHCON
  - AATS conflict with "Developing Young Academic Surgeons"
- B. Report of ABS / ABTS discussions concerning curricular reform
  - Bill Gay
  - Irv Kron
- C. Report of Questionnaire on "Role of Research in Cardiothoracic Training"
  - Ed Verrier
- D. Discussions of the Financial Future of the TSDA
  - Jeff Gold
  - Dues discussion
  - Coordinator support
  - Treasurer's report
- E. Update on TSDA Website
  - Navigation tool
  - Requisite Curriculum
  - Prerequisite Curriculum
  - Bill Begg/Richard Shemin/Jeff Gold
- F. Evaluation Tool Update
  - Bill Begg
- G. Discussion: STS / AATS parallel sessions for educational topics
  - Jeff Gold
- H. Nominating Committee report
  - Gordon Olinger

### Other TSDA Meetings:

*Prerequisite Committee*  
Monday, May 5, 6:30 am  
Room: Rhode Island  
*Executive Committee*  
Tuesday, May 6, 6:30 am  
Room: Boston University  
*Curriculum Implementation Committee*  
Tuesday, May 6, 8:30 am  
Room: Cape Cod

# TSDA Prerequisite Curriculum (PRC)

The TSDA Prerequisite Curriculum Committee is preparing for the release of Version III of the PRC. This will be made available to all residents matching in June of 2003 for matriculation in July of 2004. The format, a three CD-ROM/Internet hybrid set, will be maintained from the previous two releases. This will be the third consecutive year of Thoracic Surgery resident matches receiving the PRC.

Internet monitored resident utilization continues to increase. As monitoring last year has determined, the resident use continues to build (numbers of sessions, lengths of sessions, and hours per week) as matriculation approaches in July. The completion of the Surgery ITE should free the residents to focus on this important body of didactic information.

We continue to monitor resident utilization, resident self-assessment and program director/faculty evaluation of their residents. These completely blinded sets of reviews will be fully analyzed following the final set, and be presented at an upcoming TSDA meeting.

The full content is the PRC is being reprogrammed at this time, such that the majority of the content, including the streaming video, audio, slide sets, etc. will be available through the TSDA curriculum web site. It will be linked to the TSDA Comprehensive Curriculum Outline (the "Blue Book"), and will be addressed through the navigation system or directly through the Blue Book Curriculum Outline.

As this process continues, the PRC Committee is evaluating the content and format of the thirteen sections of the PRC. A fourteenth section, specifically addressing the ACGME competencies will be added. In addition, the earlier versions will be reviewed for timeliness and technological format. If any program director, faculty member, or resident has any suggestions at all for changes in the

upcoming versions of the PRC, please contact Jeff Gold (jgold@montefiore.org). All suggestions and contributions will be very much appreciated. If there are specific topics or subject areas that are cur-

rently 'missing' from the PRC, please let us know as soon as possible. Any TSDA member wishing to serve on the PRC committee should also let us know. Many thanks for your suggestions and help!

## The Requisite Curriculum Project

The Requisite Curriculum group continues to be active and moving in a positive direction. As we noted in the October Newsletter, there were 13 items on the action plan:

1. Expand or re-assign Section Editors
2. Develop a more comprehensive outline based on our Curriculum book
3. Re-assign topics
4. Seek new program director and resident interest
5. Link all resident content to a responsible faculty
6. Shorten deadlines
7. Develop a more accountable tracking system for content
8. Re-prioritize Bill Begg
9. Get current 115 pieces of content already assembled on-line
10. Use this Newsletter to request additional interest in this critical project
11. Transfer appropriate material from the Pre-Requisite Curriculum effort into the Requisite Curriculum
12. Analyze utilization of the Pre-Requisite Curriculum project to help define interest (use patterns as well as content and faculty quality)
13. Prepare a comprehensive presentation to the Program Directors in

January at the San Diego meeting.

Overall, most of those action items have been addressed and some have been accomplished. The website is being updated and the overall navigational tool is being written by Bill Begg. This should come together in a nice package for presentation at the April meeting of the TSDA. Rich Shemin has sent a generic e-mail to all Program Directors asking them for renewed interest in this project. A number of us have engaged our residents to provide content with faculty support for this curriculum effort. The TSDA has purchased a number of new Dictaphones so that we will not be limited by access to Dictaphones in order to transcribe PowerPoint presentations into an appropriate format. Amadeus has been actively involved in making the files transferable from dictated PowerPoint slides into a format readily accessible for the Web. Overall, this is probably the most important project that is going to consume all of us over the next year. We definitely have positive energy and are moving in the right direction. I believe the resources have been allocated and this project will bear fruit in the very near future.

### TSRA Meeting News

The Thoracic Surgery Resident Association had an excellent meeting in San Diego. Richard Lee and his group presented the results of the Resident Survey concerning work force opportunities. Clearly there was significant concern expressed in that survey as well as during this recent meeting about the marketplace for positions and the future of cardiothoracic surgery. A number of faculty addressed some of these issues including Joel Cooper, who gave insights into the future of General Thoracic Surgery; Irv Kron, who focused on congenital heart surgery; and Bruce Lytle who addressed the future of Adult Cardiac Surgery. Doug Mathisen also talked about some of the restrictions in limiting the number of training programs in the United States due to Residency Review Committee restrictions. Overall, this was an excellent meeting with a lively discussion.

# Executive Committee Meeting, February 1, San Diego

The TSDA Executive Committee met on Saturday, February 1st at the Manchester Grand Hyatt in San Diego. Those present at that meeting included Ed Verrier, Jeff Gold, Rich Shemin, John Calhoon, Gordon Olinger, Dave Fullerton, Bill Baumgartner, and the AGRM staff.

The Executive Committee reviewed the previous meeting of the TSDA. They were overall pleased with the content and participation. There was considerable discussion at the Executive Committee meeting about the scheduling of future meetings. The STS plans to continue their Tech-Con / STS format. This significantly impacts upon our ability to have a meeting that does not conflict with those two meetings. According to the By-laws we cannot conflict with the STS, but many people are introduced in the Tech-Con conference. Similarly, we have a problem at the AATS in that the Council of the AATS has scheduled

the "Developing Young Academic Surgeons" program at the same time we normally have our TSDA meeting. We, therefore, are being compressed during the AATS meeting to a 2-hour time frame with some overlap with the Academic Surgeon program. A number of alternate times were being discussed including a dinner meeting that would go from 5:00-9:00 p.m. This is being carefully looked at and will be further discussed in Boston. There is less interest in having a definite stand-alone meeting either at the ACS like we had this past September, or in association with the APDS meeting, which usually takes place in April. The Executive Committee will present a variety of different options to the constituency in May.

The Executive Committee once again expressed their appreciation to Medtronic for the support of the TSDA Research Award. Medtronic has been very generous in supporting this

important commitment of the TSDA. The Executive Committee sent a letter to Medtronic and encourages other members of the TSDA constituency to write a similar letter of appreciation. That letter should be sent to:

Jerry Person  
Medtronic Cardiac Surgery  
Medtronic Cardiovascular  
Business Center  
7000 Central Avenue, NET210  
Minneapolis, MN 55432

Dr. Gold suggested it might also be wise to talk to the AATS or the STS about a parallel session in their educational program, which would be devoted to educational topics. The TSDA has had difficulty getting educational material on the STS or AATS programs. This might be an opportunity to work with one or both of the organizations to focus further on the educational challenges we face (curriculum reform, competency evaluation, ACGME challenges, etc.).

## Practical Options to Deal with Resident Hours Limitations

### A. Preserve present personnel

- a. Add new educational value for present General Surgery resident support
- b. Redefine expectation for all members of the team

### B. Add new personnel

- a. non-resident fellows: transplantation, congenital, thoracic, adult cardiac
- b. mid-levels: physician assistants
- c. intensivists
- d. maximize revenue stream for ancillary professional support
  - i. line placements / first assisting / ICU coverage

### C. Reorganize workflow

- a. Eliminate twice daily rounds for residents
- b. Eliminate resident data gathering responsibilities
- c. No admission / discharge dictations
- d. No database responsibilities

### D. Reset educational priorities

- a. More OR, less floor care, less SICU

responsibility, less clinic coverage

- b. More independent reading / internet education outside hospital

### E. Define new options for night coverage

- a. Home on-call
  - i. Residents encouraged to live closer to hospital
  - b. Resident night float system; more cross coverage within CT services and outside (GS, Transplantation)
- c. More faculty responsibility

### F. Introduce educational adjuncts

- a. Internet based learning, computer based instruction
- b. Simulations, virtual reality
- c. More and better multimedia didactic presentations (TSDA / societies / divisional)
  - i. Requisite curriculum

### G. Redefine support responsibilities (goal of service to be resident independent)

- a. mid-levels

- b. nursing

- i. remove chest tubes, wean IABCP, remove central lines, Swan Gantz catheters
- ii. Manage hemodynamics more aggressively
- c. greater emphasis on critical care / protocol driven pathways

### H. Re-define resident responsibilities

- a. Develop an independent "resident" services (only portion of entire service)
- b. Consolidate resident resources into fewer hospitals

### I. Improve ancillary support

- a. IV services, phlebotomy, pharmacy, transport

### J. Increase length of residency training

- a. ? earlier resident tracking

# From the Treasurer's Desk

The challenges facing Thoracic Surgery education in our country are substantial. Not only is curriculum content changing, but the combination of work hours, core competency education, and the exciting developments in core residency duration require a steady hand on the helm and all eyes strongly fixed toward the horizon. At this important time, the finances of the TSDA continue to be precariously balanced. The activities of the organization are unequally split between those operational obligations aimed at maintaining the day to day activities of the organization and the special project obligations, aimed at all of the curriculum and special program development that is independently supported and maintained.

The operational budget covers the nuts and bolts of our mission: the organization of the meetings, with the rooms, AV, catering, mailings, etc., the maintenance of our web site, the maintenance of the membership lists, newsletters, handouts, and the remainder of our administrative management executive and office cost, tax preparation/filing, audits, bookkeeping, budget preparation, etc. In addition, support of the residents organization (TSRA) and the coordinators/administrators group (TS-RACS) are all supported through the operational budget. Thus, these activities completely depend

upon the dues structure of the TSDA.

The special projects, which include all of the high technology curriculum development, the navigation system, the resident/faculty evaluation tool, and several other projects, are not supported to any extent by the dues structure, but by special industrial grants to the TSDA by our generous sponsors. Without their generous support, none of these activities would be possible. Thus, all of the distributed curricular materials, to programs and residents, to this point has not resulted in any direct expense to residents or to programs.

We currently face a major decision point, as the operational expenses outstrip our operational revenue stream. The role of supporting the TSRA and the TSRACS is viewed as important to the future of our specialty, but further tax our revenue stream. There are several options available to manage these challenges, which were discussed at the February Executive Council meeting. They include a change in the dues structure for each program, a specific charge for coordinator and/or resident activities, a charge for products, which have passed the stages of development and are being widely employed, such as the Prerequisite Curriculum, Evaluation Tool, and several other options. The possibility of broader philanthropic support, while a

viable alternative for special projects, will not provide the needed stability for maintaining the organization into the future.

A brief discussion of the future budget considerations will be held during the TSDA meeting in Boston. Challenges and options will be graphically described. Input from the Program Directors and Associate Program Directors will be very much appreciated.

It has been a great honor and pleasure to serve as the secretary and treasurer of the TSDA for the last four years. The organization is vibrant! It is well financially and intellectually positioned to continue to carry out our mission. The attendance and lively interaction at our national meetings as well as the widespread acceptance of our curricular, regulatory, and administrative activities underscore the importance of our organization. The future depends on your continued input and participation. Although the challenges on the horizon are great, the collective solutions we work through together will clearly succeed and endure.