

Thoracic Surgery RRC 2011

Douglas Wood, Chair

Chip Bolman, Vice Chair

Carolyn Reed, Vice Chair Elect

Walter Merrill

Michael Mill

Tom Nguyen, resident representative

Mark Orringer

Carl Backer, starting July 2011

Bill Baumgartner, *ex officio*

Patrice Blair, *ex officio*

Peggy Simpson, Executive Director

Thoracic RRC 2011

- Program stats
- Conversion of case logs to ACGME
- Duty hours changes for 2011
- Integrated residency index case requirements
- Relationship of independent and integrated residencies
- Applying for an integrated residency
- Cardiothoracic critical care

Thoracic Program Stats

- 70 independent programs (47 2 yr, 23 3 yr)

	Year 1	Year 2	Year 3	Congenital
Total positions	124	123	41	10
Positions filled	97	104	30	8

- 14 integrated programs

	PGY 1	PGY 2	PGY 3	PGY 4
Positions filled	11	8	3	2

- 10 congenital fellowships
- 12 combined surgery/thoracic surgery programs

Resident Caselog Conversion

- New residents starting July 1, 2011 will be required to submit caselogs to ACGME rather than CTSNet
 - Transition period for residents already enrolled
 - RRC/ABTS subcommittee finalizing CPT code conversion to ABTS index case categories
 - Same system used by general surgery
 - Easier reporting for program directors and for RRC

ACGME Duty Hours Standards

July 1, 2011

VI.G.4.a) Duty periods of PGY-1 residents must not exceed 16 hours in duration.

VI.G.4.b) Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.

VI.G.4.b).(1) It is essential for patient safety and resident education that effective **transitions** in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, **this period of time must be no longer than an additional four hours.**

ACGME Duty Hours Standards

July 1, 2011

VI.G.4.b).(3) **In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient.** Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

VI.G.4.b).(3).(a) **Under those circumstances, the resident must:**

(i) **appropriately hand over the care of all other patients** to the team responsible for their continuing care; and,

(ii) **document the reasons** for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

(b) The **program director must review** each submission of additional service, **and track** both individual resident and program-wide episodes of additional duty.

ACGME Duty Hours Standards

July 1, 2011

VI.G.5. Minimum Time Off between Scheduled Duty Periods

VI.G.5.a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

VI.G.5.b) Intermediate-level residents [as defined by the Review Committee]* should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They **must have at least 14 hours free of duty after 24 hours of in-house duty.**

* **Defined as PGY 2 and 3 by Thoracic RRC**

ACGME Duty Hours Standards

July 1, 2011

VI.G.5.c) **Residents in the final years of education [as defined by the Review Committee]*** must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

VI.G.5.c).(1) This preparation must occur within the context of the 80- hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, **there may be circumstances [as defined by the Review Committee]*** **when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.**

* **PGY 4 and above**

** **Continuity of care of patient operated on by the resident that requires reoperation or management for instability or perform a high-profile low-frequency procedure important for resident education**

http://acgme-2010standards.org/pdf/Common_Program_Requirements_07012011.pdf

Cardiothoracic Integrated Residency

Index Case Requirements

Proposal developed by Thoracic RRC, January 2010, modified and approved July 2010

- Core Surgical Years (PGY 1-3)
 - 375 operations averaged over 3 years
 - 125 cardiothoracic operations
 - up to 50 may be “component cases” that include sternotomy and closure, thoracotomy and closure, LIMA takedown, saphenous vein harvest, aortic and venous cannulation, proximal and distal anastomosis, other vascular anastomosis, gastric/esophageal mobilization)
- 150 ABS Index Cases (accrued over the full 6 years)
 - Vascular 25, Skin/soft tissue/breast 10, Head/neck 5, Alimentary tract 20, Abdomen 30, Operative trauma 5, Pediatric 10, Plastic 5, Lap-basic 30, Lap-advanced 10

Cardiothoracic Integrated Residency Index Case Requirements

Proposal developed by Thoracic RRC, January 2010, modified and approved July 2010

- Advanced Surgical Years (PGY 4-6)
 - Volume: 125 major thoracic cases for each year for a minimum total of 375
 - Distribution: Index cases as defined by ABTS

Relationship of Independent and Integrated Residencies

- Independent program must be maintained at least until integrated programs matures to fill senior level positions
- Independent program may continue in parallel with integrated program
 - Must not exceed total approved graduating positions without RRC approval
 - Provides program flexibility

Applying for an Integrated Residency

- It is a new program, not an addition to an independent program
 - Requires full new program application
 - Unique program number
 - RRC provides “Initial Accreditation”
- Applying programs must have independent program
 - Status of “Continued Accreditation” from RRC
 - Cycle length of at least 3 years

Cardiothoracic Critical Care

- A integral component of the specialty
- Opportunity for subspecialization, local and national leadership
- STS, AATS, ABTS, RRC emphasis and programs
- ABS certification
 - 1 year
 - Requirements of Surgical Critical Care