

## Letter from the President

I am writing this Newsletter quickly after the recent meeting held in San Francisco dealing with work hour issues because I believe the information discussed was important and timely to all of us running thoracic surgery training programs. Approximately one half of our thoracic surgical programs were represented at the meeting. We are also trying to plan another important meeting within a short time interval (just 4 months) in San Diego that will not only follow-up on the work hour issue, but will also focus on the new curricular options which we will need to discuss in some detail now that the preliminary foundation work is coming to completion (ABTS/ABS/JCTSE/ABMS/RRC).

### **Work Hour Issues Facing Cardiothoracic Surgery**

An interesting program was presented discussing the real or imagined impact of work hour restrictions on our residency programs. The overall consensus was that these restrictions are real, we must comply by July 2003, and we must develop new solutions. A more comprehensive set of program notes is included later in this Newsletter.

### **Curricular Reform: Introduction**

Ed Verrier gave a very brief introduction of a topic which will be the focus of our next meeting in San Diego: "How Do We Implement Curricular Reform in Thoracic Surgery?" This topic has floated around the various educational organizations in surgery (TSDA, JCTSE, TSRRRC, ABTS, ABS,

APDS, ABMS, JCSS) for the last several years, and we are now close to being ready for significant new options and implementation. The Thoracic Surgery RRC has addressed this issue recently and developed a draft "white paper" by Doris Stoll (our ACGME representative) which was included in the distributed binder. All program directors are encouraged to read this draft proposal and send in comments to TS representatives to the RRC (Mathisen, Fullerton, Verrier) or to Doris Stoll at the ACGME offices, as the TS-RRC will formalize this document at their next meeting in January.

### **Evaluation Tool**

Following the Baltimore meeting, the Executive Committee approved development of a CD-ROM disc, a 360 degree evaluation programmed by Bill Begg which would help Program Directors improve their resident, faculty, rotation, and program evaluations consistent with the ACGME imperatives based on "competency." This disc was then evaluated by the TS-RRC and beta tested in a few programs. Our RRC felt that if programs used this format, they would easily meet the "competency" requirements of the RRC, and those that beta tested the product had some suggestions which will be included in the next version. Overall, those who did the testing felt that the format was solid and usable. Bill presented this disc to the Program Directors in attendance in some detail, and we distributed the disc and an instruction manual to everyone present. The overall

impression is that this tool will be of value to both established and new Program Directors in meeting the new guidelines required by all programs in July 2003. If you are interested in receiving this product and were not at the meeting, please call or e-mail Tom Fise in our administrative offices (tsda@mindspring.com) or Bill Begg (bbegg@tsda.org).

### **Prerequisite Curriculum Report (Jeff Gold, MD)**

As you know, the TSDA, under the leadership of the Prerequisite Curriculum Committee chaired by Jeff, created a CD-ROM/Internet hybrid educational tool for incoming residents. Using a clinical trial format under IRB approval, we distributed these discs to half of the July 2002 incoming residents and asked them to use this in preparation for their CT Residency. We then used the "in training service exam" in August to assess whether this tool had any impact on their knowledge of thoracic surgery. Jeff gave an excellent presentation of the preliminary data. I am including at the end of this Newsletter a report that Jeff has submitted to the ABTS because I believe it gives preliminary insight into the potentials of this educational technology. Additionally, an abstract based on these results is being prepared for submission to the AATS Program Committee. A second generation of the CD-ROM curriculum tool has been prepared for distribution to the half of the trial group who did

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not receive the original disc, to the second or third year residents already in training who might find this useful, and to all program directors who might want to include this in their armamentarium of educational tools. This product was distributed to all Program Directors at the meeting and is available to the remaining Program Directors by communicating to our administrative offices.

### **Navigation Tool (Jeff Gold, MD)**

Jeff perceived a need to develop a navigation tool to coordinate all of Thoracic Surgical educational material (curriculum, post graduate courses, society meetings, textbooks, journals, databases, etc.). Such a navigation tool would be more topic oriented than meeting or resource oriented. On a broader scale, such a tool might have implications for "continuing new education" which we will be responsible for documenting for the rest of our professional lives. Jeff presented this tool to all of us, and the topic was warmly received. The implications for developing such an important tool are huge, particularly politically and financially. Every surgical society or journal that has educational content will have a vested interest, and the financial/personnel resources to bring such a system to life are significant. The TSDA Executive Committee will grapple with these strategic and operational issues over the next few months...very impressive and exciting to say the least!

### **Executive Committee Meeting (October 7, 2002)**

The TSDA Executive Committee met for three hours on Monday morning and basically critiqued the just completed ACS stand-alone meeting. It also defined the emphasis of the next meeting in January.

### **Critique of ACS Stand-Alone TSDA Meeting:**

The content and quality of the TSDA-ACS meeting were excellent, but there was a need for more concrete recommendations that Program Directors could take home and use for their own programs. Every Program Director faces unique/local work hour issues and has unique resources (support

from GS, ability to negotiate additional physician extenders, ability to implement at home call schedules, ability to recruit non-accredited fellows, etc.). Programs with 3 residents/year for 3 years with 3 residents in the lab are different from a smaller program with 1 resident/year for 2 years with no one in the lab. It was recommended that we 1) develop a synopsis of this program in a written format, 2) survey various sized programs and ask their Directors to outline their exact proposed 80 hour work week schedules, 3) distribute a draft document to all Program Directors with more concrete examples of solutions within the next 2 months, 4) place the Power Point presentations from this last stand-alone meeting on the TSDA web site, and 5) focus on the work hour issue again at the STS meeting in January. I will try to review all of the presentations and slides and develop a "laundry list" of possible recommendations from our discussants for distribution. I will also ask a few Program Directors to forward us their new on call schedules.

### **Timing of the STS-TSDA Meeting**

As you may be aware, the STS meeting this year is different than in the past because there is a combined AATS/STS Technology conference preceding the scientific STS meeting. The Tech/Con begins on Wednesday, January 29, 2003 and concludes on Thursday (January 30, 2003); the STS scientific meeting then begins on Friday (January 31, 2003) and concludes on Sunday (February 2, 2003). That does not leave much time for the TSDA meeting, which usually occurs on the Saturday prior to the Monday meeting of the STS. We have asked Bill Baumgartner if we could still have our TSDA meeting on Thursday afternoon, recognizing we will be in conflict with a portion of the Technology meeting. The STS has a rule that satellite society meetings cannot conflict with the scientific sessions of the STS, but Bill has given us permission to have the TSDA meeting on Thursday afternoon even though the technology meeting will not be completed. Most likely the meeting will be 1:00 – 5:00 p.m., but we could expand the hours to 12:00 – 6:00 p.m. depending on how the program evolves over the next month or so.

## **Schedule of Meetings**

**TSDA Meeting**  
**Saturday, January 30, 2003**  
**San Diego, CA**  
**In conjunction with STS meeting**  
**Gallery Room**  
**1:00pm-5:00pm**  
**Manchester Grand Hyatt**  
**San Diego, CA**

**TSDA Meeting**  
**Saturday, May 3, 2003**  
**Boston, MA**  
**In conjunction with AATS meeting**

### **Curriculum Reform Implementation**

Last year the Joint Council of Thoracic Surgery Education made nine recommendations to change and hopefully improve thoracic surgery education. Members of the TSDA have had these recommendations presented to them at our meetings previously, so I will not restate them here other than to report that the most critical recommendation was to drop the requirement for American Board of Surgery certification as a prerequisite for ABTS certification. This has opened up a variety of possibilities in TS education including: 1) the present 1/2 or 3 residency leading to dual Boards in GS and TS, 2) 6-year integrated program in TS leading to one Board in TS with residents being matched out of medical school, 3) some sort of a 3 or 4-year core surgical curriculum, then a 3-year TS residency leading to ABTS for cardiothoracic, or 4) some sort of more universally accepted shorter GS core curriculum leading into a subspecialty such as TS

or vascular surgery curriculum of 2 or 3 years, but still leading to 2 board certifications. The recommendations of the Joint Council have now been tentatively approved by the ABTS and by the TS-RRC. The concepts have also been discussed by the APDS and the ABS and it looks like an option such as the last may be adopted by the ABS and the APDS.

#### **Report from ABS Retreat (Irv Kron, MD)**

Irv Kron (Chairman, UVA) is the TS representative on the American Board of Surgery. He presented the recent deliberations of the ABS retreat held in January 2002. The ABS took the preliminary recommendations of an ad hoc committee of surgical subspecialties and tentatively accepted the proposal of a reduced 4-year GS curriculum followed by a 1-year curriculum in advanced GS, a 2-year curriculum in vascular surgery and probably a 3-year curriculum in CT. Such a curriculum plan would lead to dual certification. The ABS also agreed to change the date of the qualifying exam so that it would not interfere with the first year of subspecialty training...something we have been arguing in favor of for a long time. This plan then went back to ABTS for further discussion (some on the ABTS still argued for a 3-year GS core even though that was strongly opposed by the APDS) because they felt they could not logistically design a reasonable, predictable GS curriculum if every subspecialty demanded their own unique prerequisite curriculum). The ABS approved this plan and is presently awaiting support from the ABTS. The Executive Committee of the TSDA believes this compromise is the best option for TS to work with the APDS for new meaningful curricular options in surgery. By January 2003 we should know the deliberations of a planned ABTS retreat to further discuss this issue.

#### **Plans for STS – TSDA January 2003 Meeting**

The preliminary plans for the January TSDA Meeting have evolved as follows:

- Continue the discussion of work hours with an emphasis on hard core recommendations (tangible, practical)

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to achieve compliance by July, 2003 for every TS Program

- Report from the ABS on their perspectives of curricular reform by Irv Kron
- Report from the ABTS on their perspectives of curricular reform by Peter Pairlero or some other member of our board
- Report from the TS-RRC on the requirements necessary to change your present curriculum (expansion of the current "white Paper" under consideration)

The Executive Committee also considered having some breakout sessions dealing with the following type of issues (very preliminary):

- Current 5 / 2: How to make it better?
- Current 5 / 2: Should it go to 5 / 3?
- Integrated 6-year program: How to make transition?
- Integrated 6-year program: What should the curriculum look like?
- Integrated 6-year program: How can you as PD ensure quality?
- Integrated 6-year program: How to negotiate with GS to get the rotations your 6-year resident needs?
- Integrated 6-year program: Logistics of preparing for the RRC request?
- New 4 / 3: How to optimize the 4 prerequisite years, working with APDS?
- New 4 / 3: What should the 3 requisite years look like?
- New 4 / 3: Logistics for preparing for the RRC presentation?
- Contemplating curricular changes: Can or should you have more than one option within your present program? (one resident on 5 / 2, the other integrated)
- Contemplating curricular changes: Can we design this transition prospectively for academic enrichment? How to design a meaningful database or clinical trial?

In compliance with our By-Laws, we must have a business meeting in January. We have an issue of a potential dues increase to help thoracic surgery program coordinators have a viable organization, a financial report to be ratified, a Nominating Committee to empower, etc.

I would appreciate any recom-

mendations on how to make the program pertinent and stimulating so that we increase the participation of our constituency. We have not reached most Program Directors over the last year even though we seem to have a number of important issues on the table. The By-Laws are clear that Program Directors must attend at least 1 meeting out of every 3 meetings or have their membership removed.

#### **Report of Secretary Treasurer**

Jeff Gold presented an interim financial report to the Executive Committee, which was unanimously accepted. A full report will be presented at the Business Meeting of the organization in January, 2003 in San Diego. Suffice it to say, we are in the strongest financial position we have been in years, mostly because of the extra moral support we have received from industry for our curricular and outcome efforts.

#### **TSDA Resident Coordinators Meeting (October 6, 2002)**

On Sunday, the Thoracic Surgery coordinators had their annual meeting at the San Francisco Hilton. Approximately 20 coordinators from around the country participated. The formal program included presentations by Ed Verrier on curricular reform, by Jeff Gold on work hour issues, and by Bill Begg on the competency and evaluation tool. Doris Stoll from the ACGME also was present for two hours to answer questions about the RRC: competency evaluations changes, work hours requirements, RRC site visits, etc. In our changing regulatory environment, these residency coordinators are becoming more and more essential to the successful running of our residency programs. I believe these coordinators/administrators particularly appreciated our support and participation in their meeting. In particular, they were excited about the new competency and evaluation tool, and their initial impression was this tool would make their life considerably easier and the program evaluation process improved.

Martha Klapp, the Program Coordinator from Montefiore who leads this group, then reported to the

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TSDA Executive Committee on Monday. She asked our organization to consider a \$100 per year dues increase from every TS program and a \$50 per meeting registration fee in order to strengthen their organization and eliminate the need for them to request support every time they planned a meeting. The Executive Committee thought this request reasonable and decided to put it on the business agenda for discussion and potential ratification in San Diego.

### **TSRA (Thoracic Surgery Resident Association) Update**

The Executive Councils of both the STS and the AATS have approved a budget to support 3 TSRA members to attend the meeting of the Joint Council on TS Education. The TSDA will continue to support other TSRA expenses as we have done in the recent past.

### **TSDA Requisite Curriculum Meeting (October 8, 2002)**

The TSDA Requisite Curriculum Committee met on Tuesday morning. There has been concern that we have not been able to populate this curriculum with meaningful content. Some of the logistical and support reasons were carefully discussed. Now that Bill Begg has completed most of the Evaluations project, he is going to spend considerably more time on the Requisite

Curriculum. An action plan was developed:

- Expand and/or reassign section editors
- Develop a more comprehensive outline based on our curriculum book previously published
- Reassign topics
- Seek new Program Director and resident interest
- Link all resident content to a responsible faculty
- Shorten deadlines
- Develop a more accountable tracking system for content
- Re-prioritize Bill Begg
- Get current 115 pieces of content already assembled "on-line"
- Use this Newsletter to request additional interest in this critical project
- Transfer appropriate material from the Prerequisite curriculum effort into the requisite curriculum
- Analyze utilization of the prerequisite curriculum project to help define interest (use patterns) as well as content and faculty quality
- Conduct conference call in November to assess where we stand
- Prepare for a comprehensive presentation to the Program Directors in January at the San Diego meeting

### **General Information**

I have enjoyed the opportunity to

review our recent meeting at the ACS in San Francisco. I believe we have critical responsibilities in thoracic surgical education as we deal with new regulations related to competency evaluations and work hour restrictions. In addition, we face the challenge of revamping our traditional, well-established curricular structure as well as our relationship with General Surgery. We must go through these transitions with responsibility, understanding, and respect. We must improve thoracic surgical education, not dismantle it. Hopefully, our organization is helping with this growth.

*Edward V. Verrier, MD  
TSDA President*

TSDANews is a publication of the Thoracic Surgery Directors Association, 4900B South 31st Street, Arlington, VA 22206, (703) 820-7400.

#### **TSDA Officers**

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### **Action Items To Consider**

- If you are interested in receiving either or all of the educational material at the ACS – TSDA meeting, you must contact Tom Fise or Bill Begg. We will not automatically send them to you if you have no interest.
- If you or a member of your faculty or one of your residents is interested in helping with the Requisite Curriculum efforts, please call or e-mail Richard Shemin, Richard.shemin@bmc.org at Boston University or any other member of the Executive Committee.
- Reserve the date right now on your calendar for the TSDA meeting in San Diego. It will be held on Thursday, January 30, 2003. The exact location will be forwarded to you as soon as we secure the room.
- If you have a concrete example of how you have designed your resident on call schedule to comply with the 80 hour work week, and the implications of this schedule for your residency, please forward them to Ed Verrier.

### **Endosures**

- A. Attached is Jeff Gold's report to the ABTS concerning the Prerequisite Curriculum Data.
- B. Attached are more complete minutes of the TSDA meeting from San Francisco.

### **Report to the ABTS Concerning Prerequisite Curriculum Data**

The Thoracic Surgery Directors Association (TSDA) is pleased to report that the ABTS ITE was successfully administered in mid August, 2002 as part of the evaluation of a prospective randomized evaluation of the Prerequisite Curriculum. In July 2001, all residents matched into an approved Thoracic Surgery residency program were offered the opportunity to be randomized into a trial of a new Hybrid CD-ROM/Internet curriculum project which was to be made available to half of the residents providing written informed consent.

The TSDA has tracked in great detail the quality and quantity of time invested in this curricular project over the last year as well as the residents' comments and evaluation of the over

all curricular tool and the detailed analysis of each section (13) and segment (75).

The ABTS ITE was administered by CTSNet on August 10 and 17, 2002. Of the 128 eligible residents 126 took the ITE and 122 successfully completed the examination. It required an average of 132 minutes to complete the examination. A very small number of residents complained that they were unable to obtain internet access to the server, that server response speed was inadequate, or that they were unable to complete the examination.

The average number of correct answers was 70.2 with a range of 47-99 and a standard deviation of 15.2. This represents a 46% correct with a standard deviation of 8.1%. These results compare to 53% correct when the examination was given to first year residents last April and 57% when given to second and third year residents last April.

When the 64 residents receiving the prerequisite CD-ROM set were compared to the 64 residents receiving a study outline only, there was not a significant difference in their ITE performance. However, when the total time invested in the Prerequisite Curriculum, the number of sessions of use of the Prerequisite Curriculum, and the Average session length was regressed against the score on the ITE, there was a strongly positive correlation. This was even more significant for those residents having more than 50 sessions over the year.

There is much additional data which may be of interest and much analysis, particularly related to the question taxonomy, which should be done. In particular, we now have the ability to know what was taught, how much time was spent in the various subjects and topics, and the performance on specific questions. The all-important statistical breakdown of the question taxonomy was requested from CTSNet and will hopefully be available shortly.

The Thoracic Surgery Directors Association is deeply grateful to the ABTS for the unique opportunity to use the ITE examination for this purpose. All information has been kept in strictest confidence. Only aggregate data, in a form as described above, will

be presented or published in the future. The TSDA would gladly accept the opportunity to present a more robust analysis of the data, taxonomy analysis, etc. orally or in writing to the ABTS.

### **Synopsis of ACSTSDA Stand Alone Meeting—Saturday, Oct 5, 2002, San Francisco**

#### **Work Hour Issues Facing Cardiothoracic Surgery**

We are going to request, organize, and place these presentations on the TSDA web site in the near future. I am also going to try and review in some detail these presentations to extract solid recommendations, which might then be distributed to our leadership in preparation for the January meeting.

Edward Verrier, MD started off the discussion by presenting the ACGME recommendations related to work hours that have been in place the last year, and those that will be effective in July, 2003. The background interaction leading to these recommendations was also included in a prepared ring binder distributed to all of the members present. He also reviewed some of the short-term and long-term implications of these changes.

Carlos Pellegrini, MD, present Chairman of the Department of Surgery at the University of Washington and former member of the original ACGME task force looking at work hours, then gave an excellent synopsis from a chair's viewpoint of how these changes would impact surgical education in general and, more specifically, subspecialty services. He dearly believes that we have to think much differently than we have in the past...our residents will need to spend more time in the OR, less time doing tasks that are educationally less relevant (like multiple patient rounding every day); have more reliance on new methods of teaching (simulation / Internet-based educational tools); more reliance on mid-level support personnel; better ancillary services, etc. He emphasized that the rules are in place and compliance will be essential and non-negotiable.

Doug Mathisen, MD, Thoracic Surgery RRC Chair, and Doris Stoll,

ACGME TS Director, then discussed the responsibilities of the Thoracic Surgery RRC to implement the new regulations. They emphasized that in the past, the 4 major areas leading to probationary status for programs in TS related to 1) case volumes (congenital/esophageal/endoscopy), 2) lack of clearly defined curricular and distributed program or rotation goals and expectations, 3) inadequate evaluations (resident/faculty/program), and 4) work hour related issues. Since the RRC has pressure to "raise the bar," and work hour issues will be very visible, these issues will very likely become more frequently a reason programs may be placed on probation or lose their accreditation.

Susan Moffit-Bruce, MD, a second-year resident at Stanford then presented a synopsis of the TSRA resident survey in thoracic surgery (also included in the binder) on work hours. Although the survey was circulated before the current ACGME guidelines were finalized and the response ratio was suboptimal, it was clear that we received mixed messages from our resident...residents realize the value of being around to perform surgery after call, but were very concerned that sleep deprivation or over-work present a threat to their patients or themselves.

Paul Friedmann, MD, who was the Chairman of the original ACGME Work Hours Task Force, graciously attended and remained at our entire meeting, providing further insights into the process leading to where we currently stand and where we must go to achieve compliance.

Jeff Gold, MD, Program Director at Montefiore, then presented the New York perspective, since there have been very stringent regulations related to work hours in the state of New York for at least ten years. Jeff gave insight into the background leading to the recommendations, the current state-led monitoring systems in place (IPRO), and the very real punitive threats (accreditation/financial) facing the residency programs in New York today. He also had some concrete recommendations on solutions.

John Elefteriades, MD, Program Director at Yale, then gave insights into the issues regarding work hour viola-

tions leading to the withdrawal of accreditation for the entire General Surgery Program at Yale and the impact on his TS program.

Curt Tribble, MD, from the University of Virginia, gave some insights from the perspective of a larger program where the Department Chair was a CT surgeon. Curt concluded that the present regulations are having a dramatic impact on training already, which will only get worse in the future. His optimism was clearly lacking for real solutions.

Keith Naunheim, MD, Program Director from St. Louis, gave the perspective from the Heartland of a relatively small program. His humorous presentation highlighted the problems faced by two residents in a 2-year program without much support from either surgery department or the medical center.

David Ross, MD, Program Director from Alberta, Chairman of the Cardiac Surgery Advisory Committee in Canada, then gave the Canadian experience with work hours, which contributed to the separation of cardiac and thoracic surgery in Canada. Discussion then followed.