Thoracic Surgery Directors Association

TSDA News

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Letter from the President

Introduction

I am writing this letter to update members of the Thoracic Surgery Directors Association and the leadership of the TSRA. I will attempt to review the recent stand-alone meeting of the TSDA which met with the Program Directors in General Surgery (APDS) in Baltimore this past April. I will discuss the rationale and plans for another stand-alone meeting to be held in association with the American College of Surgeons' meeting in San Francisco in October. There are also a number of other housekeeping issues which need to be communicated.

Review of APDS Joint Meeting

For a number of reasons which I have presented previously, we (the TSDA) decided to meet in Baltimore with the Program Directors in General Surgery. The first night was a 4 hour program directed towards new program directors chaired by John Potts. This was attended by approximately 60 participants, 30% of which were program directors or associate members in thoracic surgery. This was a nuts and bolts approach to all of the issues facing a new surgical program director with emphasis on preparing for Residency Review Board visits. The post mortem analysis based on early and late evaluations was that the program was very successful and should be continued in the future. In fact, plans are presently in progress to expand this program to a full day program for next year rather than the 4 hour program as organized this year. The syllabus of this program was superb and should be included in the library of every program director. If TSDA program directors are interested in this syllabus, please let Bill Begg know and if the interest is high enough we will figure out a way to provide it to you at a nominal copy cost. It is a fairly large binder.

We had a total of approximately 60 people attend the APDS and TSDA stand alone components of this meeting (38 TS program directors). The overall consensus was the General Surgery APDS program was fair with some topics overlapping and interesting for TS (work hours, gender). We focused our stand-alone component of the meeting on resident / faculty / program "evaluations." Bob Ehlinger, who is a senior quality control officer for General Electric spoke on "industry" perspectives of the evaluation process. Reed Williams, PhD, the Director of Surgical Education at Southern Illinois University, spoke on "competency" from the ACGME "medical" perspective. He described the evaluation programs they have initiated within his surgical department at SIU. Bob Higgins, a new program director in TS at the Medical College of Virginia, spoke on a program of 360 degree evaluations they started in the Division of Cardiothoracic Surgery at MCV. Finally, Bill Begg presented a CD –ROM based evaluation documentation tool which we have been developing to help all program directors improve the evaluation process along the guidelines suggested by ACGME. This new and improved approach to assessing competency will be required for all residency programs within the next two years. The overall consensus was this tool might be helpful and should be developed (more on that later).

I believe the meeting was successful although we obviously had hoped more program directors would attend…. I guess a 50% participation for a new meeting is reasonable considering how busy everyone is.

Review of Joint Council of Surgical Subspecialties

During the APDS meeting, Jeff Gold and I participated in the Joint Council of Surgical Subspecialties. This is a group of education leaders representing Vascular, Cardiothoracic, General, Colo-rectal, Pediatric, and Plastic Surgery. Pat O'Leary, the Chairman of the Department of Surgery at Tulane, chairs this group. This group has met quite a few times over the last few years and developed the concept that alternative curriculums should be developed within GS to: 1) better meet the needs of the subspecialties, especially VS, CT, and Plastics, 2) improve the GS curriculum at a more national level, 3) make surgery as a specialty more attractive to medical students, etc. It was from this group that the concept of a more generic core type 4 year "surgery" curriculum should be entertained, still leading to a certificate from the ABS. This would then be followed by a second subspecialty certificate, including one in GS itself.

Unfortunately, Jeff and I were

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both disappointed with the meeting this year because everyone was focused on work hour issues with the concern: "How can we decrease GS training time in a climate where we are mandated to decrease overall resident work hours?" There seemed to be markedly less enthusiasm for broad acceptance of a major change in the 5 year GS curriculum as it presently stands. Where this Council moves from here is certainly less clear than it was after the last meeting a year ago.

Review of Recent ABS Board Meeting

Based on the recommendations of the Joint Council of Surgical Subspecialties, the ABS had a retreat to consider significant curricular reform within GS. Although I have not seen the minutes of the retreat; by report, the ABS is suggesting that a number (10-15) of pilot programs entertain the possibility of developing a 4 year "core" curriculum leading to some type of ABS certification. There is no recommendation for more global reform presently.

Assessment of "Curricular Reform" in Cardiothoracic Surgery

Based on the direction GS seems to be going presently, it appears even more critical that we look at the options for curricular reform in thoracic surgery. Even more prophetic are the recommendations which came out of the Joint Council of Thoracic Surgery Education led by Fred Crawford a year ago, that is, we must develop our own options in TS based on the presumption that ABS certification is not necessary. This premise has been accepted by the ABTS. The basic options then each of must entertain if we want to move away from the present 5/2 or 5/3 plans are: 1) develop an integrated 6 year program recruiting right out of medical school like plastics has initiated; 2) design a 4/3 or 3/3 prerequisite and requisite curriculum leading to ABTS certification but eliminating ABS boards or; 3) working with your GS program director (if they are one of the 10- 15 pilot programs) to develop a 4/3 curriculum leading to both ABS and ABTS boards or; 4) staying put with a 5 year GS prerequisite leading to dual boards. The major reasons for us in TS to contemplate such curricular changes would include: 1) more consistently have a 3 year TS requisite curriculum; 2) potentially have better tracking within TS leading to expanded specialty expertise in adult cardiac, congenital, or thoracic surgery (maybe without the need for more post resident "fellowships"); 3) broaden the TS educational process to include more time in echo, the cath lab, with oncology, etc.; 4) attract residents sooner into TS surgery; 5) shorten the overall length of TS education; 6) generally improve TS education. The administrative process that would be required to accompany such curricular options has been started at the Board levels, at the RRC level, and at the ACGME level (ABMS). For an individual TS program to contemplate such change and have it in place within the next couple of years will require instruction and considerable effort. For those reasons, the executive Council of the TSDA believes it is imperative that we have an additional stand-alone meeting this fall to deal with the "nuts and bolts" type issues which would face any program contemplating such change.

Plans for ACS TSDA Meeting:

Since our Canadian colleagues have dramatically changed their approach to TS education over the last 10 years with an earlier break-off from GS and more tracking within TS, we thought it important to provide the Canadian perspective. The changes in TS education within Canada have had mixed reviews. We are hoping to have one cardiac and one thoracic program director from Canada provide perspective. This would provide the major theoretical, didactic discussion.

The rest of the meeting would be a discussion on "how to do it." The various Boards and RRC's in general and thoracic surgery will have met over the summer to discuss some of the logistical issues necessary to implement any type of broad curricular reform. For instance, the TS RRC will have to define curricular expectations for any program wishing to expand from 2 to 3 years or hoping to implement a more radical 6 year integrated approach. Similarly, any prerequisite curriculum will need definition to be acceptable to the ABTS as a foundation for the requisite program. The TS-RRC will deal with some of these issues during their July retreat. We would then have reports from representatives of each of these organizations and hopefully be able to define realistic time lines for implementation.

Other new agenda items for the fall meeting would include a presentation of the evaluations tool being developed by the TSDA and the Internet navigation system being developed by Jeff Gold and Bill Begg for our curriculum content projects.

We are presently looking at various times with the American College of Surgeons. I suspect we will decide on the Saturday afternoon before the formal meeting of the ACS so post graduate courses that begin on Sunday will not be conflicted. When a formal date has been established we will pass that information on to all of our program directors.

Plans for Future TSDA Meetings in 2003

The APDS meeting in 2003 will be in Vancouver, British Columbia the Thursday and Friday immediately after our AATS meeting on the East Coast (Boston). We do not believe it realistic to expect TS program directors to travel to the west coast of Canada after the long AATS meeting. For that reason we have informed the APDS that the TSDA will not participate in next year's meeting. We have left open the opportunity to rejoin them in 2004 (in Houston) depending on many of the issues previously noted above. I will plan to attend the Joint Council of Surgical Subspecialties since the location is close to Seattle. If John Potts puts on an expanded, day-long seminar for new program directors, we can encourage participation for our new membership.

We therefore will plan to hold TSDA meetings during the STS meeting in San Diego, and the AATS meeting in Boston. The agendas for those meetings have not been determined but I suspect will involve "work hour" and "gender" issues as well as following up on curricular change.

Status Update of Resident / CT Program "Evaluations" Project

A number of people in the TSDA have worked on this evaluations project. The impetus for creating a new evaluations tool for thoracic surgery program directors was: 1) the imperative by ACGME for residency programs to document competency in 6 designated areas and; 2) a perception by members of the TS-RRC that many programs get cited during their RRC site visits for having a dysfunctional evaluation system. This tool is based on the 6 competencies, has the ability to view resident and faculty from a 360 degree view, and has reporting and tracking tools that hopefully will make this process simpler and better for the PD. We elected to create a CD-ROM so each residency program will keep their data internally rather than basing the system on a more central Internet based, TSDA monitored system. The CR-ROM will be furnished to all TS program directors. We are hoping this tool will particularly help new program directors get started on the right foot and maybe help older programs who have a RRC site visit impending. The thoracic surgery RRC will review this tool at their meeting in July. Bill Begg has designed and programmed this tool completely within the TSDA administrative structure. We are presently beta testing the product this summer in a few programs as we approach the end of the academic year. We hope to demo and distribute this product to all program directors at the ACS meeting in October.

Update of Upcoming TSDA Surveys

There are at least 4 TSDA or TSRA sponsored surveys that will be arriving by e-mail or snail mail this summer to thoracic surgery program directors or residents within your program. I hope that each of us will find the time to answer the surveys as program directors or encourage our residents to reply where indicated. Doug Mathisen and the TSRA leadership have designed a questionnaire concerning TS "work hours." We have all sorts of pronouncements coming from ACGME and the lay press but precious little data concerning the impact or benefits of limiting TS resident work hours to less than 80 hours / week, every third weekend off, time off after in house call, etc. This is a hot topic with legislation impending; it would be nice if we had some internal real data. The second resident initiated survey concerns the job market our residents are encountering as they graduate from our programs exhausted, in debt, and anxious to get started in either private practice or academics. The third survey is one which I have designed to try and get at the importance of research in preparation for applying to a TS residency, the relationship of research to an eventual academic career, etc. I will survey TS program directors, present residents, recently graduated residents and junior faculty. We are constantly complaining that surgical education is too long, the average length of training in TS is > 9 years, yet we really don't have a handle on whether research as a prerequisite for entrance into CT training is beneficial, worth the time and cost, or has any relationship to a subsequent academic career, etc. Finally, we feel threatened as coronary bypass surgery is fading as interventional cardiology develops new and better stents. Should we be training our residents in catheter based techniques — either for coronaries or large vessel aortic stent grafts? The vascular surgeons are presently in an interesting struggle with interventional radiology over the large vessel aortic work peripherally (and in the chest). Should we strategically be doing the same? Verdi DiSesa has a survey for all program directors to weigh in on the issue.

Prerequisite Curriculum Committee Progress

We are coming up on the one year mark on the prerequisite curriculum project led by Jeff Gold. As you remember, one half of the incoming thoracic surgery resident class has received the hybrid CD-ROM – Internet based prerequisite curriculum. This was done in a prospective randomized trial design. Jeff has monitored the activity of the Internet site and with the cooperation of the ABTS, we will assess whether this educational tool has had an impact on the preparation of incoming TS residents. This educational effort has been supported by industry and the hard work of many members of the TSDA. The CD-ROM will be made available to all program directors this July and subsequently all incoming residents will receive this product once they have matched in a TS training program.

Requisite Curriculum Project

The requisite curriculum project has taken a little longer to get off the ground. Led by Richard Shemin, we have focused on providing content for the requisite curriculum by taping presentations at various TS post-graduate (AATS, STS, ACS) and industry sponsored courses. There are still a number of gaps in the overall requisite curriculum. Our tentative plan is to partner with the TSRA and have individual TS training programs provide content on an assigned basis. Residents in each training program will hopefully partner with a faculty member to provide lectures that are not as timely yet equally important to the curriculum as those topics that seem to get on the program of national meetings, such as DIRT topics {Dreaded Information in Resident Training}, i.e. fungal disease of the lung. This is a major project to complete this year. The Requisite Curriculum Committee will maintain an editorial commitment to ensure quality of content and presentation. Dr Gold is working on an exciting navigation system to facilitate access to our Internet based educational tools. We hope to demo that navigation system to TS program directors in October.

Thoracic Surgery Resident Association

Approximately three years ago the TS residents formed an association dedicated to resident education on a format similar to the TSDA. This organization was initially funded by a grant from Medtronic. This grant has dried up at a time when the organization has truly blossomed. More than ever we need the input of residents into the issues facing TS education and they have stepped up. The TSRA desires a budget of approximately $28,000 / year to cover the costs of a national meeting (AATS /

STS), travel to the Joint Council, the Socrates award, etc. We are proposing that such financial support be shared by the AATS and STS with administrative faculty oversight for the TSRA be provided by the TSDA. Such a proposal will be submitted to the councils of the AATS and STS ASAP with interim support coming from the TSDA.

TSDA Finances

The TSDA financial records were audited by an independent firm (not Arthur Andersen) in 2001 and passed with no difficulty. The Executive Committee accepted and unanimously voted to accept the audit. A full financial review of the organization will be presented in January or April of next year. We are not planning to change our dues for the upcoming year.

National Meetings — TSDA program Director Participation

As you know we have a TSDA bylaw that states Program Directors must participate in one of our national meetings at least once in every two year period. As we review the attendance sheets we realize there are a number PD's that rarely participate. Eliminating such programs from the TSDA seems counter to our goals as an organization, yet we have not been able to add any bite to the requirement for participation. It seems like a number of critical issues are facing our educational process and more uniform participation important. The TSDA will be going to the RRC this summer asking them to consider a proposal that PD participation in a TSDA national meeting be a requirement for program certification.

TSDA Administrative Support

The STS has completed their administrative reorganization and is no longer using the company of Smith – Buklin. The STS has moved their administrative offices to the building in Chicago now used by the American College of Surgeons and hired their own administrative staff. The STS is looking for partners in this reorganization for an economy of scale. The Southern Thoracic Surgical Association has decided to join the new endeavor with the STS. The Western Thoracic Surgical Association is carefully contemplating a similar move. The Executive Committee of the TSDA will also need to address such a transition but needs to carefully understand the potential benefits, both financially and administratively, versus the risks of leaving our current administrative support organization. Such an assessment is being done presently by the Executive Committee.

Conclusions

Once again there seems to be a lot to report to the TSDA constituency. I appreciate your time in reading this report and would appreciate any constructive feedback. All members of the Executive Committee or past presidents are available for comment and will make sure your concerns are heard (Verrier, Mathisen, Gold, Calhoon, Fullerton, Shemin, Orringer, Olinger, Fise, Begg). I hope everyone has a great summer.

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