I-6 RESIDENCY CRITERIA

An institution applying for an integrated program format must:

- Sponsor an existing independent program
- “Continued Accreditation” status
- Cycle length of at least three years

If these conditions are not present, the RRC will not consider the request for an integrated program.

What Should Be Included?

- Initial Application PIF
- Letters of support from:
  - PDs/Chiefs of service/department heads for the services that will support rotations.
- Serious discussion of “response to previous citation” from most recent Independent program letter of notification

What Happens after Approval?

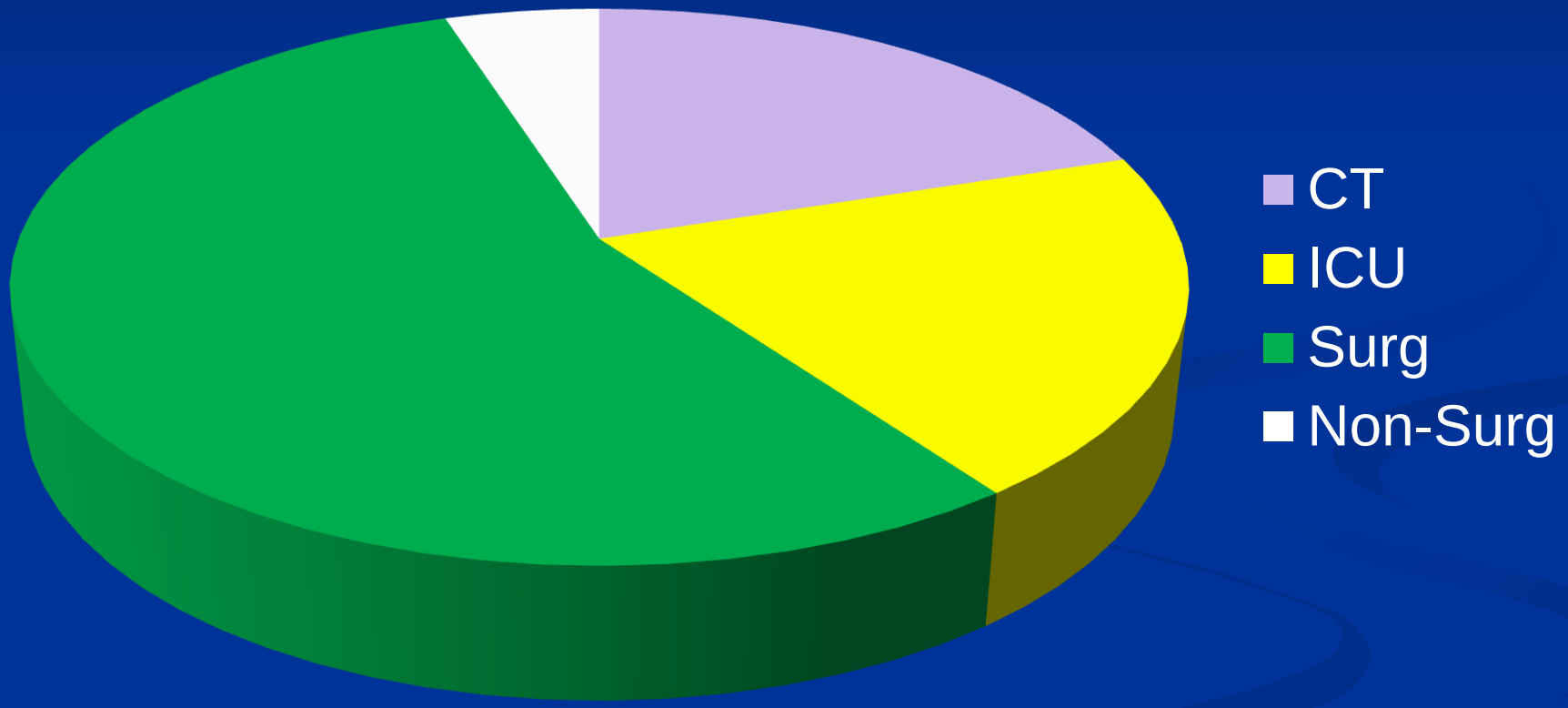
- Initial Accreditation with maximum 3 yr cycle
- Accreditation Withheld
- Separate program number (461xxxxxxx)
- Separate Internal Review Cycle

- Strategies to Align Site Visit Dates

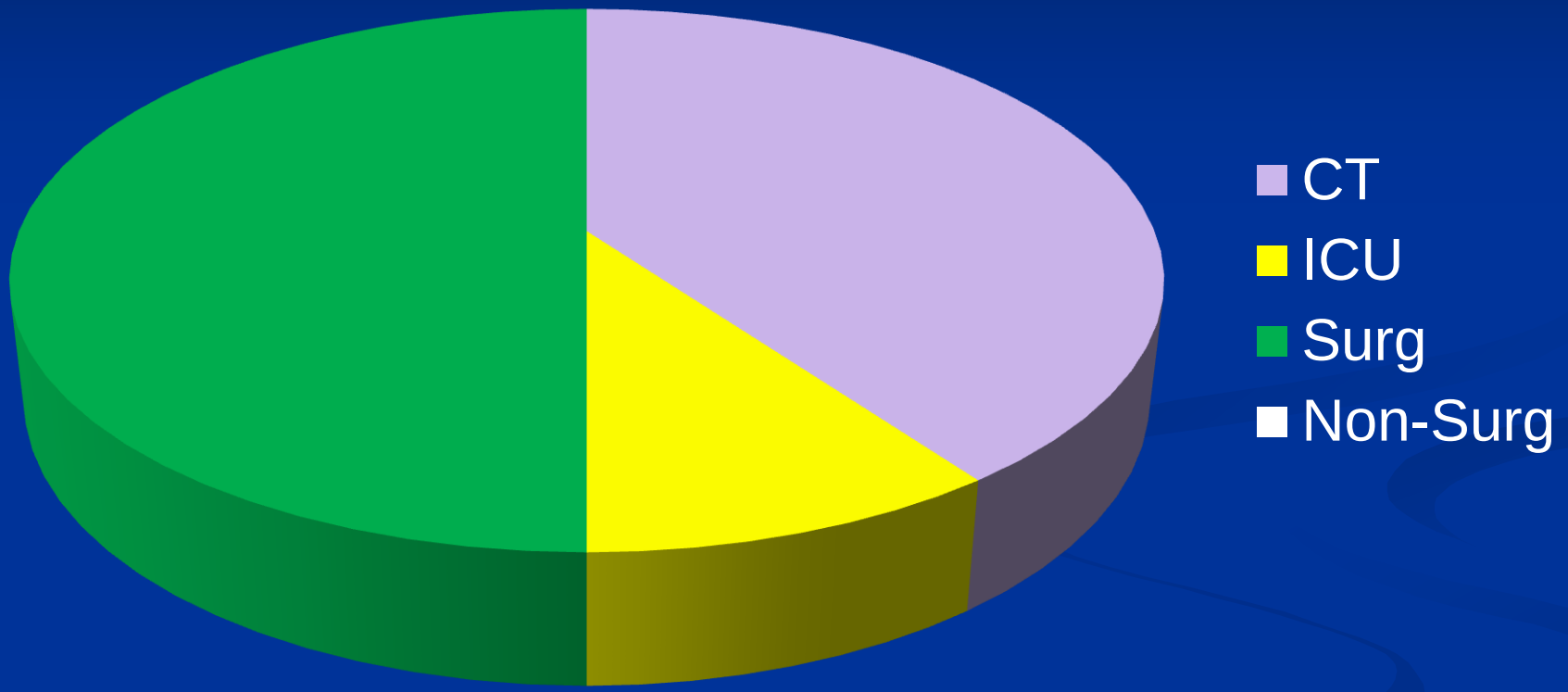
Assessment of Readiness

- Substantial Compliance with all requirements
  - Operative Requirements for ALL learners in the thoracic surgery environment
- Assessment of Institutional Readiness
  - Documentation of appropriate level of cooperation among all departments/services where residents will rotate
- Assessment of TS Faculty Readiness
  - Are all of the TS faculty ready to teach TS ***residents*** to tie knots?

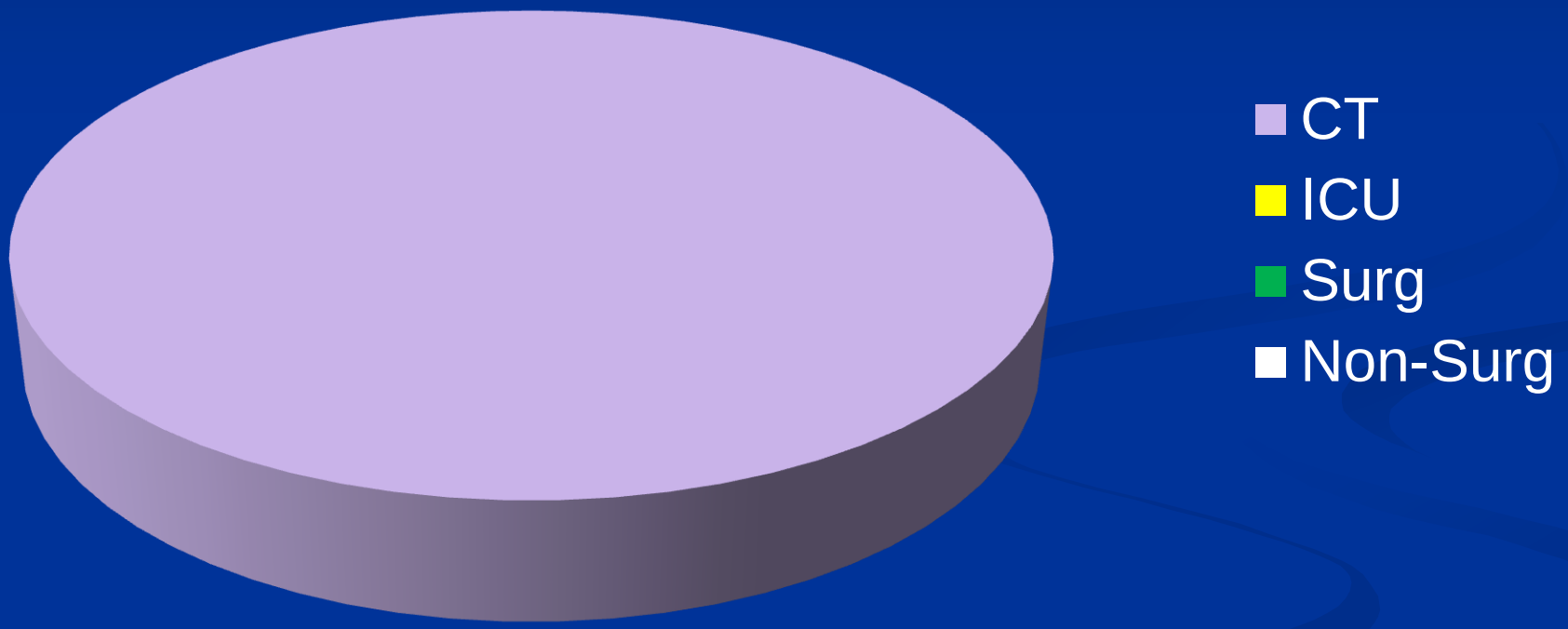
PGY 1-2



PGY 3-4



PGY 5-6



Accountability

- Non-CT Rotations
- Need for Frequent Meetings
- Problems may arise
  - Flexibility

Net Generation Learning Styles

- Those born after 1982
- Teams, peer-to-peer
- Engagement & experience
- Demand for immediacy

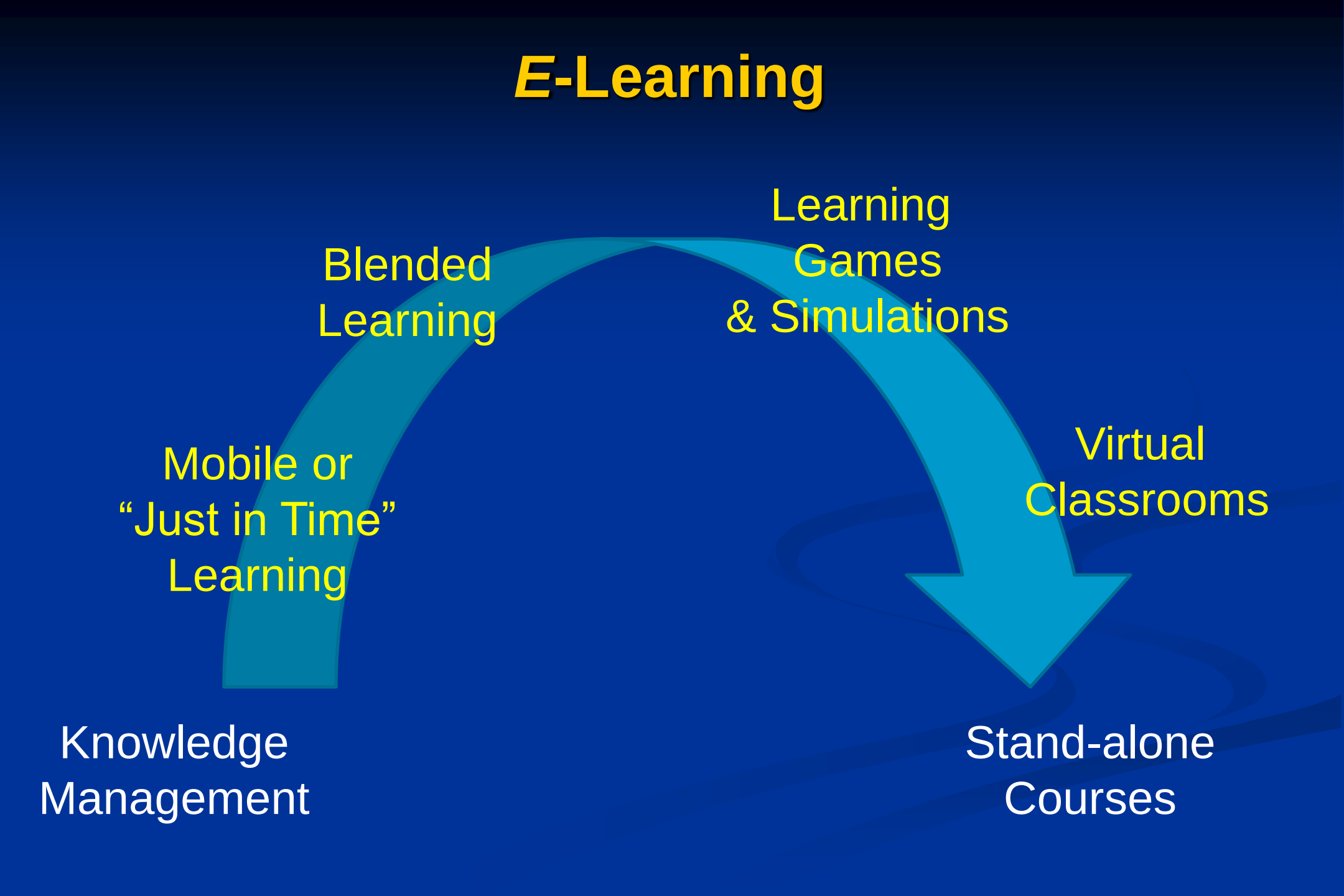
Teaching and Learning with the Net Generation
by Kassandra Barnes, Raymond C. Marateo, and S. Pixy Ferris
http://www.innovateonline.info/index.php?view=article&id=382

E-Learning

- Use of technology to support and enhance learning practice.

- One of the following:
  - Better learning outcomes
  - More effective assessment
  - Cost-efficient

E-Learning


Blended Learning
Learning Games & Simulations
Mobile or "Just in Time" Learning
Virtual Classrooms
Knowledge Management
Stand-alone Courses

http://www.facs.org/education/fsc/index.html

General Surgery Resident Curriculum Portal

https//portal.surgicalcore.org/

CommonView

UW CT Surgery Learning Portfolio

Home

2011 - 2012 General Thoracic Education Conference Presentations

CT Surgery Handbook - UWMC Rotation

Chest Wall

Lungs and Pleura

Trachea and Bronchi

Mediastinum and Pericardium

Diaphragm

Esophagus

Thoracic Trauma

Thoracic Transplantation

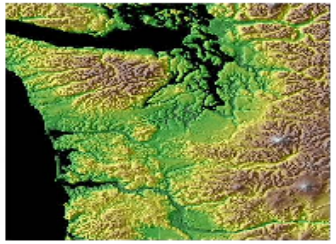
Extracorporeal Bypass and Coagulation- Blood Products

Harborview Thoracic Rotation

Surgery Resident Expectations

Leadership Principles

Home



Welcome to the UW CT Surgery Education portfolio. This website was created to serve as a possible roadmap for your educational needs.

The ***University of Washington Thoracic Surgery Education Curriculum*** is a mixture of Lectures, Case Presentations, Journal Club and SESATS questions that reflect topics under the TSDA curriculum. Education sessions take place weekly in Suite AA-115 at UWMC.

- General Thoracic Sessions: Thursdays 6:30 am to 7:30 am
- Cardiac Surgery Sessions: Fridays 6:30 am to 7:30 am

The navigation bar to your left contains the following:

- Lectures (PDF documents of PowerPoint slides) from this year's conference schedule

Announcements

Recent Additions
Aug 15, 2011 9:27 PM
Varghese chapter on Chest Trauma now added to Trauma sections

New OR Expectations
Aug 2, 2011 5:48 PM
- BID Model
- Prepare ?s to ask faculty
- Details in Surgery Resident Expectations section on y...
More

New CT Conference Format
Jun 30, 2011 6:10 PM
- All talks will have Faculty mentors
- TSDA Objectives
- 20 to 30 min talk
- Discussion

Next Session
Jun 30, 2011 5:29 PM
November 3, 2011: Thoracic M&M

Send questions about this workspace to Thomas Varghese.

https://catalyst.uw.edu/ - UW CT Surgery Learning Port... - Lungs and Pleura - Windows Internet Explorer provided by UW Departm

UW CT Surgery Learning Portfolio

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Surgery Resident Expectations

Leadership Principles

Developing Effective Study Skills

CT Surgery Websites

OR Videos

Lungs and Pleura

A. Anatomy, Physiology, Embryology and Testing

Learner Objectives:

Upon completion of [illegible]unit the resident:

1. Understands the segi[illegible]l anatomy of the bronchial tree and bronchopulmonary segments.

2. Understands the arterial, ve[illegible]and bronchial anatomy of the lungs and their inter-relationships.

3 Understands the lymphatic anatomy [illegible]e lungs, the major lymphatic nodal stations, and lymphatic drainage routes [illegible]e lung segments; including the anatomy of th[illegible]

4. Knows the i[illegible] encountered, a[illegible]

5. Knows the i[illegible] resonance ima[illegible]

6. Knows the i[illegible] ventilation/per[illegible] for pulmonary [illegible]

7. Understands the methods of surgical staging (e.g., mediastinoscopy, Chamberlain procedure, scalene node biopsy, thoracoscopy).

8. Knows how to interpret pulmonary function tests.

9. Knows how to perform pulmonary function tests.

PFT Handout.pdf 2.4M Download View
Brief overview of Pulmonary Function Tests

Mediastinoscopy Mentzer.pdf 798K Download View
Great images that will help you understand the steps in a Mediastinoscopy

Med LN Dissect Rusch.pdf 954K Download View
Technical aspects of mediastinal node dissection - beautiful figures

Surgical Anatomy of Bronch ...pdf 2.3M Download View
Overview of the surgical anatomy of the bronchial tree and pulmonary vasculature with some very nice figures

Bronchopulmonary Segments R...pdf 858K Download View
Brief overview of Bronchopulmonary Segmental Anatomy

Preoperative Patient Educat...pdf 179K Download View
Review article on issues to discuss with patients before surgery - Ianettoni et al

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Learning Objectives from the Thoracic Surgery Directors Association (TSDA) Curriculum

Features and uses of high-fidelity medical simulations that lead to effective learning: a BEME systematic review*

S. BARRY ISSENBERG[1], WILLIAM C. McGAGHIE[2], EMIL R. PETRUSA[3], DAVID LEE GORDON[1] & ROSS J. SCALESE[1]

Medical Teacher, Vol. 27, No. 1, 2005, pp. 10–28

BEME Review

- 109 Studies
  - Feedback
  - Repetitive Practice
  - Integrated into an overall curriculum
  - Increasing level of difficulty
  - Multiple Learning strategies
  - Clinical Variation
  - Individualized learning
  - Outcomes/ Benchmarks clearly
  - Validity of Simulator

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Cardiothoracic Surgery: I-6 Program

- The Selection Process: who are we trying to recruit?
- Identify students committed to a career in Cardiothoracic Surgery
  - Maturity
  - Dedicated focus in CT surgery
    - Sub-Internship
    - AATS Fellowship
    - Research in Cardiothoracic Surgery
  - “Fire in the belly”

Problems Teaching Medical Students CT Surgery

- Immaturity
  - Poor Time Management
  - Just want to be in the operating room
  - Lack of understanding what it takes to be a successful CT surgeon
    - Dedicated reading, practice technical skills…..outside 80hr work week
- Technical Skills/Ability
- Knowledge Base

Faculty Dedication

- Mentorship Program
- Education based on resident needs
  - Individual teaching sessions/reading assignments
  - Individual sessions in simulation lab
- Define academic expectations
  - Goals and objectives each rotation
  - Practical and knowledge base requirements

Resident Evaluation

- Competency Based
- Patient Care: 360^0 evaluations
- Medical Knowledge
  - R1: general surgery Absite
  - R2-6: ABTS training exam
  - Mock Oral Exams (biannual)
- Surgical Skills:
  - Practical skills exam (quarterly)
  - Rotation Evaluations

Selection Process

- Sub-Internship Performance
- Interview Process
  - Maturity
  - Critical thinking during clinical scenarios
  - Technical Skills performance in simulation lab
    - Basic skills for “medical student”
    - Ability to take direction

Lee, Reed, Fann, Feins, Ikonomidis, Carpenter, Tweddle, Meyerson, Verrier

Assessment--Vessel Anastomosis

RESIDENT NAME_____ **YR OF TRAINING**_____ **DATE**_____
EVALUATOR_____ **TIME TO COMPLETION**_____

	Poor				Excellent
1. Arteriotomy	1	2	3	4	5
	Not identify artery		Partial artery exposure		Full artery exposure
	Off-midline		Mainly midline		Consistent midline
	Multiple "tracks"		Thick single "track"		Thin single "track"
	Injury to back wall		Close to back wall		No injury to back wall
	Marked irregular edge		Mild irregular edge		Smooth edge

Additional Comments:

_____

_____

2. Graft orientation	1	2	3	4	5
	Unable to orient		Orient with some hesitation		Proper heel-toe orientation
	Not know start point		Start with some hesitation		Consistent start
	Not know end point		Knows end point with		Knows end point
	Marked hesitation		Some hesitation		No hesitation

Additional Comments:

_____

_____

3. Bite	1	2	3	4	5
	Irregular entry/exit		Mostly regular entry/exit		Consistent regular entry/exit
	Hesitant, multiple punctures		Mostly single puncture		Consistent single puncture
	Inconsistent distance from edge		Mostly consistent from edge		Consistent from edge

Additional Comments:

_____

_____

	1	2	3	4	5
4. Spacing	Uneven/irregular spacing Irregular distance from previous bite		Mostly even spacing Mostly consistent distance from previous bite		Consistent even spacing Consistent distance from previous bite

Additional Comments:

	1	2	3	4	5
5. Needle holder use	Awkward finger placement Unable to rotate instrument Awkward and not facile Inconsistent needle placement		Functional finger placement Hesitant when rotating Moderate facility Generally good placement		Comfortable, smooth finger placement Smooth rotation High facility Consistent proper placement

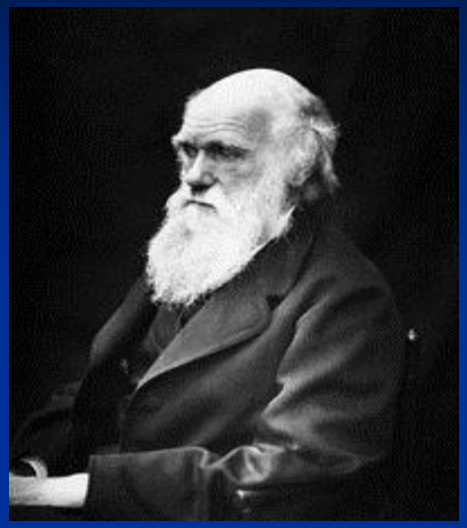
Additional Comments:

	1	2	3	4	5
6. Use of forceps	Awkward or no traction Unable to expose Not use to stabilize needle		Moderate proper traction Able to assist in exposure Able to stabilize but rough		Consistent proper traction Consistent proper exposure Knows when to stabilize, gentle

Additional Comments:

A New Era

“It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change”



‘A journey of a thousand miles begins with a single step.’