MINUTES
THORACIC SURGERY RESIDENCY ADMINISTRATORS/COORDINATORS SECTION
ANNUAL MEETING
SAN DIEGO, CALIFORNIA
SUNDAY, January 30, 2011
8:00 AM – 3:00 PM

Christine Morrison, President TS-RACS, opened the meeting at 8:20 AM, welcomed the attendees, reviewed the agenda and announced the guest speakers. See attached attendee list and agenda. Note presenters' title and association/affiliations on agenda.

TOPICS/ Speaker	DISCUSSION	ACTION / FOLLOW UP
Welcome	• Christine Morrison, President, opened meeting and welcomed guests 8:20 AM • Board Introductions: **Marcie O'Reilly** incoming President TS-RACS group	
Peggy Simpson, PhD Executive Director of ACGME RRCs for Plastic Surgery, Surgery, Thoracic Surgery ACGME Update	• Thoracic Surgery – 72 current programs • **Joint Training Program – (JTP or 4/3)** • surgical cases for these residents double reported at present – CTS Net logs and ACGME logs. • JTP does not increase complement of residents in thoracic surgery program • **Integrated thoracic surgery (1-6)** • Requires PIF and site visit • **Independent (**traditional) **thoracic surgery program** • RRC wants programs to maintain independent program • **Common Program Requirements** • [further specified by RRC] Keep eye out for these flagged areas • RRC-TS is reviewing and will address 6 specific areas of Common Program Req • **July 1st 2011 – PGY 1 and documentation of supervision** direct and/or indirect • How do demonstrate competency? • **Duty Hours** • Changes as of July 1, 2011…PGY 1, mid-level PGY 2, 3 and final years education PGY 4 and higher. • **Have Supervision policy in place, current and updated for changes July 1, 2011** • **Surgical Operative Logs**…change in reporting as of July 1, 2011 • Thoracic surgery residents will use the ACGME surgical op log reporting process as of July 1st 2011...Demonstration provided by Dr. Simpson • Same program as used by General Surgery and Vascular surgery • Whether JTP, Integrated, or Independent program, SOL status should be checked Quarterly by program	• Next Deadline for the RRC-TS is May 6, 2011 for any progress reports, new applications for programs etc • ACGME website, **check FAQ on RRC-TS page frequently** for updates to changes etc with common Program Requirements. • Plan in place for PGY 1 changes,- update supervision policy for each program https://www.acgme.org/residentdatacollection/ Coordinators will need to sign in and set up program once access ready. The cases are by CPT code – there will be access to various codes for general thoracic, congenital and cardiac surgery procedures for the residents and for coordinators. Year-end reports and reports for site visits will be much easier with the ACGME SOL reporting.
Ara Vaporciyan, MD Program Director University of Texas MD Anderson Cancer Center/ Methodist Hospital	• Focus on Integrated thoracic surgery (1-6) program • **Program Design** • Educational curriculum • General needs & targeted needs = objectives to teach • Recognize learning difference for PGY 1 vs. PGY 7 • **Instructional Methods**	•

Presentation: Education of Educator (faculty member)	• Variety of styles and methods to meet objectives • **Blooms taxonomy of learning** (7 steps from remember to integration of information) • **Instructional materials –** be selective and stay current • **Performance measures** – How to assess learning of resident • **Implementation and Program evaluation**…continual evolution. • Implementation is program dependent • Evaluation is whether meet or not meeting goals • **Faculty education…How to teach – provide the tools for faculty improvement** • JCTSE is focused on providing materials for faculty • Webinars several times year • Academy of Educators • Educational club • "Best of " AATS • Simulation • E-learning • Fundamentals of Surgery – available on line • ACS course- Educating the Surgeon	
Valerie Rusch, MD Chair, ABTS ABTS update	• **Curriculum focus.** As more programs move to 1-6 programs, ABTS is looking at **specifics of technical and cognitive elements for trainees**. • UK curriculum (Britain and Ireland) is excellent. ABTS is using as template for core competencies…final version to be approved May 2011 • **Simulation** as component of training. • Discussion at Board level if this will be required • Would need designated faculty at each program for simulation • **Case Logs** • Changes as of July 2011 to ACGME resident log system • **Cardiothoracic Critical Care focus** • Consider development of CC cardiothoracic intensivits for ICUs • Board certification in ABTS and SCCM • SCCM will allow individual programs to develop focused CT surgery certification • **Educators for each thoracic surgery program** • RRC will come to require this for each program…ABTS supports • **Problem Resident** • What to do and how to handle…Please bring concerns to ABTS sooner than not.	• **Check ABTS website May 2011 for updated core competencies and content**.
Maura Sullivan, PhD Executive Director Surgical skills training and Education Center University Southern California **Craig Baker, MD** Program Director	• Historical perspective • Apprenticeship model of medical education • Introduction of new technology in surgery from 1980's to present • **Simulation environment** • Stress free…no patient safety issues…provides operative experiences • **Educational Psychology** • Acquisition of skills • Procedural – cognitive, practice to autonomy • Deliberate Practice…motivation effort to improve • Clear goals and objectives • Takes 100 hours to automate skill and 10 years to develop expertise. • **Recognition that 2 % is skill development and 75% cognitive decision** • **Historical perspective** of residents in thoracic surgery	•

Vice Chair Surgical Education University Southern California	• Came from 5 years in general surgery – already trained in surgery basics • Thoracic training was specific to certain types of learning only • **Integrated (1-6)** …Totally new curriculum • No products from general surgery • Shift in technology in surgery requires changes in teaching • JCTSE focused on providing tools for faculty to improve their education skills • Simulation is component of new curriculum • E-learning content • New assessments for new ways of teaching skills • **Simulation lab…Local, Inexpensive, practical** • Find **dedicated time** for simulation • Combine with General surgery when possible • **List procedures to be evaluated on** (54 at USC) • Specific goals and objectives • **Levels of simulation** • Inanimate – technical skills • Animate – wet labs • Cadaver – fresh tissue lab • **Complete a survey** of faculty and current senior thoracic residents • ID top 10 to develop skills lab and ID specific skills (use needle to CPB cannulation) • Involve variety experts when you can • **Look to industry support,** combined labs w. general surgery? others… • **Evaluation…**session, learner, and program •	
"Business Meeting and Break	• Nomination/Election of Officers • Committee Reports • Approval of 2010 Minutes	• **Judy Corke** University of Texas MD Anderson Vice President 2011-13 • **Maria Riley** UCLA Secretary 2011-13
Afternoon Session: Panel Discussion **Rose Haselden – MUSC** **Joanne Gizzi – Unit Maryland** **Shelby Long – UNC**	• Presentation by 3 coordinators on their individual program development of Integrated (1-6) program • Areas to keep in focus and ID as different from traditional program • ACGME approval…separate program number • ERAS • **NRMP** – Main Match not fellowship match • Notification to Schools of Medicine of new program. • Orientation … Send to hospital and general surgery orientation. • ERAS… pre-screen candidates by USMLE score 240 or higher • **ABSITE**…take in PGY 1,2,3 years….There is no Thoracic Surgery ITE for them yet • Vacations • Conferences- some general surgery some CT Surgery • Simulation labs… PGY 1,2,3 currently using General Surgery lab • Duty hours… simulation is considered part of duty hours.. • Have plan in place for July 2011 • Am college Surgeons has Fundamentals Curriculum ON LINE • Use and assign modules to PGY 1, 2,3 • Work closely with Gen Surgery Residency coordinator • Outside rotations may only = 4 months at affiliated hospitals	

	• Competency is Procedure skills • Programs here had 135 candidates for (1) PGY 1 position…. • Vastly different than current fellowship applications.	
Future Plans	• Broad national goals and objectives based on ACGME competencies for all programs to use • Share Integrated curriculum designs across programs • Share simulation procedures across programs • Develop work groups among coordinators to • Structure National Competency-Based Goals and Objectives • Quarterly Evaluations – TSDA evaluations • How to increase attendance at annual meeting? • TSDA Program Directory updated 2011	www.tsda.org look under coordinators section
Next Meeting	• **TS-RACS Annual Meeting at STS 48th Annual Meeting, January 29, 2012, Ft. Lauderdale, Florida**	