

## **TS-RACS Glossary of Terms**

### **AAMC -- Association of American Medical Colleges**

The AAMC and the medical schools, teaching hospitals, academic and professional societies, faculty, residents, and students they represent are committed to improving the nation's health through medical education, research, and high-quality patient care. They are dedicated to the communities they serve, committed to advancing the public good, and steadfast in their desire to earn and keep the public's trust for the role they are privileged to play in our society.

<http://www.aamc.org/>

### **ABS -- American Board of Surgery**

The American Board of Surgery (ABS) was founded in 1937 by the leading U.S. surgical societies to evaluate, examine and certify individuals in the field of surgery. The ABS offers certification in general surgery (also called simply "surgery"), vascular surgery, pediatric surgery, surgical critical care, surgery of the hand, and hospice and palliative medicine. The American Board of Surgery is an independent, non-profit organization and is one of the 24 member boards of the American Board of Medical Specialties (ABMS). Other ABMS member boards provide certification in other surgical specialties, such as plastic surgery, orthopedic surgery, and thoracic (chest) surgery.

<http://home.absurgery.org/default.jsp?index>

### **ABS CERTIFYING EXAMINATION (Oral)**

The Surgery Certifying Examination (CE) is the last step toward certification in surgery by the ABS. It is an oral examination consisting of three consecutive 30-minute sessions, each conducted by a team of two examiners. Its purpose is to evaluate a candidate's clinical skills in organizing the diagnostic evaluation of common surgical problems and determining appropriate therapy. Emphasis is placed on candidates' ability to use their background knowledge and training to adequately manage a broad range of clinical problems. The ABS has already determined through the Surgery Qualifying Examination that candidates possess adequate cognitive knowledge. The Certifying Examination is therefore designed to measure a candidate's surgical judgment, clinical reasoning skills and problem-solving ability. Technical details of operations may also be evaluated, as well as issues related to a candidate's ethical behavior and humanistic qualities. The CE is administered five times per academic year - two in the fall, three in the spring - in geographically diverse U.S. metropolitan areas.

<http://home.absurgery.org/default.jsp?certcehome>

## **ABS ITE -- American Board of Surgery In-Training Examination**

The American Board of Surgery offers annually to surgery residency programs the In-Training Examination (ABSITE), a written, multiple-choice examination designed to measure the progress attained by residents in their knowledge of basic science and the management of clinical problems related to surgery. The ABSITE is furnished to program directors as an evaluation instrument to assess residents' progress. The results are released only to program directors. It is not available to individual residents and is not required as part of the certification process. Typically takes place the last Saturday in January.

<http://home.absurgery.org/default.jsp?certabsite>

## **ABS QUALIFYING EXAMINATION (Written)**

The Qualifying Examination (QE) is a computer-based examination offered annually by the ABS. The examination consists of approximately 300 multiple-choice questions designed to evaluate a candidate's knowledge of general surgical principles and the basic sciences applicable to surgery. The examination is a one-day examination lasting eight hours and is held at computer-testing facilities across the U.S. Results are posted and mailed approximately three to four weeks after the examination.

<http://home.absurgery.org/default.jsp?certgsqe>

## **ABTS -- American Board of Thoracic Surgery**

The primary purpose and most essential function of the Board is to protect the public by establishing and maintaining high standards in thoracic surgery. To achieve these objectives, the Board has established qualifications for examination and procedures for certification and recertification. The requirements and procedures are reviewed regularly and modified as necessary. Board certification in a medical specialty is evidence that a physician's qualifications for specialty practice are recognized by his or her peers. It is not intended to define the requirements for membership on hospital staffs, to gain special recognition or privileges for its Diplomates, to define the scope of specialty practice, or to state who may or may not engage in the practice of the specialty. Specialty certification of a physician does not relieve a hospital's governing body from responsibility in determining the hospital privileges of such specialist. The Board does not use or sanction the terms "board eligible" or "board qualified." The Board does not consider any physician to be a candidate for examination until he or she has made formal application and has been accepted for examination. Acceptance for examination acknowledges only that the candidate has successfully fulfilled the requirements and does not recognize that he or she is a specialist in thoracic surgery.

<http://www.abts.org/sections/About%20Us/index.html>

## **ABTS Written Examination**

Given once per year, usually in early December. The examination consists of a written examination designed primarily to assess cognitive skills. The content of the questions on this examination represents uniform coverage of all aspects of the thoracic surgery specialty.

[http://www.abts.org/sections/Certification/Examination\\_Process/index.html](http://www.abts.org/sections/Certification/Examination_Process/index.html)

## **ABTS Oral Examination**

Given once per year, usually in late May/early June. Successful completion of the Part I (written) examination is a requirement for admission to the Part II (oral) examination. The oral examination is designed to test the candidate's knowledge, judgment, and ability to correlate information in the management of clinical problems in general thoracic and cardiovascular surgery. Candidates are expected to be proficient in both cardiac and general thoracic.

[http://www.abts.org/sections/Certification/Examination\\_Process/index.html](http://www.abts.org/sections/Certification/Examination_Process/index.html)

## **ACADEMIC YEAR**

July 1 - June 30

## **ACGME – Accreditation Council for Graduate Medical Education**

The Accreditation Council for Graduate Medical Education is a private, non-profit council that evaluates and accredits medical residency programs in the United States.

The ACGME was established in 1981 from a consensus in the academic medical community for an independent accrediting organization. Its forerunner was the Liaison Committee for Graduate Medical Education, established in 1972.

The mission of the ACGME is to improve health care by assessing and advancing the quality of resident physicians' education through accreditation.

The ACGME's chief executive director is Thomas J. Nasca, MD, MACP .

In academic year 2006-07, there were 8,355 ACGME-accredited residency programs in 126 specialties and subspecialties. The number of active full-time and part-time residents for academic year 2005-06 was 107,245.

The ACGME has 28 review committees (one for each of the 26 specialties, one for a special one-year transitional-year general clinical program, and one for institutional review). Each residency committee comprises about 6 to 15 volunteer physicians. Members of the residency review committees are appointed by the AMA Council on Medical Education and the appropriate medical specialty boards and organizations. Members of the Institutional Review Committee and Transitional Year Committee are appointed by the ACGME Executive Committee and confirmed by the Board of Directors.

The ACGME's member organizations are the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and the Council of Medical Specialty Societies. Member organizations each appoint four members to the Board of Directors, which also includes two resident members, three public directors, the chair of the Council of Review Committee Chairs and a non-voting federal representative.

<http://www.acgme.org/acWebsite/home/home.asp>

## **ACGME Glossary of Terms**

[http://www.acgme.org/acWebsite/about/ab\\_ACGMEglossary.pdf](http://www.acgme.org/acWebsite/about/ab_ACGMEglossary.pdf)

## **ACGME Web ADS -- Accreditation Data System**

ACGME Website used to track program data.

<https://www.acgme.org/ads/default.asp>

## **ACLS -- Advanced Cardiac Life Support**

The American Heart Association's Advanced Cardiovascular Life Support course is totally redesigned for healthcare providers who either direct or participate in the resuscitation of a patient, whether in or out of hospital. Through the ACLS course, providers will enhance their skills in the treatment of the adult victim of a cardiac arrest or other cardiopulmonary emergencies. ACLS emphasizes the importance of basic life support CPR to patient survival; the integration of effective basic life support with advanced cardiovascular life support interventions; and the importance of effective team interaction and communication during resuscitation.

ACLS is based on simulated clinical scenarios that encourage active, hands-on participation through learning stations where students will practice essential skills individually, as part of a team, and as team leader. Realistic simulations reinforce the following key concepts: proficiency in basic life support care; recognizing and initiating early management of peri-arrest conditions; managing cardiac arrest; identifying and treating ischemic chest pain and acute coronary syndromes; recognizing other life-threatening clinical situations (such as stroke) and providing initial care; ACLS algorithms; and effective resuscitation team dynamics.

<http://www.americanheart.org/presenter.jhtml?identifier=3011972>

## **ACS -- American College of Surgeons ("The College")**

The American College of Surgeons is a scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice.

<http://www.facs.org/>

## **AMA -- American Medical Association**

Their mission is to promote the art and science of medicine and the betterment of public health. Core Values include: (1) Leadership; (2) Excellence; and (3) Integrity and Ethical Behavior. Their vision is to be an essential part of the professional life of every physician. The American Medical Association helps doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues.

[www.ama-assn.org](http://www.ama-assn.org)

## **AMA FREIDA -- American Medical Association Fellowship and Residency Electronic Interactive Database Access System**

System which collects information on programs and their resident physicians. Comprehensive graduate medical education (GME) database, which is used to produce the American Medical Association's Graduate Medical Education Directory ("The Green Book") and the on-line companion products that assist medical students and resident physicians in identifying appropriate GME programs.

<http://www.ama-assn.org/ama/pub/category/2997.html>

## **ATLS -- Advanced Trauma Life Support**

The American College of Surgeons (ACS) and its Committee on Trauma (COT) have developed the Advanced Trauma Life Support (ATLS) Program for doctors; a systematic, concise training for the early care of trauma patients. The ATLS Program provides participants with a safe, reliable method for immediate management of the injured patient and the basic knowledge necessary to:

1. Access the patient's condition rapidly and accurately.
2. Resuscitate and stabilize the patient according to priority.
3. Determine if the patient's needs exceed a facility's capacity.
4. Arrange appropriately for the patient's inter-hospital transfer (who, what, when, and how).
5. Assure that optimum care is provided and that the level of care does not deteriorate at any point during the evaluation, resuscitation, or transfer process.

For doctors who infrequently treat trauma, the ATLS course provides an easily remembered method for evaluating and treating the victim of a traumatic event. For those doctors who treat traumatic disease on a frequent basis, the ATLS course provides a scaffold for evaluation, treatment, education, and quality assurance- in short, a system of trauma care that is measurable, reproducible, and comprehensive.

<http://www.facs.org/trauma/atls/program.html>

## **BLS - Basic Life Support**

The BLS Healthcare Provider Course is designed to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner. The course is intended for certified or noncertified, licensed or nonlicensed healthcare professionals.

<http://www.americanheart.org/presenter.jhtml?identifier=3011975>

## **CATEGORICAL**

Position which provides the opportunity for completion of training required for specialty certification, provided their performance is satisfactory.

### **CPT - Current Procedural Terminology**

Listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. The purpose of the terminology is to provide a uniform language that will accurately describe medical, surgical and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among physicians, patients and third parties. CPT manual is updated yearly.

Descriptive terms general surgery residents use in recording their surgical operative log (SOL).

<http://www.ama-assn.org/ama/pub/category/3113.html>

## **DEFINED CATEGORIES**

The areas prescribed by the ABTS for the collection of specific operative experience. The procedures included are called index cases. Each category has a minimum number of required cases that has been determined by the ABTS. This minimum standard must be met to qualify to sit for the ABTS examinations.

### **ECFMG - Educational Commission for Foreign Medical Graduates**

Through its program of certification, the Educational Commission for Foreign Medical Graduates (ECFMG®) assesses the readiness of international medical graduates to enter residency or fellowship programs in the United States.

<http://ecfm.org/>

### **ERAS - Electronic Residency Application Service**

ERAS®—The Electronic Residency Application Service—is a service that transmits residency applications, letters of recommendation, MSPEs, transcripts, and other supporting credentials from applicants and medical schools to fellowship, osteopathic internship, and residency programs using the Internet.

<http://www.aamc.org/audienceeras.htm>

### **NRMP - National Resident Matching Program**

The National Resident Matching Program (NRMP) is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education (GME). It is governed by its board of directors. Five medical/medical education organizations, one program director organization, and three medical student organizations nominate candidates for election to the board: the American Board of Medical Specialties (ABMS), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the American Hospital Association (AHA), the Council of Medical Specialty Societies (CMSS), the Organization of Program Director Associations (OPDA), the AAMC Organization of Student Representatives, the American Medical Student Association (AMSA), and the AMA Medical Student Section. The board also selects one program director, three

resident physicians, and one public member from at-large nominations. Each year, the NRMP conducts a residency match that is designed to optimize the rank ordered choices of students and program directors.

The NRMP also conducts matches for fellowship positions in 34 sub-specialties through its Specialties Matching Service. Those positions involve further training after completion of the initial residency program and lead to certification in a specialty (i.e., cardiology).

<http://www.nrmp.org/>

### **SESATS - Surgical Education and Self-Assessment in Thoracic Surgery**

Complete home-study program that maintains and improves proficiency through self-evaluation and self-instruction. Useful adjunct in preparation for the American Board of Thoracic Surgery examinations and may be helpful as adjunct in preparing for ITE. Available in computerized format.

<http://www.sesats.org/>

### **SOL - Surgical Operative Log**

During the residency training each resident must maintain a Surgical Operative Log (SOL). The SOL is a record of all the surgical cases a resident has participated in during their residency. These are cases which take place in the operating room and also includes names and diagnosis of new patient consults and follow-up consults. At the conclusion of the thoracic surgery residency training, each resident must submit their final case numbers to the ACGME/RRC and ABTS for review.

### **TAGME – Training Administrators of Graduate Medical Education**

The National Board for Certification of Training Administrators of Graduate Medical Education Programs has been created to establish standards for the profession, to acknowledge the expertise needed to successfully manage graduate medical education programs and to recognize those training program administrators who have achieved competence in all fields related to their profession.

<http://www.tagme.org/>

### **TSDA ITE -- American Board of Thoracic Surgery In-Training Examination**

Examination held once per year, usually in the spring (March-April). Offered as a tool for Directors of accredited surgery programs to identify strengths and weaknesses in their programs and to measure the general level of knowledge attained by their residents.

### **USMLE - United States Medical Licensing Examination**

The USMLE assesses a physician's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills, that are important in health and disease and that constitute the basis of safe and effective patient care. Each of the three Steps of the USMLE complements the others; no Step can stand alone in the assessment of readiness for medical licensure. Because individual medical licensing authorities make decisions regarding use of USMLE results, physicians seeking licensure should contact the jurisdiction where they intend to apply for licensure to obtain complete information.

Step 1 assesses whether medical school students or graduates understand and can apply important concepts of the sciences basic to the practice of medicine.

## Step 2

Step 2 assesses whether you can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision and includes emphasis on health promotion and disease prevention. Step 2 ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine.

### Step 2 Clinical Knowledge (CK)

Step 2 CK is constructed according to an integrated content outline that organizes clinical science material along two dimensions: physician task and disease category.

### Step 2 Clinical Skills (CS)

Step 2 CS uses standardized patients, i.e., people trained to portray real patients. The cases cover common and important situations that a physician is likely to encounter in clinics, doctors' offices, emergency departments, and hospital settings in the United States.

Step 3 assesses whether medical school graduates can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine.

<http://www.usmle.org/>

## **National/Regional Organizations and their Abbreviations**

AATS	American Association for Thoracic Surgery
ACC	American College of Cardiology
ACCP	American College of Chest Physicians
ACS	American College of Surgeons
AHA	American Heart Association
ASA	American Surgical Association
EACTS	European Association for Cardiothoracic Surgery
SSO	Society of Surgical Oncology
STS	Society of Thoracic Surgeons
STSA	Southern Thoracic Surgical Association
TSDA	Thoracic Surgery Directors Association
TSRA	Thoracic Surgery Residents Association
TS-RACS	Thoracic Surgery Residency Administrators/Coordinators Section (TSDA)
WTSA	Western Thoracic Surgical Association