

To: Thoracic Surgery Residency Coordinators and Administrators

From: Christine Morrison, RN, MSN
TS-RACS

Date: May 12, 2011

Re: Report on TSDA General Session at AATS meeting May 7, 2011

The Thoracic Surgery Directors Association (TSDA) held their general session meeting at the American Association Thoracic Surgery meeting on Saturday May 7, 2011. A summary report follows:

TSDA Boot Camp: George Hicks, MD

- TSDA's Boot Camp will be held at UNC Chapel Hill July 15-17, 2011. Nominations are being accepted for incoming first year cardiothoracic surgery residents. This is a superb clinical experience for new residents as they begin their cardiothoracic surgical training.

Integrated Curriculum Development and Competency:

- The ABTS has posted the integrated curriculum on their website for programs to review and use as a guide for integrated program development.

Curriculum Committee: Curt Tribble, MD

- Weekly Fellowship curriculum cycle is coming to the end of Year 2. The committee continues to update talks and asks for feedback on improving the curriculum.
- The integrated curriculum development is underway.
- Committee is working to obtain free content access to Shields *General Thoracic Surgery* and Kaiser, Kron, Spray *Mastery of Cardiothoracic Surgery*
- SESATS VIII is available as app on iTunes for residents
- Other apps available on iTunes
- A "webbrain" of the Weekly Curriculum is under development by Dr. Craig Baker

Congenital Program Committee: Carl Backer, MD

- There will be a national congenital cardiac surgery match either in 2012 or 2014.
- The committee is working on curriculum development
- There are 10 accredited programs at present
- Maintenance of Certification will be in place when MD comes time to renew their ABTS.

AATS Update: Irv Kron, MD

- Two formal visits to NIH in last year to improve communication and collaboration
Increased exposure of AATS and STS with NIH this past year.
- NHLBI- has established a separate section for cardiothoracic surgery clinical research opportunities- Symposium held April 26, 2011
- AATS In Vivo Animal Models course – March 3, 2011 in Bethesda, MD
- 2011 AATS Leadership Academy – educational experience for Division Heads or section chiefs

- Developed Society Thoracic Surgery Chairs

ABTS/Six-Year Integrated Program: Valerie Rusch, MD

- The Cardiothoracic integrated 6 year program curriculum was developed by ABTS to be used as a guide for designing a 1-6 program, for talks, lectures, skill development. The curriculum used the cardiac and general thoracic components of the British UK curriculum. The ABTS mapped the curriculum topics to the 6 ACGME competencies.
- Curriculum Development covers 3 pathways: 1-6 integrated; 4/3 joint training; 5-2 fellowship
- The curriculum was approved at the ABTS March 2011 meeting and is posted on the ABTS website.
- Cardiothoracic Critical Care Fellowship program as subspecialty
- The ABTS, in conjunction with ABS/RRC, will be modifying current approved Surgical Critical Care Fellowship (SCCF) programs and curriculum to include cardiothoracic surgery components. The cardiothoracic surgery components will be 3-54 months of the 12 month SCCF program. The CT focus will be in the operating rooms and/or ICU's
- ABTS Case Mix Update as of July 2012
- Revision of case mix

change in thoracic surgery education and 2 pathways there will be a slight ↑ in total # cases. New cases include EBUS, cardiac cath lab cases, separating out valvular repair vs. replacement, and adding endovascular stents cases

Addition of documentation of critical care experience and ICU care

Addition of multidisciplinary conferences

ABTS will add 20 hours of simulation based learning.

July 2011 incoming CT residents will use ACGME case log system to log their CT cases
CPT codes have been assigned in the ACGME case log system for cardiothoracic surgery cases.

- **ABTS/Six-Year Integrated Program: John Calhoon, MD**

- the ABTS will continue to develop the Integrated curriculum as needed
- 20 hours of simulation based learning
- Easier to document than a program might perceive at first. Activities for simulation may include:
 - CPB simulation with perfusion • ATLS • Wet Labs • TSDA Boot Camp • Mock orals • EBUS training • Endovascular Stent training • Bronchoscopy

- **Residency Review Committee: Douglas Wood, MD**

- new member on RRC Robert Higgins MD
- July 1, 2011 – integrated 1-6 case requirements, the first 3 years
- Use of ACGME case log system as of July 2011
- Duty hour Standards change as of July 2011
- For PGY 1 / interns – limit is 16 hours duty a day – schedules and call will be impacted
- For PGY 2 to 8 – some latitude with need to provide continuity of care, patient care in emergencies etc.
- Still in place 80 hours duty/week with 8-10 hr off between shifts
- Still in place 1 in 7 days off

- 4th sub specialty will be Cardiothoracic Surgery Critical Care fellowship
- **Reminder:** April 2011 ACGME Thoracic Surgery newsletter available on ACGME website
- **TSRA report: Carlos Mery MD**
 - CT Resident on STS Board of Directors: Jennifer Nelson MD, University of Michigan
 - Encourage CT residents to join AATS/STS as candidate members
 - TSRA has established the **International Network of Young Cardiothoracic Surgeons**
 - With STS and European groups, a social, educational, and contact group
 - Currently 2 interesting cases are posted with conversation and questions on cases Face book and Twitter
<http://www.tsrnet.org/>
- **TSRA resident survey results: survey performed by the education committee**
 - 1/3 residents responded. Identified 7 characteristics essential for CT surgery training:
 - Variables thought to be most important in determining outstanding programs were: reputation of the cardiothoracic surgery program • the expectation of the resident being the operating surgeon • help in finding employment • high volume complexity of cases • high rates of passing the boards • strong culture of education
 - 88% CT residents feel adequately trained and ready for ABTS certification
 - 15% concerned with obtaining adequate index of cases
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- **TRSA Review Book:** creation of a review book on cardiothoracic surgery. The book, edited by the TSRA and authored by more than 50 cardiothoracic surgery residents from different programs around the country, is being published on the web as an electronic book free-of-charge and as a print book in Amazon.com.
- **Special Presentation: Dave Fullerton, MD**
Addressing Probationary Resident Issues
 - Orientation is essential timeframe by which to provide expectations to cardiothoracic surgery residents both in written form and verbally. Outlining expectations, available resources, open communication, frequent oral feedback and written evaluations are all essential components.
 - The ACGME has deadline for notifying resident if their contract will not be renewed. That date is March 1. Prior to March 1 deadline of notification, the process needs to include a probationary period which can be 1-12 months in length though averages 3-6 months. This probationary time is where resident is monitored, supervised and counseled by a faculty member. Progress reports are completed monthly to document status as well as formal discussions between the resident and Program director. At outset of probation, a discussion of specific deficiencies must be provided.
 - When add the 3 months probation to the required March 1 ACGME deadline, the latest day for beginning a probation period becomes January 1. When one

considers that there also must be a period prior to the established probationary period where a program needs to identify the areas of deficiency and provide the resident time (3 months) to address a deficiency, the timeline falls further back in the academic year. The deadline now is September, just 3 months after the beginning of an academic year. Such a deadline then requires each program to assess if a resident will succeed based on 3 months of clinical experience/exposure teaching.

- Resources to address issues with resident include: institution DIO, Thoracic RRC, and ABTS