



I-6 Curriculum Update

TSDA GENERAL SESSION

JANUARY 23RD, 2016

Disclosures

- ▶ No financial disclosures
- ▶ I do not represent any organization (ACGME) for purpose of this talk.
- ▶ Perspective of a former RRC Resident Representative
 - ▶ And a former I6 Resident

Objectives

- ▶ Review RRC Common Integrated Program Requirements
- ▶ Discuss recent RRC Changes

Common 16 Program Requirements

Program Requirement: Int.C.3.b

- ▶ A minimum of 24 months and a maximum of 36 months of the program must include education in **core surgical education, including pre- and post-operative evaluation and care**. The remainder of the curriculum must include education in oncology, transplantation, basic and advanced laparoscopic surgery, surgical critical care and trauma management, thoracic surgery, and adult and congenital cardiac surgery.

What is considered “core surgical education”?

- ▶ RRC FAQ Response:
- ▶ In an integrated program, core surgical education experience comprises rotations **designed to expose the resident adequately to the fundamentals** of general and cardiothoracic surgery. The rotations should focus on introduction to and understanding of the following suggested list of acceptable topics:

What is considered “core surgical education”?

- ▶ General surgery
- ▶ Cardiac surgery
- ▶ Thoracic surgery
- ▶ Congenital cardiac surgery
- ▶ Critical care
- ▶ Plastic surgery
- ▶ Trauma
- ▶ Vascular surgery
- ▶ Pediatric surgery
- ▶ Abdominal and alimentary tract surgery
- ▶ Basic and advanced laparoscopic skills
- ▶ Head neck and endocrine surgery
- ▶ Surgical oncology
- ▶ Transplantation

What is considered “core surgical education”?

- ▶ The core surgical education experience must be suitable to provide the resident with **essential knowledge** in the above suggested categories to function as a practicing cardiothoracic surgeon, and must also allow **sufficient time to complete the required case numbers** as determined by the American Board of Thoracic Surgery (ABTS) for certification.
- ▶ PGY1-3 : 375 cases, average of 125/year
 - ▶ 125 must be CT cases
 - ▶ 50 of these may be components

Vascular	25
Skin/soft tissue/breast	10
Head/neck	5
Alimentary tract	20
Abdomen	30
Operative trauma	5
Pediatric	10
Plastic	5
Lap-basic	30
Lap-advanced	10

Important relationships to grow during curriculum development:

- ▶ GME and GME-C office
- ▶ General surgery
 - ▶ Private and Academic
- ▶ Vascular surgery
 - ▶ Especially important if a fellowship program exists
- ▶ Cardiology
- ▶ Interventional Cardiology
 - ▶ This needs to be independent of the general cardiology relationship
- ▶ Pulmonology
 - ▶ Interventional pulmonology
- ▶ Critical Care
 - ▶ Very important if your CT team is not “the” ICU team
- ▶ Anesthesiology
- ▶ Radiology
 - ▶ Interventional radiology
- ▶ Gastroenterology
- ▶ Oncology

Give clear expectations of your resident's role and responsibility. Provide a copy of the goals and objectives.

Common 16 Program Requirements

Program Requirement: Int.C.3.c

- ▶ The last year of the integrated program must comprise **chief resident responsibility on the thoracic surgery service at the primary clinical site or at a participating site.**
- ▶ Exceptions may be requested in writing to the RRC, but the committee emphasizes progressive cardiothoracic independence and autonomy in the chief year.
 - ▶ This is granted most appropriately by staff who know the resident well, and have seen their progression over time.

Do PGY1-3 Integrated Residents have to take the ABSITE?

- ▶ Not necessarily- but they have to take the ABSITE **or** the TS ITE in years one through three, as an objective measure of their academic progress.
- ▶ “Programs are expected to evaluate resident performance, including the effectiveness of educational activities that document improved **resident cognitive performance, technical skills, and professional behaviors**. In integrated programs, the Committee expects that programs will require residents to use the General Surgery American Board of Surgery In-Service Examination (ABSITE) **and/or** the Thoracic Surgery ITE as one measure of resident performance during the PG 1-3 years. The Thoracic Surgery ABSITE could be used as one measure of resident evaluation during the PG 4-6 years of an integrated program, and in all PG years of an independent program.”

How do the Duty Hour Requirements Related to the Integrated Residents?

- ▶ **PGY 1** residents are considered **beginners**.
 - ▶ Beginner residents' shifts must not exceed 16 hours in duration .
 - ▶ These residents should have 10 hours free after scheduled shift, and must have 8 hours before returning to work.
- ▶ **PGY 2-3** are considered **intermediate**
 - ▶ 24 hour call is permitted.
 - ▶ Should have 10 hours free, and must have 8 hours.
 - ▶ Must have 14 hours after 24 hours of consecutive in-house duty.

How do the Duty Hour Requirements Related to the Integrated Residents?

- ▶ **PGY 4-6** are considered “in their **final years**” of education and may care for patients over irregular or extended periods.
 - ▶ It is desirable to have 8 hours free of duty between scheduled periods.
 - ▶ Circumstance that require fewer than 8 hours must be monitored by the PD and may include: severely ill or unstable or complex patient, events of exceptional educational value, humanistic needs for a patient or family.
- ▶ Transition into independent practice.

My resident had a baby or medical leave during training. Can they graduate “on time” if they’ve met all milestones?

- ▶ “The accreditation (ACGME) and certification (ABTS) requirements regarding length of training have not changed with the launch of the NAS and the use of the Reporting Milestones. Consequently, a resident who has taken maternity leave will *still need to comply with existing accreditation and certification requirements.*”
- ▶ However, while the American Board of Surgery specifies “sixty months of progressive training at no more than 3 residency programs”, the ABTS does not make such a specification (presently) regarding the number of months that must be completed.

Changes in Board Pass Rates

Common Program Requirement V.C.2.c).(1)

- ▶ This number has been recently raised to 65% for first-time attempts.
- ▶ This can really effect 16 programs with one resident graduating yearly:
 - ▶ 2016 Resident #1 fails 1st attempt → 0%
 - ▶ 2017 Resident #2 passes → 50%
 - ▶ 2018 Resident #3 passes → 67%
- ▶ This metric is of significant importance to the TS RRC.

Summary

- ▶ There are certain requirements that are specific to I6 Programs and Curriculum.
 - ▶ These should be recognized and understood.
- ▶ Milestones do not change current ABTS requirements for board eligibility.
- ▶ Board pass rates have increased to 65% for first-time takers.

- ▶ Thank you. Questions?