

MINUTES  
THORACIC SURGERY ADMINISTRATORS/COORDINATORS SECTION

ANNUAL MEETING

FT LAUDERDALE, FLORIDA

SUNDAY, January 29, 2012

8:00- 4:00

Marcie O'Reilly, 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
	<ul style="list-style-type: none"><li>• Marcie O'Reilly, President opened the meeting and welcomed guests at 0820</li><li>• Board Introductions: Maria Riley, Secretary/Treasurer</li></ul>	
Boot Camp/ In Training Exam Dr George Hicks	<ul style="list-style-type: none"><li>• The Evolution of TSDA Boot Camp- Boot camp will be held July 26-29 in Chapel Hill, NC. The exposure to skills and faculty. Simulation during boot camp experience to a person and faculty was universally accepted. Improve residents' skills and they</li></ul>	Questions: reinventing the wheel, the simulation lab will go into the 80 hr week rule, Bill Sullivan at Cedars Sinai Lab? Traditional residents get together for the boot camp program to improve the already set skills.

	<p>seem to appreciate it.</p> <ul style="list-style-type: none"><li>• Simulation and Skills Assessment- Impact of simulation, penetration into the programs and what it can do nationally. National programs will enhance a residents program. Boot camp has provided the exposure to simulation and also the JCTSE Educate the Educator course for about 2 and ½ days, it has also provided ability to simulation programs. Teaching is different from operating room to classroom/simulation, a uniform fashion. Mistakes in the operating room cannot be repeated. In order to teach residents the education will need the dedication and passion for it, students and residents will show interest. Simulation is a number of things, Space, Instruction, Mission, Utensils, Lessons, Assess, Time, Over, and Resources.</li><li>• The Board will be requiring 20 hours of simulation to the program/mandated.</li><li>• TSDA In -Training Exam- Program Director or designee will need to set up the program for data regarding the exam into the systems that will be running that time. A record will need</li></ul>	
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	<p>to be set by the person taking the exam. No major changes however the vendor has been changed.</p>	
TSRA Jason Williams, MD	<ul style="list-style-type: none"> <li>• TSRA- President of the Residents Association, a lot has been changing within the resident training- Coordinators involvement is very important towards the residents education, the TSRA is overseen by TSDA and working on recruitment.</li> <li>• TSRA Organization, Executive Committee Communications, Education, Industry and Technology and Projects Committee.</li> <li>• Executive Officers, Jason Williams, Stephen McKellar, Carlos Mery, and Tom Nguyen</li> <li>• The TSRA and the meetings are held for the residents free of charge, they also get practical experience, St Jude sponsors the program.</li> <li>• The Projects Committee: Exceptional Educator Database, TSRA Review of Cardiothoracic Surgery and the TSRA Primer of Cardiothoracic Surgery.</li> <li>• The National representation with STS AATS</li> <li>• The TSRA primer of Cardiothoracic Surgery, quick comprehensive</li> </ul>	<ul style="list-style-type: none"> <li>• Questions: cardiology taking our jobs away and our specialty isn't going to last long however as stated by the Williams he doesn't believe it cannot be possible. Selling points to keep CT surgery is improving and can only get a better.</li> </ul>

	<p>collection of CT topics.</p>	
RRC/ Peggy Simpson, PhD	<ul style="list-style-type: none"> <li>• RRC members/programs 2011-12, 2011 Top Citation types- Eval, PD res, procedural exp, curricular, Progressive resident responsibility, goal and objectives, patient care experience</li> <li>• GS/TS Training program due to the I-6 program caused a drop.</li> <li>• New integrated programs must have an ongoing accreditation and a cycle length of at least 3 years to be considered. The criteria for the integrated program, separate cycle as well, the internal review cycle will also be off. Meeting dates are listed on the website and the agenda closing as well.</li> <li>• Operative Case Logs- delayed mid-October, implementation not till midyear. Specifics for integrated resident index cases. Core Surgical Year- 375 operations averaged over 3 years and 150 ABS index cases, Case log conversions</li> <li>• Site Visits (Integrated vs. Integrated, tracer method) new order, inverted site visit; working with residents ahead of the visit; the tracer method.</li> <li>• Next Accreditation System- milestone</li> </ul>	<ul style="list-style-type: none"> <li>• Questions: drop in programs, traditional numbers from wherever they rotate. Reasons of why institutions are not accredited due to specific citations: Case log systems cannot put cases into the CTSNet or ACGME. 4-3 option.</li> </ul>

	<p>reporting, case logs, resident and faculty opinions, program and institutional information to end up with a continuous oversight and improvement emphasis.</p> <ul style="list-style-type: none"> <li>• Milestones- what are the milestones that a resident need to reach by the end of a rotation? Working group to help with the milestones project- the advisory group and the working group. Milestones defined</li> </ul>	
Business Meeting Marcie O'Reilly, President	<ul style="list-style-type: none"> <li>• Review and Approval of 2011 minutes- minutes were approved</li> <li>• Voting on two positions VP and Councilor at Large</li> <li>• Councilor at Large Sandra Schneller- Councilor at Large</li> <li>• Veronica Felix Navarro- Secretary/Treasurer</li> <li>• Maria Riley, VP</li> <li>• Committee Reports- By laws an approved, Google groups, TSRA- working groups? Guidebook and also creating of JD for coordinators. Christine Morrison, Veronica Felix Navarro for the creating of the guidebook.</li> <li>• Nomination for councilor at large- done</li> </ul>	

	<ul style="list-style-type: none"> <li>• TAGME- certification useless from most coordinators point of view</li> <li>• CEUs, Live streaming, support, participation and possible support/grants from vendors.</li> <li>• Grant money for TS RACS yet funnel through TSDA to support and fund our program. The coordinators role needs to be better understood and valued instead of been looked at as administratively.</li> <li>• Ideas and interaction with JC and other committee member</li> <li>• Meetings Adjourned</li> </ul>	
ABTS update John Calhoun, MD	<ul style="list-style-type: none"> <li>• ABTS Update- 2 steps to becoming board certified, coordinators along directors to have successful pass rates. Mock Orals are very important to help the surgeons succeed in their interview process.</li> <li>28 residency programs approved</li> <li>PIF is a written expression of what you are doing right and how you are succeeding the program.</li> <li>6 competency goals-</li> <li>TSDA in support the TSRA, TS RACS and STS: data/outcome base look into death rate after a CABG</li> <li>ABTS Proposed Case Requirements-</li> </ul>	Mock Orals board certified; cultural sensitivity

	<p>for congenital unchanged- primary surgeon and 10, adult cardiac, real congenital case not otherwise.</p> <p>Saphenous vein removal has become a requirement as part of the cardiac cases.</p> <p>Double Counting of Cases- on both sides cardiac/thoracic is allowed; IE aortic with CABG and valve **TEVAR</p> <p>Set up a lung heart machine in a simulated fashion would be good practice for the residents.</p> <p>Not many major changes but rather enhancements for the case numbers on most cardiac or thoracic numbers</p> <p>Non Operative requirements, consultation, multi-disciplinary, pain mgmt, simulation</p> <p>Case volume numbers and reconciliation in the PIF, volume cases of resident/institution</p>	
Educate the Educator Ed Verrier, MD	<ul style="list-style-type: none"> <li>• Educate the Educator, as integrated thoracic surgery programs expand, how does the faculty gain skills to teach PGY 1-6</li> <li>• CME accredited program, grants of at least 300 dollars per attendee</li> <li>• What are we doing to become better educators as leaders of residency</li> </ul>	

	<p>program?</p> <ul style="list-style-type: none"> <li>• We have to have new standards and challenges, PD need to be more dedicated to the program and its residents</li> <li>• Navigation tool in the TSDA website.</li> </ul>	
Integrated I-6 Integrated Thoracic Surgery Programs Panel Discussion	<ul style="list-style-type: none"> <li>• Keeping the I-6 integrated program and making it work Applicants that sign up for the program may drop in the 3<sup>rd</sup> or 4<sup>th</sup> year and wondered what that will do to the program itself Long term vs. short term plan over the professionals and the final decisions that were made perhaps it can still be determined that we can benefit to the residents and the program itself. The generation is changing therefore the I-6 program may be well fit with times changed. Patient Slots open for the program, amount interviewed in comparison to ranking list Skills assessment is highly important to determine selection on the applicants, interview process</li> <li>• Words of wisdom and development- what to look for while interview</li> <li>• Generals Surgery's participation</li> </ul>	

	<p>during interviews and process elimination/ rotations are not operative the first</p> <ul style="list-style-type: none"> <li>• Curriculum</li> <li>• Best practices</li> <li>• Evaluation Resident Progress and Competency- competency based training at residents pace however the milestones project must be implemented.</li> </ul>	
Open Forum	<ul style="list-style-type: none"> <li>• Test scores for interview process</li> <li>• Site visit experience</li> <li>• Billing</li> <li>• Case logs</li> <li>• Faculty</li> <li>• Application for Integrated Program</li> <li>• Site Visit</li> <li>• TAGME Certification</li> <li>• Interview Season</li> </ul>	
Meeting Adjourned by Marcie O'Reilly		