

MINUTES
THORACIC SURGERY RESIDENCY ADMINISTRATORS/COORDINATORS SECTION
ANNUAL MEETING

Session 1: Saturday, January 25, 2014

8:00 am – 4:00 pm

Orlando World Center Marriott, North Tower Meeting Rooms 2nd Floor Key West
Orlando, Florida

Maria Riley, President TS-RACS, opened the meeting at 8:00 am,
Welcomed the attendees, reviewed the agenda and announced the guest speakers.

Topics/Speakers	Discussion	Action/Follow Up
Continental Breakfast/Registration	Maria Riley, President	2014 Agenda and 2013 Minutes distributed
Mark Iannettoni, MD TSDA Update	<ul style="list-style-type: none"> • Program Directors need to run the TSDA • High PD turnover rate: PCs provide stability • TSDA Boot Camp funding • JCTSE New Curriculum: online quiz feature and future assessments • I-6 Programs involve teaching interns the basics of surgery 	<ul style="list-style-type: none"> • Anticipate more industry funding of TSDA Boot Camp in future • JCTSE New Curriculum assessments will provide useful Milestones documentation for programs and alert programs of struggling residents for early remediation • It will take time to determine how much simulation is needed in I-6 programs. Simulation portfolios will show if trainees know how to perform procedures
Michael Robich, Cleveland Clinic, 2 nd Year Thoracic Surgery Resident/Fellow TSRA Update	<ul style="list-style-type: none"> • Operative Dictations • Surgical Techniques Videos • TSRA Primer • Clinical Scenarios • Review of Cardiothoracic Surgery 	<ul style="list-style-type: none"> • New • New • Provides basics for Incomings • Guide for ABTS Orals • For In-Training Exam

Topics/Speakers	Discussion	Action/Follow Up
<p>Peggy Simpson, PhD</p> <p>ACGME Update</p>	<ul style="list-style-type: none"> • No more PIF • No more Internal Reviews • No more accreditation cycle lengths • Now: Continuous observations • Now: Faculty surveys • Now: 60% Required ABTS first-time pass rate over 5 years • Now: ACGME annual letter • Now: A full site visit can be triggered by surveys indicating 3 or more areas of concern • Now: Milestones to show national progression 	<ul style="list-style-type: none"> • Read New Accreditation Policies 7/1/13 • Keep good records somewhere • Evaluations are more important than ever • Programs are expected to go beyond minimum standards • ACGME will write to each program to let us know if we are doing a good job (or not) • ACGME urges programs to be honest with information and data so ACGME can get to the truth
<p>TS-RACS forum deferred to Session 2</p>	<ul style="list-style-type: none"> • Milestones Process/Implementation Panel 	<ul style="list-style-type: none"> • See Minutes for Sunday, January 26
<p>Douglas Mathisen, MD Chair, JCTSE</p> <p>JCTSE In-Training Exam</p>	<ul style="list-style-type: none"> • Program Directors certainly appreciate Program Coordinators • JCTSE New Curriculum is a tremendous resource and ABTS will take and use these elements for the Boards exams • Resident surveys indicate a need for a variety of learning resources • Board review course, TSDA pre-requisite curriculum, and baseline IT-Exam have all received positive responses • I-6 programs are an unproven experiment 	<ul style="list-style-type: none"> • Resident Surveys – 100% compliance is needed for the In-Training Exam • Residents prefer online curriculum with videos • Mock Oral Drills are best practiced with 4 questions in 30 minutes so all participants learn to be efficient with time

Topics/Speakers	Discussion	Action/Follow Up
Business Meeting Pam Stratton	<ul style="list-style-type: none"> • Review and Approval of 2013 Minutes • TS-RACS Attendance Certificates were distributed to participants • Committee Reports • Nominations for Secretary • TAGME review board opportunity – time commitment is 36 months 	<ul style="list-style-type: none"> • Jill Rose nominated as Secretary • Look at by-laws and update position descriptions • If you are interested in serving on the TAGME board, contact Pam Stratton, University of Louisville, Kentucky
Lunch		

TSDA THORACIC SURGERY DIRECTORS ASSOCIATION
General Session
Saturday, January 25, 2014
1:00-4:00 pm
Orlando World Center Marriott
North Tower Meetings Rooms, Second Floor
Sawgrass & Vinoy
Orlando, FL

Speakers	Discussion	Action/Follow Up
David Fullerton MD Mark Iannettoni MD Walter Merrill MD Mary Klingensmith MD Craig Baker MD Ara Vaporciyan MD Ed Verrier MD	<ul style="list-style-type: none"> • New Thoracic Surgery Curriculum • Moodle site developed in collaboration with ABTS board and contracting with text books. Moodle is a secure server. Content focus is on cardiovascular, thoracic and congenital surgery topics. • Moodle is a learner management system which can track site utilization data and learner data is tracked from the quizzes • TSRA Clinical Scenarios feature forums which are set up like a board exam including answers • Relevant SESATS quiz questions are being provided for each topic 	<ul style="list-style-type: none"> • See Thoracic Surgical Curriculum, What's New at: http://www.tsda.org/education/thoracic-surgery-curricula/tsc-whats-new/ • Expect future reporting tools for program directors/coordinators and self-reporting for trainees; Moodle Rooms starting July 2014; Milestones-focused quizzes by Steve Yang MD which will provide an automatic assessment tool for Clinical Competency Committees and program directors (this will be phased in); Small group discussions and case conferences online; generation of milestones-based Portfolio for your CCC with uploaded materials such as data from case logs and In-Training Exam scores. • Think of Milestones as Scout Badges

Session 2: Sunday, January 26, 2014
8:00 am – 4:00 pm
Orlando World Center Marriott, North Tower Meeting Rooms 2nd Floor Key West
Orlando, Florida

Topics/Speakers	Discussion	Action/Follow Up
Continental Breakfast/Registration	Maria Riley, President	2014 Agenda continued
Richard J. Shemin, MD ABTS Update ACGME case logs input	<ul style="list-style-type: none"> • ABTS board’s main jobs are writing exams, incorporating simulation into the curriculum and determining training environments • ABTS board is a diverse mix of 16 directors, who serve for 6 years • Congenital surgery is de-emphasized as only 6 graduates are needed annually • Case Logs – ACGME and CTSNet - ABTS continues to pressure ACGME to provide a system that works. ACGME will present the next Op Log version to ABTS for approval before it is delivered to programs. • ACGME needs to correlate case logs with case requirements and double credit should be given for 2 significant cases done together. • ABTS exam questions are statistically analyzed and marginal questions are discarded. • Esophageal case numbers have been lowered by the ABTS for cardiac 	<ul style="list-style-type: none"> • Encourage graduates to take their ABTS boards as soon as possible • Anticipate more traditional applicants this year as ABTS has worked on recruiting talented candidates. • Current 2nd year traditional residents have to re-enter their 1st year cases currently in CTSNet to the ACGME case log. • No extra time will be given to re-enter these cases. • ABTS is aware of the double-counting issue and it will be fixed in 2 years. • ABTS needs 2 years of one case log system in order to compare and contrast data. • Share best practices with general surgery. • Urge residents to keep up with their reading and not cram at the last minute. • Best preparation for the Boards is for residents to take self-assessment

	<p>surgery but increased for thoracic surgery. Both general surgery and thoracic surgery program directors need to discuss their mutual goals and needs for esophageal cases.</p> <ul style="list-style-type: none"> • ABTS exams – both cardiac and thoracic surgery exam questions need to be passed as well as critical care exam questions in order to pass the boards. Residents need to know when it is appropriate to operate and when it is not appropriate to operate. They need to know appropriate selection of patients. Surgery is not always the right answer. 	<p>questions, discuss assigned topics for weekly curriculum reviews and interactive sessions with faculty.</p> <ul style="list-style-type: none"> • In-Training Exams need to be emphasized; Residents should be encouraged to read and prepare for IT exams. Consider benchmark pass rates for IT Exam (e.g. 70% for specialty questions and 50% overall score) with a consequence of going on academic probation if these scores are not attained. • When you interview thoracic surgery applicants, look at their scores in general surgery to see if there is a bad habit of being a clinician vs. an academic clinician. This does matter. Ask residents about their low ABSITE scores at their interview. Ask “What is your knowledge base?” • Consider having a Program Director Review following each rotation in order to ensure evaluations are completed.
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Topics/Speakers	Discussion	Action/Follow Up
<p data-bbox="338 303 646 331">Open Forum Discussion</p> <p data-bbox="407 375 575 402">I-6 Programs</p>	<ul data-bbox="821 310 1325 1271" style="list-style-type: none"> • Create a smooth transition to an I-6 program • Provide goals and objectives for each rotation • Orient I-6 residents with general surgery residents • Anticipate more demand from medical students to request clinical rotations • General surgery peers will put interns in their places with learning time management and setting priorities. Your fellows need to keep an eye on I-6 interns too. • Interns need to complete op logs for their general surgery case requirements in their first 3 years. • I-6 programs need to involve their residents in basic skills lab with weekly suturing practice • Anticipate interns to be less mature than traditional residents/fellows. • Remind I-6 faculty of I-6 case requirements at every opportunity. • I-6 residents need a course in OR etiquette provided by OR nurses. 	<ul data-bbox="1402 310 1906 1404" style="list-style-type: none"> • Let any mismatched/unsuitable residents know as soon as possible. Let them know they are great general surgery residents but please reconsider their goals. Be honest with them up front if they're not suitable for cardiothoracic surgery. • Collaborate with the general surgery program coordinator to clarify roles such as rotations and teaching conferences • Enforce these rules with I-6 residents • Medical schools take care of their students' paperwork; program coordinators approve and evaluate • Use tough love and help interns learn professionalism, e.g. completing case logs, answer emails and pagers. • PCs need to watch case logs as interns don't get a lot of OR exposure • Evaluations and PD Reviews for I-6 programs are similar to the traditional residency programs • I-6 is a different world for PCs. • Collect all I-6 evaluations from the general surgery PC and add these as comments on your I-6 milestones

Topics/Speakers	Discussion	Action/Follow Up
<ul style="list-style-type: none"> Other Topics 	<ul style="list-style-type: none"> ACGME webinars Milestones – Jill Rose will circulate sample templates - PCs will receive an ACGME email in November to be completed at their CCC meeting; it is then submitted online to ACGME in WebADS STS associate membership is a way to be updated on information JCTSE is considering a possible PC section for their Educate the Educator Course; an email will be sent to us 	<ul style="list-style-type: none"> PCs are recommended to watch the ACGME webinars online PCs are requested to add their photographs to their CTSNet site
Meeting Adjourned		