

Thoracic Surgery Residency Administrators/Coordinators Section (TS-RACS)
Annual Meeting Minutes
Saturday, January 27, 2018 and Sunday, January 28, 2018
Westin Fort Lauderdale Beach Resort
Oceanside II Conference Room
Fort Lauderdale, Florida

Session 1: Saturday, January 27, 2018

Attending and Registered Program Administrators/Coordinators were each personally greeted by the TS-RACS board members, and all signed in.

Jill Rose, president, and Maria Riley, president-elect welcomed the participants, made board introductions and held a business meeting. Maria Riley was elected as President and Mitzi Clendening was elected as Secretary/Treasurer. Jill Rose has nominated Penny Potvin as President Elect.

Mitzi Clendening began coordinator networking with residency program coordinators introducing themselves to each other. Mitzi and Maria encouraged mentorship and the exchange of contact information. Mitzi reviewed her recent survey questions and results, which showed a significant increase in the number of new program coordinators this year.

Invited Speakers:

Sandra L. Starnes MD, Program Director, University of Cincinnati College of Medicine, who became President of the TSDA in 2017

Topic: Thoracic Surgery Changes and New Requirements

Summary: TSDA Policies on Levels of Supervision, Wellness Resources and Burnout Initiatives; all these policies are designed to enhance the meaning of being a physician. The TSRA's recent voluntary survey focused on burnout issues and their results will be published in a year's time.

Dr. Mark D. Iannettoni MD MBA, Program Director, East Carolina Heart Institute at ECU

Topic: Wellness in Residents, Faculty and Program Coordinators

Summary: Dr. Iannettoni described communication skills such as taking quality time within 80-hour workweek to sit and talk with people. Kind words and harsh words affect all people greatly. Attending faculty should stand back and let residents practice. Burnout and wellness are being measured and reported. Burnout destabilizes the work force. Surgeons are aging and future shortages of cardiothoracic surgeons are predicted. Resource: Maslach's Burnout Inventory asks participants if they find JOY in their work. One-on-one conversations are very effective in teaching how to manage stress. Program coordinators report burnout from constant rule changes, increasing documentation, and low remuneration. Dr. Iannettoni recommended sharing knowledge along with solution and intervention ideas. Emotional intelligence can be modified and it is important to identify environmental factors that increase stress both at home and work. Post-traumatic stress disorder (PTSD) is high in cardiothoracic surgery as the perfection bar is constantly being reset resulting in criticism, truthful feedback, and even bullying. New faculty arrive with little experience and they take away operating time from trainees. Empathy helps communication. Dr. Iannettoni suggested treating your team members more like family than a commodity. Training cardiothoracic surgeons is hard work.

Dr. Walter E. McGregor MD, Program Director, Allegheny General Hospital

Topic: GRIT – How Gritty Are You?

Summary: Dr. McGregor described how lifelong wellness is important for trainees in the new NAS environment. Physician burnout is high at more than 40% compared to the general population. Surgeons are known for abrupt conversations (via texting) and a lack of social relatedness. This is what they signed up for: hard work and purpose. All cardiothoracic surgery trainees have a defined interest in their chosen field and need to persevere. Resource book: GRIT edited by Angela Duckworth et al.

Achievement and willingness to make great efforts are great personality traits, but we want them to be happy too. Suggestions: select good trainees at recruitment interviews, who are likely to finish the program. Ask residents to evaluate themselves using the ACGME Milestones then compare those results with faculty Milestones results. Grit is perseverance, which increases with age. Cardiothoracic surgeons have one chance to get an operation right.

TS-RACS members travelled to the Broward County Convention Center for the TSDA General Session. This was followed by a TS-RACS organized networking dinner.

Session 2: Sunday, January 28, 2018

Maria Riley, newly elected TS-RACS President, attended the TSDA Executive Committee held in conjunction with the STS 54th Annual Meeting from 7:00-8:00 am at the Broward County Convention Center.

Mitzi Clendening and Penny Potvin held a TS-RACS Round Table for Best Practices with Q&A discussions.

Invited Speakers:

Ara A. Vaporciyan MD, Program Director, University of Texas MD Anderson Cancer Center.

Topic: STS Thoracic Surgical Curriculum LMS Curriculum Update

Dr. Vaporciyan demonstrated the use of LMS online. Trainees need to know that TSDA in-training exam questions are derived from this resource. Following this demonstration, Dr. Vaporciyan was open to questions and answers with residency coordinators, whom appreciated the chance to ask various questions. One such idea discussed was to ask residents to draw up their own 6-month leaning plan for their 6-monthly Program Director Reviews. This plan should then be circulated to all attendings.

Brandon Tieu MD for Paul Schipper MD, Program Director, Oregon Health & Science University.

Topic: Attracting Medical Students and General Surgery Residents into Cardiothoracic Surgery

Dr. Tieu presented Dr. Schipper's talk on the goal of increasing recruitment efforts through mentorship. Dr. Vaporciyan's thoracic surgery residency survey results showed why trainees choose cardiothoracic surgery. Reasons listed were motivation and their quality of interactions with cardiothoracic surgeons. OHSU cardiothoracic surgery faculty have increasingly focused on early interactions with future candidates and by providing mentorship to them, and interested students are provided with faculty shadowing to broaden their early exposure to life as a cardiothoracic surgeon. The OHSU weekly Multidisciplinary Lung Conference evolved into two pulmonary disease elective courses for medical students. Simulation events for cardiothoracic surgery fellows is extended to include early learners along with quarterly cardiothoracic surgery special interest group events and weekly curriculum reviews. A question and answer period showed how other programs oriented special interest groups using resources already available.

David Fullerton MD, Program Director, University of Colorado Denver and Executive Director, American Board of Thoracic Surgery (ABTS)

Topic: ABTS Changes in Requirements

Dr. Fullerton described how new technology, such as TAVR for aortic stenosis, will provide a sea change in teaching cardiac surgery. Patients will be seen and managed with cardiologists. TAVR is now an ABTS case requirement. As a result of rapid new growth in heart valves technology, programs will need to establish relationships with cardiology programs.

Dr. Fullerton reinforced how program directors must evaluate trainees for graduation using the ACGME common requirements, specific language, and these final evaluations completion prior to graduation so residents know if they are Board eligible.

We are now in a period of transition for DO trainees. ACGME has rules for accreditation and board exams, which may be confusing. Program directors and coordinators need to be reminded to screen DO applicants for board eligibility on graduation.

Dr. Fullerton kindly opened a Q&A session for coordinators explaining that cardiac surgery is technically difficult to learn as every cardiac patient is at very high risk for mortality, stroke, infections, complications etc. Cardiac surgeons are scrutinized on their outcomes by the STS database. These 3-star ratings are not used in thoracic surgery. This is compounded by residents who did not learn small stitches in the pre-CTS training. Basic suture skills have disappeared with the advance of laparoscopy and minimally invasive surgery. Faculty have to be truly committed to teaching residents while controlling the OR environment. It is difficult for trainees to gain cardiac surgery experience.

Nevertheless, the program director has to either graduate the trainee or not. This process is formal and requires thoughtful analysis by faculty, the Clinical Competency Committee and program director reviews. If a PD is not going to graduate a resident, then the resident needs to know by March 1st. In that case the probation rules specify that PDs are to let the trainee know what deficiencies to improve, which takes 3 months – taking the meeting with the trainee back to January 1st. Before probation, the PD needs to WARN the trainee. These are difficult conversations but ultimately the best thing to do.

Program Directors are responsible for the quality and success of their graduates and need to recognize deficiencies and potential for failure in the market place. The graduation process actually has to begin a year before the final year of training. For congenital surgery one-year trainees, the graduation evaluation process needs to start at the beginning of training. Start early to advise failing trainees to take a different life course.

General:

Program coordinators would appreciate being housed in the same facility as surgeons for future annual meetings. Shuttle travel times were inconvenient for participants and speakers.

A post-meeting survey will be circulated to the TS-RACS.

Meeting adjourned.

Respectfully submitted by: Jill Rose, TS-RACS past president
Oregon Health & Science University Thoracic Surgery Program Coordinator