

**Residency Review Committee for Thoracic Surgery**  
**NEWSLETTER**  
**Spring 2004**

**REQUEST FOR COMMENTS RE' REVISIONS TO THE PROGRAM REQUIREMENTS**

All interested parties are requested to write with their specific comments addressing the need for changes in the Program Requirements, particularly those areas dealing with the curriculum for thoracic surgery education. The RRC is requesting your comments regarding the provision for educational tracks in general thoracic surgery and adult and congenital cardiovascular surgery and the need to update the minimum required operative cases for graduation. A formal letter, in addition, will be sent to all program directors and all related organizations. **Please respond by May 15, 2004 to [das@acgme.org](mailto:das@acgme.org).**

**PROPOSAL TO RELAX DUTY HOURS FOR CHIEF RESIDENTS:**

As some of you may have heard, an ACGME Committee composed of all RRC Surgical Chairs and all of the RRC surgical resident representatives had developed a proposal for relaxing the work hour limitations for chief surgical residents. This recommendation was presented to the ACGME Board of Directors during the February ACGME meeting. However, action on the proposal was deferred to an ACGME Oversight Committee on Duty Hours for comments at the June 2004 ACGME meeting. The proposal was deferred, at least in part, because there was no data available at this time to support that the new duty hour standard has impacted negatively on resident education.

More on this proposal will be addressed in future Newsletters. Comments, but particularly compelling information and data on this matter, should be sent to: [das@acgme.org](mailto:das@acgme.org).

**DUTY HOUR EXCEPTIONS:**

At this date, only nine thoracic surgery programs have submitted requests and eight of those programs have received approval for the duty hour exception. For those programs wishing to continue with the exceptions, ie, the eight programs already approved, **a one-year continuance may be submitted by May 15, 2004.** The request should be accompanied by a letter of support from the DIO, comments regarding resident health and the quality of patient care, an update on the monitoring of duty hours, and other changes that may have impacted the program.

For those programs wishing to request an exception, the checklist and policy may be found on the RRC-Thoracic Surgery website. The deadline for all requests, ie, both new and continuing ones, is May 15, 2004 for review at the July 2004 RRC meeting. However, programs should know that the RRC will act on such requests by conference call, if needed.

To dispel another shibboleth: please note that requests may be made for specific assignments and need not be made for the entire length of the program.

**FACULTY INVOLVEMENT IN THE UNDERGRADUATE CURRICULUM:**

Program directors should take care to document their involvement with this requirement that was added to the Requirements about two years ago: "The faculty must provide documentation of their involvement in undergraduate medical education." Field staff will be requesting documentation to this effect at the time of your next site visit.

Recall that these activities were "suggested" for compliance:

- a. Medical students may rotate through the service; and they should be encouraged to do so prior to the third year in medical school.
- b. Some staff, but not all, should have educational contact with medical students.
- c. Junior faculty also should be informed about the importance of their involvement with medical students.

**PROGRAM GRADUATES DENIED ENTRY TO THE ABTS EXAMINATIONS:**

Upon being notified by the ABTS that a new graduate has been denied eligibility to sit for the examination because of educational inadequacies, an immediate progress report co-signed by the DIO and program director will be requested. A conference call of the RRC members will determine if an immediate site visit is required based upon that report. If a site visit is required and it is confirmed that the program has not provided the graduate with the required experiences and has compounded the issue by recommending a graduate with insufficient educational experiences for the examination, the RRC may confer an adverse accreditation action.

**PREREQUISITES FOR ADMISSION TO A THORACIC SURGERY PROGRAM:**

Program directors must document that each thoracic surgery resident has graduated from an ACGME-accredited general surgery program and this information must be available at the time of the site visit.

## **PROGRAM DIRECTOR CHANGES:**

A review of RRC data for the 2002-03 academic year revealed that 23% of program directors in thoracic surgery had changed; a very high number. This information, as well as concerns about the educational, clinical, and administrative qualifications and experience of program directors, prompted the RRC to begin approving new program director appointments. The policy will be developed at the July 2004 meeting and will include those criteria in the Program Requirements section IV:

### **A. Qualifications of the Program Director**

- 1. There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.**
- 2. The program director must**
  - a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field.**
  - b. be certified in Thoracic Surgery by the American Board of Thoracic Surgery or possess qualifications judged to be acceptable by the RRC.**
  - c. be appointed in good standing and based at the primary teaching site.**

Please note that the RRC may impose additional qualifications. Also note that included in this discussion was the *oft-repeated recommendation* for all program directors to attend TSDA meetings.

## **OPERATIVE EXPERIENCE ON THE CTS NET**

Please remind your residents that they may NOT enter cases performed during non-accredited years of training. Residents also may NOT pick and choose those cases they submit as documentation of their surgical experience. It is a hard and fast accreditation policy that only experiences gained *during accredited years* may count toward eligibility to sit for the ABTS Examinations. Likewise, only these same data may be used to evaluate the program for an accreditation action.

## **RESIDENT EVALUATIONS**

If a program uses an electronic evaluation system, it is the program director's responsibility to provide the site visitor with sufficient documentation to ensure that the program director and the resident have discussed the evaluation.

## **REVISED PROGRAM INFORMATION FORM (PIF)**

As you may have noticed, effective July 1, 2003, the PIF for thoracic surgery has been revised and reorganized. You are requested to update Part I of the PIF that has been electronically populated from data provided annually by programs and

sponsoring institutions in the ACGME Accreditation Data System. After Part I is update and complete, proceed to complete Part II, a word processing document, that can be found under the Program Information Form Section on the ACGME website at [www.acgme.org](http://www.acgme.org).

Please note: Programs not complying with this procedure will have their PIFs returned for revision.

### **COMPETENCIES**

From July 2002-2006, programs are expected to phase in enhancements as needed to address new General Competency and assessment requirements. By June 2006, programs are expected to have in place learning opportunities and dependable accurate assessment methods for the General Competencies. Any program planning a site visit should complete the "PIF Addendum" and attach it to the PIF.

### **COMMON PROGRAM REQUIREMENTS**

There are common program requirements, which are now part of the Thoracic Surgery Program Requirements (effective July 1, 2003). The RRC recommends reviewing the latest revision of the program requirements in order to be in compliance.

### **ACGME WEB ACCREDITATION DATA SYSTEM**

A reminder: It is mandatory for all accredited programs to annually update the program information in the ACGME Web Accreditation Data System (ADS). Every program director should have a username and password as well as a Manual. The online system, at this time, consists of two parts: the program identifying information, and information for all residents enrolled in the program. Since this system serves as our accreditation data base, please comply in a timely manner. Also be aware that we are in the process of computerizing the PIF and the ADS data will form the first pages for that new document. This will save time and labor for you and your staff.

Lost your information/have questions? Contact: [jtruesdale@acgme.org](mailto:jtruesdale@acgme.org).

Please make sure your e-mail address is updated.

### **ACGME ANNUAL EDUCATIONAL MEETING**

Although the meeting is past, please check the ACGME website for abstracts, etc., that were developed from the content of the meeting.

## **RRC MEMBERS**

Douglas Mathisen, MD (Chair)  
Benson R Wilcox, MD (Vice-Chair)  
David A Fullerton, MD  
Richard H Feins, MD  
Edward D Verrier, MD  
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## **DEADLINES**

Please note that we must establish cut-off dates for each RRC meeting to ensure an orderly and efficient meeting:

July 8-11, 2004 – Agenda materials deadline: May 1, 2004

January 14-15, 2005 – Agenda materials deadline: November 30, 2004

We understand that emergencies occur and we will be sensitive to your needs in these situations. *However, routine agenda items will be held for the next meeting after these dates.*

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We always invite your comments: [das@acgme.org](mailto:das@acgme.org)