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Newsletter

Residency Review Committee for Thoracic Surgery December, 1999

ELECTRONIC (revised) PROGRAM INFORMATION FORMS

A revised, electronic version of the Thoracic Surgery Program Information Forms are currently being beta tested by several volunteer thoracic surgery programs. The new format should both facilitate their completion and provide more concise and precise information, not currently included. It is planned to provide the new forms for general use (on the ACGME website @ www.acgme.org) as soon as some feedback has been received from the testing programs. A notice to all programs will be sent as soon as the feedback has been addressed and the final format complete.

REVISED MINIMUM REQUIREMENTS FOR SURGICAL OPERATIVE PROCEDURES

At the July 1999 RRC meeting, the Committee approved revisions to the minimum operative number requirements for residents, effective July 1, 2000. (Attached)

Changes to note include: The minimum requirement for Esophagus, mediastinum, diaphragm remains at 15, yet Esophageal resections and Other Esophageal have been combined under Esophageal Operations, (of which 4 must be esophageal resections); The minimum requirement for Congenital Heart has been increased to 30, of which at least 10 must be as surgeon/full credit. Adult Cardiac was increased to a minimum requirement of 100 procedures, of which there must be at least 20 Acquired Valvular Heart, 60 Myocardial Revascularization, and 5 Reops. Endoscopy remained the same with a minimum requirement of 30 procedures, of which there must be at least 20 Bronchoscopies and 10 Esophagoscopies; the endoscopic procedures may be counted also when they are done in conjunction with another operation. Finally, Video Assisted Thoracic Surgeries (VATS) remains unchanged with a minimum requirement of 10 procedures.

Please note: Programs scheduled for ACGME review after July 1, 2000 will be evaluated using the new minimum numbers standard. If questions arise as to the next site visit, please contact the RRC staff office at 312/464-4528, or via e-mail at etk@acgme.org.

ACGME WEB PAGE

The ACGME has had a web site [www.acgme.org] on the

RRC MEMBERSHIP/STAFF

Since the last newsletter (April 1997) there have been several changes to the make-up of the Residency Review Committee for Thoracic Surgery.

The current members of the Committee are as follows:

John W. Brown, M.D. (Chair)

William A. Baumgartner, M.D.

Leslie J. Kohman, M.D. (Vice-Chair)

Douglas Mathisen, M.D.

Robert M. Vanecko, M.D.

Benson R. Wilcox, M.D.

Staff support from the ACGME for the RRC for Surgery is provided by:

John T. Boberg, Ph.D., Executive Director (312/464-4687)

Eileen Keane, Accreditation Administrator (312/464-4528)

Linda Roquet, Senior Secretary (312/464-4686)

FUTURE MEETING DATES OF THE RRC

January 14-15, 2000

July 14-15, 2000

January 12-13, 2001

July 27-28, 2001

CURRENT MINIMUM NUMBER REQUIREMENTS (VOID AFTER JUNE 30, 2000)

Lungs, Pleura and Chest Wall **50**

• Pneumonectomy, lobectomy, segmentectomy 30

• Other 20

internet for over three years and it is constantly growing. It is an excellent resource for information about the organization and the residency review committees. All the Program Requirements (PRs) and Program Information Forms (PIFs), the latter in WORD or in WordPerfect, are available under Residency Review Committees > Specialty (e.g., Thoracic Surgery): then by choosing from the Table of Contents information on various areas is available, including the PRs and PIFs of Thoracic Surgery. In preparing for a site visit, programs are not receiving hard copies or a diskette with the PIFs but are asked to download the PIFs from the internet.

Another recent addition to the web site is a list of the **General Competencies** that the ACGME has approved as required components of all accredited programs. Each RRC will include these competencies in the Program Requirements and will explore ways to help programs implement them. As is evident from the list, many aspects of these competencies are already part of the educational process; the challenge is to make them explicit and demonstrate their achievement through outcome measures.

Esophagus, mediastinum, diaphragm	15
• Esophageal resections	4
• Other esophageal	4
• Other	7
Congenital Heart	20
Acquired Valvular Heart	20
Myocardial Revascularization	35
Pacemaker implantations/closed EP	10
Bronchoscopy	20
Esophagoscopy	10
Video Assisted Thoracic Surgeries (VATS)	10

Recommended Minimum Numbers (Effective July 1, 2000)

Listed below are the minimum number guidelines that were adopted by the Residency Review Committee for Thoracic Surgery for the individual categories of major operations.

Lungs, Pleura and Chest Wall	50
• Pneumonectomy, lobectomy, segmentectomy	30
• Other	20
Esophagus, mediastinum, diaphragm	15
• Esophageal operations (A minimum of 8 esophageal operations are required, of which at least 4 must be esophageal resections)	8
• Other	7
Congenital Heart	30
• As surgeon (Full Credit)	10
• 1st assistant (Exposure to 30 congenital heart cases with a minimum of 10 cases for Full Credit)	20
Adult Cardiac	100
• Acquired Valvular Heart	20
• Myocardial Revascularization	60
• Reops	5
• Other	15
Pacemaker implantations/closed EP	10
Endoscopy	30
• Bronchoscopy	20

• Esophagoscopy

10

Video Assisted Thoracic Surgeries (VATS)

10

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