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Thoracic Surgery

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Thoracic Surgery RRC Newsletter Spring 2003

Duty Hours Exception Policy

Based upon policy considerations, the ACGME voted at its September 2002 meeting **not to consider** RRC requests for specialty wide exceptions to the duty hour requirements for at least one year.

However, the RRC for Thoracic Surgery **is accepting** applications for the 10% exception from programs. Both the announcement and a reference to the specialty-wide procedure have been sent to you by e-mail. (Please refer to the cover page of the ACGME's Web site, www.acgme.org, for all duty hour documents.)

A checklist has been developed both for your use and for the use of the staff in processing these requests. Please note that the RRC staff will not forward incomplete information to the RRC. Rather, we will ask you to resubmit the documents or information that is required, thus delaying your request. Our best advice is to download the policy and the checklist; then submit the requested information. The checklist may be accessed via the ACGME Web site (Residency Review Committees - Thoracic Surgery - Exception Checklist). We are committed to making this process as efficient as possible for you.

Since the next RRC meeting is in July, the RRC will act on the requests by conference call. Yes, please do call or e-mail if you have questions about the submission or the documentation. Note our new phone numbers: 312.755.5047 or 5494

Integrated Thoracic Surgery Programs

The RRC continues work to develop new models for thoracic surgery education. For those of you who have seen the common program requirements, there is a new section in that document on innovation and experimentation that permits an RRC to engage in experimental curricular (and other) designs. This should be of advantage in "working out unintended consequences" when new programs, such as this, are in development.

The committee discussed conceptual designs at its last meeting and would hope to have an application process ready following their July 26-27, 2003 meeting. Again, if you have comments or information that may be of use to the RRC, we invite your e-mails.

Policy Updates

1. Operative Experience
Please note that when submitting operative log data for the institution and residents, patient information is strictly prohibited by HIPPA regulations. The RRC staff will continue to return such data promptly.
2. Editorial Revisions to the Program Requirements
You may have seen or heard about the "Common Program Requirements" project that will result in all specialties having the same outline and the same minimum accreditation criteria. The effective date is July 1, 2003. The Program Requirements for Thoracic Surgery have gone through this editorial revision and will be published on the Web site shortly.

Although the document has a new look, the specialty-specific criteria for thoracic surgery have not been changed. If you are scheduled for a site visit soon, please contact us and we will e-mail a copy of this document to you.

3. Guidelines to Increase Resident Complement:

At their Jan. 17, 2003 meeting, the committee voted to change its internal policy and require a site visit before considering any permanent increase in resident complement. Alternatively, a program may request an early site visit and include the request for a **permanent** increase at that time.

If a program needs a **temporary** increase in resident complement for remediation, etc., those guidelines may be found on the RRC section of the Web site titled "Guidelines"

4. Minimum Resident Requirement for Pacemaker Experience
The committee voted unanimously to retain the index case requirement for pacemaker experience at ten. At this time, the ABTS has eliminated this experience from their required minimum credentialing requirements.
5. Program Director Appointments
The RRC reviews all program director appointments at the time of the site visit and when the change occurs. Depending on such factors as the program accreditation status, the approval status of the institution, the documented qualifications of the program director, or other program quality issues, this change may prompt an expedited site survey (usually scheduled within one year). The committee's rationale for this action is based upon major programmatic change.
6. ACGME Competencies

Programs surveyed on or after July 1, 2003 will be evaluated on the competencies. The committee discussed evaluation tools specific to thoracic surgery programs. The following examples were deemed good examples, which are provided for your information:

1. Medical Knowledge
 - Appropriate use of the in-service examination
 - Implementation of the Thoracic Surgery core curriculum
2. Patient Care
 - Patient evaluation of resident care
 - Global evaluation forms
3. Systems based practice
 - CTS Net/ABTS case logs
 - Resident portfolio
 - Operation improvements
 - M&M conferences
4. Professionalism
 - Global evaluation tool
 - Use of a prerequisite core curriculum on ethics
5. Interpersonal skills
 - Global evaluation tool
 - Use of a 360 evaluation
6. Practice based learning
 - M&M conferences
 - Evaluation tools regarding patient care, technical ability
 - Case conferences

The above items are meant as information only. The RRC welcomes innovation with respect to evaluation tools, etc. We would restate the need to evaluate your residents often, give them direct feedback about their performance daily, and use the goals and objectives specific to the rotation as guidelines for evaluation.

ADS Updates

Your staff should routinely update any program changes in the ADS system, to which you or your staff must have a logon. If you need a logon, please e-mail jtruesdale@acgme.org

When Will We Be Revising the PIF?

Shortly. With all the changes, we are making here at ACGME we hope to have a computerized form available for your use as soon as possible.

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Future Meeting Dates

Please note that we must establish cut-off dates for each meeting to ensure an orderly and efficient meeting. Note these deadlines in the event you have submissions:

July 25-26, 2003 - Agenda materials deadline: May 30, 2003

Jan. 16-17, 2004 - Agenda materials deadline: Nov. 15, 2003.

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 cut-off dates.

Mailing Address

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We always invite your comments and questions: das@acgme.org

www.ACGME.org

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