

Joint General Surgery and Thoracic Surgery Programs

I. Introduction

For many years there has been ongoing dialogue between the American Board of Thoracic Surgery (ABTS) and the American Board of Surgery (ABS) regarding the curriculum for residents entering the field of thoracic surgery. The traditional residency program (five years of general surgery leading to ABS certification followed by two or three years of thoracic surgery residency leading to ABTS certification) has served residents well in the past. However, recently a number of issues have arisen which led the ABTS to consider altering this educational format. Principal among these has been the explosion of new information within the field of cardiothoracic surgery. The introduction of new techniques and technology such as thoracoscopic, lung volume reduction surgery, off-pump coronary surgery, minimally-invasive valve surgery, atrial arrhythmia procedures and ventricular assist devices have resulted in an increased scope of knowledge and expertise that must be mastered during the cardiothoracic residency program. This increased body of knowledge and experience coupled with the recently-mandated decrease in resident work hours, made it clear that it would be difficult if not impossible to provide an adequate volume and breadth of clinical experience within a two-year cardiothoracic surgery residency. Educators in thoracic surgery have discussed these concerns and considered increasing the duration of residency to a mandatory three years. Such a mandate would lengthen an already long residency to a minimum of eight years, a prospect that may have limited appeal to many candidates. Most of the thoracic surgery residents and program directors who have been queried in the matter of program length place value in the "complete" residency in general surgery and in certification by the ABS. It is with the intent of improving the educational experience for both general and thoracic surgical residents that the following proposal is made.

Although numerous discussions between the ABS and the ABTS on this issue have been held in the past, no general agreement has been achieved until recently. A new pathway for integrating a portion of general surgical and thoracic surgical residencies was discussed within the ABTS and was approved in concept by the ABS at its retreat in January of 2004. The program format and policies were then approved by the ABS and the RRCs for General Surgery and Thoracic Surgery. The underlying concept is that the PG4 and 5 years will be used as transitional or "cross training" years which will fulfill the required general surgery curriculum and simultaneously begin thoracic surgical education for the thoracic surgery residency.

The Joint Surgery/Thoracic Surgery Program will allow completion of all requirements for an accredited General Surgery Program and resident prerequisites for ABS certification. Similarly, all of the requirements of the ABTS will be met by the time the residency is completed and the basic requirements for ABS certification will not be altered. The intent of the program is to enhance the thoracic surgical education of a given resident without diluting the general surgery educational requirements. Sixty months of residency *will still be required* prior to ABS certification, and the Program Requirements of the Residency Review Committee for Surgery will continue to apply. The change is an alteration of the clinical assignments during the last 24 months of the general surgical experience, i.e., the PG4 and 5 years, to include specific rotations within general surgery that are directly applicable to the practice of thoracic surgery.

II. Candidate Eligibility

The resident applicant may apply as early as the fourth year in medical school, but must apply before completion of the PGY-3 surgery year. Resident applicants must spend all years of general surgery residency at the same institution. The resident must be in good standing and not subject to any current disciplinary action. The general surgery program director must certify that the resident applicant will receive a balanced experience in the Principal Content Areas of Surgery throughout the five years of general surgery education.

III. Eligibility for Certification

Following successful completion of the surgery program and meeting board requirements, residents may apply to sit for the Qualifying Examination (QE) of the ABS. (The ABS and the ABTS will continue ongoing efforts to provide this exam early in PG6 year). Candidates who are successful in the QE may sit for the ABS Certifying Exam (CE). (The ABS and ABTS will also endeavor to advance the timing of this exam to early or mid-PG6 year).

Eligibility for ABTS certification will not occur until the end of the PG7 year following successful completion of the thoracic surgery program. All other rules and procedures governing the ABS and the ABTS will apply.

IV. Oversight

Any general surgery and thoracic surgery programs meeting the requirements outlined above may apply for approval, however, it is anticipated that such programs will appeal to a limited number of institutions. The progress and success of the programs will be evaluated over the ensuing 7 to 10 years to determine the equivalency or superiority as compared with conventional residencies. If it becomes evident that graduates of the new program meet the same educational standards as conventional program graduates, then such programs may have wider appeal. If graduates of these programs do not meet the same standards, modification or termination of the program could occur. If the concept is successful, these programs will be integrated into the traditional RRC review as another curricular variant.

The review and approval of program applications will be the sole responsibility of the RRC for Surgery and the RRC for Thoracic Surgery. Program directors will be asked to report any problems to the RRC at and following implementation and also report the performance of resident participants on the in-service, qualifying and certifying examinations.

V. Outcome Measures

Specific outcomes measures will be used to judge the program's success are the following:

1. First-time pass rates on the QE and CE of the ABS and ABTS for graduates of these programs compared with their peers in conventional programs.
2. Operative experience records of graduates of these programs will be compared with that of other residents in the same institution. All residents in these programs must meet the minimum requirements of both RRCs and Boards regarding the volume, variety, and breadth of operative experience.
3. Measures of resident satisfaction will be developed and utilized. One such measure will be the drop out rate of residents in these programs compared to their peers in conventional residencies.

The application for the joint program must address the following areas:

I. Program Requirements

1. Only those institutions currently possessing *both* ACGME-accredited General Surgery and Thoracic Surgery residencies are eligible to participate in this project. The DIO of the sponsoring institution must submit a letter of commitment and support for the joint program and must co-sign the application.

2. Written approval by both program directors in general surgery and thoracic surgery with documentation of their commitment and ability to meet the requirements also must be submitted.

3. Both the general surgery and thoracic surgery residencies and the sponsoring institution must be in substantial compliance with the Requirements. (The RRCs will review the accreditation history of both programs and the institution that staff routinely appends to the application.)

4. Documentation must be submitted to show that both programs' pass rate for first-time takers for the ABS and ABTS examinations meets or exceeds standards.

5. The submission must include a *specific* curriculum for *all* years that has been approved by both program directors; it must clearly identify the required components as further explained below. This curriculum will be reviewed and approved by both RRCs.

6. General Surgery Content Areas

*Those rotations denoted with an asterisk have been identified by the ABTS as areas of expertise specifically applicable to the education of a thoracic surgeon. It is in these areas that appropriate "cross training" can occur within the last 24 months of general surgical residency. These specific areas are already included within the content of a standard general surgery residency, thus, specifying their inclusion would not dilute resident experience.

a. Principal content areas

Abdomen
Alimentary tract*
Head and neck
Skin, soft tissue and breast
Endocrine surgery

b. Secondary content areas

Plastic surgery
Thoracic surgery*
Endoscopy*

Surgical oncology*
Trauma/burns
Critical care*
Vascular surgery *
Pediatric surgery
Transplantation*

c. Technical experiences

Laparoscopy
Advanced laparoscopy*

d. Other specialty areas

Anesthesia
Gynecology
Neurosurgery
Orthopaedic Surgery
Urology

7. Requirements by PG Year

a. Thirty-six of the first 48 months of the general surgery program must be documented in areas 6 a, b, and c above.

b. Twelve additional months will be spent in the Principal Content Areas in the PG4 and 5 years (6 a above).

c. During the PG4 and 5 years, a minimum of 12 months must be spent as a Chief Resident in general surgery in the Principal Content Areas (6a above). Thus, the total Content Area time will be 48 of the 60 general surgery months.

d. The majority of the chief year must be spent in the PG5 year.

(A chief resident rotation is defined as those in which the resident is the most senior resident on the service, is directly responsible for overseeing all patients on that service, and reports directly to the responsible attending physician. The chief resident must be responsible for pre-operative, operative and post operative care of patients on that service. The volume and complexity of cases performed must be appropriate for the chief resident level).

e. No more than 4 months of the 24 months in the PG4 and 5 years may be devoted exclusively to any one of the Principal Content Areas in general surgery.

f. Those rotations designated as important to the preparation of a thoracic surgeon (denoted above by asterisks) may comprise a minimum of 8 months but not more than 12 months of the PG4 and

5 years. Some of these rotations will be Primary Content Areas (i.e., vascular surgery, surgical critical care), some will be Secondary Components (i.e., thoracic surgery, endoscopy, laparoscopic surgery) and some will be in areas not currently classified in the general surgery curriculum (i.e., cardiac surgery).

It is anticipated that these 8-12 months of thoracic surgery educational preparation will be assigned throughout both the PG4 and PG5 years; however, the majority of these assignments *must* occur in PG4 year.

g. All 24 months of the PG4 and 5 years must be spent in clinical assignments and cannot include research rotations.

8. Attestations regarding resident classification and supervision

a. During the PG1 through the PG4 years, the program director in general surgery will be directly responsible for the resident regarding evaluation and supervision.

b. During the PG5 year, the two program directors will share these responsibilities.

c. The joint program resident will be classified as a *categorical* general surgery resident on the surgery roster during the PG1-5 years.

d. In the PG6 and PG7 years, the thoracic surgery program director will assume these responsibilities, and the resident will be on the thoracic surgery roster as a thoracic surgery resident.

Submit all materials in one package to:

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