**New Application: Thoracic Surgery - Independent**

**Review Committee for Thoracic Surgery**

**ACGME**

**Length of Program**

The application is for which program format? Select only one.

1. Twenty-four or 36 months of thoracic surgery education, preceded by successful completion of a surgery, vascular surgery, cardiac surgery, or thoracic surgery residency program that satisfies the requirements in 3.2.. [PR 4.1.a.]

a) 24-month format [ ]

b) 36- month format [ ]

If program is applying for 36-month format, provide educational rationale [PR 4.1.a.1.] (Limit response to 400 words)

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| Click here to enter text. |

**Resources and Participating Sites**

1. Indicate the availability of the following for each site: [PR 4.5.]

|  |  |  |
| --- | --- | --- |
| Time period covered (one complete year ): | From: Click here to enter a date. | To: Click here to enter a date. |

|  | **Sponsoring Institution #1** | **Site # Name** | **Site # Name** | **Site # Name** |
| --- | --- | --- | --- | --- |
| a) hospital beds | # | # | # | # |
| b) cardiothoracic surgical beds | # | # | # | # |
| c) operating rooms | # | # | # | # |
| d) operating rooms dedicated to cardiothoracic surgery | # | # | # | # |
| e) dedicated cardiothoracic intensive care unit beds | # | # | # | # |
| a) cardiac catheterization? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| b) cardiothoracic surgical research? | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |

1. For each participating site, indicate the faculty member, designated by the program director, who will be accountable for fellow education.  (add rows as necessary) [PR 1.5.]

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| **Site # & Name** | **Site Director Name** | **Primary Work Site of Director** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Workforce**

1. Describe how the program will engage in practices that focus on the recruitment and retention of a diverse and inclusive workforce of residents, fellows, faculty members, senior administrative staff members, and other relevant members of its academic community. [PR 1.7.]

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**Resources**

1. Will the program, in partnership with its Sponsoring Institution, ensure the availability of adequate resources for fellow education, including the following?:

1. Electronic retrieval of patient information [PR 1.8.a.] [ ]  YES [ ]  NO

1. A comprehensive database for thoracic, adult cardiac, and congenital cardiac disease
[PR 1.8.b.] [ ]  YES [ ]  NO

1. Access to a learning resources laboratory for resident/fellow education and remediation [PR 1.8.c.] [ ]  YES [ ]  NO

Explain any No answers

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| Click here to enter text. |

**Other Learners and Other Care Providers**

1. Identify all learners in both ACGME-accredited and non-accredited programs at the Sponsoring Institution and participating sites that might affect the educational experience of the thoracic surgery fellows. Add rows as necessary [PR 1.11.a.]

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| --- | --- | --- |
| **ACGME-accredited and non-accredited programs at Sponsoring Institution and participating sites** | **Avg Monthly Number of learners** | **Relationship to thoracic surgery fellows**  |
| General surgery residents | # | Click or tap here to enter text. |
| Residents from other specialties | # | Click or tap here to enter text. |
| Non-accredited learners | # | Click or tap here to enter text. |
| Subspecialty Fellows | # | Click or tap here to enter text. |

**Personnel**

**Program Leadership**

1. How much dedicated time and support will the program director be provided for administration of the program? Enter a FTE percentage.  [PR 2.3.a.]

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| Click or tap here to enter text. |

1. Is the program director also the program director of the Integrated Thoracic Surgery Program? [ ]  YES [ ]  NO [ ] N/A

If Yes, what is the total FTE allocated to the program director for administration of both programs?

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| Click or tap here to enter text. |

1. Will there be support for an assistant/associate program director for any program with 10 or more fellows (this includes a combined total of residents/fellows if the program director oversees both formats)? [PR 2.3.c.] [ ]  YES [ ]  NO [ ] N/A

 If “NO,” explain.

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1. Will the assistant/associate program director be provided with, at a minimum, 10% FTE? [PR 2.3.d.] [ ]  YES [ ]  NO [ ] N/A

If “NO,” explain.

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| Click here to enter text. |

4. Describe the program director’s experience educating thoracic surgery fellows/residents. [PR 2.4.b.] (Limit response to 400 words)

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| Click here to enter text. |

1. Does the program director have documented participation in a national thoracic surgery educational association (e.g., the Thoracic Surgery Directors Association)? [PR 2.4.c.]

 [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

5. Describe the program director’s formal faculty development activities in education and teaching, such as participation at local and national program director workshops and other educational activities. [PR 2.4.d.] (Limit response to 400 words)

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**Faculty**

1. Will the facultyinclude one designated cardiothoracic faculty member who will be responsible for coordinating multidisciplinary clinical conferences and organizing instruction and research in general thoracic surgery? [PR 2.6.a.] [ ]  YES [ ]  NO

If YES, name the individual. If NO, explain.

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2. Will the faculty include qualified cardiothoracic surgeons and other faculty members in related disciplines who will direct conferences? [PR 2.6.b.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

3. Will the faculty devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities? [PR 2.7.b.] [ ]  YES [ ]  NO

If NO, explain.

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4. Will the faculty regularly participate in organized clinical discussions, rounds, journal clubs, and conferences? [PR 2.7.d.] [ ]  YES [ ]  NO

If YES, explain how. If NO, explain.

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1. Will the faculty pursue faculty development designed to enhance their skills at least annually? [PR 2.7.e.] [ ]  YES [ ]  NO

If YES, explain how. If NO, explain.

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1. Identify the required core faculty members. Add rows as needed [PR 2.10.b.1.- 2.10.b.3.]

|  |  |
| --- | --- |
| **Required Faculty** | **Name of Individual** |
| Thoracic Surgeon  |  Click or tap here to enter text. |
| Thoracic Surgeon  | Click or tap here to enter text. |
| Cardiac Surgeon  | Click or tap here to enter text. |
| Cardiac Surgeon  | Click or tap here to enter text. |
| Pediatric Cardiac Surgeon  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Program Coordinator**

1. How much dedicated time and support will the program coordinator be provided for administration of the program? Enter a FTE percentage.  [PR 2.11.b.]

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1. Is the program coordinator also the coordinator of the Integrated Thoracic Surgery Program?

 [ ]  YES [ ]  NO [ ] Not Applicable

1. If YES, what is the total FTE allocated to the coordinator to support both programs?

Click here to enter text.

**Other Program Personnel**

1. Will there be sufficient necessary personnel for the effective administration of the program? [PR 2.12.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

**Fellow Appointments**

**Number of Fellows**

1. Will the program appoint at least one thoracic surgery fellow in each year of the program to provide for sufficient peer interaction? [PR 3.3.a.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

**Fellow Transfers**

1. Will there be documentation of each transferring fellow’s summative evaluation that includes an assessment of the fellow’s performance to date, a summary of the evaluations of the fellow by faculty members and other evaluators, a current Milestones assessment, assessment of the operative Case Logs, and the fellow’s comprehensive rotation schedule listing all rotations completed during the educational program? [PR 3.4.a.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

1. Will the program ensure that all fellow transfers are approved in advance by the Review Committee? [PR 3.4.e.] [ ]  YES [ ]  NO

**Educational Program**

1. Will the curriculum contain a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates? [PR 4.2.a.] [ ]  YES [ ]  NO
	1. Will the program’s aims must be made available to program applicants, fellows, and faculty members? [PR 4.2.b.] [ ]  YES [ ]  NO

If YES, how? Explain if No.

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| Click or tap here to enter text. |

1. Will the curriculum contain competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice? Will they be distributed, reviewed, and available to fellows and faculty members? [PR 4.2.b.] [ ]  YES [ ]  NO
2. Will the curriculum delineate fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision? [PR 4.2.c.] [ ]  YES [ ]  NO

If NO explain.

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| Click here to enter text. |

**ACGME Competencies**

**Professionalism**

1. Describe the learning activity, other than lecture, through which fellows demonstrate a commitment to professionalism and an adherence to ethical principles. [PR 4.3.] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

1. Describe how fellows will demonstrate high standards of ethical behavior; continuity of care (pre-operative, operative, and post-operative); sensitivity to age, gender, culture, and other differences; and honesty, dependability, and commitment. [PR 4.4.a.] (Limit response to 400 words)

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1. Describe how fellows will demonstrate the ability to analyze personal practice outcomes and apply quality improvement methodologies to optimize patient care and enhance patient safety. [PR 4.4.b.] (Limit response to 400 words)

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1. Will fellows practice cost-effective and high-quality care, promote disease prevention, demonstrate the ability to conduct a risk-benefit analysis, and know how different practice systems operate to deliver care? [PR 4.4.c.] [ ]  YES [ ]  NO
2. Will the program document its active participation in clinical databases/registries used to assess and improve patient outcomes? [PR 4.4.d.] [ ]  YES [ ]  NO

How will this documentation occur?

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| Click here to enter text. |

1. Indicate the settings and activities in which fellows will demonstrate the ability to competently perform all medical, diagnostic, and surgical procedures considered essential. Indicate the method(s) that will be used to assess competence. [PR 4.5.]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Demonstrate competence in the development and execution of patient care plans, including obtaining informed consent and developing the goals of care[PR 4.5.a.] | Click here to enter text. | Click here to enter text. |
| Demonstrate competence in the use of information technology as it pertains to and supports patient care[PR 4.5.b.] | Click here to enter text. | Click here to enter text. |
| Demonstrate competence in pre- and post-operative care, including experience in the immediate post-operative period, continuity of care through recovery, and, when necessary, long-term management and follow-up [PR 4.5.c.1.] | Click here to enter text. | Click here to enter text. |
| Demonstrate competence in evaluation of diagnostic studies[PR 4.5.d.] | Click here to enter text. | Click here to enter text. |
| Demonstrate competence in providing pre-operative management, including the selection and timing of operative intervention and the selection of appropriate operative procedures[PR 4.5.e.] | Click here to enter text. | Click here to enter text. |
| Demonstrate competence in providing peri- and post-operative management of thoracic and cardiovascular patients[PR 4.5.f.] | Click here to enter text. | Click here to enter text. |
| Demonstrate competence in providing critical care to patients with thoracic and cardiovascular surgical disorders, including trauma patients, whether or not operative intervention is required[PR 4.5.g.] | Click here to enter text. | Click here to enter text. |
| Demonstrate competence in correlating the pathologic and diagnostic aspects of cardiothoracic disorders, demonstrating performance of diagnostic procedures (e.g., bronchoscopy and esophagoscopy), and accurately interpreting appropriate imaging studies (e.g., ultrasound, computed tomography, roentgenographic, radionuclide, cardiac catheterization, pulmonary function, and esophageal function studies)[PR 4.5.h.] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Indicate the activities (clinical teaching rounds, conferences, journal clubs, lectures, etc.) in which fellows will demonstrate knowledge of the following areas. Also indicate the method(s) that will be used to assess competence. [PR 4.6.]

| **Area of Knowledge** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Demonstrate the ability to critically evaluate scientific and medical literature and integrate knowledge into clinical care[PR 4.6.a.] | Click here to enter text. | Click here to enter text. |
| Demonstrate the knowledge in the use of cardiac and respiratory support devices[PR 4.6.b.] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Describe one learning activity in which fellows will demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. [PR 4.7.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Describe one learning activity in which fellows will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR 4.8.] (Limit response to 400 words)

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**Systems-based Practice**

1. Describe the learning activities through which fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to effectively call on other resources in the system to provide optimal health care. [PR 4.9.] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

1. Will the program provide separate and regularly scheduled teaching conferences, morbidity and mortality conferences, rounds, and other educational activities in which both the thoracic surgery faculty members and the residents/fellows attend and participate? [PR 4.11.a.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

List regularly scheduled teaching rounds, conferences, seminars, journal club, etc., that will be provided by the program director and/or faculty. Provide the name and frequency of the didactic sessions, whether it is mandatory or elective, and the individual(s) or department responsible for the organization of the sessions. Add rows as necessary. [PR 4.11.a.]

| **Name of Conference (teaching conference, morbidity and mortality, rounds, seminar, journal club, etc.)** | **Frequency (weekly, monthly, etc.)** | **Mandatory (M) or Elective (E)** | **Individual(s) or Department Responsible for Organization of Sessions** |
| --- | --- | --- | --- |
| Click here to enter text. | Frequency | M or E | Click here to enter text. |
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1. Will the program maintain conference records to document fellow and faculty member attendance? [PR 4.11.a.1.] [ ]  YES [ ]  NO
2. Will the program provide an organized and comprehensive block diagram demonstrating the overall educational construct for each track (i.e., thoracic surgery, cardiovascular surgery) of the program and for each year of training for all clinical assignments? [PR 4.11.b.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

1. Will the program encourage fellows to engage in peer interaction with residents/fellows in related specialties at all participating sites? [PR 4.11.c.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

1. Describe how guidelines will be established for the assignment of clinical responsibilities for fellows across the continuum of care, including clinic volume, on-call frequency, and back-up requirements, as well as the appropriate role for fellows in surgical procedures. [PR 4.11.d.] (Limit response to 400 words)

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1. Describe how fellow experiences will be structured to ensure graded levels of responsibility, continuity in patient care, a balance between education and clinical service, and progressive clinical experiences. [PR 4.11.e.] (Limit response to 400 words)

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| Click here to enter text. |

1. Will the program ensure that fellows will have a minimum operative experience that includes: [PR 4.11.f.1.-4.11.f.3.]

a. 24-month programs: a minimum of 125 major cardiothoracic procedures during each year, for a total of 250 major cases; [ ]  YES [ ]  NO [ ]  N/A

b. 36-month programs: a minimum of 125 major cardiothoracic procedures during each year, for a total of 375 major cases; [ ]  YES [ ]  NO [ ]  N/A

1. Will each fellow’s operative experience reflect an adequate volume, distribution of categories, and complexity of procedures to ensure a balanced and equivalent clinical education? [PR 4.11.f.4.]

 [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

1. Will the program have documented operative experience attesting that fellows:
2. participate in the risk assessment, diagnosis, pre-operative planning, and selection of operation for a patient? [PR 4.11.f.4.b.] [ ]  YES [ ]  NO
3. perform technical manipulations that constitute the essential parts of a patient's operation? [PR 4.11.f.4.c.] [ ]  YES [ ]  NO
4. have significant involvement in post-operative care? [PR 4.11.f.4.d.]

 [ ]  YES [ ]  NO

1. are supervised by the responsible faculty member(s)? [PR 4.11.f.4.e.]

 [ ]  YES [ ]  NO

If NO to any of the above, explain.

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| Click here to enter text. |

1. Will the program ensure that assignments to non-procedural areas are limited to a maximum of three months? [PR 4.11.g.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

1. Will the program ensure that the chief year rotations take place at the primary clinical site or at an approved participating site? [PR 4.11.h.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

1. Will the program ensure that fellows in the final year of thoracic surgery have primary management of patients throughout the continuum of care? [PR 4.11.i.] [ ]  YES [ ]  NO

If YES, how. If NO, explain.

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| Click here to enter text. |

1. Will the program ensure elective rotations are limited to a maximum of six months in the final years of the program, including: [PR 4.11.j.] [ ]  YES [ ]  NO
	1. a maximum of three months each year for a two-year fellowship and a maximum of three months each in the second and third years of a three-year program? [PR 4.11.j.1.]

 [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

1. Will the program ensure outpatient responsibilities include the opportunity to examine a patient pre-operatively, consult with the attending surgeon regarding operative care, and participate in the surgery and post-operative care of that patient? [PR 4.11.k.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

1. Will the program ensure outpatient responsibilities include seeing most patients personally in an outpatient setting? When a fellow cannot personally see a patient pre- or post-operatively, will he or she communicate with the attending surgeon to ensure continuity of care for the patient? [PR 4.11.l.-4.11.l.1.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

**Scholarship**

**Program Responsibilities**

1. Will the Sponsoring Institution and program provide support for fellows’ attendance at national professional meetings? [PR 4.13.b.] [ ]  YES [ ]  NO

If YES, what support is provided. If NO, explain.

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| Click here to enter text. |

**Faculty Scholarly Activity**

1. Will the program faculty demonstrate accomplishments in at least three of the domains of scholarly activity as delineated in [PR 4.14.]? [ ]  YES [ ]  NO

**Fellow Scholarly Activity**

1. Will the program ensure that fellows do not have a protected research rotation during the program? [PR 4.15.a.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

1. Will the program ensure that each fellow demonstrates annual scholarship that results in one or more of the domains of scholarly activity as delineated in [PR 4.15.b.-4.15.b.]?

 [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

**Evaluation**

1. Will the program ensure that faculty members directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment and document evaluations at the completion of each assignment? [PR 5.1.-5.1.a.]

 [ ]  YES [ ]  NO

1. Will the program provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones? [PR 5.1.b.] [ ]  YES [ ]  NO
2. Will the program use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members)? [PR 5.1.b.1.] [ ]  YES [ ]  NO

If YES, identify all the types of evaluations that will be routinely included in the fellows’ performance evaluation.

[ ]  Faculty member (including the program director)

[ ]  Peer

[ ]  Residents and fellows in other specialties

[ ]  Self

[ ]  Patient and family members

[ ]  Other professional staff members (e.g., nursing, respiratory therapy, administration)

If NO” to any of the above, explain.

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| Click here to enter text. |

1. Will the fellow’s final evaluation: [PR 5.2.b.-5.2.d.]  (Select all that apply)

[ ]  become part of the fellow’s permanent record, maintained by the institution, and accessible for review by the fellow?

[ ]  verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice?

[ ]  be shared with the fellow upon completion of the program?

1. Will the program evaluate each faculty member’s performance annually?  [PR 5.4.]

[ ]  YES [ ]  NO

Will the evaluation include a review of the faculty member’s: [PR 5.4.a.]

(select all that apply)

 [ ]  Clinical Teaching Abilities

 [ ]  Engagement with the educational program

[ ]  Participation in faculty development

 [ ]  Clinical Performance

 [ ]  Professionalism

 [ ]  Scholarly Activities

 [ ]  Confidential Fellow Evaluations of the Faculty

**The Learning and Working Environment**

**Patient Safety**

1. Will residents, fellows, faculty and other clinical staff members know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, and be provided with summary information of their institution’s patient safety reports? [PR 6.2.-6.2.a.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

1. Will fellows have the opportunity to participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities? [PR 6.3.] [ ]  YES [ ]  NO

If YES, please describe how. If NO, explain.

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| Click here to enter text. |

**Quality Improvement**

* 1. Will the program ensure that fellows and faculty members receive data on quality metrics and benchmarks related to their patient populations? [PR 6.4.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

**Supervision and Accountability**

* 1. Describe how the program will ensure that the appropriate level of supervision is in place for all fellows based on each fellow’s level of education and ability, as well as patient complexity and acuity. [PR 6.6.] (Limit response to 400 words)

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* 1. Will the program set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s)? [PR 6.10.] [ ]  YES [ ]  NO

If Yes, how will the guidelines be communicated to fellows, faculty and staff? If NO, explain.

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| Click here to enter text. |

**Professionalism**

1. Will the program ensure that the learning objectives of the program are accomplished without excessive reliance on fellows to fulfill non-physician obligations? [PR 6.12.a.] [ ]  YES [ ]  NO

If NO, explain.

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| Click here to enter text. |

**Teamwork**

* 1. Describe how the program will ensure that residents/fellows will collaborate with residents/fellows in other specialties in the multidisciplinary management of thoracic surgery patients. [PR 6.18.a.] (Limit response to 400 words)

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**In-House Night Float**

1. What is the maximum number of consecutive weeks fellows are assigned night float? [PR 6.26.a.] [#]

2. How many months per year will fellows be assigned night float? [PR 6.26.a.] [#]

 **Operative Experience Report**

The Operative Experience Report is used to provide data on the operative procedures available for fellow education on the thoracic surgery service for a recently completed year. It is assumed that the totals provided for all participating sites would be equivalent to that for the total program. It is important that this form is used; do not submit computerized lists of procedures and do not add additional procedures to the list.

The site number (e.g. Site #1) must match the site number listed in the Accreditation Data System (ADS) (Sites tab >Participating Site Information.) Add columns as necessary to provide information on all participating sites.

Enter the total number of procedures on the thoracic surgery service at each participating site for a recent one-year period (academic year or calendar year). Do not limit procedures to those in which a resident/fellow has participated and do not enter case log data. If the count is zero, enter 0, leaving no cell empty.

When compiling data, only one operative procedure may be listed for each patient visit to the operating room. If multiple procedures are performed, only the primary procedure should be listed, except in the case of endoscopies. Endoscopic procedures, including mediastinoscopies, may be counted for credit whether they are performed as independent procedures or immediately preceding a thoracic operation.

* In the "Total Cases" column, provide the total number of cases available for fellow education at each participating site.
* If the institution sponsors an ACGME-accredited integrated thoracic surgery program or another independent thoracic surgery program, provide the total number of cases completed by those residents/fellows in the “Res Cases” column.
* When completing the “All Sites” column, provide the sum of all operative procedures performed on the thoracic surgery service at all participating sites.
* When completing the “All Res” column, provide the sum of the cases completed by residents/fellows in the other program format(s).

If there are more than three participating sites in the program, duplicate this form before completing it.

|  |  |
| --- | --- |
| Dates of Academic/Calendar Year: | **Click here to enter a date.** to **Click here to enter a date.** |
| Which track(s) will fellows pursue? (select all that apply) | [ ]  Cardiac | [ ]  Cardiothoracic | [ ]  Thoracic |

| **AREA AND TYPE OF OPERATION** | **Site # and** **Site Name** | **Site # and** **Site Name** | **Site # and** **Site Name** | **Total** |
| --- | --- | --- | --- | --- |
| **Total Cases** | **Res Cases** | **Total Cases** | **Res Cases** | **Total Cases** | **Res Cases** | **All Sites** | **All Res** |
| **MAJOR GENERAL THORACIC PROCEDURES** |
| **Chest Wall** |
| Debridement / rewiring sternum  | # | # | # | # | # | # | **#** | **#** |
| Repair of pectus excavatum carinatum | # | # | # | # | # | # | **#** | **#** |
| Repair of sternal or rib fractures | # | # | # | # | # | # | **#** | **#** |
| Resection of tumor | # | # | # | # | # | # | **#** | **#** |
| Thoracic outlet | # | # | # | # | # | # | **#** | **#** |
| Thoracoplasty | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Lung and Pleura** |
| Closure of broncho-pleural fistula | # | # | # | # | # | # | **#** | **#** |
| Decortication | # | # | # | # | # | # | **#** | **#** |
| Decortication with VATS | # | # | # | # | # | # | **#** | **#** |
| Drainage of lung abscess / empyema | # | # | # | # | # | # | **#** | **#** |
| Extrapleural pneumonectomy | # | # | # | # | # | # | **#** | **#** |
| Lobectomy | # | # | # | # | # | # | **#** | **#** |
| Lobectomy with sleeve resection | # | # | # | # | # | # | **#** | **#** |
| Lobectomy with VATS | # | # | # | # | # | # | **#** | **#** |
| Lung volume reduction surgery | # | # | # | # | # | # | **#** | **#** |
| Pleurectomy / pleurodesis | # | # | # | # | # | # | **#** | **#** |
| Pleurectomy pleurodesis (with/without bleb resection) | # | # | # | # | # | # | **#** | **#** |
| Pleurectomy pleurodesis with VATS | # | # | # | # | # | # | **#** | **#** |
| Pneumonectomy | # | # | # | # | # | # | **#** | **#** |
| Pneumonectomy with sleeve resection | # | # | # | # | # | # | **#** | **#** |
| Pulmonary resection with en bloc chest wall | # | # | # | # | # | # | **#** | **#** |
| Resection of pulmonary cyst or sequestration | # | # | # | # | # | # | **#** | **#** |
| Segmental resection with VATS | # | # | # | # | # | # | **#** | **#** |
| Segmental resection | # | # | # | # | # | # | **#** | **#** |
| Thoracotomy for exploration and biopsy | # | # | # | # | # | # | **#** | **#** |
| Wedge resection with VATS | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Tracheobronchial** |
| Repair of rupture or laceration  | # | # | # | # | # | # | **#** | **#** |
| Resection of stricture | # | # | # | # | # | # | **#** | **#** |
| Resection of tumor | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Mediastinum** |
| Excision of tumor or cyst | # | # | # | # | # | # | **#** | **#** |
| Excision of tumor or cyst with VATS | # | # | # | # | # | # | **#** | **#** |
| Ligation of thoracic duct  | # | # | # | # | # | # | **#** | **#** |
| Mediastinotomy | # | # | # | # | # | # | **#** | **#** |
| Thymectomy | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Diaphragm** |
| Plication  | # | # | # | # | # | # | **#** | **#** |
| Repair of congenital hernia | # | # | # | # | # | # | **#** | **#** |
| Repair of traumatic hernia | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Esophagus** |
| Closure of fistula | # | # | # | # | # | # | **#** | **#** |
| Correction of reflux or stricture | # | # | # | # | # | # | **#** | **#** |
| Correction of reflux or stricture with VATS | # | # | # | # | # | # | **#** | **#** |
| Esophagectomy | # | # | # | # | # | # | **#** | **#** |
| Excision of diverticulum | # | # | # | # | # | # | **#** | **#** |
| Myotomy and reflux procedure | # | # | # | # | # | # | **#** | **#** |
| Myotomy with laparoscopy | # | # | # | # | # | # | **#** | **#** |
| Myotomy with VATS | # | # | # | # | # | # | **#** | **#** |
| Repair drainage of perforation or rupture | # | # | # | # | # | # | **#** | **#** |
| Repair paraesophageal hernia | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Video-assisted Thoracoscopic Procedures (VATS)** |
| Drainage of empyema / hemothorax | # | # | # | # | # | # | **#** | **#** |
| Pericardial window | # | # | # | # | # | # | **#** | **#** |
| Sympathectomy | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| ***TOTAL Major General Thoracic Procedures*** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **MAJOR CARDIOVASCULAR PROCEDURES** |
| **Closed Operations for Congenital Heart** |
| Bidirectional Glenn shunt | # | # | # | # | # | # | **#** | **#** |
| Coarctation of aorta | # | # | # | # | # | # | **#** | **#** |
| Patent ductus arteriosus | # | # | # | # | # | # | **#** | **#** |
| Shunting procedure | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Open Operations for Congenital Heart**  |
| Anomalous pulmonary venous drainage | # | # | # | # | # | # | **#** | **#** |
| Atrial septum defect | # | # | # | # | # | # | **#** | **#** |
| Atrioventricular (AV) septal defect | # | # | # | # | # | # | **#** | **#** |
| Bidirectional Glenn shunt | # | # | # | # | # | # | **#** | **#** |
| Fontan procedure | # | # | # | # | # | # | **#** | **#** |
| Interrupted arch/hypoplastic left heart | # | # | # | # | # | # | **#** | **#** |
| RVOT reconstruction | # | # | # | # | # | # | **#** | **#** |
| Tetralogy of Fallot | # | # | # | # | # | # | **#** | **#** |
| Transposition | # | # | # | # | # | # | **#** | **#** |
| Truncus arteriosus | # | # | # | # | # | # | **#** | **#** |
| Ventricular septal defect | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Valvular Heart Disease** |
| Aortic root replacement | # | # | # | # | # | # | **#** | **#** |
| Mitral/aortic valve repair | # | # | # | # | # | # | **#** | **#** |
| Re-operation for valvular disease | # | # | # | # | # | # | **#** | **#** |
| Valve replacements | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Resection of Cardiac Tumor** |
| Resection of Cardiac Tumor | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Operations for Coronary Atherosclerosis** |
| Acquired Ventricular Septal Defect (VSD) | # | # | # | # | # | # | **#** | **#** |
| Coronary anomalies and/or fistulae | # | # | # | # | # | # | **#** | **#** |
| Primary bypass | # | # | # | # | # | # | **#** | **#** |
| Reoperation recurrent disease | # | # | # | # | # | # | **#** | **#** |
| Ventricular aneurysm | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Pericardium** |
| Pericardial window | # | # | # | # | # | # | **#** | **#** |
| Pericardiectomy | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Other Cardiac Procedures** |
| Arrhythmia surgery | # | # | # | # | # | # | **#** | **#** |
| Insertion epicardial electrical device | # | # | # | # | # | # | **#** | **#** |
| Insertion/removal of cardiac assist device | # | # | # | # | # | # | **#** | **#** |
| Minimally invasive surgery | # | # | # | # | # | # | **#** | **#** |
| Removal of intracardiac foreign body | # | # | # | # | # | # | **#** | **#** |
| Repair cardiac trauma | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Thoracic Vascular** |
| Open repair traumatic injury | # | # | # | # | # | # | **#** | **#** |
| Pulmonary embolectomy endarterectomy | # | # | # | # | # | # | **#** | **#** |
| Repair ascending aneurysm | # | # | # | # | # | # | **#** | **#** |
| Repair descending aneurysm | # | # | # | # | # | # | **#** | **#** |
| Repair thoracoabdominal aneurysm | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **Transplantation** |
| Heart | # | # | # | # | # | # | **#** | **#** |
| Heart/lung | # | # | # | # | # | # | **#** | **#** |
| Lung | # | # | # | # | # | # | **#** | **#** |
| Procurement of heart | # | # | # | # | # | # | **#** | **#** |
| Procurement of heart/lung | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **TOTAL** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| ***TOTAL Major Cardiovascular Procedures*** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| **MINOR GENERAL THORACIC AND CARDIOVASCULAR PROCEDURES** |
| **Minor Thoracic and Cardiovascular** |
| Bronchoscopy | # | # | # | # | # | # | **#** | **#** |
| Bronchoscopy w/intervention | # | # | # | # | # | # | **#** | **#** |
| Endobronchial Ultrasound (EBUS) | # | # | # | # | # | # | **#** | **#** |
| Echocardiography | # | # | # | # | # | # | **#** | **#** |
| Esophagoscopy | # | # | # | # | # | # | **#** | **#** |
| Esophagoscopy with intervention | # | # | # | # | # | # | **#** | **#** |
| Endoscopic Ultrasound (EUS) | # | # | # | # | # | # | **#** | **#** |
| Insertion transvenous device | # | # | # | # | # | # | **#** | **#** |
| Insertion tunneled pleural catheter | # | # | # | # | # | # | **#** | **#** |
| Insertion/removal of cardiac assist device | # | # | # | # | # | # | **#** | **#** |
| Insertion/removal of intra-aortic balloon pump (IABP) | # | # | # | # | # | # | **#** | **#** |
| Mediastinoscopy | # | # | # | # | # | # | **#** | **#** |
| Tracheostomy | # | # | # | # | # | # | **#** | **#** |
| Other | # | # | # | # | # | # | **#** | **#** |
| **Endovascular** |
| Endovascular | # | # | # | # | # | # | **#** | **#** |
| **Critical Care-Case Management** |
| Bleeding (non-trauma) > 3 units (thoracic) | # | # | # | # | # | # | **#** | **#** |
| Dysrhythmias (thoracic) | # | # | # | # | # | # | **#** | **#** |
| Hemodynamic instability (thoracic) | # | # | # | # | # | # | **#** | **#** |
| Invasive line management/monitoring (thoracic) | # | # | # | # | # | # | **#** | **#** |
| Nutrition (thoracic) | # | # | # | # | # | # | **#** | **#** |
| Organ dysfunction/failure (thoracic)  | # | # | # | # | # | # | **#** | **#** |
| Ventilatory management (thoracic) | # | # | # | # | # | # | **#** | **#** |
| Bleeding (non-trauma) > 3 units (cardiac)  | # | # | # | # | # | # | **#** | **#** |
| Dysrhythmias (cardiac) | # | # | # | # | # | # | **#** | **#** |
| Hemodynamic instability (cardiac) | # | # | # | # | # | # | **#** | **#** |
| Invasive line management/monitoring (cardiac) | # | # | # | # | # | # | **#** | **#** |
| Nutrition (cardiac) | # | # | # | # | # | # | **#** | **#** |
| Organ dysfunction/failure (cardiac) | # | # | # | # | # | # | **#** | **#** |
| Ventilatory management (cardiac) | # | # | # | # | # | # | **#** | **#** |
| **Cardiopulmonary Bypass** |
| Cardiopulmonary Bypass  | # | # | # | # | # | # | **#** | **#** |
| ***TOTAL Minor Thoracic and Cardiovascular Procedures*** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |
| ***TOTAL Major and Minor General Thoracic and Cardiovascular Procedures*** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |