**New Application: Thoracic Surgery - Integrated**

**Review Committee for Thoracic Surgery**

**ACGME**

**Length of Program**

1.Will the integrated program curriculum document 72 months of clinical thoracic surgery education

under the authority and direction of the thoracic surgery program director? [PR 4.1.a.]

YES  NO

1. Will the last year of the program be comprised of chief resident responsibility on the thoracic surgery service at the primary clinical site or at an approved participating site? [PR 4.1.b.]

YES  NO

If “NO,” explain.

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b. Will the program inform the Review Committee of training credit granted by the American Board of Thoracic Surgery (ABTS) that affects the required length of education in the thoracic surgery program? [PR 4.1.c.]  YES  NO

**Participating Sites**

1. Does the institution currently sponsor an ACGME-accredited independent thoracic surgery program and an ACGME-accredited general surgery program, each with a status of Continued Accreditation? [PR 1.2.a.]  YES  NO

If “NO,” explain.

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1. Will the institution maintain both program formats after an integrated program is approved, at least until the integrated program has matured to have residents filling PGY-1-4? [PR 1.2.b.]  
     YES  NO

If “NO,” explain.

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

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| Site # & Name | Site Director Name | Primary Work Site of Director |
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**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 resident education, including the following?:
2. Electronic retrieval of patient information [PR 1.8.a.]  YES  NO
3. A comprehensive database for thoracic, adult cardiac, and congenital cardiac disease   
   [PR 1.8.b.]  YES  NO
4. Access to a learning resources laboratory for resident/fellow education and remediation [PR 1.8.c.]  YES  NO

**Personnel**

**Program Leadership**

1. How much dedicated time and support will the program director be provided for administration of the program? Enter the FTE percentage. [PR 2.4.a.]

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1. Is the program director also the program director of the Independent 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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1. Will there be support for an assistant/associate program director for any program with 10 or more residents (this includes a combined total of residents/fellows if the program director oversees both formats)? [PR 2.4.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 2.4.d.]  YES  NO  N/A

If “NO,” explain.

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1. Describe the qualifications of the program director, including certifications, their type and frequency of clinical activity, their participation in national committees or educational organizations, their experience and length of time involved in the education of thoracic surgery residents/fellows. [PR 2.5.a. -2.5.c.] (Limit response to 400 words)

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1. Does the program director have documented participation in a national thoracic surgery educational association (e.g., the Thoracic Surgery Directors’ Association)? [PR 2.5.d.]

YES  NO

If “NO,” explain.

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1. 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 2.5.e.] (Limit response to 400 words)

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**Faculty**

1. Will the facultyinclude one designated cardiothoracic faculty member responsible for coordinating multidisciplinary clinical conferences and for organizing instruction and research in general thoracic surgery? [PR 2.7.a.]  YES  NO

Please name the individual.

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1. Will the faculty include qualified cardiothoracic surgeons and other faculty members in related disciplines who will direct conferences? [PR 2.7.b.]  YES  NO
2. Will the faculty devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities? [PR 2.8.b.]  YES  NO

Explain if “NO.”

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1. Will the members of the faculty regularly participate in organized clinical discussions, rounds, journal clubs, and conferences? [PR 2.8.d.]  YES  NO

If YES, how? Explain if “NO.”

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1. Will the members of the faculty pursue faculty development designed to enhance their skills at least annually? [PR 2.8.e.]  YES  NO

If YES, how will this be achieved? Explain if “NO.”

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1. Identify the required core faculty members. Add rows as needed [PR 2.11.b.1.-2.11.b.3.]

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| **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 the FTE percentage. [PR 2.12.b.]

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1. Is the program coordinator also the coordinator of the Independent Thoracic Surgery Program?  YES  NO N/A
2. If YES, what is the total FTE allocated to the coordinator to support both programs?

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**Other Program Personnel**

1. Will there be sufficient necessary personnel for the effective administration of the program? [PR 2.13.]  YES  NO

Explain if “NO.”

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**Resident Appointments**

1. Will there be a minimum of one thoracic surgery resident appointed in each year of the program to provide for sufficient peer interaction? [PR 3.4.a.]  YES  NO

Explain if “NO.”

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**Resident Transfers**

1. Will the program ensure that all resident transfers are approved in advance by the Review Committee? [PR 3.5.a.]  YES  NO
2. Will there be documentation of each transferring resident’s summative evaluation that includes an assessment of the resident’s performance to date, a summary of the evaluations of the resident by faculty members and other evaluators, a current Milestones assessment, assessment of the operative Case Logs, and the resident’s comprehensive rotation schedule listing all rotations completed during the educational program? [PR 3.5.e.]  YES  NO

Explain if “NO.”

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**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 be made available to program applicants, residents, and faculty members? [PR 4.2.a.]  YES  NO

If YES, how? Explain if No.

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1. Will the curriculum contain competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice to autonomous practice and will these be distributed, reviewed, and available to residents and faculty members? [PR 4.2.b.]  YES  NO

Explain if “NO.”

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1. Will the curriculum delineate resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision? [PR 4.2.c.]  YES  NO

If YES, how? Explain if No.

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1. Will residents be provided with protected time to participate in core didactic activities? [PR 4.11.]  YES  NO

Explain if “NO.”

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**ACGME Competencies**

**Professionalism**

1. Describe a learning activity, other than lecture, through which residents will 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. Briefly describe how residents 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. Indicate the settings and activities in which residents will demonstrate the ability to competently perform all medical, diagnostic, and surgical procedures considered essential for practice. Also indicate the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
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| 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. |
| 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. |
| Pre- and post-operative care  [PR 4.5.c.] | Click here to enter text. | Click here to enter text. |
| Evaluation of diagnostic studies  [PR 4.5.d.] | Click here to enter text. | Click here to enter text. |
| Providing pre-operative management, including the selection and timing of operative intervention and the selection of appropriate operative procedures  [PR 4.5.e.1.] | Click here to enter text. | Click here to enter text. |
| Providing peri- and post-operative management of thoracic and cardiovascular patients  [PR 4.5.e.2.] | Click here to enter text. | Click here to enter text. |
| Providing critical care to patients with thoracic and cardiovascular surgical disorders, including trauma patients, whether or not operative intervention is required  [PR 4.5.e.3.] | Click here to enter text. | Click here to enter text. |
| 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.e.4.] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

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

| **Area of Knowledge** | **Settings/Activities** | **Assessment Method(s)** |
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| Critically evaluate scientific and medical literature and be able to integrate knowledge of the literature into clinical care  [PR 4.6.a.] | Click here to enter text. | Click here to enter text. |
| 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 residents 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 life-long learning. [PR 4.7.] (Limit response to 400 words)

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1. Describe how residents will demonstrate competence in the ability to analyze personal practice outcomes and apply quality improvement methodologies to optimize patient care and enhance patient safety. [PR 4.7.g.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

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

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1. Describe one learning activity in which residents will develop competence in communicating effectively with patients and patients’ families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities to provide appropriate care to each patient. Describe how this will be assessed by the program. [PR 4.8.a.] (Limit response to 400 words)

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1. Describe one learning activity in which residents will develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR 4.8.c.] (Limit response to 400 words)

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1. Describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR 4.8.e.] (Limit response to 400 words)

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1. Describe how residents will be taught to maintain comprehensive, timely, and legible health care records, and how this will be assessed by the program. [PR 4.8.f.] (Limit response to 400 words)

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**Systems-based Practice**

1. Describe how residents will demonstrate competence in working effectively in various health care delivery settings and systems, coordinating patient care across the health care continuum, incorporating considerations of value, equity, cost awareness, delivery and payment and risk-benefit in patient care, as appropriate. [PR 4.9.a.-4.9.b.-4.9.e.] (Limit response to 400 words)

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1. Will the program document its active participation in clinical databases/registries used to assess and improve patient outcomes? [PR 4.9.i.1.]  YES  NO

If YES, which databases/registries. Explain if “NO.”

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**Curriculum Organization and Resident Experiences**

1. List regularly scheduled teaching conferences, morbidity and mortality conferences, rounds, and other educational activities, that will be provided by the program, in which both the thoracic surgery faculty members and the residents will attend and participate.

Provide the name and frequency of the didactic sessions, whether they are 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** |
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| Click here to enter text. | Frequency | M or  E | Click here to enter text. |
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1. Will conference records be maintained to document resident and faculty attendance?   
   [PR 4.11.a.1.]  YES  NO

If YES, how? Explain if “NO.”

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1. Will the program provide an organized and comprehensive block diagram demonstrating the overall educational construct for each track (i.e., thoracic surgery, cardiac surgery, cardiothoracic surgery) of the program and for each year of the educational program for all clinical assignments? [PR 4.11.b.]  YES  NO

Explain if “NO.”

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1. Describe how the program will encourage residents to engage in peer interaction with residents/fellows in related specialties at all participating sites. [PR 4.11.c.] (Limit response to 400 words)

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

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1. Describe how the program will structure resident experiences 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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1. Will the program ensure that a minimum of 24 months and a maximum of 36 months of the program includes education in core fundamental surgical care and principles education, including pre- and post-operative evaluation and care? [PR 4.11.f.1.]  YES  NO

Explain if “NO.”

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1. Will the program ensure that the curriculum includes education in oncology, transplantation, basic and advanced laparoscopic surgery, surgical critical care and trauma management, thoracic surgery, and adult and congenital cardiac surgery? [PR 4.11.f.2.]  YES  NO

If YES, how? Explain if “NO.”

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1. Will the program ensure that residents have a minimum operative experience that includes: [PR IV.C.9.a)]
2. During the PGY-1-3: 375 procedures over three years of which 125 are cardiothoracic procedures and up to 50 which may be component cases? [PR 4.11.g.1.]

YES  NO

b. During the PGY-4-6: a minimum of 125 major cardiothoracic procedures during each year, for a total of 375 major cases? [PR 4.11.g.2.]  YES  NO

If “NO,” explain.

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| Click here to enter text. |

1. Will the program ensure that each resident’s cases reflect adequate volume of experience, distribution of categories, and complexity of procedures to ensure a balanced and equivalent clinical education? [PR 4.11.g.3.]  YES  NO

If “NO,” explain.

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

YES  NO

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

YES  NO

If “NO” to any of the above, explain.

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1. Will the program ensure that assignments to non-procedural rotations/experiences are limited to a maximum of three months during the final three years, but not occur in the chief year? [PR 4.11.h.-4.11.h.1.]  YES  NO

If “NO,” explain.

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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.i.]  YES  NO

If “NO,” explain.

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

If “NO,” explain.

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1. Will the program ensure elective rotations are limited to a maximum of three months each in the PG-5 and -6 years of the program? [PR 4.11.k.1.]  YES  NO

If “NO,” explain.

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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.l.1.]  YES  NO

If “NO,” explain.

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1. Will the program ensure outpatient responsibilities include seeing most patients personally in an outpatient setting, and when a resident cannot personally see a patient pre- or post-operatively, will the resident communicate with the attending surgeon to ensure continuity of care for the patient? [PR 4.11.l.2.-4.11.l.2.a.]  YES  NO

If “NO,” explain.

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**Scholarship**

**Program Responsibilities**

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

If YES, how? If “NO,” explain.

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**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

Explain if “NO.”

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**Resident Scholarly Activity**

1. How will the program ensure that residents do not have a protected research rotation during the program, but that residents participate in scholarship that results in one or more of the following: peer reviewed publications, conference presentations, textbook chapters, basic, translations or clinical research or quality improvement projects, and/or lectures or presentations? [PR 4.15.-4.15.a., 4.15.b.-4.15.b.] (Limit response to 400 words)

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**Evaluation**

1. Will the program provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones? [PR 5.1.b.]  YES  NO

Explain if “NO.”

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1. 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 residents’ 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)

1. Will the program provide a final written evaluation for each resident upon completion of the program? [PR 5.2.]  YES  NO

Explain if “NO.”

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

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

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

be shared with the resident upon completion of the program?

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

YES  NO

1. 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 Resident Evaluations of the Faculty

**The Learning and Working Environment**

**Patient Safety**

1. Describe how the program, its faculty, residents and fellows will actively participate in patient safety systems and contribute to a culture of safety. [PR 6.1.] (Limit response to 400 words)

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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

Explain if “NO.”

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1. Will residents 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. Explain if “NO.”

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**Quality Improvement**

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

If YES, please describe how. Explain if “NO.”

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**Supervision and Accountability**

* 1. Describe how the program will ensure that the appropriate level of supervision is in place for all residents based on each resident’s level of education, training, 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 residents must communicate with the supervising faculty member(s)? [PR 6.10.]  YES  NO

If Yes, how will the guidelines be communicated to residents, faculty, and staff? Explain if “NO.”

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1. Will the program ensure that PGY-1 residents are initially supervised directly, and that the supervising physician is physically present during the key portions of the patient interaction? [PR 6.7.-6.7.a.]  YES  NO

Explain if “NO.”

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**Professionalism**

1. Will the program ensure that the learning objectives of the program are accomplished without excessive reliance on residents to fulfill non-physician obligations? [PR 6.12.a.]

YES  NO

Explain if “NO.”

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**Teamwork**

* 1. Describe how the program will ensure that residents 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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**Transitions of Care**

* 1. How will the program ensure that residents are competent in communicating with team members in the hand-over process? [PR 6.19.b.]  (Limit response to 400 words)

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**In-House Night Float**

1. Will the program employ a night float rotation? ☐ YES ☐ NO

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

3. How many months per year will residents 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 resident 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 resident education at each participating site.
* If the institution sponsors an ACGME-accredited independent thoracic surgery program, provide the total number of cases completed by those fellows in the “Fellow 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 Fellow” column, provide the sum of the cases completed by fellows in the other program format.

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

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| --- | --- | --- | --- |
| Dates of Academic/Calendar Year: | **Click here to enter a date.** to **Click here to enter a date.** | | |
| Which track(s) will residents pursue? | Cardiac | Cardiothoracic | Thoracic |

| **AREA AND TYPE OF OPERATION** | **Site # and**  **Site Name** | | **Site # and**  **Site Name** | | **Site # and**  **Site Name** | | **Total** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Cases** | **Fellow Cases** | **Total Cases** | **Fellow Cases** | **Total Cases** | **Fellow Cases** | **All**  **Sites** | **All Fellow** |
| **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*** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |

**Additionally, provide information on core surgical experiences**

| **TYPE OF OPERATION** | **Site Name** | | **Site Name** | | **Site Name** | | **Total** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Cases** | **Res Cases** | **Total Cases** | **Res Cases** | **Total Cases** | **Res Cases** | **All Sites** | **All Res** |
| Abdomen | # | # | # | # | # | # | # | # |
| Alimentary tract | # | # | # | # | # | # | # | # |
| Head and neck | # | # | # | # | # | # | # | # |
| Operative trauma | # | # | # | # | # | # | # | # |
| Pediatric | # | # | # | # | # | # | # | # |
| Plastic | # | # | # | # | # | # | # | # |
| Skin, soft tissue and breast | # | # | # | # | # | # | # | # |
| Vascular | # | # | # | # | # | # | # | # |