**New Application: Congenital Cardiac Surgery**

**Review Committee for Thoracic Surgery**

**ACGME**

**Oversight**

**Participating Sites**

1. Will the program determine all rotations and assignments for both fellows and members of the faculty at all participating sites? [PR 1.6.a.] [ ]  YES [ ]  NO

Explain any NO responses.

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1. For each participating site, has the program director appointed all members of the faculty? [PR 1.6.b.] [ ]  YES [ ]  NO
2. For each participating site, is the site geographically proximate to ensure that all fellows are able to participate in joint conferences, basic science lectures, and morbidity and mortality reviews? [PR 1.6.d.] [ ]  YES [ ]  NO

If NO, describe how an equivalent educational program of lectures and conferences will occur. (Limit response to 400 words)

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**Resources**

1. Provide the following information for each site: [PR 1.8.]

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| Time period covered (one complete year – academic or calendar): | From: | Click here to enter a date. | To: | Click here to enter a date. |

|  | **Site #1** | **Site #2** |
| --- | --- | --- |
| Site Name | Name | Name |
| Name of Chief of Congenital Cardiac Surgery  | Name | Name |
| Patient facilities: total number of: |
| hospital beds | # | # |
| congenital cardiac surgery surgical beds | # | # |
| operating rooms | # | # |
| operating rooms dedicated to congenital cardiac surgery | # | # |
| dedicated congenital cardiac surgery intensive care unit beds | # | # |
| Laboratory facilities: does the site offer: |
| cardiac catheterization | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| cardiothoracic surgical research | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

1. Will there be facilities providing patient care and laboratory support available to the program, including: [PR 1.8.a.]
2. anesthesiology? [ ]  YES [ ]  NO
3. intensive care? [ ]  YES [ ]  NO
4. pathology? [ ]  YES [ ]  NO
5. pediatric cardiology? [ ]  YES [ ]  NO
6. radiology? [ ]  YES [ ]  NO
7. Is there a dedicated congenital cardiac surgery service available to the program? [PR 1.8.b.] [ ]  YES [ ]  NO

 If NO, explain.

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**Personnel**

**Program Director**

1. Describe the qualifications of the program director, including their participation in national committees or educational organizations, their experience in the education of congenital cardiac surgery fellows, and demonstration of five years of experience as a residency or fellowship faculty member and/or associate program director. [PR 2.4., 2.4.b., 2.4.c., 2.4.c.1.]

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1. Describe the support provided to the program director for scholarly activities. [PR 2.4.b.] (Limit response to 400 words)

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**Faculty**

1. Describe the faculty’s participation in clinical discussions, rounds, journal clubs, and research conferences. [PR 2.7.d.] (Limit response to 400 words)

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1. Toensure continuity in the supervision of fellows, are faculty members appointed for at least two years? [PR 2.8.a.] [ ]  YES [ ]  NO
2. In addition to the program director, is there at least one core faculty member for each approved fellowship position? [PR 2.10.b.] [ ]  YES [ ]  NO

**Coordinator**

1. Describe the support provided for program administration, including the responsibilities of the administrative person. [PR 2.11.] (Limit response to 400 words)

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**Other Program Personnel**

Will qualified professional and technical staff members from the following areas be available in pediatric and surgical services? [PR 2.12.a.]

1. Anesthesiology [ ]  YES [ ]  NO
2. Intensive care [ ]  YES [ ]  NO
3. Pathology [ ]  YES [ ]  NO
4. Pediatric cardiology [ ]  YES [ ]  NO
5. Radiology [ ]  YES [ ]  NO

**Fellow Appointments**

1. Will the program receive verification of each entering fellow’s level of competence, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program? [PR 3.2.a.] [ ]  YES [ ]  NO

**Educational Program**

1. Will the program provide each fellow competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. [PR 4.2.b.] [ ]  YES [ ]  NO
2. Describe how the curriculum will delineate fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty. [PR 4.2.c.] (Limit response to 400 words)

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**ACGME Competencies**

**Professionalism**

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

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**Patient Care and Procedural Skills**

* + - 1. Indicate the settings and activities in which fellows will demonstrate the ability to competently perform all medical, diagnostic, and surgical procedures considered essential. Also indicate the method(s) that will be used to assess proficiency.

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Proficient skills in the care of children and adults, including: [PR 4.4.a.] |
| conducting pre-operative evaluations[PR 4.4.a.1.] | Click here to enter text. | Click here to enter text. |
| making therapeutic decisions[PR 4.4.a.2.] | Click here to enter text. | Click here to enter text. |
| performing technical operative procedures[PR 4.4.a.3.] | Click here to enter text. | Click here to enter text. |
| developing and implementing post-operative management plans[PR 4.4.a.4.] | Click here to enter text. | Click here to enter text. |

1. Indicate the settings and activities in which fellows will demonstrate proficiency in providing continuity of patient care longitudinally, including outpatient and inpatient care, and appropriate use of referrals, consultations, and community resources. Also, indicate the method(s) that will be used to assess proficiency. [PR 4.4.b.]

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1. Indicate the settings and activities in which fellows will develop competence in performing the following congenital cardiac procedures. Also indicate the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Ventricular septal defects[PR 4.5.a.1.] | Click here to enter text. | Click here to enter text. |
| Atrioventricular septal defects[PR 4.5.a.2.] | Click here to enter text. | Click here to enter text. |
| Arterial switches[PR 4.5.a.3.] | Click here to enter text. | Click here to enter text. |
| Arch reconstructions, including coarctation procedures[PR 4.5.a.4.] | Click here to enter text. | Click here to enter text. |
| Repair of Tetralogy of Fallot[PR 4.5.a.5.] | Click here to enter text. | Click here to enter text. |
| Glenn/Fontan procedures[PR 4.5.a.6.] | Click here to enter text. | Click here to enter text. |
| Systemic-to-pulmonary artery shunt procedures[PR 4.5.a.7.] | 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.) through which fellows will demonstrate proficiency in their knowledge in each of the following areas. Also indicate the method(s) that will be used to assess proficiency.

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Special diagnostic techniques for the management of congenital cardiac lesions[PR 4.6.a.] | Click here to enter text. | Click here to enter text. |
| Methods and techniques of cardiac catheterization[PR 4.6.b.] | Click here to enter text. | Click here to enter text. |
| Imaging techniques, including echocardiography, computed tomography (CT) scans, and magnetic resonance imaging (MRI) scans, and the interpretation of such findings[PR 4.6.c.] | 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 life-long learning. [PR 4.7.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Describe one learning activity through which fellows 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. Briefly describe the learning activity(ies) through which fellows 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 call effectively 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. List monthly reviews of complications and deaths, courses or structured series of conferences in basic and clinical sciences fundamental to congenital cardiac surgery, organized clinical teaching, seminars, journal club, etc., in which fellows will 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 (morbidity and mortality, teaching rounds, seminar, journal club, basic and clinical science, etc.)** | **Frequency (weekly, monthly, etc.)** | **Mandatory (M) or Elective (E)** | **Individual(s) or Department Responsible for Organization of Sessions** |
| --- | --- | --- | --- |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
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| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |

1. Will fellows and faculty members attend conferences? [PR 4.11.b.1.] YES [ ]  NO
2. Will attendance of fellows and faculty be documented? [PR 4.11.b.2.] YES [ ]  NO
3. Will fellows actively participate in the planning and production conferences? [PR 4.11.c.]

 [ ]  YES [ ]  NO

If NO, explain.

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1. Will fellows have clearly defined educational responsibilities for other fellows, medical students (where appropriate), and professional personnel? [PR 4.11.d.] [ ]  YES [ ]  NO

If YES, how will these educational responsibilities be communicated? If NO, please explain.

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1. Will the program ensure that a congenital cardiac fellow and a thoracic surgery resident do not have primary responsibility for the same patients? [PR 4.11.d.1.] [ ]  YES [ ]  NO

If NO, explain.

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1. Will the program ensure that a congenital cardiac fellow is not a teaching assistant for either thoracic surgery residents or general surgery chief residents? [PR 4.11.d.2.] [ ]  YES [ ]  NO

If NO, explain.

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1. Will each fellow have minimum of 150 major congenital cardiac surgery procedures as primary surgeon? [PR 4.11.d.4.] [ ]  YES [ ]  NO

If NO, explain.

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1. Will a congenital cardiac fellow have more than: [PR 4.11.d.4.a.-4.11.d.4.e.]
2. ten secundum atrial septal defect and/or patent foramen ovale closures [ ]  YES [ ]  NO
3. five patent ductus arteriosus (PDA) ligations and/or divisions [ ]  YES [ ]  NO
4. eight pulmonary valve repairs/replacements (with or without transannular patch) [ ]  YES [ ]  NO
5. eight right ventricle-to-pulmonary artery conduit insertions/replacements; [ ]  YES [ ]  NO
6. eight other valve repairs or replacements in patients 18 years of age or younger [ ]  YES [ ]  NO
7. Will each fellow have exposure to: [PR 4.11.d.5.–4.11.d.11.]:
8. total and partial anomalous pulmonary venous connection? [ ]  YES [ ]  NO
9. aortic arch anomalies causing tracheal compression (vascular rings)?

 [ ]  YES [ ]  NO

1. anomalous aortic origin of a coronary artery? [ ]  YES [ ]  NO
2. extracorporeal membrane oxygenation cannulation and decannulation?

 [ ]  YES [ ]  NO

1. placement of epicardial pacing systems? [ ]  YES [ ]  NO
2. ventricular assist device insertion? [ ]  YES [ ]  NO
3. heart transplantation? [ ]  YES [ ]  NO

**Faculty Scholarly Activity**

1. Will faculty members support fellows' participation, as appropriate, in scholarly activities? [PR 4.15.] [ ]  YES [ ]  NO

If YES, how will support be provided? If NO, explain.

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**Evaluation**

1. Will the program director meet with each fellow quarterly to review the fellow’s surgical results and outcomes to ensure progress in obtaining the required surgical experiences and developing all required proficiencies? [PR 5.1.h.] [ ]  YES [ ]  NO

If NO, explain.

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1. Will the program use multiple evaluators as a component of an objective performance evaluation? [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)

1. Will the program meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones? [PR 5.1.c.]

 [ ]  YES [ ]  NO

If NO, explain.

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

If NO, explain.

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1. Will the fellow’s final evaluation: [PR 5.2.b.-5.2.d.]

[ ] 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?

 [ ]  YES [ ]  NO

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

[ ]  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 and Quality Improvement**

* 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 fellows have the opportunity to participate in 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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**Transitions of Care**

1. How will the program ensure that fellows are competent in communicating with team members in the hand-over process? [PR 6.19.b.]

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**In-House Night Float**

1. Will the program employ a night float rotation? ☐ YES ☐ NO
2. What will be the maximum number of consecutive weeks fellows are assigned night float?
[PR 6.26.a.] [ # ]
3. How many weeks per year will fellows be assigned night float? [PR 6.26.a.] [ # ]

**Institutional Operative Experience**

The Institutional Operative Experience Report is used to provide information on the operative procedures available on the congenital cardiac surgery service for fellows. The report also provides for totals. It is assumed that the totals provided for all participating hospitals 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 congenital cardiac service at each participating site for a recent one-year period (academic year, calendar year). Do not limit procedures to those in which a 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.

| **Major Operations** | **Site #1** | **Site #2** |
| --- | --- | --- |
| Anomalous coronary artery from the pulmonary artery repair | # | # |
| Aortic arch reconstruction (including coarctation, interrupted aortic arch (IAA) repair) | # | # |
| Aortic valve repair | # | # |
| Aortic valve replacement | # | # |
| Aortopulmonary window closure | # | # |
| Arrythmia surgery | # | # |
| Arterial switch procedure | # | # |
| Atrial septal defect (primum or sinus venosus) closure with or without partial anomalous venous connection | # | # |
| Atrial septectomy | # | # |
| Atrioventricular septal defect repair (complete, incomplete) | # | # |
| Bidirectional Glenn/Hemi-Fontan procedure | # | # |
| Conduit insertion/replacement, isolated | # | # |
| Cor triatriatum repair | # | # |
| Damus-Kaye-Stansel procedure | # | # |
| Double chamber right ventricle repair; discrete, muscular | # | # |
| Double outlet right ventricle repair | # | # |
| Fontan procedure | # | # |
| Mitral valve repair | # | # |
| Mitral valve replacement | # | # |
| Mustard or Senning procedure | # | # |
| Norwood procedure | # | # |
| Other valve repair or replacement | # | # |
| Partial anomalous venous connection repair | # | # |
| Patent ductus arteriosus ligation or division | # | # |
| Pulmonary artery banding | # | # |
| Pulmonary artery unifocalization | # | # |
| Pulmonary valve repair, with or without transannular patch | # | # |
| Pulmonary valve replacement | # | # |
| Rastelli procedure; with or without réparation á l’étage ventriculaire (REV), Nikaidoh procedure | # | # |
| Subaortic stenosis resection; discrete, diffuse, asymmetric septal hypertrophy | # | # |
| Secundum atrial septal defect/patent foramen ovale closure | # | # |
| Sinus of Valsalva aneurysm/fistula repair | # | # |
| Supravalvar aortic stenosis repair | # | # |
| Systemic-to-pulmonary artery shunt procedures | # | # |
| Tetralogy of Fallot repair, with or without pulmonary atresia | # | # |
| Total anomalous venous connection repair | # | # |
| Transplant | # | # |
| Tricuspid valve repair, with or without Ebstein's anomaly | # | # |
| Tricuspid valve replacement | # | # |
| Truncus arteriosus repair | # | # |
| Vascular ring division | # | # |
| Ventricular septal defect repair | # | # |
| **TOTAL** | **Total** | **Total** |