**New Application: Congenital Cardiac Surgery**

**Review Committee for Thoracic Surgery**

**ACGME**

**Introduction**

1. This program will educate fellows for: [PR Int.C.]

one year.  a total of two years with one unaccredited year and one accredited year.

If two years, explain how the program will organize the education program (e.g., first year unaccredited and second year accredited). (Limit response to 400 words)

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**Oversight**

**Participating Sites**

1. Is there a Program Letter of Agreement (PLA) for each participating site providing a required assignment? [PR I.B.2.]  YES  NO
2. Will the program determine all rotations and assignments for both fellows and members of the faculty at all participating sites? [PR I.B.5]  YES  NO

Explain any NO responses.

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1. For participating sites, is the site geographically proximate or able to provide for teleconferencing to ensure that all fellows are able to participate in joint conferences, as well as grand rounds, basic science and clinical conference lectures, journal club, and ongoing quality improvement and patient safety reviews, such as morbidity and mortality reviews. [PR I.B.6.h)]  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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1. Describe how the program will engage in practices that focus on the recruitment and retention of a diverse and inclusive workforce of residents and faculty members. [PR I.C.] (Limit response to 400 words)

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**Resources**

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

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

|  | **Site #1** | **Site #2** |
| --- | --- | --- |
| Chief of Congenital Cardiac Surgery Name | 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 institution 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 I.D.1.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 I.D.1.b)]  
     YES  NO

**Personnel**

**Program Director**

1. Describe the support provided to the program director for the administration of the program. [PR II.A.2.] (Limit response to 400 words)

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1. Describe the support provided to the program director for scholarly activities. [PR II.A.3.c.] (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 II.B.2.g)] (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 II.B.3.a).(1)]  YES  NO
2. In addition to the program director, is there at least one core faculty member for each approved fellowship position? [PR II.B.4.c)]  YES  NO

**Coordinator**

1. Describe the administration support provided for program administration. [PR II.C.1.] (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 II.D.1.]

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 III.A.1.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 IV.A.2.]  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 IV.A.3] (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 IV.B.1.a)] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

* + - 1. Indicate the settings and activities in which residents 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 IV.B.1.b).(1).(a)]] | | |
| conducting pre-operative evaluations  [PR IV.B.1.b).(1).(a).(i)] | Click here to enter text. | Click here to enter text. |
| making therapeutic decisions  [PR IV.B.1.b).(1).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| performing technical operative procedures  [PR IV.B.1.b).(1).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| peveloping and implementing post-operative management plans  [PR IV.B.1.b).(1).(a).(iv)] | Click here to enter text. | Click here to enter text. |

1. Indicate the settings and activities in which residents 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 IV.B.1.b).(1).(b)]

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1. Indicate the settings and activities in which residents 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 IV.B.1.b).(2).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Atrioventricular septal defects  [PR IV.B.1.b).(2).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Arterial switches  [PR IV.B.1.b).(2).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Arch reconstructions, including coarctation procedures  [PR IV.B.1.b).(2).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Repair of Tetralogy of Fallot  [PR IV.B.1.b).(2).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Glenn/Fontan procedures  [PR IV.B.1.b).(2).(a).(vi)] | Click here to enter text. | Click here to enter text. |
| Systemic-to-pulmonary artery shunt procedures  [PR IV.B.1.b).(2).(a).(vii)] | 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 residents 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 IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Methods and techniques of cardiac catheterization  [PR IV.B.1.c).(1).(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 IV.B.1.c).(1).(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 IV.B.1.d)] (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 IV.B.1.e)] (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, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

1. List teaching rounds, conferences, seminars, journal club, etc., in which fellows will participate. 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 IV.C.3.]

| **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 |
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| Name of conference | Frequency | M  E | Party responsible |
| Name of conference | Frequency | M  E | Party responsible |

1. Will fellows and faculty members attend conferences, and attendance documented?   
   [PRs IV.C.3.b).(1)-(2)]  YES  NO
2. Will fellows actively participate in the planning and production conferences? [PR IV.A.3.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 IV.C.4.]  YES  NO
2. Will the program ensure that a fellow and a thoracic surgery resident do not have primary responsibility for the same patients? [PR IV.C.4.a)]  YES  NO

If NO, explain.

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1. Will the program ensure that a fellow is not a teaching assistant for thoracic surgery residents and general surgery chief residents? [PR IV.C.4.b)]  YES  NO

If NO, explain.

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1. Will each fellow have minimum of 75 major congenital cardiac surgery procedures as primary surgeon? [PR IV.C.4.c)]  YES  NO

If NO, explain.

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1. Will each fellow have no more than: [PR : IV.C.4.c) – IV.C.4.c).(1)-(5)]
2. five secundum atrial septal defect patent foramen ovale closures  YES  NO
3. five patent ductus arteriosus ligations and/or divisions  YES  NO
4. five pulmonary artery bandings  YES  NO
5. 10 right ventricle-to-pulmonary artery conduit insertions/replacements; pulmonary valve replacements  YES  NO
6. five other valve repairs or replacements in patients 18 years of age or younger  YES  NO
7. Will each fellow have exposure to [PR : IV.C.4.d) – IV.C.4.d).(1)-(7):
8. total and partial anomalous pulmonary venous connection?  YES  NO
9. aortic arch anomalies causing tracheal compression (vascular rings)?  YES  NO
10. anomalous aortic origin of a coronary artery?  YES  NO
11. 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. Describe the support provided for faculty scholarly activity. [PR IV.D.2.a)] (Limit response to 400 words)

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1. Will faculty members support fellows' participation, as appropriate, in scholarly activities? [PR IV.D.2.c)]  YES  NO

If NO, explain.

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**Evaluation**

1. Will the program director meet with each fellow quarterly to review his or her surgical results and outcomes to ensure progress in obtaining the required surgical experiences and developing all required proficiencies? [PR V.A.1.a).(1)]  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 V.A.1.c).(1)]  YES  NO

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

Faculty members (including the program director)

Peers

Residents and fellows in other specialties

Self

Patients 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 V.A.1.d).(1)]

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 V.A.2.a)]  YES  NO

If NO, explain.

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1. Will the fellow’s final evaluation: [PR V.A.2.a).(1)-(2).(d)]

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

include Milestones and Case Logs as tools to ensure fellows are able to engage in autonomous practice?

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

consider recommendations from the Clinical Competency Committee?

be shared with the fellow upon completion of the program?

**The Learning and Working Environment**

**Patient Safety and Quality Improvement**

* 1. Describe one formal educational activity that promotes patient safety-related goals, tools, and techniques. [PR VI.A.1.a).(2)] (Limit response to 400 words)

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* 1. Describe one activity intended to teach fellows how to disclose adverse events to patients and families. [PR VI.A.1.a).(4).(a)] (Limit response to 400 words)

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* 1. Will fellows must have the opportunity to participate in interprofessional quality improvement activities? [PR VI.A.1.b).(3).(a)] ☐ YES ☐ NO

If NO, explain.

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**Transitions of Care**

1. Will the program ensure that fellows are competent in communicating with team members in the hand-over process? [VI.E.3.c)] ☐ YES ☐ NO

**In-House Night Float**

1. What will be the maximum number of consecutive weeks fellows are assigned night float?   
   [PR VI.F.6.a)] [ # ]
2. How many weeks per year will fellows be assigned night float? [PR VI.F.6.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 period cited for the report should show one complete academic year.

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