**New Application: Thoracic Surgery - Integrated**

**Review Committee for Thoracic Surgery**

**ACGME**

**Introduction**

**Length of Program**

1. Integrated Program: 72 months of thoracic surgery education (completed in one institution unless otherwise approved by the American Board of Thoracic Surgery) following completion of an MD or DO degree from an institution accredited by the Liaison Committee of Medical Education (LCME) or by the Commission on Osteopathic College Accreditation (COCA)Graduates of medical schools from countries other than the United States or Canada must present evidence of final certification by the Education Commission for Foreign Medical Graduates (ECFMG). [PR Int.C.1.]
2. 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 Int.C.1.a)] [ ]  YES [ ]  NO

b. Will the last year of the program comprise chief resident responsibility on the thoracic surgery service at the primary clinical site or at an approved participating site? [PR Int.C.1.b)]
 [ ]  YES [ ]  NO

If “NO,” explain.

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c. 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 Int.C.2] [ ]  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 I.B.1.a).(1)] [ ]  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 I.B.1.a).(2)]
 [ ]  YES [ ]  NO

If “NO,” explain.

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1. Is there a Program Letter of Agreement (PLA) for each participating site providing a required assignment? [PR I.B.2.] [ ]  YES [ ]  NO
2. At each participating site, will there be one faculty member, designated by the program director, who is accountable for resident education for that site? [PR I.B.3.a)] [ ]  YES [ ]  NO

If “NO,” explain.

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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, fellows, faculty members, senior administrative staff members, and other relevant members of its academic community. [PR I.C.]

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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 I.D.1.a).(1)] [ ]  YES [ ]  NO
3. A comprehensive database for thoracic, adult cardiac, and congenital cardiac disease
[PR I.D.1.a).(2)] [ ]  YES [ ]  NO
4. Access to a learning resources laboratory for resident education and remediation [PR I.D.1.b)]
 [ ]  YES [ ]  NO

**Personnel**

**Program Director**

1. Will the program director, at a minimum, be provided support and dedicated time equal to 20% FTE for administration of the program? [PR II.A.2.a)] [ ]  YES [ ]  NO

If “NO,” explain.

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1. Will there be support for an associate program director for any program with 10 or more residents? [PR II.A.2.c)] [ ]  YES [ ]  NO [ ]  N/A

If “NO,” explain.

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1. Will program directors who oversee programs with 10 or more residents or fellows in both programs combined appoint an associate program director? [PR II.A.2.c)]
 [ ]  YES [ ]  NO [ ]  N/A

If “NO,” explain.

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1. Describe the program director’s experience educating thoracic surgery residents/fellows. [PR II.A.3.d)] (Limit response to 400 words)

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1. Does the program director have documented participation in the Thoracic Surgery Directors’ Association? [PR II.A.3.e)] [ ]  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 II.A.3.f)] (Limit response to 400 words)

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1. Will the program provide opportunities for faculty members to participate in faculty development activities relating to resident evaluation and teaching? [PR II.A.3.f)] [ ]  YES [ ]  NO

Explain if “NO.”

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

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 II.B.2.f)] [ ]  YES [ ]  NO

Explain if “NO.”

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**Program Coordinator**

1. Will the institution provide additional administrative support to the coordinator if responsible for more than 20 residents and/or fellows in all programs combined? [PR II.C.2.a)] [ ]  YES [ ]  NO

Explain if “NO.”

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**Other Program Personnel**

1. Will there be sufficient professional, technical, and clerical personnel for the effective administration of the program? [PR II.D.] [ ]  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 III.B.1] [ ]  YES [ ]  NO

Explain if “NO.”

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**Resident Transfers**

1. 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 III.C.5.] [ ]  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 IV.A.1] [ ]  YES [ ]  NO
	1. Will the program’s aims must be made available to program applicants, residents, and faculty members? [PR IV.A.1] [ ]  YES [ ]  NO

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 IV.A.2.] [ ]  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 IV.A.3] [ ]  YES [ ]  NO

Explain if “NO.”

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1. Will residents be provided with protected time to participate in core didactic activities? [PR IV.A.4.a)] [ ]  YES [ ]  NO

Explain if “NO.”

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**ACGME Competencies**

**Professionalism**

1. Describe the learning activity, other than lecture, through which residents will demonstrate a commitment to professionalism 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. 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 IV.B.1.b).(1).(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. Also indicate the method(s) that will be used to assess competence. [PR IV.B.1.b)]

| **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 IV.B.1.b).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Demonstrate competence in the use information technology as it pertains to and supports patient care[PR IV.B.1.b).(2).(b)] | Click here to enter text. | Click here to enter text. |
| Demonstrate competence in pre- and post-operative care[PR IV.B.1.b).(2).(c)] | Click here to enter text. | Click here to enter text. |
| Demonstrate competence in evaluation of diagnostic studies[PR IV.B.1.b).(2).(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 IV.B.1.b).(2).(e).(i)] | 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 IV.B.1.b).(2).(e).(ii)] | 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 IV.B.1.b).(2).(e).(iii)] | 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 IV.B.1.b).(2).(e).(iv)] | 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 IV.B.1.c)]

| **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 IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Use of cardiac and respiratory support devices[PR IV.B.1.c).(2)] | 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 IV.B.1.d)] (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 IV.B.1.d).(1).(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 IV.B.1.e)] (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 families across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, and with physicians, other health professionals, and health-related agencies. Describe how this will be assessed by the program. [PR IV.B.1.e).(1).(a)-b)] (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 IV.B.1.e).(1).(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 IV.B.1.e).(1).(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 IV.B.1.e).(1).(f)] (Limit response to 400 words)

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**Systems-based Practice**

1. Describe how residents will demonstrate competence in practicing 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 IV.B.1.f).(1).(g] (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 IV.B.1.f).(1).(g).(i)] …………………… [ ]  YES [ ]  NO

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 IV.C.3.

| **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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1. Will conference records be maintained to document resident and faculty attendance?
[PR IV.C.3.a)] [ ]  YES [ ]  NO

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, cardiothoracic, cardiac) of the program and for each year of the educational program for all clinical assignments? [PRIV.C.4.] [ ]  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 IV.C.5.] (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 IV.C.6.] (Limit response to 400 words)

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1. Describe how resident experiences will be carefully structured to ensure graded levels of responsibility, continuity in patient care, a balance between education and clinical service, and progressive clinical experiences. [PR IV.C.7] (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 IV.C.8.a)] [ ]  YES [ ]  NO

Explain if “NO.”

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1. Will the program ensure that the remainder of 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 IV.C.8.b)]
 [ ]  YES [ ]  NO

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).(1).(2)] [ ]  YES [ ]  NO

a. 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 [ ]  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. [ ]  YES [ ]  NO

If “NO,” explain.

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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 IV.C.9.b)] [ ]  YES [ ]  NO

If “NO,” explain.

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1. Will the program have documented operative experience attesting that the residents:
2. participate in the risk assessment, diagnosis, pre-operative planning, and selection of operation for a patient? [PR IV.C.9.c).(1)] [ ]  YES [ ]  NO
3. perform technical manipulations that constitute the essential parts of a patient's operation? [PR IV.C.9.c).(2)] [ ]  YES [ ]  NO
4. have significant involvement in post-operative care? [PR IV.C.9.c).(3)] [ ]  YES [ ]  NO
5. are supervised by the responsible faculty member(s)? [PR IV.C.9.c).(4)] [ ]  YES [ ]  NO

If “NO” to any of the above, explain.

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1. Will the program ensure that assignments to non-procedural areas are limited to a maximum of three months during the final three years, but not in the chief year of the program?
[PR IV.C.10-10.a)] [ ]  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? [IV.C.11] [ ]  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? [IV.C.12] [ ]  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 IV.C.13.a)] [ ]  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 IV.C.14.a)] [ ]  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 IV.C.14.b).-IV.C.14.b.).(1)] [ ]  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 IV.D.1.b).(1)] [ ]  YES [ ]  NO

If “NO,” explain.

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**Faculty Scholarly Activity**

1. Will the program demonstrate accomplishments in at least three of the domains of scholarly activity as delineated in PR IV.D.2.a)? [ ]  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? [PR IV.D.3.b)] (Limit response to 400 words)

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1. Will the program ensure that each resident demonstrates annual scholarship that results in one or more of the domains of scholarly activity as delineated in PR IV.D.3.c).(1)-(5)?
 [ ]  YES [ ]  NO

If “NO,” explain.

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**Evaluation**

1. Will the program ensure that faculty members directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment and document evaluations at the completion of each assignment? [PR V.A.1.a)-b)] [ ]  YES [ ]  NO
2. Will the program provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones? [PR V.A.1.c)] [ ]  YES [ ]  NO
3. Will the program use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members)? [PR V.A.1.c).(1)] [ ]  YES [ ]  NO

Explain if “NO” to 1-3 above.

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**The Learning and Working Environment**

**Patient Safety**

1. Will the program provide formal educational activities that promote patient safety-related goals, tools, and techniques? [PR VI.A.1.a).(2)] [ ]  YES [ ]  NO

Explain if “NO.”

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1. Will the program ensure that residents participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions? [PR VI.A.1.a).(2).(b)]
 [ ]  YES [ ]  NO

Explain if “NO.”

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1. Will the program ensure that residents receive training in how to disclose adverse events to patients and families? [PR VI.A.1.a).(4).(a)] [ ]  YES [ ]  NO

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 VI.A.1.a).(3).(a)] [ ]  YES [ ]  NO

Explain if “NO.”

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1. Will residents have the opportunity to participate in interprofessional quality improvement activities? [PR VI.A.1.b).(2).(b)] [ ]  YES [ ]  NO

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 VI.A.2.a).(2)] (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 VI.A.2.e)] [ ]  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 VI.B.2.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 VI.E.2.a)] (Limit response to 400 words)

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**In-House Night Float**

1. What is the maximum number of consecutive weeks residents will be assigned night float?
[PR VI.F.6.a)] [ # ]

2. How many months per year will residents be assigned night float? [PR VI.F.6.a).] [ # ]

**Operative Experience Report-Total Program**

1. The Operative Experience Report for sites is used to provide information on the operative procedures available on the thoracic surgery service for resident education. 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 period cited for the report should demonstrate the most recent complete academic year.

2. In 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.

3. For each participating site, provide the total number of cases available for resident education in the "Total Cases" column. List “Other” procedures in an appendix, with each procedure specified.

4. In completing the last column, "Total: All Sites," provide the total for all operative procedures performed on the thoracic surgery service.

For the most recent complete academic year, provide the data requested below regarding the number of procedures performed at each site that participates in the program. If there are more than four participating sites in the program, duplicate this form before completing it.

Provide data in the column labeled “Res Cases” (Resident cases) only if the institution already sponsors an ACGME-accredited thoracic surgery program in a different format.

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| Dates of One Complete Academic Year Covered: | Click here to enter a date. to Click here to enter a date. |
| Which track will residents pursue? | [ ]  General Thoracic | [ ]  Cardiothoracic | [ ]  Cardiac |

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

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

| **TYPE OF OPERATION** | **Sponsor Institution** | **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** | **#** | **#** | **#** | **#** | **#** | **#** | **#** | **#** |