**New Application: Thoracic Surgery**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**Submission for Initial Accreditation:** This Advanced Specialty Application is for programs applying for **Initial Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for the application to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Thoracic Surgery. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

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| --- |
| Program Name:Click here to enter text. |

**Table of Contents**

When the forms are completed forms, **number each page sequentially in the bottom center**. Report this pagination in the Table of Contents and submit this cover page with the completed application.

|  |  |
| --- | --- |
| **Advanced Specialty Application**   | **Page(s)**   |
| **Int. Introduction**  | #   |
| Duration of Education   | #   |
| **I. Institution**  | #   |
| I.A. Sponsoring Institution   |  #    |
| I.B. Participating Sites   | NA  |
| **II. Program Personnel and Resources**  | #   |
| II.A. Program Director   | #   |
| II.B. Faculty   | #   |
| II.C. Other Program Personnel   | NA   |
| II.D. Resources   | #   |
| **III. Resident Appointment**  | #   |
| III.A. Eligibility Criteria   | NA   |
| III.B. Number of Residents   | #   |
| III.C. Resident Transfers  | NA  |
| III.D. Appointment of Fellows and Other Learners  |  NA |
| **IV. Specialty-Specific Educational Program**  | #   |
| IV.A. ACGME-I Competencies  | #   |
| IV.B. Regularly Scheduled Educational Activities  | #  |
| IV.C. Clinical Experiences   | #  |
| IV.D. Scholarly Activity  | NA |
| **V. Evaluation**  |   |
| **VI. The Learning and Working Environment**  | NA  |
| Appendix A. Formal Didactic Sessions by Academic Year   | #   |
| Appendix B. Patient Population Data   | #   |

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**Introduction**

**Duration and Scope of Education**

* + - 1. What will be the length, in months, of the educational program?

Choose an item.

**Institutions**

**Sponsoring Institution**

1. Will the Sponsoring Institution have an administrative and academic structure to provide the following, dedicated to the needs of the program?
2. Alleviation of resident fatigue [ ] YES [ ] NO
3. Appointment of residents [ ] YES [ ] NO
4. Appointment of teaching faculty members [ ] YES [ ] NO
5. Educational resources [ ] YES [ ] NO
6. Financial resources [ ] YES [ ] NO
7. Provision for patient safety [ ] YES [ ] NO
8. Sufficient ancillary personnel [ ] YES [ ] NO
9. Support for program evaluation [ ] YES [ ] NO
10. Support for program planning [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will the Sponsoring Institution provide the following support?
2. At least 25 percent salary support for the program director [ ] YES [ ] NO
3. Faculty development in education and teaching for the program director [ ] YES [ ] NO
4. Faculty development in education and teaching for the members of the faculty [ ] YES [ ] NO
5. Resident attendance at local and international professional meetings [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Program Personnel and Resources**

**Program Director**

1. Will the program director document formal faculty development activities in education and teaching, such as the following?
2. Engagement in the education of thoracic surgery residents [ ] YES [ ] NO
3. Engagement in the scholarly productivity of thoracic surgery residents [ ] YES [ ] NO
4. Participation at local and international program director workshops and other educational activities (e.g., development activities to improve faculty members’ teaching and evaluation skills, continuing education activities related to education, development of new skills in their specialty to improve patient care, and scholarly activities) [ ] YES [ ] NO
5. Participation in medical student education [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program director develop and implement policies and procedures governing pre- and post-hospital involvement of residents? (Limit 300 words)

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1. How will the program director ensure that the content of resident evaluations of faculty members does not adversely affect resident progression? (Limit 300 words)

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**Faculty**

1. List the designated cardiothoracic faculty member(s) who will be responsible for coordinating multidisciplinary clinical conferences.

|  |
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1. Will the faculty member(s) listed above organize the following?
	1. Instruction in general thoracic surgery [ ] YES [ ] NO
	2. Research in general thoracic surgery [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Complete the table below with the faculty members who will routinely direct conferences.

Add rows as needed.

|  |  |
| --- | --- |
| Name of Faculty Member | Specialty |
|  |  |
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**Resources**

1. Will residents have access to information services that include the following?
2. A comprehensive data base for adult cardiac disease [ ] YES [ ] NO
3. A comprehensive data base for congenital cardiac disease [ ] YES [ ] NO
4. A comprehensive data base for thoracic disease [ ] YES [ ] NO
5. An on-site library or electronic access to appropriate texts and journals [ ] YES [ ] NO
6. Electronic retrieval of patient information [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure there is access to and active participation in clinical databases used to assess and improve patient outcomes? (Limit 300 words)

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**Resident Appointment**

**Number of Residents**

1. Will a minimum of one thoracic surgery resident always be appointed to each year of the educational program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating residents demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate the following?
2. Compassion, integrity, and respect for others
3. Responsiveness to patient needs that supersedes self-interest
4. Respect for patient privacy and autonomy
5. Accountability to patients, society, and the profession
6. Sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
7. High standards of ethical behavior, continuity of care (pre-operative, operative, and post-operative)
8. Honesty, dependability, and commitment

Provide examples of how skill will be evaluated in four of the six areas listed. (Limit 400 words)

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**Patient Care and Procedural Skills**

1. How will graduating residents demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this will be evaluated. (Limit 300 words)

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* + - 1. How will graduating residents demonstrate competence in the following?
1. Developing and executing patient care plans, using information technology, and evaluating diagnostic studies
2. Providing pre-operative management, including the selection and timing of operative intervention and the selection of appropriate operative procedures
3. Providing post-operative management of thoracic and cardiovascular patients
4. Providing critical care of patients with thoracic and cardiovascular surgical disorders, including trauma patients, whether or not operative intervention is required

Provide examples of how competence will be evaluated in two of the four areas listed. (Limit 250 words)

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1. How will graduating residents demonstrate competence in correlating the pathologic and diagnostic aspects of cardiothoracic disorders, including the following?
2. Demonstrating skill in diagnostic procedures (e.g., bronchoscopy and esophagoscopy)
3. Interpreting appropriate imaging studies (e.g., ultrasound, computed tomography, roentgenographic, radionuclide, cardiac catheterization, pulmonary function, and esophageal function studies)

Provide examples of how competence will be evaluated in both areas listed. (Limit 250 words)

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1. How will graduating residents demonstrate competence in executing core procedures, including for the following?
2. Congenital heart anomalies
3. Endovascular stents
4. Esophagus, mediastinum, and diaphragm
5. Lungs, pleura, and chest wall
6. Myocardial revascularization
7. Thoracic aorta and great vessels
8. Valvular heart diseases

Provide examples of how competence will be evaluated in four of the seven areas listed. (Limit 400 words)

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1. How will graduating residents demonstrate competence in providing outpatient care, including the following?
2. Examining patients pre-operatively, consulting with the attending surgeon regarding operative care, and participating in the surgery and post-operative care
3. Seeing patients personally in an outpatient setting and consulting with the attending surgeon regarding the follow-up care rendered in the doctor's office

Provide examples of how competence will be evaluated in both areas listed. (Limit 250 words)

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**Medical Knowledge**

* + - 1. How will graduating residents demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate knowledge of current medical information and their ability to critically evaluate scientific information?

Describe how knowledge will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate knowledge of the following?
	1. Abnormalities of the great vessels
	2. Abnormalities of the heart valves
	3. Congenital anomalies of the chest
	4. Congenital anomalies of the heart
	5. Coronary artery disease
	6. Diseases of the chest wall
	7. Diseases of the diaphragm
	8. Diseases of the esophagus
	9. Diseases of the lungs
	10. Diseases of the trachea
	11. Management of chest injuries
	12. Tumors of the mediastinum
	13. Use of cardiac support devices
	14. Use of respiratory support devices

Provide examples of how knowledge will be evaluated in seven of the 14 areas listed.
(Limit 700 words)

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**Practice-based Learning and Improvement**

1. How will graduating residents demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning?

Describe how this will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate they have developed skills and habits to be able to meet the following goals?
2. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
3. Identify and perform appropriate learning activities
4. Incorporate formative evaluation feedback into daily practice
5. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
6. Practice lifelong learning, analyze personal practice outcomes, and use information technology to optimize patient care
7. Participate in the education of patients, patients’ families, students, other residents, and other health professionals
8. Set learning and improvement goals
9. Systematically analyze clinical practice using quality improvement methods, and implement changes with the goal of practice improvement
10. Use information technology to optimize learning

Provide examples of how skills will be evaluated in four of the nine areas listed. (Limit 400 words)

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**Interpersonal and Communication Skills**

1. How will graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals?

Describe how these skills will be evaluated. (Limit 300 words)

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* + - 1. How will graduating residents demonstrate their ability to:
1. communicate effectively with patients, patients’ families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
2. communicate effectively with physicians, other health professionals, and health-related agencies;
3. work effectively as a member or leader of a health care team or other professional group;
4. act in a consultative role to other physicians and health professionals; and,
5. maintain comprehensive, timely, and legible medical records, if applicable?

Provide examples of how skill will be evaluated in three of the five areas listed. (Limit 300 words)

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**Systems-based Practice**

1. How will graduating residents 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?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate their ability to:
2. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
3. coordinate patient care within the health care system relevant to their clinical specialty;
4. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
5. advocate for quality patient care and optimal patient care systems;
6. work in interprofessional teams to enhance patient safety and improve patient care quality;
7. participate in identifying system errors and implementing potential systems solutions; and,
8. practice cost-effective care without compromising quality, promote disease prevention, demonstrate risk-benefit analysis, and know how different practice systems operate to deliver care?

Provide examples of how skill will be evaluated in four of the seven areas listed. (Limit 400 words)

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**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Will the didactic curriculum include the following?
	1. Abnormalities of the great vessels [ ] YES [ ] NO
	2. Abnormalities of the heart vessels [ ] YES [ ] NO
	3. Congenital anomalies of the chest [ ] YES [ ] NO
	4. Congenital anomalies of the heart [ ] YES [ ] NO
	5. Diseases of the chest wall [ ] YES [ ] NO
	6. Diseases of the diaphragm [ ] YES [ ] NO
	7. Diseases of the esophagus [ ] YES [ ] NO
	8. Diseases of the lungs [ ] YES [ ] NO
	9. Diseases of the trachea [ ] YES [ ] NO
	10. Management of chest injuries [ ] YES [ ] NO
	11. Surgical care of coronary artery disease [ ] YES [ ] NO
	12. Tumors of the mediastinum [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Clinical Experiences**

1. Complete Appendix B., Patient Population Data, and attach to submission.
2. Will residents have documented experiences, supervised by responsible faculty/teaching staff members, including the following?
	1. Participation in diagnosis [ ] YES [ ] NO
	2. Pre-operative planning [ ] YES [ ] NO
	3. Selection of appropriate operative procedures [ ] YES [ ] NO
	4. Performing those technical manipulations that constitute the essential parts of the patient’s operation [ ] YES [ ] NO
	5. Substantial involvement in post-operative care of patients [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will the planned educational experiences include at least 24 months in core surgical education?

 [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. If the program is 72 months in length, will there be a maximum of 36 months of core surgical education? [ ] YES [ ] NO [ ] NA
2. If the program is 84 months in length, will there be a maximum of 42 months of core surgical education? [ ] YES [ ] NO [ ] NA

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the sequencing of thoracic surgery educational components be determined so that there is a cohesive, progressive, and longitudinal educational experience? (Limit 400 words)

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1. Will resident experiences in thoracic surgery include the following?
	1. Critical care of patients [ ] YES [ ] NO
	2. Management of chest injuries [ ] YES [ ] NO
	3. Operative care of patients [ ] YES [ ] NO
	4. Peri-operative care of patients [ ] YES [ ] NO
	5. Surgical care of abnormalities of the great vessels and heart valves [ ] YES [ ] NO
	6. Surgical care of congenital anomalies of the chest and heart [ ] YES [ ] NO
	7. Surgical care of coronary artery disease [ ] YES [ ] NO
	8. Surgical care of diseases of the chest wall [ ] YES [ ] NO
	9. Surgical care of diseases of the diaphragm [ ] YES [ ] NO
	10. Surgical care of diseases of the esophagus [ ] YES [ ] NO
	11. Surgical care of diseases of the lungs [ ] YES [ ] NO
	12. Surgical care of diseases of the trachea [ ] YES [ ] NO
	13. Surgical care of tumors of the mediastinum [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure residents provide pre-operative management, including the selection and timing of operative intervention and selection of appropriate operative procedures? (Limit 400 words)

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1. How will the program ensure residents provide post-operative management of thoracic and cardiovascular patients? (Limit 400 words)

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1. How will the program ensure residents provide critical care to patients with thoracic and cardiovascular surgical disorders, including trauma patients, whether or not surgical intervention is needed? (Limit 400 words)

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1. Will residents have opportunities to demonstrate skill in diagnostic procedures, such as bronchoscopy and esophagoscopy? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Will residents have opportunities to demonstrate skill in imaging studies, including in the following?
2. Cardiac catheterization [ ] YES [ ] NO
3. Computed tomography [ ] YES [ ] NO
4. Esophageal function [ ] YES [ ] NO
5. Pulmonary function [ ] YES [ ] NO
6. Radionuclide [ ] YES [ ] NO
7. Roentgenographic [ ] YES [ ] NO
8. Ultrasound [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure each resident has a minimum of 125 major cases annually? (Limit 400 words)

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1. Will residents have operative experience in the following categories of procedures?
	1. Chest wall [ ] YES [ ] NO
	2. Congenital heart anomalies [ ] YES [ ] NO
	3. Diaphragm [ ] YES [ ] NO
	4. Esophagus [ ] YES [ ] NO
	5. Lungs [ ] YES [ ] NO
	6. Mediastinum [ ] YES [ ] NO
	7. Myocardial revascularization [ ] YES [ ] NO
	8. Pleura [ ] YES [ ] NO
	9. Thoracic aorta and great vessels [ ] YES [ ] NO
	10. Valvular heart diseases [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will residents have the following additional educational experiences?
2. Cardiac pacemaker implantation [ ] YES [ ] NO
3. Endoscopic approaches to esophageal diseases [ ] YES [ ] NO
4. Endoscopic approaches to thoracic diseases [ ] YES [ ] NO
5. Endoscopic ultrasound [ ] YES [ ] NO
6. Endovascular stents [ ] YES [ ] NO
7. Flexible bronchoscopy [ ] YES [ ] NO
8. Flexible esophagoscopy [ ] YES [ ] NO
9. Mediastinoscopy [ ] YES [ ] NO
10. Multidisciplinary approaches to the treatment of thoracic malignancy [ ] YES [ ] NO
11. Pleuroscopy [ ] YES [ ] NO
12. Rigid bronchoscopy [ ] YES [ ] NO
13. Rigid esophagoscopy [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure that residents obtain an adequate volume of operative experience and an appropriate distribution of categories and complexities of procedures so that each resident has a balanced and equivalent clinical education? (Limit 300 words)

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1. Will residents have outpatient responsibilities? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. If the answer to Question17 is ‘YES,’ will residents have the opportunity to do the following?
2. Consult with the attending surgeon pre-operatively regarding operative care of the assigned patients Consult with the attending surgeon regarding follow-up care of assigned patients in the doctor’s office [ ] YES [ ] NO
3. Examine assigned patients pre-operatively [ ] YES [ ] NO
4. Participate in their assigned patients’ post-operative care [ ] YES [ ] NO
5. Participate in their assigned patients’ surgery [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will the curriculum include education in the following?
2. Adult cardiac surgery [ ] YES [ ] NO
3. Advanced laparoscopic surgery [ ] YES [ ] NO
4. Basic laparoscopic surgery [ ] YES [ ] NO
5. Congenital cardiac surgery [ ] YES [ ] NO
6. Oncology [ ] YES [ ] NO
7. Surgical critical care [ ] YES [ ] NO
8. Thoracic surgery [ ] YES [ ] NO
9. Transplantation [ ] YES [ ] NO
10. Trauma management [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 300 words)

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1. Will residents have assignments in non-surgical areas? [ ] YES [ ] NO
	1. List the most common non-surgical areas to which residents will be assigned.

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* 1. If the program is 72 months in length, will the experience in non-surgical areas exceed three months? [ ] YES [ ] NO
	2. If the program is 84 months in length, will the experience in non-surgical areas exceed four months? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. When will experiences in non-surgical areas occur? (Limit 250 words)

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1. Will the last year of the educational program include chief resident responsibility on the thoracic surgery service at the primary clinical site? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. If ‘YES’ to Question 21, will residents assume senior responsibility for the pre-, intra-, and post-operative care of patients with thoracic and cardiovascular disease during the chief year? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. How will the program ensure the chief thoracic surgery resident and a fellow (advanced learner) do not have primary responsibility for the same patients? (Limit 25 words)

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**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the residency, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which residents will rotate, using the format below. If attended by residents from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number:                Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to Thoracic Surgerya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of thoracic surgery, including approaches to clinical work with minority populations.d) Weekly, for 8 sessions.02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective Y-4c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If resident attendance will be monitored, explain how this will be accomplished and how feedback will begiven regarding non-attendance. (Limit 250 words)

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**Appendix B. Patient Population Data**

Complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B.). Numbers should reflect total volume at each participating site to which residents will rotate.

Participating sites are indicated by a number that must correspond to the number designated for that site in ADS. The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank. If additional sites are planned, add columns as needed.

The data in Table 1 below is for the following one-year period:

From: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Table 1. Operative and Procedural Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedures** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Congenital Heart Disease |  |  |  |  |
| **Adult Cardiac Experience**  |
| Acquired Valvular Heart Disease |  |  |  |  |
| Myocardial Revascularization |  |  |  |  |
| Re-Do Sternotomy |  |  |  |  |
| Interventional skills or procedures |  |  |  |  |
| Conduit dissection and Preparation |  |  |  |  |
| Aortic procedures |  |  |  |  |
| Arrhythmia Surgery |  |  |  |  |
| Cardiopulmonary bypass set-up and pump run |  |  |  |  |
| Circulatory Assist/Cardiac Transplant |  |  |  |  |
| **Total Adult Cardiac** |  |  |  |  |
| **Adult Thoracic Experience** |
| Major anatomic resections – lung |  |  |  |  |
| Major VATS/Robotic anatomic resection – lung |  |  |  |  |
| Biopsy/Wedge resection – lung |  |  |  |  |
| **Total Lung** |  |  |  |  |
| Pleura – major |  |  |  |  |
| Pleura – minor |  |  |  |  |
| **Total Pleura** |  |  |  |  |
| Chest wall and diaphragm |  |  |  |  |
| Mediastinum |  |  |  |  |
| Tracheobronchial – airway surgery |  |  |  |  |
| Esophagus – Esophagectomy |  |  |  |  |
| Esophagus – Benign major |  |  |  |  |
| **Total Esophagus** |  |  |  |  |
| **Minor procedures** |
| Bronchoscopy – simple |  |  |  |  |
| Bronchoscopy – complex |  |  |  |  |
| **Total Bronchoscopy** |  |  |  |  |
| Mediastinal Assessment – Mediastinoscopy |  |  |  |  |
| Mediastinal Assessment – EBUS/FNA |  |  |  |  |
| Mediastinal Assessment – Chamberlain or Medi |  |  |  |  |
| **Total Mediastinal Assessment** |  |  |  |  |

Required minimum numbers for procedures for graduating residents are listed here:

|  |  |  |
| --- | --- | --- |
| **Procedures** | **Proposed Minimum****Cardiac focused** | **Proposed Minimum****Thoracic focused** |
| Congenital heart disease | 20 | 10 |
| Acquired valvular heart disease | 50 | 25 |
| Myocardial revascularization | 80 | 40 |
| Re-do sternotomy | 15 | 5 |
| Interventional skills or procedures | 20 | 20 |
| Conduit dissection and preparation | 10 | 5 |
| Aortic procedures | 10 | 5 |
| Arrhythmia surgery | 5 | 0 |
| Cardiopulmonary bypass set up and pump run | 4 | 4 |
| Circulatory assist/Cardiac transplant | 10 | 5 |
| **Total Adult Cardiac** | **189** | **104** |
| Major anatomic resections – lung | 30 | 50 |
| Major VATS/Robotic anatomic resection – lung | 5 | 10 |
| Biopsy/Wedge resection – lung | 25 | 40 |
| **Total Lung** | **60** | **100** |
| Pleura – major | 0 | 5 |
| Pleura – minor | 0 | 15 |
| **Total Pleura** | **10** | **20** |
| Chest wall and diaphragm | 3 | 6 |
| Mediastinum | 5 | 10 |
| Tracheobronchial – airway surgery | 0 | 5 |
| Esophagus – esophagectomy | 10 | 20 |
| Esophagus – benign major | 5 | 10 |
| **Total Esophagus** | **15** | **30** |
| Bronchoscopy – simple | 0 | 30 |
| Bronchoscopy – complex | 0 | 10 |
| **Total Bronchoscopy** | **30** | **40** |
| Mediastinal Assessment – mediastinoscopy | 10 | 15 |
| Mediastinal Assessment – EBUS/FNA | 0 | 10 |
| Mediastinal Assessment – Chamberlain or medi | 5 | 5 |
| **Total Mediastinal Assessment** | **20** | **30** |
| Consultation experience – new patients | 50 | 50 |
| Consultation experience – follow-up patients | 50 | 50 |
| **Total consultation experience** | **100** | **100** |
| Multidisciplinary patient management conference | 20 | 20 |
| Thoracic critical care case management | 20 | 20 |
| Cardiac and congenital critical care case management | 20 | 20 |
| **Total Critical Care Case Management** | **75** | **75** |
| Simulation | 20 | 20 |