

Implications of COVID-19 on Training in Cardiothoracic Surgery: A Review of Statements from Graduate Medical Education Governing Bodies*

A Complement to the April 23 Thoracic Surgery Residents Association Interview with Dr. Ara Vaporciyan, President of the Thoracic Surgery Directors Association (TSDA)

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**This is only a resource of Frequently Asked Questions. Answers are not final and are subject to change over time. Trainees should check the respective websites often, and direct specific concerns regarding their training to the [American Board of Thoracic Surgery](#) or [Thoracic Surgery Directors Association](#)*

ACGME Statements

Question 1 On March 13, the ACGME released a statement regarding [Resident/Fellow Education and Training Considerations related to COVID-19](#). What are some of the highlights of that memo, specifically with regards to work hours, rotations, and clinical expectations?

Answer

The ACGME provided initial guidance for essential considerations during the COVID-19 pandemic, specifically that:

1. **Work hours**-must be followed
2. **Rotations**-Above all else, ACGME recognizes that patients must be cared for, and that exigent circumstances may require residents/fellows to be redeployed to meet the needs of patients. Significant changes in resident/fellow education of more than four weeks in duration should be reported to the Executive Director of the applicable Review Committee.
3. **Time Away from Rotations**-“Residents’/fellows’ time away from required rotations, or the program, may affect their Board eligibility.” Citing a statement by the ABMS, the ACGME underscored that trainees and program directors should check with their relevant Boards regarding eligibility requirements and with specific questions about time away from required rotations/the program related to COVID-19.
4. **Clinical and Educational Expectations**-If trainees are required to care for COVID-19 patients, they must be fully trained in appropriate infection control protocols, and should remain supervised as care-providers
5. **Resident/Fellows Health and Travel**-individuals should be informed about the risks of being unable to return to work and/or placed on quarantine.

Question 2

The ACGME has provided a robust [response](#) with additional guidance for training programs during the pandemic. Specifically, they published the “[Three Stages of Graduate Medical Education During the COVID-19 Pandemic](#)”, which is essentially a framework within the ACGME Extraordinary Circumstances Policies and Procedures that underscores the priority of

“all physicians, including residents and fellows, to care for patients to the best of their ability during the pandemic.” What are the Three Stages of GME during the COVID-19 pandemic? Specifically, how each is defined, what ACGME requirements remain in effect, and what sort of flexibility is allotted to training requirements?

Answer

It became clear that across the country, mounting burdens from the COVID-19 pandemic would soon affect programs to varying degrees. Some teaching hospitals would quickly experience large increases in COVID-19 patient populations. Others would see fewer admissions and hospital transfers early on, all the while continuing to plan for anticipated surges in COVID-19 case volume. As such, each stage reflects a different level of burden placed on training programs.

1. **Stage 1** essentially, means residency/fellowship programs follow all relevant accreditation requirements
 - a. **Defined** as: “Business as usual”: No significant disruption of patient care and educational activities; yet there is planning underway for increased clinical demands.
 - b. **Requirements in Effect**: Programs are still governed by Common and Specialty-specific Program Requirements.
 - c. **Flexibility**: Suspension of some ACGME accreditation-related activities.

On March 18, the President and CEO of the ACGME, Dr. Thomas Nasca, wrote a [Letter to the Community](#) that essentially implemented Stage 1 for all programs. This letter suspended accreditation-related activities, including the elimination of required self-study (i.e. SESATS, TSITE), though it remained optional, meanwhile a number of ACGME [site visits](#) and surveys were cancelled. As cited by the ACGME, this was done “to remove as many external burdens to your programs that we can... to allow you to focus on patient care and institutional issues.”

2. **Stage 2** is when programs experience “Increased but manageable clinic demand”
 - a. **Defined** as: “Some residents/fellows need to shift patient care duties; some educational activities are suspended”
 - b. **Requirements in Effect**: Includes all changes outlined in Stage 1, but also follows the “Stage 2: [Increased Clinical Demands Guidance](#) that outlines scenarios where programs must change their structures in order to meet increasing patient needs.”
 - c. In this scenario, the ACGME focuses its Review Committees on ensuring that residency/training programs provide adequate resources in training, such that “residents/fellows must only be assigned to participating sites that ensure the safety of patients and residents/fellows”. Put simply, this means that the ACGME mainly focuses on the following factors when evaluating accreditation:
 - i. Making sure there’s adequate supervision (i.e. resident and patient safety);
 - ii. That work-hour restrictions continue being followed; and
 - iii. If fellows are functioning in their core specialties at their institutions, they must be (1) board-eligible or board-certified, and (2) spend no more 20% of their annual education time in this role in any academic year

3. **Stage 3** is referred to as “Pandemic Emergency Status”

- a. **Defined** as: “Crossing a threshold beyond which the increase in volume and/or severity of illness creates an extraordinary circumstance where routine care education and delivery must be reconfigured to focus only on patient care”
- b. Basically, if exorbitant patient needs create a crisis in the patient care delivery configurations, institutions (but not individual training programs within an institution) can self-declare Stage 3 Pandemic Emergency Status, which lasts for 30 days, and can be renewed if needed.
- c. **Requirements in Effect:** similar to Stage 2 the most essential requirements for work hours and safety remain in place, in order to protect residents/fellows, healthcare teams, and patients
- d. However, unlike Stage 2 requirements, all other Common Program Requirements and specialty-specific Program Requirements are suspended during the time of the declaration. That is, essentially, ACGME intervention for accreditation will only become a concern if residents are abused, or asked to provide services without adequate resources, or are forced to work in areas where they do not have adequate skills or training.

Question 3

There remain several [Frequently Asked Questions](#) brought on by all of these changes. What are the ACGME’s expectations regarding the conduct of didactics during this time, including educational conferences, journal clubs, etc.?

Answer

They have made it clear that “programs should continue to provide education to residents/fellows, when feasible, utilizing remote conferencing technology, web-based resources, and other innovative tools. For future reference, programs should document the educational activities that they are able to provide during the crisis.”

Question 4

“Are programs required to submit Milestones evaluations for the end of the 2019-2020 academic year?”

Answer

“Reporting of Milestones in the second window of this 2019-2020 academic year is optional for all residents/fellows who are not in their final year of education... However, for graduating residents, the program director must still provide a final evaluation for each resident/fellow and be able to attest for future hospital privileges, licensure, and other purposes.”

Question 5

According to the ACGME, if “a resident refuses to work in the ED or the ICU [on a rotation that was previously unscheduled] to care for COVID-19... does the ACGME have any guidance for this situation?”

Answer

Per the ACGME, “... As an accreditor, the ACGME cannot and does not intervene in disputes between individual residents/fellows and their programs. The ACGME does endorse the

statement that the first obligation of every person in the United States is mitigation/control of the COVID-19 pandemic and the moral obligation of all physicians during the pandemic is to do their part in the treatment of its victims. Of course, any resident/fellow must have appropriate training, protective equipment (PPE), and supervision for any clinical role that they are asked to fulfill.”

Question 6

Many have asked if “a program’s residents/fellows be asked to give up or postpone vacation time in order to help with the pandemic”. What does the ACGME say about this?

Answer

“Resident/fellow vacation time is dictated by the policies of the Sponsoring Institution, consistent with applicable laws, and is addressed in the contract/agreement of appointment. A decision to ask a resident/fellow to give up or postpone vacation would need to be consistent with institutional policy and with the terms of the contract/agreement of appointment”.

Question 7

How will the ACGME Review Committees consider the impact of the pandemic on programs in making future accreditation decisions?

Answer

“During the next Annual Update, programs will be able to explain how they were impacted by the COVID-19 [pandemic]... Review Committees will then determine how the disruptions in activities resulting from the pandemic will affect accreditation decisions in the specialty. The Review Committees will focus on programs’ adherence to requirements for resident/fellow safety, supervision, and work hours. Some Review Committees have included additional guidance on this topic in letters to the specialty communities.”

Question 8

Within this framework, on March 27 (Updated April 2) the ACGME President of Surgical Accreditation, Dr. John Potts, penned a [Special Communication to Surgical Program Directors, Including Case Log Requirements](#) in which he similarly aimed to answer some of the questions from surgical residents/fellows and programs. Could you summarize this letter regarding case log minima and the impact on surgical residents/fellows?

Answer

First, it is important to note that “The ACGME does not determine when a resident/ fellow graduates from a program. The program director, with input from the Clinical Competency Committees, must decide whether a resident/fellow has the knowledge, skills, and behaviors necessary to enter autonomous practice and is ready for graduation. In making that determination, the program director has a significant responsibility to both the public and to the resident/fellow. If the resident/fellow disagrees, that decision can be appealed following program and institutional policies.”

Nevertheless... Dr. Potts emphasizes that the primary obligation of every person in the United States is mitigation/control of the COVID-19 pandemic, in line with the priorities of the

ACGME. He underscores once again that “the moral obligation of all physicians during the pandemic is to do their part in the treatment of its victims.”

- a. He also states that “accreditation of programs should be a distant consideration to [these] obligations” but acknowledges that such considerations will “inevitably [arise] in the minds of residents/fellows, faculty members, and program directors.”
- b. Similarly, he emphasizes the essential need for PPE, 80hr work week limitations, as well as appropriate supervision

Question 9

Does the ACGME say if 2020 graduates will need to meet case log minima in order to graduate?

Answer

Regarding **Case Logs and particularly Case Log minima**, Dr. Potts states:

- a. “ACGME case minima were established for program accreditation. They are used by the surgical Review Committees to determine whether a given program offers a volume and variety of cases sufficient for education of the complement of residents/fellows for which the program is accredited.” However, he underscores that “The ACGME Case Log minima were not designed to be a surrogate for the procedural competence”... and that they are not used in that manner by Review Committees.
- b. He reiterates the understanding that the “pandemic is far beyond the control of the programs ...” and recognizes that the current crisis will clearly reduce the number of elective operations performed by the residents/fellows in those programs for the foreseeable future.
- c. Dr. Potts writes: “The Review Committee uses the Case Log minima as one metric in determining the accreditation status of a program. Case Log data has been and will be collected throughout the years a resident/fellow is in the program. Therefore, despite most program requirements being suspended for the duration of a Pandemic Emergency Status, the Review Committees will not waive Case Log minima in making accreditation decisions. Rather, they will be interpreted and applied in light of the impact of the pandemic on a program as expressed ... during the program’s Annual Update. Whether or not a resident/fellow has achieved all the case minima, the Program Director (with input from the Clinical Competence Committee) must decide whether that individual is ready to graduate from the program by virtue of being capable of practicing safely without supervision.”

Question 10

Can residents/fellows graduate from a surgical program without having achieved all the case minima?

Answer

Yes, but “please note that while graduation from an ACGME-accredited program is required for an individual to enter the certification process, simply graduating does not ensure that the

individual will meet all criteria to enter the certification process. Questions regarding eligibility to enter the certification process should be directed to the appropriate certifying board...

Question 11

Does the ACGME say if training will need to be extended for individuals expecting to graduate in 2020?

Answer

In Dr. Potts' comments regarding the **Impact on Individual residents and fellows:**

- a. He states the that “ACGME-accredited programs are obligated to graduate only those residents/fellows who have demonstrated the ability to perform the medical, diagnostic, and surgical procedures considered essential for the area of practice.”
- b. Which means that “it is up to the program director (with input from the program’s Clinical Competence Committee) to assess the procedural competence of an individual resident/fellow”
- c. Finally, he makes it a priority to recognize that a “given individual who has not met all case minima may be deemed by the program director to be surgically competent and be allowed to complete the program, as scheduled... Meanwhile, others who have exceeded all case minima may not be deemed competent. He emphasizes: **These considerations apply at all times.**”
- d. “Due to COVID-19, it is certainly possible that some programs will find it necessary to extend the period of residency/fellowship for some residents/fellows. But, this “must not be viewed as, in any way, reflecting poorly on the affected residents/fellows. It would be a reflection of the program’s obligation to the public, the ACGME, and the residents/fellows themselves” in response to circumstances beyond their control
- e. Dr. Potts highlights that “The ACGME accredits programs [; however,] it does not certify individuals. What an extension of residency/fellowship would mean for a given individual in terms of the board certification process can only be answered by the appropriate certifying board”

Question 12

According to the ACGME, will programs be put on probation if their trainees fail to meet minimum case requirements?

Answer

Not necessarily... “case log minima are only one metric used in determining the accreditation status of a program, but in 2021 they will be reviewed in light of the impact of the COVID-19 pandemic.” That is, an ACGME Review Committee’s decision to confer a status of Continued Accreditation...will be based on all available program data, including other areas of non-compliance that could jeopardize its accreditation status. Therefore, while case logs may be viewed with relatively less weight, the COVID-19 pandemic does not guarantee continued accreditation.

Question 13

Many 2020 graduates have *already* met their case log minima. Meanwhile, younger trainees like those expected to graduate in 2021, may have concerns about their case log minima. Will the ACGME understand if they have troubles meeting their case log requirements? Similarly, should new residents/fellows be concerned that they will be starting behind schedule?

Answer

Dr. Potts points out “...the ACGME recognizes that even a few months can cascade through several years of graduating classes. Again, whether or not a resident/fellow has achieved all the case minima will be viewed in light of evaluations by program directors (with input from the Clinical Competence Committee) when deciding if trainees are ready to graduate and capable of practicing independently without supervision.”

Question 14

If COVID-19 continues for many more months, and case volume remains low throughout the summer, or even later, is there any concern that accepting new residents/fellows will take cases from those who will be graduating soon and need to meet their case minima? Has the ACGME commented if newly ‘Matched’ residents/fellows will undoubtedly have their training prolonged? Or, should programs think about recruiting fewer residents in the next year?

Answer

Dr. Potts’ letter to the community on March 27 highlights that “the current priority is for residents, fellows, and faculty members to fulfill their moral obligation as physicians to do their part in treating the victims of the pandemic” and underscores the fact that “by the time that decision must be made, the program will be much more able to assess the impact of the pandemic on the volume and variety of cases performed by currently enrolled residents/fellows and the cascading effects on future enrollees”

Question 15

The [ABTS put out its own statement](#) on April 6, which were a bit different from those you’ve outlined from the ABS. With particular relevance to senior residents and graduating fellows in cardiothoracic surgery, what has the ABTS stated regarding minimum case requirements?

Answer

1. In citing the March 27 letter from Dr. Potts of the ACGME Surgical Accreditation, the ABTS acknowledged the effect of the pandemic on GME, most specifically that the operative experience of senior Thoracic Surgery Residents and Fellows would undoubtedly decrease.
2. In light of this, they highlighted that Program Directors not only had the duty of maintaining accreditation for the ACGME with respect to traditional cardiothoracic surgery fellowships, integrated programs, and congenital fellowships, but that they had a similar duty to the ABTS to ensure that trainees become proficient for certification

3. That is, the ABTS reiterated that case requirements remain an important measure to establish and validate the public's trust among surgeons who are certified by the ABTS. In this respect, they did not overtly reduce the case log requirements for cardiothoracic surgery trainees.
4. Instead the ABTS instructs Program Directors and Candidates who anticipate problems in achieving the ABTS case requirements to contact the ABTS by phone or email (info@abts.org) by April 30, 2020 in order to request a ruling from the ABTS as to whether or not their current case log or anticipated cases would be acceptable for the purposes of certification. They highlight that, on a case-by-case basis, the ABTS would then be able to inform the Candidate and their Program Director as to whether or not additional training time would be needed.

Question 16

Are there any other important changes to scheduling or board eligibility/certification from the ABTS that trainees should be aware of?

Answer

1. The ABTS.org website outlines a number of changes and postponements in scheduling to board exams. Both cardiothoracic surgery and congenital certification applications will be due between June 22 and August 28, 2020. The Part I (Written) exams will be due December 7, 2020.
2. However, trainees should know that the Part II (Oral) Primary Certification Examination, which was previously scheduled for June 5-6, 2020, has now been tentatively rescheduled for October 16-17, 2020 in Chicago. Meanwhile, The Part II (Oral) Congenital Examination is now tentatively rescheduled for October 15, 2020 in Chicago.
3. Also, exam fees that were paid for the June Orals will transfer to the Oral Exam in the fall. However, if trainees a refund, they can contact the Board at info@abts.org and one will be issued.

Question 17

In response to the ABTS memo, on April 10, the TSDA responded to the COVID-19 Impact on Trainee Case Log Requirements, specifically addressing residents and fellows expecting to graduate in 2020. What did the TSDA say?

Answer

TSDA understands this is a stressful time for all. On April 8, TSDA met with Dr. Putnam, Chair of ABTS to discuss its memo from April 6.

1. Essentially, TSDA letter states that it recognizes that senior resident case volume has gone down as elective surgeries have been curtailed for all specialties.
2. TSDA reiterates that program directors are responsible to both ACGME for accreditation, and to ABTS to ensure proficiency leading to certification, again highlighting that "proficiency" is, in part, validated by case requirements
3. However, TSDA importantly highlights that "First and foremost, Dr. Putnam expressed that the intent of the ABTS is to be flexible when considering specific trainees and any

gaps in their case log minimums that may arise secondary to the impact of COVID-19 on their institution. However, ABTS also has a commitment to certify competent diplomats.” In any case, the TSDA wants to underscore that the “ABTS greatly values the Program Director’s assessment of a candidate’s competency.”

Question 18

What has the TSDA suggested that all trainees preparing to graduate in 2020 do right now?

Answer

1. Ensure all case logs up to date
2. Review numbers in cardiac, thoracic, and/or congenital track
3. If you identify current deficiencies, estimate your ability to meet minimums considering the impact of COVID-19 on your institutional case volume
4. If you see even remote problems meeting case numbers, coordinate with your Program Director and call the ABTS office and/or email at info@abts.org and explain concerns. TSDA letter states by Apr 30, 2020, but as so soon as you realize there could be deficiencies, reach out.
 - a. When contacting ABTS, state your (1) track and path of training; (2) expected graduation date; and (3) case areas where shortfalls are estimated
 - b. If needed, directly contact Dr. Fullerton, ABTS Executive Director