

TSDA

THORACIC SURGERY
DIRECTORS ASSOCIATION

Navigating Off Service Rotations

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Disclosures

- Program director for both traditional and integrated programs
- Initiated an integrated program at my institution
- Member of the thoracic surgery review committee
- Presentation is based on my personal experience
 - I have no scientific data

ACGME Program Requirements

- A minimum of 24 months and a maximum of 36 months of the program
 - Core fundamental surgical care
- Remainder of the curriculum must include education in oncology, transplantation, basic and advanced laparoscopic surgery, surgical critical care and trauma management, thoracic surgery, and adult and congenital cardiac surgery
- Expose residents to the fundamentals of general & cardiothoracic surgery
- Provide residents with the essential knowledge of general surgery & sufficient operative experience

ABTS Case Requirements Junior PGY 1-3

- 375 procedures
 - 125 cardiothoracic procedures
 - Up to 50 can be component cases
 - 150 ABS core cases
 - 100 additional cases

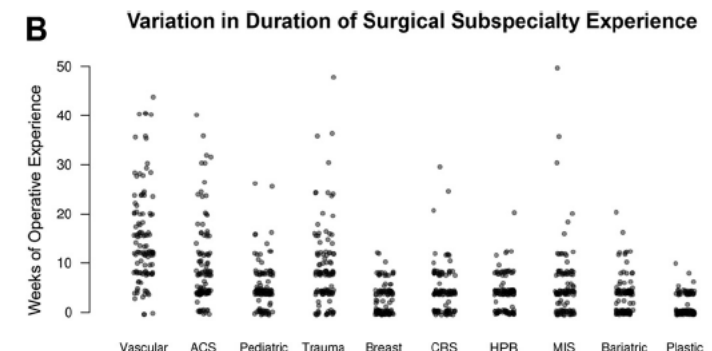
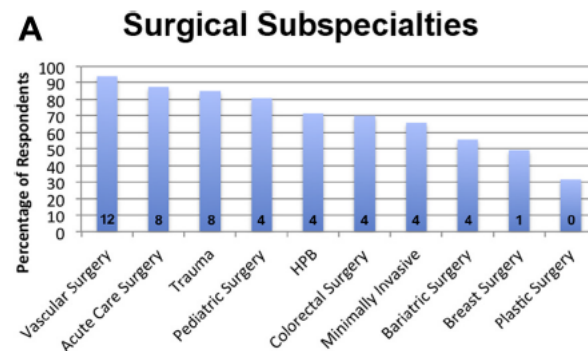
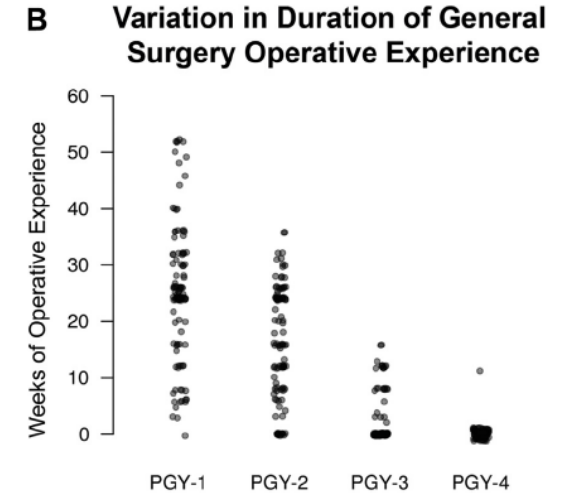
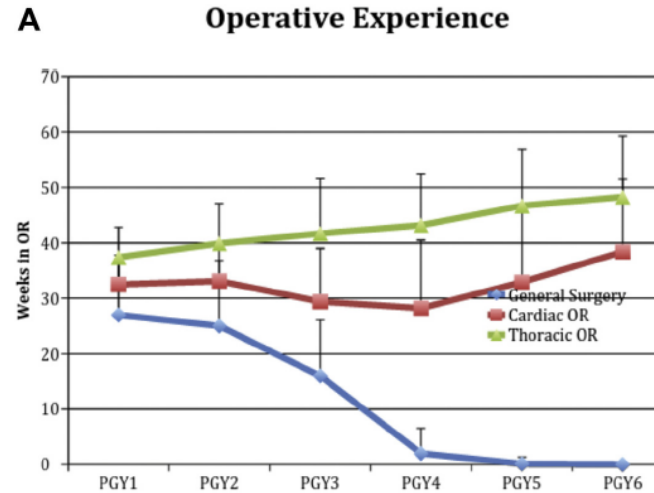
Vascular	25
Skin, Soft Tissue, Breast	10
Head/Neck, Trauma, Plastics	15
Alimentary	20
Abdomen	30
Peds	10
Lap basic	30
Lap advanced	10

Junior Resident Curriculum - Challenges

- The core surgical experience is undefined and can be broadly interpreted
 - Different for thoracic versus cardiac pathways
- The junior I-6 experience is not standardized
- Wide variability in I-6 program curriculum
- Variability in experience of integrated residents on general surgery services
 - From being an extra person on the service to being fully integrated
- Opportunity
 - Each program can customize the junior experience based on their goals and the institution's resources

Survey of Integrated Residents

- I-6 residents taking 2016 ITE exam
 - Surveyed about curricular content
 - 100% response
- Significant variability in rotations
- Over ½ felt they competed with GS residents for experience
- 23% of residents spent $\geq 50\%$ of GS time at hospitals without ACGME surgery programs
 - 10% all GS time



Starting an Integrated Program

- Learned from negative experiences of other specialty integrated programs at my institution
- Ensure there is support from the Department of Surgery and Institution
- Reviewed block diagrams from multiple other programs
- Reviewed goals with general surgery program director (multiple meetings)
 - Choose best rotations for our residents
 - May have to compromise some
- What works for other programs may not work for yours
 - Different resources

Maintaining an Integrated Program

- Frequent resident meetings to review rotations and operative logs
 - Modifications based on meeting objectives
- Meet **at least** annually with the general surgery program director
- Meet with and provide goals with nonsurgical rotation directors
 - Interventional cardiology
- Look for outside opportunities
 - Community hospitals

Our Experience

- Monthly meetings with residents in the first several years
- Continually adapted the program without making large changes at one time
 - Added more cardiothoracic time in junior years
 - Interaction with senior residents was very important
 - Removed rotations with little educational value
 - Added rotations that are more in line with our goals
 - Made some compromises with the general surgery program

Maintaining an Integrated Program

- Set expectations with your residents for off service rotations
 - Mitigate bias against integrated residents
- Thoracic surgery residents should incorporate themselves into the team
 - Attend conferences for that rotation
- Define goals for each rotation
- Communication should be bidirectional
 - Expectations for each rotation
 - Required program didactics and events (interviews, etc)
 - Feedback on resident performance
 - Feedback on rotation experience
- Provide a good experience for general surgery residents on CT rotations

Conclusion

- Starting and maintaining an integrated program can be challenging
- Maintaining a strong relationship with surgical & non-surgical specialties that will be involved in your residents' education is crucial
 - Bi-directional communication
- There should be continual evaluation & evolution of the program curriculum

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Questions?