

TSRA Executive Committee Minutes STS Meeting

Date: January 24, 2010

Call to order: 4:40 pm EST.

Present: Joe Turek, Inderpal (Netu) Sarkaria, Bret Mettler, James Joyce, Shamus Carr, Bryan Whitson, Julian Guitron, Rishi Reddy, Carlos Mery, Beth Winer, John Calhoon (TSDA), George Hicks (TSDA)

Absent: Ramesh Singh, Robroy MacIver, Tom Nguyen, John Stulak

Moderator: Joe Turek

Discussion

1. Approval of minutes for conference call from September 13, 2009.
2. Socrates Award (Netu Sarkaria)
 - a. Socrates Award. The winner of the Socrates Award this year is Dr. William Baumgartner.
 - b. Socrates Award nomination. The process for nomination of the Socrates Award is traditionally headed by the vice-president but some changes happen every year as the process has not been standardized in the bylaws of the TSRA. It was decided to standardize the process for both, the Socrates and the Dr. Dwight McGoon Awards.
 - i. The Socrates Award has traditionally been given to senior physicians while the Dr. Dwight McGoon Award has been given to younger physicians. It was decided to reserve the former for physicians that have completed their clinical training more than 10 years ago and the latter for those that have been out of training for less than 10 years.
 - ii. There was a tie this year for the Socrates Award that was resolved by the Executive Committee. Therefore, the decision has been made to have only one winner each year.
 - iii. There was discussion regarding whether people that had received the Award previously could receive it again after a particular timeframe had elapsed. After discussion and voting, it was decided that in order to celebrate the achievements of a larger number of mentors, prior recipients were not eligible to receive the Award again. A list with prior recipients needs to be formulated by the TSRA.
 - c. Selection process. The following process for selection of both, the Socrates and the Dr. Dwight McGoon Awards, was discussed and approved in voting by the Executive Committee of the TSRA. The process will be incorporated into the bylaws.

- i. The Socrates Award is given every year at the STS meeting, by the TSRA, to an attending physician that has served as an exceptional mentor for cardiothoracic surgery residents. The Dr. Dwight McGoon Award is given every year at the AATS meeting, by the TSRA, to a young attending physician that exemplifies the virtues of a great educator for cardiothoracic surgery residents.
- ii. Eligibility criteria
 1. Nomination by cardiothoracic surgery residents enrolled in an ACGME-approved residency
 2. Socrates Award: Completion of clinical training more than 10 years ago
 3. Dr. Dwight McGoon Award: Completion of clinical training less than 10 years ago
 4. Should have not received the same Award previously
- iii. Selection process
 1. The Vice President of the TSRA opens the nomination period by sending a communication to all thoracic surgery residents
 2. Residents send one or more letters of support nominating a faculty member and specifying the virtues that make that person ideal for the Award
 3. The vice-president puts together all the nominations and sends them to the Executive Committee
 4. Members of the Executive Committee meet to assure that all nominees meet eligibility criteria
 5. Each member of the Executive Committee selects the top 3 candidates in order of preference
 6. The Vice President collects the votes and assigns to the nominee 3 points for each 1st place ranking, 2 points for each 2nd place ranking, and 1 point for each 3rd place ranking
 7. The vice-president sends to the Executive Committee the names of the top 3 nominees for a second round of voting
 8. Each member of the Executive Committee ranks the 3 contenders and the same point system is used to select the winner
 9. If there is a tie for the Award, the nominee with most number of first votes is selected. In case there is a persistent tie, the winner will be selected by votes of the president, vice-president, and secretary of the TSRA from the nominees tied in first place.

3. TSRA luncheon

- a. The luncheon this year at the STS will discuss the future of cardiothoracic surgery from 2 different angles: Dr. Fann will talk about the use of simulation in training and Dr. Cohen will talk about new technologies being used in the field.
- b. As additional announcements, Dr. Yang will briefly talk about the faculty and career development survey and Dr. Feins will discuss a few things about education and new paradigms.

- c. It was mentioned that for future years, it would be interesting to have a professional educator talk about surgical education.
4. Thoracic surgery in-service survey
- a. Every year, the TSRA includes a few questions as part of the in-training exam.
 - b. The survey is limited to 20 questions. The questions have been put together based on the ones used on prior years.
 - c. One of the questions pertaining as to whether simulation would be useful in education has been considered irrelevant as everyone answers affirmatively. A better question could potentially be whether residents have the possibility to use simulation as part of their program.
 - d. The survey questions will be distributed to the Executive Committee in order to get their input. Deadline for submission is February 1st.
5. Electives / fellowships database
- a. The TSRA has been gathering information from cardiothoracic programs identifying opportunities for learning for residents going from short electives to accredited congenital fellowships. The list currently has 17 programs.
 - b. The RRC currently allows residents to do up to a 3-month elective outside of the resident's institution.
 - c. There has been a poor response to surveys and phone calls to program directors and coordinators trying to obtain information on education opportunities. It was proposed that each member of the Executive Committee would call a list of programs and/or residents in order to obtain information to include in the database.
6. Joint Council on Thoracic Surgery Education (Bret Mettler)
- a. The Joint Council was created 2 years ago to advise other organizations on the education of thoracic surgery residents. The TSRA forms part of this advisory committee.
 - b. A few issues with the current state of education have been brought up including whether residents are not as well trained overall as before and whether our surgical educators need some help in defining how to best train residents. The TSDA and the TSRA believe that if we can identify who the best educators / teachers are on each program (people that spend the time teaching residents), they can become point people to help propagate the curriculum and advance thoracic surgery education.
 - i. Each member of the Executive Committee will be assigned a list of residents to contact directly in order to get their input on who the best educators are on each of the programs so they can be contacted by the TSDA and serve as point people to advance the educational curriculum.
 - ii. The Executive Committee will also try to obtain information as to what properties of each individual makes a great surgical educator.
 - iii. The assignment list could also help the TSRA obtain information on the educational opportunities for the database.

- iv. The list with the assignments will be sent and a conference call scheduled in a couple of months to assess the progress of the list. The goal is to turn in the list to the TSDA / Joint Council at the AATS meeting in May.
 - c. The TSDA has developed an on-line curriculum that relies on asynchronous learning (allowing people to learn on times of their own choosing).
 - i. Only 20% of the programs consistently uses the curriculum created by the TSDA. The TSDA is interested in having a more resident-driven curriculum. Residents will be encouraged to identify good presentations and help faculty record the presentations for inclusion in the curriculum.
 - ii. There is currently no curriculum that helps with patient management decision process and skills for the oral boards. The introduction of patient vignettes may help with this issue.
 - iii. Identifying the key educators in each program can help advance the curriculum.
 - d. There is currently no assessment tool to assess learning of educational material and skills in thoracic surgery. A suggestion by the Joint Council is to have residents complete a mandatory quiz on a particular topic every week to encourage residents to read and complete the curriculum.
 - e. All people that applied and didn't match for the 6-year combined programs should be identified and mentored through general surgery in order to keep them interested in cardiothoracic surgery.
7. Facebook website (Rishi Reddy). There is a Facebook website for fans of cardiothoracic surgery. The website is designed to aid in the recruitment of medical students and residents. It includes information on scholarships, interesting articles, etc.
8. AAMC (David Joyce). A very low percentage of our profession is involved in advocacy. It's a significant problem. The TSRA should think of possible ways of getting residents more involved or at least learn how things work in policy and lobbying.

Meeting time: 1:10 hr.

Meeting adjourned by Joseph Turek at 5:50pm EST.

/cm