

## **TSRA Executive Committee Minutes AATS Meeting**

**Date:** May 2, 2010

**Call to order:** 4:03 pm EDT.

**Present:** Joe Turek, Inderpal (Netu) Sarkaria, Bret Mettler, Bryan Whitson, David Joyce, Robroy MacIver, Tom Nguyen, Shamus Carr, Ramesh Singh, John Stulak, Carlos Mery, Beth Winer (TSDA), George Hicks (TSDA)

**Absent:** Julian Guitron.

**Moderator:** Joe Turek

### **Discussion**

1. Approval of minutes for TSRA Conference Call from March 7, 2010.
2. Fellowship / electives database.
  - a. A total of 40 responses with different types of advanced training opportunities (fellowships and electives) were obtained from the phone calls by TSRA Executive Committee members to residents around the country.
  - b. The database includes the 10 approved congenital cardiac surgery programs. There may be 14 approved now – we'll need to add them to the database.
  - c. The database also includes 10 international electives and contact information.
  - d. The database is uploaded on the TSRA website under residency programs. It is sorted both by type of fellowship and opportunities by state.
  - e. There may be a need to include in the website some information on the steps required to do an elective as part of the cardiothoracic surgery residency (steps including approval from RRC to do an elective, credentialing, licensing, etc). Some of the electives are already streamlined in terms of how to apply to them and the steps needed to apply.
  - f. The Subcommittee for Postgraduate Education of AATS has brought up the need to develop small fellowships in order to get trained on interventions that should remain within the purview of cardiothoracic surgery (e.g., TEVAR, transcatheter procedures). There has been an effort to create a separate database to find programs for training in minimally-invasive / endovascular techniques. The TSRA should join efforts in order to consolidate the advanced training opportunities database.
  - g. There is a possibility to include the database as a Wiki format within CTSNet in order to allow people to add programs and comment on existing ones, with an editor to review the entries prior to posting. Tom Nguyen will explore this option.

3. Army of Educators initiative.
  - a. There was a fairly good response from all contacted residents to identify the best educators in each program. The database was forwarded to the Joint Council of Thoracic Surgery Education and the TSDA.
  - b. All faculty nominated for the McGoon and Socrates Awards should be included in the database.
  - c. The TSDA is currently selecting people for the Educating the Educators initiative at the TSDA Boot Camp. Most of the nominations have been from program directors but the TSDA will likely include educators from the database.
  - d. Carlos will forward the educators database to all members of the Executive Committee.
  
4. Education / curriculum
  - a. The Joint Council is trying to establish a new curriculum in order to provide the best standardized training throughout all programs. They will be looking at the TSRA over the next few months to get input on how to best design the curriculum, including a 6-year training curriculum.
  - b. So far, the Joint Council and TSDA have put together several scenarios on different disease processes and what they would expect for each PGY level resident in terms of knowledge and skills.
  - c. The system being designed includes several modules, one for each topic, including scenarios, readings, assignments, etc. The design could consist on separate “courses” that span a few weeks where residents are required to complete the modules and have discussions on-line with instructors that are experts on the field being analyzed.
  - d. The curriculum would be totally independent from the effort at each institution but the idea would be to incorporate the curriculum in each of the programs.
  
5. In-service survey
  - a. The results of the survey included in the thoracic surgery in-service exam were presented at the TSDA session at AATS. In general, residents are more in debt that what they used to be.
  - b. The TSRA has published a few manuscripts with the results of the survey. We now have some longitudinal data spanning a few years with similar questions. Netu Sarkaria will spearhead the initiative for the TSRA to analyze and publish the results.
  - c. Last year, the TSRA contacted the ABS in order to include some questions on the surgical in-service exam (ABSITE). The results indicate that the number of U.S. applicants applying to cardiothoracic surgery hasn't changed for the last few years. This year, there were 93 applicants for 114 spots in thoracic surgery, a fair number of these applicants being foreign-medical graduates. One of the most important concerns for these

applicants is the availability of jobs. As the job market improves, the statistics will likely get better.

- d. We need to be able to track all the 100+ medical students that applied for the 6-year CT integrated programs in order to continue keeping them interested in the field.

6. Dr. Dwight McGoon Award

- a. Dr. Michael Weyant was the recipient of this year's Dr. Dwight McGoon Award.
- b. The process was streamlined this time as described on the TSRA Bylaws. There was a proposal to include the 2 runner-ups automatically as nominees for the following year but the decision was made against it since every year the pool of residents changes and the award should reflect the body of residents for each year.
- c. There is a need to keep track of prior recipients of the award. The TSRA will need to keep a list of recipients. We may need to contact prior TSRA presidents and vice-presidents in order to determine who have been the prior awardees since the TSRA started giving the awards 10 years ago.
- d. All nominees for the Socrates and Dr. Dwight McGoon Awards will receive a letter stating that they were nominated and that their residents appreciate the teaching and mentoring that they do for them.
- e. For future awards, there will be a conference call prior to voting.

7. AATS Luncheon

- a. For the first time, this year, the residents' luncheon will be a combined event between the AATS (immediate past-president luncheon) and the TSRA.
- b. 3 speakers have been selected for this luncheon: Dr. Merrill will talk about the landscape in the next few years in terms of job shortage and job market. Dr Verrier will talk about the new curriculum. Dr Baumgartner will talk about the ABTS efforts on early mentorship of college and medical students in order to improve recruitment into our field.
- c. There has been traditionally little amount of time to interact with the faculty at the table. For future luncheons, we should limit the number of speakers to 2.

8. New Executive Committee members

- a. We should start requesting nominations for next year's Executive Committee of the TSRA. The goal should be to send the email calling for nominations in the next 2 weeks and set a date in June to get all the information.
- b. The nomination should include a personal statement, approval from the program director in terms of both, funding and time to attend both STS and AATS meetings, and curriculum vitae.

- c. Carlos will be in charge of collecting all nominations. The call for nominations should be out on May 10 expecting a response by June 10. Officers should be in place by June 20.
- d. All residents from integrated programs are welcome to apply as members of the Executive Committee. The profile of members of the committee will likely change over the next few years as more programs create a 6-yr integrated pathway.
- e. People leaving the Executive Committee: Netu Sarkaria, John Stulak, Julian Guitron, David Joyce (won't obtain support from his institution for attendance to the meetings). At least, we'll need a representative for AATS and two representatives for AAMC.

#### 9. EACTS

- a. There used to be more interaction between the TSDA and our European resident counterpart. There has been no funding for a TSRA representative (the immediate past-president) to attend their meetings in Europe.
- b. The TSRA should find new ways of re-establishing contact with the EACTS resident body.

#### 10. Other business

- a. Dr. Mathisen has expressed interest on having more resident representation at the STS.
- b. The TSDA and Joint Council are looking into sponsoring currently standalone courses like the Cincinnati resident course in order to limit the number of independent resident courses.
- c. Email advertisement to all residents from the TSRA has helped involvement by CT residents overall.
- d. For the STS annual meeting next year, there will be separate monetary awards for best clinical and best research resident papers, sponsored by both the STS and TSDA.
- e. We will plan on having a conference call at the end of May.

Meeting adjourned by Joe Turek at 5:10pm EDT.

**Meeting time:** 1:04hr.

/cm