**New Application: Congenital Cardiac Surgery**

**Review Committee for Thoracic Surgery**

**ACGME**

**Oversight**

**Participating Sites**

1. Is there a Program Letter of Agreement (PLA) for each participating site providing a required assignment? [PR I.B.2.] [ ]  YES [ ]  NO
2. Will the program determine all rotations and assignments for both fellows and members of the faculty at all participating sites? [PR I.B.5] [ ]  YES [ ]  NO

Explain any NO responses.

|  |
| --- |
|  |

1. For participating sites, is the site geographically proximate or able to provide for teleconferencing to ensure that all fellows are able to participate in joint conferences, basic science lectures, and morbidity and mortality reviews. [PR I.B.6.h)] [ ]  YES [ ]  NO

If NO, describe how an equivalent educational program of lectures and conferences will occur. (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

1. Describe how the program will engage in practices that focus on the recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, and faculty members. [PR I.C.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Resources**

1. Provide the following information for each site: [PR I.D.1]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time period covered (one complete academic year): | From: | Click here to enter a date. | To: | Click here to enter a date. |

|  | **Site #1** | **Site #2** |
| --- | --- | --- |
| Chief of Congenital Cardiac Surgery Name | Name | Name |
| Patient facilities:total number of: |
| hospital beds | # | # |
| congenital cardiac surgery surgical beds | # | # |
| operating rooms | # | # |
| operating rooms dedicated to congenital cardiac surgery | # | # |
| dedicated congenital cardiac surgery intensive care unit beds | # | # |
| Laboratory facilities: does the institution offer: |
| cardiac catheterization | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |
| cardiothoracic surgical research | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO |

1. Will there be facilities providing patient care and laboratory support available to the program, including: [PR I.D.1.a)]
2. anesthesiology? [ ]  YES [ ]  NO
3. intensive care? [ ]  YES [ ]  NO
4. pathology? [ ]  YES [ ]  NO
5. pediatric cardiology? [ ]  YES [ ]  NO
6. radiology? [ ]  YES [ ]  NO
7. Is there a dedicated congenital cardiac surgery service available to the program? [PR I.D.1.b)]
 [ ]  YES [ ]  NO

**Personnel**

**Program Director**

1. Describe the support provided to the program director for the administration of the program. [PR II.A.2.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

1. Describe the support provided to the program director for scholarly activities. [PR II.A.3.c.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Faculty**

1. Describe the faculty’s participation in clinical discussions, rounds, journal clubs, and research conferences. [PR II.B.2.g)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

1. Toensure continuity in the supervision of fellows, are faculty members appointed for at least two years? [PR II.B.3.a).(1)] [ ]  YES [ ]  NO
2. In addition to the program director, is there at least one core faculty member for each approved fellowship position? [PR II.B.4.c)] [ ]  YES [ ]  NO

**Coordinator**

1. Describe the administration support provided for program administration. [PR II.C.1.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Other Program Personnel**

Will qualified professional and technical staff members from the following areas be available in pediatric and surgical services? [PR II.D.1.]

1. Anesthesiology [ ]  YES [ ]  NO
2. Intensive care [ ]  YES [ ]  NO
3. Pathology [ ]  YES [ ]  NO
4. Pediatric cardiology [ ]  YES [ ]  NO
5. Radiology [ ]  YES [ ]  NO

**Fellow Appointments**

1. Will the program receive verification of each entering fellow’s level of competence, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program? [PR III.A.1.a)] [ ]  YES [ ]  NO

**Educational Program**

1. Will the program provide each fellow competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. [PR IV.A.2.] [ ]  YES [ ]  NO
2. Describe how the curriculum will delineate fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty. [PR IV.A.3] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**ACGME Competencies**

**Professionalism**

1. Describe the learning activity(ies), other than lecture, through which fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. [PR IV.B.1.a)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Patient Care and Procedural Skills**

* + - 1. Indicate the settings and activities in which fellows will demonstrate the ability to competently perform all medical, diagnostic, and surgical procedures considered essential. Also indicate the method(s) that will be used to assess proficiency.

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Proficient skills in the care of children and adults, including: [PR IV.B.1.b).(1).(a)]] |
| conducting pre-operative evaluations[PR IV.B.1.b).(1).(a).(i)] | Click here to enter text. | Click here to enter text. |
| making therapeutic decisions[PR IV.B.1.b).(1).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| performing technical operative procedures[PR IV.B.1.b).(1).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| developing and implementing post-operative management plans[PR IV.B.1.b).(1).(a).(iv)] | Click here to enter text. | Click here to enter text. |

1. Indicate the settings and activities in which fellows will demonstrate proficiency in providing continuity of patient care longitudinally, including outpatient and inpatient care, and appropriate use of referrals, consultations, and community resources. Also, indicate the method(s) that will be used to assess proficiency. [PR IV.B.1.b).(1).(b)]

|  |
| --- |
| Click here to enter text. |

1. Indicate the settings and activities in which fellows will develop competence in performing the following congenital cardiac procedures. Also indicate the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Ventricular septal defects[PR IV.B.1.b).(2).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Atrioventricular septal defects[PR IV.B.1.b).(2).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Arterial switches[PR IV.B.1.b).(2).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Arch reconstructions, including coarctation procedures[PR IV.B.1.b).(2).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Repair of Tetralogy of Fallot[PR IV.B.1.b).(2).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Glenn/Fontan procedures[PR IV.B.1.b).(2).(a).(vi)] | Click here to enter text. | Click here to enter text. |
| Systemic-to-pulmonary artery shunt procedures[PR IV.B.1.b).(2).(a).(vii)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Indicate the activity(ies) (lectures, conferences, journal clubs, clinical teaching rounds, etc.) through which fellows will demonstrate proficiency in their knowledge in each of the following areas. Also indicate the method(s) that will be used to assess proficiency.

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Special diagnostic techniques for the management of congenital cardiac lesions[PR IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Methods and techniques of cardiac catheterization[PR IV.B.1.c).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Imaging techniques, including echocardiography, computed tomography (CT) scans, and magnetic resonance imaging (MRI) scans, and the interpretation of such findings[PR IV.B.1.c).(1).(c)] | Click here to enter text. | Click here to enter text. |

**Practice-Based Learning and Improvement**

1. Describe one learning activity in which fellows will demonstrate the 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 life-long learning. [PR IV.B.1.d)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Interpersonal and Communication Skills**

1. Describe one learning activity through which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Systems-Based Practice**

1. Briefly describe the learning activity(ies) through which fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. List teaching rounds, conferences, seminars, journal club, etc., in which fellows will participate. Provide the name and frequency of the didactic sessions, whether it is mandatory or elective, and the individual(s) or department responsible for the organization of the sessions. Add rows as necessary. [PR IV.C.3.]

| **Name of Conference (morbidity and mortality, teaching rounds, seminar, journal club, basic and clinical science, etc.)** | **Frequency (weekly, monthly, etc.)** | **Mandatory (M) or Elective (E)** | **Individual(s) or Department Responsible for Organization of Sessions** |
| --- | --- | --- | --- |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |
| Name of conference | Frequency | [ ] M[ ] E | Party responsible |

1. Will fellows and faculty members attend conferences, and will attendance be documented?
[PRs IV.C.3.b).(1)-(2)] [ ]  YES [ ]  NO
2. Will fellows actively participate in the planning and production conferences? [PR IV.C.3.c)]
 [ ]  YES [ ]  NO

If NO, explain.

|  |
| --- |
| Click here to enter text. |

1. Will fellows have clearly defined educational responsibilities for other fellows, medical students (where appropriate), and professional personnel? [PR IV.C.4.] [ ]  YES [ ]  NO
2. Will the program ensure that a fellow and a thoracic surgery resident do not have primary responsibility for the same patients? [PR IV.C.4.a)] [ ]  YES [ ]  NO

If NO, explain.

|  |
| --- |
| Click here to enter text. |

1. Will the program ensure that a fellow is not a teaching assistant for thoracic surgery residents and general surgery chief residents? [PR IV.C.4.b)] [ ]  YES [ ]  NO

If NO, explain.

|  |
| --- |
| Click here to enter text. |

1. Will each fellow have minimum of 75 major congenital cardiac surgery procedures as primary surgeon? [PR IV.C.4.c)] [ ]  YES [ ]  NO

If NO, explain.

|  |
| --- |
| Click here to enter text. |

1. Will each fellow have no more than: [PR IV.C.4.c).(1)-(5)]
2. ten secundum atrial septal defect and/or patent foramen ovale closures [ ]  YES [ ]  NO
3. five patent ductus arteriosus (PDA) ligations and/or divisions [ ]  YES [ ]  NO
4. eight pulmonary valve repairs/replacements (with or without transannular patch) [ ]  YES [ ]  NO
5. eight right ventricle-to-pulmonary artery conduit insertions/replacements; [ ]  YES [ ]  NO
6. eight other valve repairs or replacements in patients 18 years of age or younger [ ]  YES [ ]  NO
7. Will each fellow have exposure to [PR IV.C.4.d) – IV.C.4.d).(7):
8. total and partial anomalous pulmonary venous connection? [ ]  YES [ ]  NO
9. aortic arch anomalies causing tracheal compression (vascular rings)? [ ]  YES [ ]  NO
10. anomalous aortic origin of a coronary artery? [ ]  YES [ ]  NO
11. extracorporeal membrane oxygenation cannulation and decannulation?

 [ ]  YES [ ]  NO

1. placement of epicardial pacing systems? [ ]  YES [ ]  NO
2. ventricular assist device insertion? [ ]  YES [ ]  NO
3. heart transplantation? [ ]  YES [ ]  NO

**Faculty Scholarly Activity**

1. Will faculty members support fellows' participation, as appropriate, in scholarly activities? [PR IV.D.2.c)] [ ]  YES [ ]  NO

If NO, explain.

|  |
| --- |
| Click here to enter text. |

**Evaluation**

1. Will the program director meet with each fellow quarterly to review the fellow’s surgical results and outcomes to ensure progress in obtaining the required surgical experiences and developing all required proficiencies? [PR V.A.1.a).(1)] [ ]  YES [ ]  NO

If NO, explain.

|  |
| --- |
| Click here to enter text. |

1. Will the program use multiple evaluators as a component of an objective performance evaluation? [PR V.A.1.c).(1)] [ ]  YES [ ]  NO

If YES, identify the types of evaluators that will be routinely included in the fellows’ performance evaluation.

[ ]  Faculty members (including the program director)

[ ]  Peers

[ ]  Residents and fellows in other specialties

[ ]  Self

[ ]  Patients and family members

[ ]  Other professional staff members (e.g., nursing, respiratory therapy, administration)

1. Will the program meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones? [PR V.A.1.d).(1)]

 [ ]  YES [ ]  NO

If NO, explain.

|  |
| --- |
| Click here to enter text. |

1. Will the program provide a final written evaluation for each fellow upon completion of the program? [PR V.A.2.a)] [ ]  YES [ ]  NO

If NO, explain.

|  |
| --- |
| Click here to enter text. |

1. Will the fellow’s final evaluation: [PR V.A.2.a).(2).(a)-(d)]

[ ] become part of the fellow’s permanent record, maintained by the institution, and accessible for review by the fellow?

[ ]  verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice?

[ ]  consider recommendations from the Clinical Competency Committee?

[ ]  be shared with the fellow upon completion of the program?

**The Learning and Working Environment**

**Patient Safety and Quality Improvement**

* 1. Describe one formal educational activity that promotes patient safety-related goals, tools, and techniques. [PR VI.A.1.a).(2)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

* 1. Describe one activity intended to teach fellows how to disclose adverse events to patients and families. [PR VI.A.1.a).(4).(a)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

* 1. Will fellows have the opportunity to participate in interprofessional quality improvement activities? [PR VI.A.1.b).(3).(a)] ☐ YES ☐ NO

 If NO, explain.

|  |
| --- |
| Click here to enter text. |

**Transitions of Care**

1. Will the program ensure that fellows are competent in communicating with team members in the hand-over process? [VI.E.3.c)] ☐ YES ☐ NO

**In-House Night Float**

1. What will be the maximum number of consecutive weeks fellows are assigned night float?
[PR VI.F.6.a)] [ # ]
2. How many weeks per year will fellows be assigned night float? [PR VI.F.6.a)] [ # ]

**Institutional Operative Experience**

The Institutional Operative Experience Report is used to provide information on the operative procedures available on the congenital cardiac surgery service for fellows. The report also provides for totals. It is assumed that the totals provided for all participating hospitals would be equivalent to that for the total program. It is important that this form is used; do not submit computerized lists of procedures and do not add additional procedures to the list.

The period cited for the report should show one complete academic year.

In compiling data for either only one operative procedure may be listed for each patient visit to the operating room. If multiple procedures are performed, only the primary procedure should be listed.

| **Major Procedures** | **Site #1** | **Site #2** |
| --- | --- | --- |
| Ventricular septal defect repair | # | # |
| Atrioventricular septal defect repair (complete, incomplete) | # | # |
| Tetralogy of Fallot repair, with or without pulmonary atresia | # | # |
| Aortic arch reconstruction (including coarctation, interrupted aortic arch repair) | # | # |
| Systemic-to-pulmonary artery shunt procedures | # | # |
| Arterial switch procedure | # | # |
| Norwood procedure | # | # |
| Damus-Kaye-Stansel procedure | # | # |
| Truncus arteriosus repair | # | # |
| Bidirectional Glenn/Hemet-Fontan procedure | # | # |
| Fontan procedure | # | # |
| Secundum atrial septal defect/patent Foramen Ovale closure | # | # |
| Atrial septal defect (primum or sinus venosus) closure with or without partial anomalous venous connection | # | # |
| Aortopulmonary window closure | # | # |
| Double outlet right ventricle repair | # | # |
| Mustard or Senning procedure | # | # |
| Rastelli procedure; with or without réparation á l’étage ventriculaire (REV), Nikaidoh procedure | # | # |
| Total anomalous venous connection repair | # | # |
| Partial anomalous venous connection repair | # | # |
| Pulmonary artery unifocalization | # | # |
| Conduit insertion/replacement, isolated | # | # |
| Supravalvar aortic stenosis repair | # | # |
| Subaortic stenosis resection; discrete, diffuse, asymmetric septal hypertrophy | # | # |
| Double chamber right ventricle repair; discrete, muscular | # | # |
| Anomalous coronary artery from the pulmonary artery repair | # | # |
| Cor triatriatum repair | # | # |
| Atrial septectomy | # | # |
| Sinus of Valsalva aneurysm/fistula repair | # | # |
| Pulmonary artery banding | # | # |
| Vascular ring division | # | # |
| Transplant | # | # |
| Arrhythmia surgery | # | # |
| Patent ductus arteriosus ligation or division | # | # |
| Aortic valve repair | # | # |
| Aortic valve replacement | # | # |
| Mitral valve repair | # | # |
| Mitral valve replacement | # | # |
| Tricuspid valve repair, with or without Ebstein's anomaly | # | # |
| Tricuspid valve replacement | # | # |
| Pulmonary valve repair, with or without transannular patch | # | # |
| Pulmonary valve replacement | # | # |
| Other valve repair or replacement | # | # |
| **TOTAL** | **Total** | **Total** |