Case Requirements for Residents Beginning on or after July 1, 2017
Review Committee for Thoracic Surgery

For 5/2 or 5/3 residents starting thoracic training on or after July 1, 2017
For I-6 residents starting on or after July 1, 2017 who are PGY-4-6
For 4/3 residents starting thoracic training on or after July 1, 2017

Cardiac Focused		Requirements	General Thoracic Focused	
Total	**Subtotal**		**Subtotal**	**Total**
		CONGENITAL HEART DISEASE		
	5	Primary surgeon		
	15	First assistant	10	
20		**Subtotal Congenital Heart Disease**		10
		ADULT CARDIAC		
60		**Acquired Valvular Heart Disease**		30
	25	Aortic Valve Repair/Replacement	15	
	15	Mitral Valve Repair/ Replacement	5	
	5	Tricuspid Valve Repair/Replacement, Annuloplasty	5	
	5	TAVR as primary	0	
	10	TAVR as assistant	5	
80		**Myocardial Revascularization**		35
	15	**Re-Do Sternotomy** **Can be double-counted with any cardiac procedure	5	
15		**Interventional Wire-based Procedures**		5
	5	Left heart cath, PCI, TEVAR, Mitral Clip		
	10	Intra-aortic balloon pump	5	
5		**Conduit Dissection and Preparation**** Open or endoscopic saphenous/radial vein harvest and preparation **Can be double-counted with CABG		5
10		**Aortic Procedures**** Any combination of ascending aorta/aortic root replacement, descending aortic replacement, aortic dissection, aortic trauma **Can be double-counted with CABG/Valve Procedures		5
10		**Arrhythmia Surgery****		
	5	Left atrial or biatrial maze, pulmonary vein isolation, right-sided maze, isthmus ablation **Can be double-counted with CABG/valve procedures		
	5	Pacemaker insertion or pacemaker removal		

5		**Cardiopulmonary Bypass set-up and pump run with perfusionist**		5
10		**Circulatory Assist**** Any combination of ECMO, VAD **Can be double-counted with another operation		5
215		**Subtotal Adult Cardiac Experience** (American Board of Thoracic Surgery does ot include congenital cases in this total number)		100
		GENERAL THORACIC		
60		**Lung**		105
	30	Major anatomic resections: open, VATS, or RATS (segmentectomy, lobectomy, pneumonectomy, lung transplantation**) **Only 1 pneumonectomy can be counted along with bilateral lung transplant.	50	
	5	VATS/RATS lobectomy specifically	25	
	25	Open or VATS lung biopsy/wedge resection	30	
10		**Pleura****		25
		Major (empyema decortication, pleurectomy decortication, other pleural tumor resection)	5	
		Minor (biopsy, pleurectomy, VATS sympathectomy, VATS Bleb resection, VATS pleurodesis, evacuation of hemothorax)	15	
		Interventional: In-dwelling cuffed pleural catheter insertion	5	
5		**Chest Wall and Diaphragm** Chest wall resection**, rib resection, rib plating, pectus repair, diaphragm resection or plication, repair of Morgagni, Bochdalek, traumatic hernia **Double-counted with pulmonary resection		10
5		**Mediastinum** Tumor/cyst/mass resection via open, VATS, or robotic technique		10
0		**Tracheobronchial – Airway Surgery**** Tracheal resection, laryngotracheal resection, sleeve lobectomy, carinal pneumonectomy, transplantation airway anastomosis **Sleeve lobectomy and carinal pneumonectomy can be double-counted with major anatomic lung resection		5
10		**Esophagus**		35
	5	Esophagectomy (Open or MIE)	20	
	5	Benign Esophagus-Repair of perforation, drain perforation, diverticulectomy, myotomy, hiatial hernia repair	10	
		Laparoscopic hiatal or paraesophageal repair	5	
90		**Subtotal General Thoracic Experience**		190

305		**TOTAL MAJOR OPERATIVE EXPERIENCE**		**290**
		MINOR PROCEDURES **All may be double-counted		
30		**Bronchoscopy**		40
		Simple (BAL, diagnostic, TBBx, Bx)	30	
		Complex (laser, dilation, stent, navigational bronchoscopy, photodynamic therapy, cryotherapy)	10	
10		**UGI Endoscopy** Simple (diagnostic, Bx) Complex (dilation, stent, EUS, EMR)	 20 10	30
15	 5 0 10	**Mediastinal Assessment** Mediastinoscopy, Chamberlain (mediastinotomy) EBUS/FNA Mediastinal node dissection/systematic sampling during lung resection	 15 10 30	55
55		**Subtotal Minor Procedures**		125
360		**TOTAL OPERATIVE EXPERIENCE**		**415**

		ADDITIONAL REQUIREMENTS		
50	 25 25	**Consultation Experience** New Patients Follow-up Patients	 25 25	50
20		**Multidisciplinary Patient Management Conferences** Any combination of tumor board, cardiac catheterization conference, multidisciplinary clinics, transplant selection committee meetings, etc.		20
75	 20 20 35	**Cardiothoracic Critical Care Case Management Experience** (provide log sheet for each case with at least one case from each of the seven categories. See details below) General thoracic Cardiac and congenital Any additional cardiothoracic critical care case	 20 20 35	75
20 hrs		**Simulation** (hours required from any technique-based simulation curriculum or simulation of cardiopulmonary bypass management)		20 hrs

CT Critical Care Management Documentation

Select the patients that best represent all the essential aspects of intensive care unit management. Each resident must develop a CT Critical Care Index Case (CCIC) log of at least 20 patients that best represent the full breadth of critical care management. At least two out of the seven categories listed below should be applicable to each chosen patient. The completed CCIC log should include experience, with at least one patient, in all seven of the following essential categories:

1. Ventilatory Management
    a. Etiology/indications
    b. Ventilatory modes/techniques
    c. Ventilator days
    d. Weaning method

2. Bleeding (non-trauma) greater than three (3) units necessitating transfusion/monitoring in ICU setting
    a. Etiology
    b. Coagulopathy:
    c. Hypothermia:
    d. Autotransfusion:

3. Hemodynamic Instability
    a. Etiology
    b. Volume resuscitation
    c. Inotropic/pressure support:
    d. Mechanical assistance of cardiac failure: (IABP, LVAD, BiVAD)

4. Organ Dysfunction/Failure (etiology/mode of management)
    a. Pulmonary
    b. Renal
    c. Hepatic
    d. Central nervous system
    e. Endocrine (hypothyroidism, adrenal insufficiency, panhypopituitarism, diabetes insipidus, SIADH)

5. Dysrhythmias
    a. Etiology
    b. Drug management
    c. Therapeutic interventions
    d. Monitoring

6. Invasive Line Management/Monitoring
    a. Arterial cannulation
    b. Pulmonary artery catheter
    c. Intracardiac catheter
    d. Complications

7. Nutrition
    a. Route (parenteral/enteral)
    b. Indications/contraindications

For I-6 Junior Years (PGY-1-3)

Case Requirements

Vascular	25
Skin, Soft Tissue, Breast	10
Head/Neck	5
Alimentary tract	20
Abdomen	30
Operative Trauma	5
Pediatric	10
Plastic	5
Lap-basic	30
Lap-advanced	10

TOTAL:
Junior residents must have at least 150 American Board of Surgery (ABS) core cases in the first three years (from the above list).

At least another 125 **cardiothoracic** cases are required in the first three years as well, but 50 of these cardiothoracic cases may come in the form of “component cases” (including but not limited to sternotomy and closure, thoracotomy and closure, LIMA takedown, saphenous vein harvest, aortic and venous cannulation, proximal and distal anastomosis, other vascular anastomosis, gastric/esophageal mobilization) while on the cardiac, thoracic, and congenital services.

In addition to the 275 cases specified above, another 100 must come from either the ABS list or from cardiothoracic cases.

The total number of cases in the first three years of the I-6 must meet or exceed 375 cases, or 125 per year.