# CORE COMPETENCY GOALS AND OBJECTIVES OF THE THORACIC SURGERY RESIDENCY AT LOYOLA UNIVERSITY MEDICAL CENTER

Provided below are the specific educational objectives, and clinical skill acquisition goals for residents within the Loyola University Medical Center Residency Program in Thoracic Surgery. The program is under the auspices of the Residency Review Committee for Thoracic Surgery of the Accreditation Council for Graduate Medical Education (ACGME), and supported by faculty and staff within the Department of Cardiovascular and Thoracic Surgery.

Learner Objectives will be taught / learned through various means including:

•The TSDA (Thoracic Surgery Directors Association)

Comprehensive Requisite Thoracic Surgery Curriculum

•Didactic and other conferences

•Perioperative and operative management

•Self-education and reading

•Faculty demonstration of ACGME core competencies coupled with resident counseling on a daily, or as needed, basis

EVALUATION

Evaluation of the Thoracic Surgery Resident’s understanding of the topic will be reviewed (in part) at the time of operation, or resident-faculty interaction, which exemplifies these topics. Feedback will be verbal and immediate. Faculty will evaluate the Thoracic Surgery Residents based upon stated objectives as part of the ACGME core competencies. These portions of the curriculum will be viewed as “Medical Knowledge” and “Patient Care [e.g. operative skills, and perioperative management, etc.].

Faculty will evaluate residents at the end of the rotation, in writing, based upon these objectives and the ACGME core competencies. Additional evaluations will be conducted for operative skill performance (faculty evaluating residents), and operative skill education (residents evaluating faculty). The remaining core competencies will be taught and evaluated as per the Goals and Objectives for Thoracic Surgery

Residents. Residents will evaluate faculty teaching and education efforts as well as the rotation. Both will occur at the conclusion of the rotation. The program will be evaluated annually. Questions or comments can be directed to the Residency Coordinator or to the Program Director.

EVALUATION INSTRUMENTS:

The evaluation instruments are completed in the GME System. The evaluation instruments include:

•Faculty evaluation of Resident

•Resident evaluation of Faculty

•Resident evaluation of rotation

•Resident evaluation of program

•Daily feedback from faculty to resident

•Didactic lectures

•Patient care settings

O Operating room

O Intensive care unit

O General care wards

O Outpatient clinics

O Other

•Non-patient care settings

oOther

Review of in-service training exam results

Review of performance on TSDA curriculum Topic Quizzes

OTHER COMMENTS / RESPONSIBILITIES

Research and academic publication is an absolute requirement of the training program. Residents are encouraged to formulate a research plan as early as their match notification. The residency program director and coordinator can facilitate communication with faculty members who have matching interest. The Director of Resident Research will meet on a monthly basis with the residents to assist and advise them on their research project and assess their projects. Further goals and objectives regarding academic activity can be found in section **IV.A.5.c).(6)**

Daily rounds and patient care responsibilities will be assigned specific to the individual service. In general for the Adult Services, daily rounds will include the General Care Wards and the Intensive Care Unit at the Hines VA and Loyola University Medical Center.

Our residents are required to participate in

•Weekly TSDA Curriculum Conference

Weekly Departmental Conference, including specialized conferences such as:

Monthly Journal Club

Monthly Mortality and Morbidity Conference

Monthly Clinical Decision Making Conference

Congenital Anatomy Human Specimen Lab

Grand Rounds

Journal Club

•Resident Teaching Conference

•Cardiac Surgery Conference

•Thoracic Surgery Practice Management Improvement and Quality Improvement Conference

•Additional rotation specific didactic conferences

Residents are required to attend the Outpatient Clinic for their respective service at least one day per week which may include either the Hines VA, or Loyola University Medical Center.

The following are specific goals and objectives of the training rotation, organized by clinical core competency, as outlined by the ACGME. Where relevant, goals and objectives related to the activities listed above are provided to illustrate the attention paid to the competency during this rotation, though the list is not meant to be exhaustive.

**IV.A.5.b) Medical Knowledge**

**Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents:**

IV.A.5.b).(1) will know current medical information, and critically evaluate scientific information;

Medical Knowledge (Learner Objectives) and Clinical Skills (Patient Care) follow. This list is meant to be a starting point for the Thoracic Surgery Resident and is not meant to preclude additional reading or independent study nor limitation of time within the operating room, general care wards, or the outpatient clinic.

**IV.A.5.c) Practice-based Learning and Improvement**

**Residents must 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. Residents are expected to develop skills and habits to be able to meet the following goals:**

**IV.A.5.c).(1) identify strengths, deficiencies, and limits in one’s knowledge and expertise;**

**The resident is expected to:**

**Work with faculty and the program director to identify deficiencies and knowledge using the in-service training exam, and TSDA curriculum quizzes, clinical conferences, and daily clinical practice**

**IV.A.5.c).(2) set learning and improvement goals;**

**The resident is expected to:**

Work with faculty to improve comprehension or performance as measured by inservice, and TSDA weekly exams, and to seek regular feedback on technical and clinical skills

**IV.A.5.c).(3) identify and perform appropriate learning activities;**

**The resident is expected to:**

Complete weekly TSDA reading/viewing assignments, and read such extra sources as may be assigned for clinical conferences or to address deficiencies.

Avail themselves of opportunities to work on technical skills in animal labs

**IV.A.5.c).(4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;**

**The resident is expected to:**

Attend and review results of Quality Improvement conferences

Bring to the attention of faculty observations for possible quality improvement projects

**IV.A.5.c).(5) incorporate formative evaluation feedback into daily practice;**

**IV.A.5.c).(6) locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;**

**The resident is expected to:**

Discuss alternative treatment strategies with an attending prior to a procedure, supporting decision making with relevant literature

Be prepared to exercise this skill in Clinical Decision Making and Mortality and Morbidity Conferences.

•Read published material and listen to presentations critically;

•Demonstrate understanding of the essential steps of the research process by preparing and submitting a manuscript for publication in a peer-reviewed journal or gives a presentation at Grand Rounds which meets the satisfaction of his/her teachers. Either an oral or a written presentation is appropriate.

•Demonstrate competence by:

a. Defining an analyzable problem or scientific question

b. Assembling an appropriate literature review

c. Synthesizing and analyzing available data

d. Formulating an informed and insightful discussion

e. Composing a properly constructed, critically reviewed bibliography or list of literature citations

•Show an understanding of the appropriate application of statistical tests to the problem;

•Demonstrate an understanding of the appropriate application of other commonly used statistical tests such as univariate analysis, multivariate analysis, analysis of variance, and the use of T-tests for paired data and multiple comparisons. (Residents should know the limitations, deficiencies and proper applications of these commonly used statistical tests);

•Show evidence of ability to critically analyze major clinical research papers in the thoracic literature which guide practice;

•Apply knowledge of the scientific method to design and execute at least one formal analysis to solve a problem related to thoracic surgery.

**IV.A.5.c).(7) use information technology to optimize learning; and,**

**The resident is expected to:**

Demonstrate a facility to conduct electronic literature searches, and to distribute electronic format papers to team members for clinical purposes and for such conferences as Journal Club.

**IV.A.5.c).(8) participate in the education of patients, families, students, residents and other health professionals.**

**The resident is expected to:**

Explain the risks and benefits of procedures to patients and family, and obtain informed consent under direct faculty observation, then seek immediate feedback on performance.

IV.A.5.c).(9) demonstrate the ability to practice lifelong learning, analyze personal practice outcomes, and use information technology to optimize patient care.

**IV.A.5.d) Interpersonal and Communication Skills**

**Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:**

**IV.A.5.d).(1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;**

**The resident is expected to:**

Explain the risks and benefits of procedures to patients and family, and obtain informed consent under direct faculty observation, then seek immediate feedback on performance.

**IV.A.5.d).(2) communicate effectively with physicians, other health professionals, and health related agencies;**

**The resident is expected to:**

**Lead Multi-disciplinary ICU rounds each morning under direct faculty supervision.**

**Receive and execute effective sign out of responsibility with each change of shift**

**Receive and execute effective sign out with the floor team in order to round with the attending on weekends**

**IV.A.5.d).(3) work effectively as a member or leader of a health care team or other professional group;**

**The resident is expected to:**

Lead the conduct of a case, coordinating with nursing, anesthesia, and perfusion staff under direct faculty observation

Lead the conduct of resuscitation and other emergency care under direct faculty supervision

**IV.A.5.d).(4) act in a consultative role to other physicians and health professionals; and,**

**The resident is expected to:**

Conduct history and physicals, review laboratory and imaging studies promptly, and synthesize this data into a differential diagnosis, and treatment plan with a faculty member in a prompt and effective fashion.

Determine specific questions and objectives for which the consult has been requested.

**IV.A.5.d).(5) maintain comprehensive, timely, and legible medical records, if applicable.**

**The resident is expected to:**

**Gain facility in the use of the EPIC EMR and VA EMR systems**

Forward all documentation for review and co-signature of the attending using the EPIC EMR system.

**IV.A.5.e) Professionalism**

**Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:**

**IV.A.5.e).(1) compassion, integrity, and respect for others;**

**IV.A.5.e).(2) responsiveness to patient needs that supersedes self-interest;**

**IV.A.5.e).(3) respect for patient privacy and autonomy;**

**IV.A.5.e).(4) accountability to patients, society and the profession; and,**

**IV.A.5.e).(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.**

IV.A.5.e).(6) high standards of ethical behavior; demonstrate continuity of care (pre-operative, operative, and post-operative); demonstrate sensitivity to age, gender, culture, and other differences; and demonstrate honesty, dependability, and commitment.

**IV.A.5.f) Systems-based Practice**

**Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:**

**IV.A.5.f).(1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;**

**IV.A.5.f).(2) coordinate patient care within the health care system relevant to their clinical specialty;**

**IV.A.5.f).(3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;**

**IV.A.5.f).(4) advocate for quality patient care and optimal patient care systems;**

**IV.A.5.f).(5) work in inter-professional teams to enhance patient safety and improve patient care quality; and,**

**IV.A.5.f).(6) participate in identifying system errors and implementing potential systems solutions.**

IV.A.5.f).(7) practice cost-effective care without compromising quality, promote disease prevention, demonstrate risk-benefit analysis, and know how different practice systems operate to deliver care.

The Resident is expected to:

•Understand organizational structure and mechanics of solo practice, group specialty practice, multi-specialty practice, and academic practice;

•Knows the structure, responsibilities and requirements of managed care, capitation payment, contractual

agreements, physician-hospital organizations, and independent Practice agreements.

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