UW Medicine
UNIVERSITY of WASHINGTON

DEPARTMENT OF SURGERY

TRAINEE POSITION DESCRIPTION AND ESSENTIAL FUNCTIONS

University of Washington Integrated Thoracic Surgery Residency Program, "I-6 program, Integrated cardiothoracic surgery residency program"

Position Identification: Resident (PGY 1–6)
Position Summary: The University of Washington Integrated Thoracic Surgery Residency is an ACGME-accredited six-year program beginning directly after medical school. The initial 30 months of training (PGY 1 – PGY 3) provide foundational training in core surgical disciplines including general surgery, trauma, and critical care, as well as focused exposure to all facets of perioperative cardiothoracic surgery care. The remaining three and a half years (PGY 3–6) consist of progressive senior-level cardiothoracic surgery training. Residents develop expertise across the full spectrum of cardiothoracic surgical disease including, but not limited to: adult cardiac, congenital cardiac, structural heart, Mechanical Circulatory support, transplant, aortic pathology, general thoracic surgery, lung and airway surgery, chest wall, mediastinal, pleural disease, and esophageal disease. Clinical training is conducted across four sites: Harborview Medical Center, UW Medical Center–Montlake, UW Medical Center–Northwest, and the VA Puget Sound Health Care System, Seattle Children's Hospital, and Kootenai Health Medical Center.

For the purpose of this document, the term "Resident" includes medical and dental residents and fellows, including those in ACGME, CODA, and non-ACGME accredited programs.

General Overview of the Resident Role

A resident's responsibilities include patient care responsibilities within the scope of their clinical privileges commensurate with level of training and other responsibilities required of all members of the medical staff. Under the supervision of attendings, general responsibilities of the resident may include:

- Initial and ongoing assessment of patients' medical, physical and psychosocial status
- Performing history and physical examination
- Developing assessment and treatment plan
- Performing rounds
- Recording documentation, including progress notes, admission notes, procedure notes and discharge summaries
- Ordering tests, examinations, medications and therapies
- Arranging for discharge, referral and aftercare.
- Providing patient education and counseling about health status, test results, disease processes and transition of care planning
- Performing procedures
- Assisting in surgery
- Teaching and evaluating junior learners, such as medical students

UW GME Expectations for Professional Behavior

- All residents must comply with the UW Medicine Policy on Professional Conduct and the UW Medicine Compliance Code of Conduct
- ACGME Competencies in Professionalism, including fitness for duty (See ACGME Common Program Requirements)
- All residents must comply with GME Policies, including the Resident and Fellow Position Appointment Agreement (RFPA)

Essential Functions

Essential functions are the fundamental job duties of the position that cannot be eliminated or substantially modified without changing the nature of the position.

A job function may be considered essential for the following reasons:

- The reason the position exists is to perform that function
    - Resident educational requirements and patient care responsibilities
- A limited number of available residents can perform that function
- Varies by program, rotation, year, risk pools, etc.
- The function may be highly specialized so that the trainee in the position is hired for their expertise or ability to perform the particular function
    - Cannot easily hire more trainees, especially of a specific R level
- The percentage of time spent on a function does not determine whether or not it is essential.

Essential functions for GME residents must include consideration of:

- ACGME program requirements
- Specialty board requirements
- UW program requirements
    - Unique to each UW training program and must consider:
        - Complexity of rotations/service requirements
        - Size of program
        - Structure and depth of risk pools
        - Please refer to the program's Clinical Coverage Policy
    - Inclusive of the hospital system requirements:
        - Rotations dependent on residents' service for patient care
        - Coverage options available

A resident must perform the position's essential job functions ***with or without an approved reasonable accommodation***. Reasonable accommodation means modifying or adjusting practices, procedures, policies, job duties, or the work or application environment so that a qualified individual with a disability **can still perform a position's essential functions**. Approved reasonable accommodations are determined via an interactive process involving the resident, DSO/HR/GME, and the program.

Essential functions ensure the safe and smooth delivery of education and patient care and are identified in alignment with program aims to facilitate trainee readiness for independent practice across an

appropriate range of clinical settings for that specialty. Transparent documentation of a program's essential functions is also an important resource for applicants evaluating the training program during recruitment.

Essential Program Administrative Functions

Onboarding

The Resident must:

- Comply with all program and institutional tasks required for credentialing and onboarding by the requested deadlines
- Complete all required immunization documentation prior to the start of training
- Complete site-specific orientation at all clinical training sites as indicated: HMC, UWMC–Montlake, UWMC–Northwest, VA Puget Sound, Seattle Children's Hospital, Kootenai Health.

Program Tasks and Documentation

The Resident must:

- Participate in all requests for schedule preferences, requests for absence or schedule changes, or requests for clinical coverage on the requested timelines or deadlines.
- Complete in a timely manner all evaluations requested for medical students, peer residents, faculty, or other members of the team
- Complete MedHub clinical and educational hour logs
- Complete case or procedure logs
- Complete the annual ACGME Resident Survey
- Complete the program's annual confidential internal survey
- Complete required examination preparation and/or testing requirements, to include USMLE or COMLEX Step 3, in-training examinations, and program-specific guidelines for national board certification
- Attendance at all required program meetings, including semiannual meetings, mentorship meetings, program retreats, etc.
- Complete the Thoracic Surgery In-Training Examination (TSITE) annually
- PGY 1-2 Residents complete the American Board of Surgery In Training Examination (ABSITE) annually
- Maintain an updated ACGME case log
- Attend all required program conferences, including weekly cardiothoracic surgery didactics, QA/QI Conference, M&M, Journal Club, and Grand Rounds, CT Surgery Bootcamp, Annual Visiting Scholar activities
- Attend semiannual CCC milestone review meetings, mentor/mentee meetings, and Program Director meetings as requested
- Track progress toward the ACGME Milestones 2.0 relevant to cardiothoracic surgery training; demonstrate advancement consistent with each training year and program expectations as defined by the CCC

Essential Program Core Educational Functions

Didactics

The Resident must:

- Comply with all standards for attendance at didactics or other core educational activities
- Adhere to the preferred mode of attendance (in-person, virtual, hybrid)
- Residents are expected to serve as presenters on a rotating schedule for Journal Club, M&M Conference, and case-based didactic sessions

Scholarship

The Resident must:

- Comply with all program or specialty requirements for research or scholarship, quality improvement, national or regional conference presentation, publication or scholarly writing, or teaching and presentations internal to the program (e.g., journal club, didactics, case conference, M&M, etc.)
- Residents are expected to complete at least two scholarly projects during training, including a project focused on Patient Safety, with a goal of regional or national presentation and/or contribution to a peer-reviewed publication
- Active participation in quality improvement initiatives, program teaching activities (e.g., journal club, M&M, case conferences), and medical student education is expected

Essential Patient Care Functions

Presence and preparedness

The Resident must:

- Present to work as physically, mentally, and emotionally fit for duty
- Arrive at the patient care setting on schedule
- Arrive at work in attire appropriate for the professional and safe delivery of patient care
- Meet expectations for chart review or pre-rounding
- Satisfy expectations that precede sign-out and/or departure from the clinical setting, including an appropriate handoff and follow-up on all patient assessments/data/studies that will alter care in the near term.
- Residents on call must remain accessible and respond promptly to all urgent patient care needs while on duty
- Proactively communicate with the Program Director or chief resident any foreseeable scheduling conflicts, requests for time away, or personal circumstances requiring adjustment to clinical duties, in advance and in accordance with the program's nonclinical leave and coverage policies
- Promptly notify the Program Director or Rotation Director when personal health, fatigue, or clinical workload may affect fitness for duty or safe patient care.
- Take personal responsibility for monitoring duty hours; report potential duty hour concerns or violations to the Program Director in a timely manner

Administrative

The Resident must:

- Complete patient health record documentation on the schedule prescribed by the program or medical center. (Examples include but are not limited to progress notes/visit summaries, discharge summaries, operative or procedure notes, perioperative records)
- Comply with expectations for EHR inbox management, including timely responses to messages from patients, medical staff, and tracking and patient follow up of expected results
- Maintain an updated case log
- Enter work hours every week in MedHub

Patient Care Communication

The Resident must:

- Respond in a timely manner to pages, phone calls, and Epic Secure Chat
- Remain within the program-prescribed geographic range while on call or eligible for coverage
- Residents on home call must be able to present to the hospital within 30 minutes when requested and remain immediately available by phone or pager at all times.

Patient Care Volumes

The Resident must:

- Work toward (with supervision) or meet benchmarks for patient care volumes in all clinical settings
- Appropriately request and utilize supervision
- Work toward or ultimately meet procedure certification standards
- Residents are expected to progress toward and ultimately meet American Board of Thoracic Surgery minimum case log requirements for cardiothoracic surgery
- Milestone-based procedural advancement follows the Clinical Competency Committee framework; residents are expected to demonstrate progressive autonomy across open, minimally invasive, and hybrid procedures with each training year

Consultation

The Resident must:

- Appropriately respond to triage and staff consultations in a timely manner; urgent or emergent consultations must be addressed immediately
- Document findings and recommendations in a timely manner
- Communicate with the requesting service directly (e.g., in-person, phone) in advance of and following the assessment
- Ensure that consultations are staffed and finalized with a faculty member in a timely manner
- All consultations must be staffed with an attending faculty member prior to providing formal recommendations to the requesting team

Essential Shift and Schedule Functions

Settings

- Complete assigned shifts in settings deemed essential by the program, such as inpatient units, SICU, CTICU, emergency department, and outpatient specialty and primary care clinics
- Complete assigned away rotations deemed essential by the program
- Over the course of training, rotations at all four training sites are required: Harborview Medical Center, UW Medical Center–Montlake, UW Medical Center–Northwest, and the VA Puget Sound Health Care System
- Each site provides essential and non-substitutable clinical exposure required for completion of the Cardiothoracic surgery training curriculum
- Elective rotations at WWAMI region affiliate sites (e.g., Coeur d' Alene, ID) may be available to residents; when assigned, residents are subject to all program requirements outlined in this document, including clinical coverage and call obligations, for the duration of the rotation

Shift length and timing

The Resident must:

- Complete shifts of all lengths deemed essential by the program, which may include daytime, swing,
- Nights, weekends, and holidays
    - *Shifts must not exceed ACGME limits of up to 28 hours per shift, and up to 80 hours per week averaged over a 4-week period*
- Where appropriate, comply with designated break lengths (to meet personal needs and not impact patient care)
- Day, evening, overnight, weekend, and holiday shifts may be required throughout all years of training

Call Responsibilities

The Resident must:

- Complete assigned shifts of overnight call, as deemed essential by the program
- Complete assigned shifts of home call, as deemed essential by the program
- Remain within the prescribed geographic range while on call or eligible for coverage
- Call assignments must be completed as scheduled or covered in accordance with the program's Clinical Coverage Policy

Essential Cognitive Functions

The following cognitive functions apply across all PGY levels (1–6) and are expected to be performed at a level commensurate with each resident's stage of training. Expectations progress from closely supervised foundational competency in PGY 1 toward increasing independence and clinical leadership by PGY 6. At all levels, residents are expected to recognize the boundaries of their current competency and actively seek appropriate faculty supervision. The resident must be able to:

- Apply clinical reasoning to rapidly and accurately assess patients with acute and chronic cardiothoracic conditions, including time-sensitive emergencies such as esophageal perforation, tension pneumothorax, aortic dissection, tamponade, etc.
- Synthesize complex, multi-system clinical information to formulate and execute diagnostic and management plans
- Maintain situational awareness across multiple simultaneous responsibilities—including operative cases, ward patients, consultations, and urgent calls
- Adapt decision-making in high-acuity, rapidly evolving clinical scenarios
- Apply evidence-based principles while exercising sound clinical judgment
- Recognize the limits of one's training and knowledge and seek supervision appropriately
- Acquire and apply new procedural and cognitive skills continuously throughout training

Essential Communication Functions

(including verbal and written)
The resident must be able to:

- Communicate clearly and effectively with patients, families, and the care team in both verbal and written form
- Deliver and receive structured, accurate handoffs in high-acuity settings
- Communicate with compassion and cultural humility—including when discussing prognosis, operative risk, potential limb loss, or end-of-life considerations with patients and families facing serious cardiothoracic disease
- Demonstrate respect for patient autonomy and individualized goals of care in all interactions
- Maintain therapeutic continuity in relationships with patients across complex and longitudinal care trajectories
- Communicate effectively within the operating room environment, including when wearing surgical masks, eye protection, and radiation-protective equipment
- Document patient care in a complete, accurate, and timely manner in the electronic health record

Essential physical functions

(including senses, stances and mobility, manipulation and technical skills)
The resident must be able to:

- Maintain a stationary position for extended periods during complex open and minimally invasive surgical procedures
- Traverse clinical environments across multiple hospital sites and between patient care areas throughout a shift
- Perform repetitive movements with precision, applying fine manual dexterity for manipulation of surgical instruments
- Operate with bilateral upper extremity coordination to execute cardiothoracic surgical tasks
- Position self and maneuver within confined operative spaces and around sterile surgical fields

- Determine and identify visual and auditory information necessary for clinical assessment and procedural performance
- Work in proximity to fluoroscopic imaging equipment with appropriate and consistent use of radiation-protective equipment (lead apron, thyroid shield)
- Transport clinical equipment and supplies as required for patient care delivery

Statement Of Nondiscrimination

The University of Washington prohibits discrimination, harassment, and sexual misconduct in any education program or activity that it operates. Individuals may report concerns, make complaints, or direct inquiries to the Civil Rights Compliance Office. View the Statement of Nondiscrimination.

This document reflects requirements, established practices, policies, procedures, and resources as of the date of publication; however, parts of this document may be updated from time to time in accordance with changes in the law and applicable requirements, established practices, policies, procedures, and resources. Continued participation by a resident in the program will demonstrate agreement by the resident to adhere to the updates. The program will communicate such changes via email and/or verbal communication.