Saudi Council for Health Specialties

SAUDI BOARD OF SURGERY

Proposed
Cardiac Surgery Residency Training Program

For the year

1431 / 2010

Prepared by
Department of Cardiac Surgery & Training And Research Administration,
Prince Sultan Cardiac Center

Discussed with
Heads of Cardiac Surgery Departments
in Major Cardiac Centers in the Kingdom
Cardiac Surgery Residency Program

DEFINITION

Cardiac Surgery is that branch of surgery concerned with diseases of the pericardium, heart and great vessels. The resident who has completed training in Cardiac Surgery is expected to function as an independent consultant with respect to the diagnosis and management of patients with cardiovascular disease, including the provision of surgical intervention when indicated and postoperative care.

GENERAL OBJECTIVES

On completion of the educational program, the graduate physician will be competent to function as a consultant in Cardiac Surgery. Residents must demonstrate the knowledge relating to gender, culture and ethnicity pertinent to cardiac surgery. In addition, all residents should demonstrate an ability to incorporate gender, cultural and ethnic perspectives in research methodology, data presentation and analysis. Appropriate roles for the cardiac surgeon include: medical expert and clinical decision maker, communicator, collaborator, manager, health advocate, scholar, and research scientist. As a dedicated professional, and consistent with the obligations of a physician, the cardiac surgeon must endeavour to deliver highest quality care with integrity, honesty and compassion, exhibit appropriate personal and interpersonal professional behaviors and practice medicine ethically giving priority to the needs of individual patients. Continuing education and evaluation are expected throughout the cardiac surgeon’s professional life including an appreciation of the role of research and the need for critical analysis of current scientific and practice developments related to the specialty.

SPECIFIC OBJECTIVES

At the completion of training, the resident will have acquired the following competencies and will function effectively as:

A. Medical Expert/Clinical Decision-Maker

General Requirements:
1. Demonstrate diagnostic and therapeutic skills for ethical and effective patient care.
2. Access and apply relevant information to clinical practice.
3. Demonstrate effective consultation services with respect to patient care, education and legal opinions.

Specific Requirements:
1. Acquire knowledge of the principles essential to care of cardiac surgical patients including:
   1. Median sternotomy or thoracic incisions and other relevant incisions for the surgical approach to conduit harvest and vascular access;
   2. Wound complications and their management including sepsis: causes, prevention, presentation, treatment;
   3. Surgical nutrition;
   4. Anticoagulation: indications, complications, management of heparin induced thrombocytopenia;


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1.5 cardiac medications: inotropes, antiarrhythmics, vasoactive agents; use and complications;
1.6 recognition and management of concomitant medical conditions including diabetes, renal failure, respiratory failure; etc
1.7 principles of diagnosis and management of the trauma patient particularly thoracic or cardiac injury;
1.8 recognition and management of vascular, neurological and general surgical complications in cardiac or thoracic patients including peptic ulcer disease, hepatobiliary disease, limb ischemia, etc;
1.9 natural history, presentation, investigation and management of extracranial cerebral vascular disease, particularly when presenting with cardiac disease;
1.10 anesthetic management including the use of sedatives, analgesics and local anesthetic agents.

2. Acquire the following clinical skills:
   2.1 Recommend appropriate surgical approach.
   2.2 Recognize and treat wound complications including infections, dehiscence, mediastinitis and prescribe appropriate prophylactic measures for infection prevention.
   2.3 Institute and monitor surgical nutrition via enteral or parenteral route.
   2.4 Recognize need for and appropriate use of cardiac, respiratory, diabetic medications... etc.
   2.5 Manage patients with concomitant medical problems including control of diabetes and other endocrine imbalances, renal failure, respiratory insufficiency.
   2.6 Diagnose and institute appropriate management of trauma patients.
   2.7 Diagnose and institute appropriate management of gastrointestinal complications in cardiac patients.
   2.8 Diagnose and institute appropriate management of generalized atherogenesis.
   2.9 Recommend appropriate investigations and therapeutic interventions for patients with cerebrovascular disease, particularly when presenting with concomitant cardiac disease.

3. Acquire the following technical skills:
   3.1 Perform sternotomy and thoracotomy incisions; understand and perform techniques for safe redo sternotomy or thoracotomy.
   3.2 Perform wound debridement, resuturing of sternum or thoracotomy wound.
   3.3 Insert central venous and arterial cannulas for parenteral nutrition, dialysis and hemodynamic monitoring.
   3.4 Insert chest tubes, resuscitate trauma patients.
   3.5 Perform repair of traumatic injuries to chest including thoracic aortic tears, cardiac lacerations, and lung lacerations.
   3.6 Implant appropriate devices including pacemaker and defibrillator systems, intraaortic balloon pumps and other cardiopulmonary support devices.
   3.7 Manage airway problems including performance of tracheostomy.

B. Communicator

General Requirements:

1. Establish therapeutic relationships with patients and families.
2. Obtain and synthesize relevant history from patients and families, and their communities.
3. Listen effectively.
4. Discuss appropriate information with patients and families, and the health care team.

Specific Requirements:

1. In order to achieve these objectives the resident must develop the ability to:
   1.1. Inform patients and families about their condition at an appropriate and understandable level.
   1.2. Be sensitive and respond appropriately to issues of gender, culture and ethnicity in dealing with patients and families.
   1.3. Write a preliminary report on operations on chart.
   1.4. Dictate concise, clear description of operation.
   1.5. Write clear consultation note/discharge summary/clinic note.
   1.6. Prepare and present ward and intensive care unit (ICU) rounds in an organized manner.
   1.7. Participate actively in scheduled rounds.

C. Collaborator

General Requirements:

1. Consult effectively with other physicians and health care professionals.
2. Contribute effectively to other interdisciplinary team activities.

Specific Requirements:

1. In order to achieve these objectives the resident must develop the ability to:
   1.1. Work with ward, ICU, operating room and expanded role nurses to manage patients appropriately.
   1.2. Identify social, rehabilitative, dietetic concerns with patients and consult appropriate allied health professionals.
   1.3. Consult and work with medical specialists appropriately.
   1.4. Assist allied health professionals through active participation in their training and educational rounds.

D. Manager

General Requirements:

1. Utilize resources effectively to balance patient care, learning needs, and outside activities.
2. Allocate finite health care resources wisely.
3. Work effectively and efficiently in a health care organization.
4. Utilize information technology to optimize patient care, life-long learning and other activities.
Specific Requirements:

1. In order to achieve these objectives the resident must develop the ability to:
   
   1.1. Understand the importance of and mechanisms to safely utilize resources in a cost-effective manner to benefit all patients.
   
   1.2. Recommend practices to effectively utilize resources including undertaking studies to assess effectiveness of standard care procedures.

E. Health Advocate

General Requirements:

1. Identify the important determinants of health affecting patients.
2. Contribute effectively to improved health of patients and communities.
3. Recognize and respond to those issues where advocacy is appropriate.

Specific Requirements:

1. In order to achieve these objectives the resident must understand the:
   
   1.1. principles and data supporting primary and secondary prevention of coronary artery disease; and other thoracic diseases
   
   1.2. triage system for the surgical wait list; its rationale, and how patients are added or upgraded; and the
   
   1.3. value of outcomes research for surgical procedures.

2. In order to achieve these objectives the resident must develop the ability to:
   
   2.1. Assess all patients for risk factors for cardiovascular/cardiothoracic disease and advise appropriate interventions.
   
   2.2. Utilize appropriate lipid lowering agents correctly.
   
   2.3. Participate in outcomes research and assist in disseminating resulting information.
   
   2.4. Develop and support constructive relationships with hospital administrators, Regional, Provincial and Federal Government Agencies and Representatives.
   
   2.5. Support the activity of local and national organizations promoting health advocacy.

F. Scholar

General Requirements:

1. Develop, implement and monitor a personal continuing education strategy.
2. Critically appraise sources of medical information.
3. Facilitate learning of patients, house staff/students and other health professionals.
4. Contribute to development of new knowledge.
Specific Requirements:

1. In order to achieve these objectives the resident must:
   1.1. Recognize gaps in knowledge and develop strategies to correct this by self-directed reading, and consulting with other professionals.
   1.2. Contribute knowledge learned to service rounds.
   1.3. Understand principles and practice of basic and applied research including the scientific method, design and conduct of clinical trials, critical appraisal of literature and the use of statistics.
   1.4. Understand need to incorporate gender, cultural and ethnic perspectives in research methodology.
   1.5. Prepare and present scheduled rounds.
   1.6. Participate actively in scheduled morbidity and mortality conferences.
   1.7. Actively participate in journal club.
   1.8. Prepare and present clinical research papers at peer-reviewed meetings / publish in medical literature.
   1.9. Participate effectively in teaching fellow professionals including junior house staff.

G. Professional

General Requirements:

1. Deliver highest quality care with integrity, honesty and compassion.
2. Exhibit appropriate personal and interpersonal professional behaviours.
3. Practise medicine ethically consistent with obligations of a physician.

Specific Requirements:

1. In order to achieve these objectives the resident must develop the ability to:
   
   1.1. Deliver care with integrity, honesty and compassion.
   1.2. Understand the professional, legal, and ethical codes to which physicians are bound.
   1.3. Recognize self limitations and seek outside assistance where appropriate.
   1.4. At all times function professionally at an independent consultant level.
   1.5. Be sensitive to and respond appropriately to patients of different social status, ethnic groups, age and gender.

SYLLABUS IN CARDIAC SURGERY

The following specific objectives describe the knowledge, clinical and technical skills required of a physician upon completion of the educational program in cardiac surgery. The list of operations included under technical skills is neither exclusive nor compulsory but rather is included as a guide.

1. CARDIOPULMONARY BYPASS

   1.1. Knowledge
       1.1.1. Use and pathophysiology of cardiopulmonary bypass including deleterious effects.
       1.1.2. Design and function of components of cardiopulmonary bypass circuits including alternate
types of pumps and oxygenators.
1.1.3. Catastrophic complications of cardiopulmonary bypass (CPB).
1.1.4. Effects of CPB on inflammatory, coagulation and hematological systems as well as end organ damage.

1.2. Clinical Skills
1.2.1. Recommend appropriate method of CPB including cannulation, temperature management.
1.2.2. Recognize and manage catastrophic complications including air embolism, mechanical failure of CPB equipment, clotting on CPB.
1.2.3. Recognize deleterious effects of CPB and recommend methods to minimize them.

1.3. Technical Skills
1.3.1. Institute CPB using a variety of cannulation devices and techniques.
1.3.2. Conduct bypass appropriately including venting and cooling techniques.
1.3.3. Institute appropriate action for CPB accidents.

2. MYOCARDIAL PROTECTION

2.1. Knowledge
2.1.2. Myocardial metabolic pathways and their response to ischemia and reperfusion.
2.1.3. Cardioplegia composition, temperature, alternate delivery methods and assessment of myocardial protection.

2.2. Clinical Skills
2.2.1. Recognize the need for myocardial protection and recommend appropriate methods to achieve it.

2.3. Technical Skills
2.3.1. Institute effective myocardial protection using a variety of delivery methods.
2.3.2. Demonstrate ability to assess effectiveness of protection.

3. ISCHEMIC HEART DISEASE

3.1. Knowledge
3.1.1. Principles of management of patients with ischemic heart disease.
3.1.2. Anatomy and physiology of coronary circulation and effects of obstruction.
3.1.3. Patho-physiology of atherosclerosis and acute ischemic syndromes.
3.1.4. Principles and use of imaging techniques for myocardial ischemia including electrocardiography (EKG), stress tests, coronary angiography, nuclear medicine scans, stress echocardiography.
3.1.5. Medical and surgical management of chronic coronary insufficiency including indications, timing and outcomes for revascularization.
3.1.6. Management of unstable angina and acute myocardial infarction and its
complications including ischemic ventricular septal defect (VSD), cardiac rupture and mitral insufficiency.
3.1.7. Role of primary and secondary prevention; current recommendations.

3.2. Clinical Skills
3.2.1. Use and interpret appropriately tests of myocardial ischemia.
3.2.2. Use and interpret appropriately tests of myocardial viability including differentiation of stunned/hibernating myocardium from necrotic/scar tissue.
3.2.3. Recognize and manage acute and chronic coronary ischemia.
3.2.4. Recommend appropriate timing of alternative treatment strategies including medical, interventional catheterization and surgical treatment.
3.2.5. Recognize and recommend treatment for complications of coronary ischemia including low cardiac output, ischemic VSD, mitral insufficiency.
3.2.6. Provide appropriate risk reduction recommendations and use appropriate drug therapy properly.

3.3. Technical Skills
3.3.1. Perform myocardial revascularization using a range of venous and arterial conduits and other relevant techniques.
3.3.2. Perform surgical repair of complications of ischemia: repair of VSD, mitral insufficiency, left ventricular aneurysm and ventricular remodelling.
3.3.3. Insert intraaortic balloon pumps and ventricular assist devices.

4. Valvular Heart Disease

4.1. Knowledge
4.1.1. Principles of medical and surgical management of patients with valvular heart disease.
4.1.2. Anatomy of the cardiac valves and relationships to adjacent structures.
4.1.3. Natural history of all forms valvular heart disease.
4.1.4. Principles and use of imaging techniques for valvular heart disease including cardiac auscultation, echocardiography including transesophageal echocardiography (TEE), cardiac catheterization and hemodynamic evaluation, magnetic resonance imaging (MRI).
4.1.5. Indications for medical and surgical intervention.
4.1.6. Alternative surgical approaches to cardiac valves.
4.1.7. Advantages and disadvantages of available valve repair methods/prostheses.
4.1.9. Guidelines for reporting valve results including time-related multivariable analysis of morbidity/mortality.

4.2. Clinical Skills
4.2.1. Use and interpret appropriately tests of valvular heart disease.
4.2.2. Recommend and institute appropriate medical therapy for valve patients including antifailure medication and anticoagulants.
4.2.3. Recommend appropriate timing of surgical intervention.
4.2.4. Recommend appropriate valve operation and prosthesis.
4.2.5. Recognize complications of valve surgery including residual obstruction/insufficiency, infection, thrombosis, degeneration and recommend treatment.

4.3. **Technical Skills**
4.3.1. Perform valve replacements for aortic and mitral valve disease.
4.3.2. Perform complex valve operations including mitral valve reconstruction, aortic root enlargement, and stentless valve/homograft/autograft surgery.

5. **THORACIC AORTIC PATHOLOGY**

5.1. **Knowledge**
5.1.1. Principles of management of patients with thoracic aortic disease at an independent consultant level.
5.1.2. Anatomy of aorta including its intra-thoracic branches and related intra-thoracic structures.
5.1.3. Pathophysiology of aortic disease including atherosclerotic disease, Marfan's, and cystic medial necrosis.
5.1.4. Patho-physiology of thoracic and thoraco abdominal aortic aneurysms and dissections.
5.1.5. Natural history of aortic disease.
5.1.7. Indications for medical and surgical intervention.
5.1.8. Methods of surgical repair including choice of conduits, techniques for preventing brain and spinal cord damage, management of complications of aortic surgery.
5.1.9. Indications for postoperative surveillance of patients, and investigation of relatives.

5.2. **Clinical Skills**
5.2.1. Recognize and diagnose thoracic and thoraco abdominal aortic disease including emergency presentations: use appropriate diagnostic tests.
5.2.2. Recommend and institute appropriate medical therapy for thoracic and thoraco abdominal aortic pathology including emergency dissections.
5.2.3. Recommend appropriate surgical intervention including strategies to minimize neurological and other complications.

5.3. **Technical Skills**
5.3.1. Perform repair of thoracic aortic pathology including aneurysms and dissections, using appropriate techniques for distal aortic perfusion and prevention of complications.

6. **TRANSPLANTATION AND CARDIAC FAILURE**

6.1. **Knowledge**
6.1.1. Principles of management of patients with end-stage heart failure.
6.1.2. Pathophysiology and endocrinology of heart failure.
6.1.3. Natural history of cardiac failure.
6.1.4. Indications for medical therapy and pharmacology of available agents.
6.1.5. Indications for surgical therapy for heart failure including conventional revascularization, valve surgery, transplantation as well as unconventional therapy including: cardiac resynchronization therapy, left ventricular reduction.
6.1.6. Indications for alternative transplantation procedures including heart-lung or lung transplantation with repair of cardiac lesions in patients with primary or secondary pulmonary hypertension.
6.1.7. Indications for and complications of temporary/permanent mechanical cardiac support.
6.1.8. Pathophysiology of brain death, donor management including biochemistry and pharmacology of donor heart preservation.
6.1.9. Immunology of rejection, and management of immunosuppression.

6.2. Clinical Skills
6.2.1. Recognize end-stage cardiac failure.
6.2.2. Institute appropriate medical therapy for heart failure.
6.2.3. Recommend appropriate surgical therapy including instituting mechanical support, conventional surgery and transplantation.
6.2.4. Manage donor patient appropriately including criteria for brain death.
6.2.5. Manage immunosuppression and its complications.

6.3. Technical Skills
6.3.1. Institute mechanical cardiac support.
6.3.2. Perform donor heart procurement and cardiac transplantation.

7. ELECTROPHYSIOLOGY

7.1. Knowledge
7.1.1. Principles of management of patients with dysrhythmia.
7.1.2. Pathophysiology and electrophysiology of atrial and ventricular dysrhythmia.
7.1.3. Pharmacology, indications and results of medical management of dysrhythmia.
7.1.4. Indications for and results of medical and surgical treatment for dysrhythmia.
7.1.5. Indications for implantation of pacemakers including automatic implantable cardioverter (AICD) devices and management of their complications.

7.2. Clinical Skills
7.2.1. Recognize and treat patients with dysrhythmia.
7.2.2. Recommend appropriate pacemaker device for implantation.
7.2.3. Recognize and recommend appropriate treatment for complications of cardiac pacing including pacemaker syndrome and infections.

7.3. Technical Skills
8. **Cardiac Tumours**

8.1. **Knowledge**
8.1.1. Principles of management of patients with cardiac tumours.
8.1.2. Incidence, pathology, natural history and presentation of cardiac tumours.
8.1.3. Principles and use of imaging techniques for cardiac tumours including echocardiography, cardiac catheterization, computed tomography (CT) and MRI.
8.1.4. Indications for surgical intervention for cardiac tumours.
8.1.5. Surgical techniques for resection of cardiac tumours.

8.2. **Clinical Skills**
8.2.1. Use and interpret appropriately tests for cardiac tumours.
8.2.2. Recommend appropriate surgical approach for cardiac tumours.
8.2.3. Recommend appropriate follow-up for surgical patients following operation.

8.3. **Technical Skills**
8.3.1. Perform surgical resection of appropriate cardiac tumours.

9. **Pericardial Disease**

9.1. **Knowledge**
9.1.1. Principles of management of patients with pericardial disease.
9.1.2. Anatomy and physiology of the pericardium.
9.1.3. Pathophysiology of the pericardium including congenital and acquired pericardial diseases.
9.1.4. Pathophysiology of acute cardiac tamponade and chronic pericardial constriction.
9.1.5. Principles and use of diagnostic techniques for pericardial pathology including physical examination, echocardiography, CT and MRI.
9.1.6. Role and interpretation of cardiac catheterization and hemodynamic studies as they pertain to pericardial disease.
9.1.7. Indications for medical and surgical intervention for pericardial disease.
9.1.8. Surgical techniques for pericardial disease including relief of cardiac tamponade, pericardectomy.

9.2. **Clinical Skills**
9.2.1. Use and interpret appropriately tests of pericardial disease, and recognize cardiac tamponade.
9.2.2. Recommend appropriate medical and surgical intervention for cardiac tamponade and pericardial disease.
9.2.3. Recognize and treat appropriately patients with postpericardiotomy syndrome.
9.3. Technical Skills
9.3.1. Perform pericardial aspiration, biopsy, pericardial window and pericardectomy.

10. Congenital Cardiac Surgery

10.1. Knowledge
10.1.1. Principles essential to care of neonatal, infants, pediatric, and adult congenital cardiac patients including:

10.1.1.1. Embryology and nomenclature of congenital cardiac defects.
10.1.1.2. Physiology and pathophysiology of fetal, neonatal and pediatric circulations.
10.1.1.3. Principles of intensive care management of pediatric cardiac patients including ventilator management, inotropes, treatment of pediatric dysrhythmia and the manipulation of the pulmonary and systemic circulations.
10.1.1.4. Design and functional requirements of CPB circuits for pediatric patients.
10.1.1.5. Principles of CPB management in pediatric cases: myocardial protection strategies, use of profound hypothermia and circulatory arrest.
10.1.1.6. Principles and use of techniques for support of failing circulation in pediatric population.
10.1.1.7. Principles and use of imaging techniques in congenital cardiac disease including auscultation, echocardiography, cardiac angiography and hemodynamic assessment, as well as MRI.
10.1.1.8. Pathophysiology, indications and techniques for repair of simple and complex congenital cardiac defects.
10.1.1.9. Principles of management of adults with congenital cardiac defects including pathophysiology and evaluation of pulmonary vascular disease; indications and contraindications for repair.

10.2. Clinical Skills
10.2.1. Classify and describe accurately congenital cardiac defects.
10.2.2. Recognize and recommend appropriate treatment for ill neonates and children including maintenance of ductal patency, and control of pulmonary vascular resistance problems support of systemic circulation.
10.2.3. Recommend appropriate size of circuit components, and techniques for safe conduct of CPB in all ages of children.
10.2.4. Recognize signs of cardiac failure in children and recommends appropriate support including inotropes, pacing and use of mechanical support.
10.2.5. Use and interpret correctly tests for congenital cardiac defects for common congenital defects.
10.2.6. Recommend appropriate timing of surgery and choice of operation for specific congenital cardiac defects in both children and adults.

10.3. Technical Skills
10.3.1. Establish cardiopulmonary bypass for most pediatric cases including extracorporeal membrane oxygenation or ventricular assist device where appropriate.
10.3.2. Repair selected pediatric cases including; coarctation of aorta, patent ductus
arteriosus (PDA), vascular rings, epicardial pacemakers, atrial septal defect (ASD). Partial atrioventricular septal defect (AVSD), VSD, and non-neonatal tetralogy. 10.3.3. Repair most adult congenital lesions including pulmonary valve replacement, hypertrophic cardiomyopathy coarctation of aorta and ASD.

11. OTHER

Residents should have the knowledge, clinical skills and technical skills pertinent to cardiac surgery from General Surgery, Thoracic Surgery, Vascular Surgery and Cardiology.
SPECIALTY TRAINING REQUIREMENTS
IN CARDIAC SURGERY

These specialty requirements apply to those who began creditable training on or after January 2009.

Candidate's Enrollment Criteria

- The Candidate should fulfill all his employment criteria and legal issues
- Each candidate must have a valid license/registration from the Saudi Council of Health Specialties
- Each candidate should have malpractice insurance
- The candidate should fulfill the requirement for the pathway he is joining

Pathways of Enrollment

Acceptance to write the Saudi Board Certification Examination in Cardiac Surgery will require the completion of one of the following pathways:

Pathway 1. For medical school graduates who finished the internship year. This pathway must include:

- His registration should be at the level of M.D. (or equivalent)
- The Candidate should pass successfully the General Surgery Entry Exam plus interview

The Basic Surgical Training

1.1. Twenty-four months of general surgery
1.2. Six months of approved residency training in Vascular Surgery
1.3. Six months of approved residency training in Intensive Care Unit

This will be done in collaboration with the General Surgery Board. Training should be accredited towards Saudi Board in General Surgery, therefore a representative from General Surgery will be a member in the Cardiac Surgery Scientific Board.

Primary Exam in General Surgery
Center evaluation will carry 50% (the average of the evaluations of all rotations) of the final score but the candidate should achieve 70% mark in each (evaluation and exams).

The Cardiac Surgery Training
<table>
<thead>
<tr>
<th>Basic Cardiac Surgery Training</th>
<th>Period of Training</th>
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<tbody>
<tr>
<td>Adult Cardiac Surgery</td>
<td>12 months</td>
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<tr>
<td>Congenital Cardiac Surgery</td>
<td>6 months</td>
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<tr>
<td>Thoracic</td>
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Mid-Period Exam

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<th>Advanced Cardiac Surgery Training</th>
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<tr>
<td>Year 3-4</td>
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<tr>
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<td>Congenital Cardiac Surgery</td>
<td>6 months</td>
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<tr>
<td>Research in Cardiovascular Sciences</td>
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Final Exam

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<th>Fellowship (Focused Training)</th>
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<tr>
<td>Year 5</td>
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<tr>
<td>Adult Cardiac Surgery or Congenital Cardiac Surgery</td>
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Notes regarding Pathway 1:
The sequence of the requirements listed above does not imply that they must be met in the same order.

Residency training is defined as a period during which the resident is regularly entrusted with the responsibility for pre-operative, operative, and post-operative care. This must include the most difficult problems in Cardiac Surgery. The resident in training must be given the privilege to fulfill his training requirements over any other resident.

Exams

There are three exams.
- A primary exam is to be taken after completion of Basic Surgical Training, if the candidate fails, he continues in the same level and is allowed a total of up to three attempts. Nature of the exam will be guided by the Saudi Board of General Surgery.
- A mid-period exam is to be taken after the completion of Basic Cardiac Surgical Training. If the candidate fails, he continues in the same level and is allowed a total of up to three attempts. Nature of the exam will include a written/oral exam only.
- A final exam is to be taken after completion of all advanced training (7 years). If the candidate fails the written/oral exam he stays at the same level for up to a total of three attempts. If the candidate fails the clinical part of the exam he will be allowed to repeat the clinical exam only for up to a total of three attempts provided that he continues to practice in the field. If he fails the third trial he has to repeat the last two years of Advanced Cardiac Surgical Training.

OR

Pathway 2. For candidates who have a Board or Fellowship recognized by the Saudi Council for Health Specialty in General Surgery.
• His registration should be at the level of Registrar

The Advanced Cardiac Training

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<tr>
<td>Thoracic Surgery or Focused Training in Cardiac Surgery (e.g. heart transplant)</td>
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Mid-period Exam

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Exams

There are two exams.
- A mid-period exam is to be taken after the completion of Basic Cardiac Surgical Training. If the candidate fails, he continues in the same level and is allowed a total of up to three attempts. Nature of the exam will include a written/oral exam only.
- A final exam is to be taken after completion of all advanced training (7 years). If the candidate fails the written/oral exam he stays at the same level for up to a total of three attempts. If the candidate fails the clinical part of the exam he will be allowed to repeat the clinical exam only for up to a total of three attempts provided that he continues to practice in the field. If he fails the third trial he has to repeat the last two years of Advanced Cardiac Surgical Training.

OR

Pathway 3. For a candidate who has been practicing cardiac surgery for at least 5 years
• His registration should be at the level of Senior Registrar

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Exams

A screening written exam by the Cardiac Surgery Examination Committee will be performed to decide how many years to give credit for.

There is one final exam.
- A final exam is to be taken after completion of all advanced training (7 years). If the candidate fails the written/oral exam he stays at the same level for up to a total of three attempts. If the candidate fails the clinical part of the exam he will be allowed to repeat the clinical exam only for up to a total of three attempts provided that he continues to practice in the field. If he fails the third trial he has to repeat the last two years of Advanced Cardiac Surgical Training.

Number of Candidates Accepted

The Cardiac Surgery Training Program will be a joint program (ie applications will be through the Saudi Medical Council for Health Specialties and candidate’s selection, number and rotations among approved Centers will be determined by the Cardiac Surgery Scientific Board).

Evaluation of the Center

Qualified Centers or Hospitals for Training

The basic general surgical training must be done in a hospital which is recognized by the Saudi Board of General Surgery.

To be recognized for training in Adult Cardiac Surgery the Center must perform at least 500 adult cases annually.
To be recognized for training in Paediatric Cardiac Surgery the Center must perform at least 250 cases annually.
However, it is not necessary that the Center be recognized for both.

The Training Center must have highly skilled staff with at least 50% of them having more than 5 years
experience as Consultant Cardiac Surgeons.

There should be a wide variety of cases covering different cardiovascular pathology.

Periodic evaluations of the Centers by the Cardiac Surgery local committee should be conducted.

The Center should have highly skilled, well trained staff in the different related cardiac specialties (Cardiologists, Cardiac Anaesthetists and Intensivists). The Center should have well-equipped Operating Rooms, Cardiac Intensive Care Units (Surgical ICU, Medical CCU, Neonatal ICU and Paediatric ICU), Cath Labs, Echo Labs (2D and 3D Echos and TEE), Infection Control Service, Training and Research Department, Information Technology Department with a Medical Library, Total Quality Management Department. Preferably the Center should have CT Angio, MRI, Nuclear Scanning, Cardiac Rehab, Social Services, Cardiac Dietitian Service, with the Center having good access to consultation with other services and medical specialties (such as Diabetes and Endocrinology, Nephrology, Neurology... etc)

**Evaluation of Candidates**

Candidates undergoing this training program should be evaluated periodically (every 3 months by the Supervising Consultant and every 6 months by the Program Director) in that training center that he/she is assigned to.

He/she should have a log book which should be reviewed at the same time of the evaluation to be sure that he/she is on track in his/her training program and is performing the required number of operations.

The candidates knowledge, adaptability, quality and productivity, communication and interpersonal skills, initiatives and judgment, cooperation and team work, attendance and punctuality, work ethics, decision-making, problem-solving and patient management skills, and the number of publications and contribution to journal articles with evidence of researches will be assessed by his/her Consultant and supervised by the Program Director in that Center.

The candidate will also be evaluated by the above-mentioned Evaluating Exams throughout the program.

Any candidate who does not perform within expectations will be under probation.

**The Number of Operations Required in Cardiac Surgery**

The Candidate should be considered for the Saudi Board in Cardiac Surgery only when he/she has completed the following numbers of cases done by him/her as the first operator.

- 80 CABG
- 25 AVR
Grievances

Grievances with regards to performance evaluations shall be directed to the Chairman of the Scientific Board of Cardiac Surgery.

Responsibilities of the Supervising Consultants

The Supervising Consultants:
- Must have the Board, Fellowship or equivalent in Cardiac Surgery and at least 3 years experience as a Consultant Cardiac Surgeon.
- Shall participate and supervise the teaching of the candidates (pre-operative, operative and post-operative management of the patient) by giving lectures, delegating some surgery cases to the candidates in the operating room and taking him/her through all the operative steps.
- Should encourage the candidates to participate in Journal Clubs, Morbidity & Mortality and all academic and educational activities.
- Are to conduct performance evaluation sessions (every 3 months) to review the candidates work performance and complete a special evaluation form for such a program.
- Are to conduct disciplinary meetings when appropriate.
- Shall supervise and assist in cardiothoracic researches, presentations and publications.
- Shall motivate the candidate by delegating some responsibilities in patient management.
- Will monitor the candidate’s demeanour (manner, conduct, behaviour, character, deportment, performance, appearance, bearing, attitude, disposition, image, expression).
- Are to arrange regular meetings with the candidates to provide feedback on performance and work with them towards improving their standards.
- Must verify the candidate’s log-book and countersign it.
- Are to ensure that the candidate is exposed to a wide variety of cases covering different cardiovascular pathology.

Responsibilities of the Program Directors

The Program Directors:
- Must have Board or Fellowship or equivalent and at least 6 years experience as a Consultant Cardiac Surgeon.
- Are responsible for selecting the candidates.
- Shall conduct continuous and periodic evaluation of candidates by regular assessments and exams.
- Shall monitor the supervising consultants and ensure their adherence to the training program.
- Will arrange six monthly meetings with the Supervising Consultants and the candidates, to monitor their performance, listen to their grievances and act as mediator in problem-solving.
- Should inspect and review the candidate’s training program on a regular basis and make suggestions for improvement.
- Should help the candidate in sorting out any legal or logistic issues.
- Are to ensure that trainees get increasing levels of responsibility and experience appropriate to their level of training.
- Shall verify the candidate’s log-books.
- Are to provide an adequate level of academic and educational activities for the candidates by organizing regular symposiums and meetings and inviting distinguished national and international speakers and surgeons.

**Sponsorship**
Training should be funded by the candidate’s Center sponsoring him for training. The candidate should have a letter of sponsorship from his own Center.

**Recommended Books and References for Trainees**
Books and references used by the trainees should be approved by the Directorate of the Saudi Board of Cardiac Surgery. (We recommend Edmond, Kirklin/Barratt-Boyes, Glenn).