

Contact: Rachel Boon

**REQUEST FOR DEPARTMENT CHANGE AT THE UNIVERSITY OF IOWA: DEPARTMENT  
OF SURGERY**

**Action Requested:** Consider approval of the request by the University of Iowa to turn the Department of Surgery's Division of Cardiothoracic Surgery into a free-standing department in the Carver College of Medicine.

The Council of Provosts and Board office support approval of this request.

**Background:** At this time, Cardiothoracic Surgery resides as a Division within the Department of Surgery. However, there are times in the past when the cardiothoracic surgery program has existed within an independent program. In 2005, this surgical group was granted stand-alone department status by the Board of Regents at a time when the Carver College of Medicine (CCOM) was recruiting new surgeons for the group and were seeking significant growth in this clinical service. This was a successful Department for approximately 11 years at which time there was turnover in the chair of the department. At that time, CCOM elected to absorb the Department back into the Department of Surgery to allow the surgeons to stabilize under an established leader. The Board of Regents approved this change in 2018.

**Reason for proposed change:** During this time, the clinical needs for cardiothoracic surgery have increased. Nationally, it is becoming much more common for Cardiothoracic Surgery to be a stand-alone department. This surgical subspecialty utilizes different anesthesiology practices, different operating rooms, and is often practiced in a service line structure that combines cardiology care along with cardiac surgery care. Having a separate department will allow us to recruit a strong department chair who has experience growing the cardiothoracic surgical case volumes while functioning in a complex collaboration with cardiology. The overall growth strategy for UI Health Care depends on enhancing the cardiac service line. Elevating the division to a full department supports that growth strategy and will allow us to identify a strong leader with expertise in a service line approach.

**Effect on program configuration:** No changes in credit hours will be required. Faculty who currently reside in the Division of Cardiothoracic Surgery will now reside in a Department of Cardiothoracic Surgery, but all of the faculty policies and governance are identical. The new Department Chair will sit on various UI Health Care leadership committees thus providing more visibility and input for and from the cardiothoracic surgery program. The new department chair will be required to support faculty promotions and tenure decisions, hiring contracts and annual evaluations.

**Effect on students:** The predominant educational programs managed by cardiothoracic surgeons are graduate medical education programs that matriculate MD students to pursue additional years of training as cardiac or thoracic surgeons. These residents and fellows will be unaffected by this change and are already participating in specific Accreditation Council for Graduate Medical Education (ACGME) accredited residency or fellowship programs that will be unchanged by this request. The residents and fellows will still be managed through the Graduate Medical Education Office who manages all of our ACGME accredited training programs. ACGME evaluates programs based on whether the residents and fellows are receiving a strong educational experience and there have been no concerns with these two programs.

There is a small perfusion medicine program that is a certificate program. The certificate program has didactic lectures provided by the faculty and staff perfusionists as well as clinical experiences in the operating rooms. All educational activities will be identical whether this group resides as a division or department. A small number of our medical students rotate with the cardiothoracic surgeons and these rotations will continue without any changes.

**Effect on resources:** Surgical departments have three revenue sources- general education funds, hospital support for medical directors and other purchased services and professional fees generated from the clinical procedures performed by the faculty; these resources come from the Carver College of Medicine, UI Health Care and University of Iowa Physicians, respectively. Since this is simply a shift from a division to a department, the resources will be moved from the Department of Surgery to the new Department of Cardiothoracic Surgery. A department chair search process will be required to recruit a new chair for this department, which will require some additional resources mostly for the academic missions of the department. However, the clinical operations of the cardiothoracic surgery program are revenue generating and provide the bulk of funding for the department. It is expected that the Department will be self-sustaining.

Given the anticipated need for enhanced cardiac care that will grow as the population ages, having prominent representation for cardiothoracic surgery in UI Health Care operations such as surgical resource planning, growth strategies and service line management will be critical for our success.

**Date of implementation:** August 2021.