

CTSNet Program Profile Questionnaire

PROGRAM DETAILS

1. Names of the
 - a. Program director: John S. Ikonomidis, MD, PhD
 - b. Chief(s) of cardiac division: John S. Ikonomidis, MD, PhD (Adult) Scott M. Bradley, MD (Pediatric)
 - c. Chief (s) of thoracic division: Carolyn E. Reed, MD
2. Program Contact information:
 Rose Haselden, Program Coordinator, Division of Cardiothoracic Surgery,
 Medical University of South Carolina,
 25 Courtenay Drive, Suite 7018,
 Charleston, SC 29425
 Phone: 843-876-4840,
 Fax: 843-876-4866,
 E-mail: haselder@musc.edu
3. Link to your program's website:
<http://academicdepartments.musc.edu/surgery/divisions/cardiothoracic/index.htm>
4. We would be happy to post relevant pictures regarding your program (3 pictures maximum).
5. Indicate the # of residents accepted per year to your program: one resident each year in the I6 program and one resident/fellow every three years in the independent program
6. Indicate the length of the program: Six years (I6 program) – Three years (independent program)
7. Does your program have separate cardiac and thoracic tracks? No
8. Indicate the approximate deadline for application and interview dates:
 - a. Deadline: Approximately December 31st (I6) and March 31st (Independent)
 - b. Interview dates: December and January (I6) and February and March (Independent)

CASE VOLUME

1. Please indicate the average number of cases per year performed in your program for the following ABTS categories:

	Total Institution Cases (Avg of 2008 – 2010)	Total Cases per Resident per year (3 year program)
Total number of cardiac cases:	955	128
Total number of thoracic cases:	327	64
Congenital heart disease:	283	4
Acquired valvular heart:	178	30
Valve repairs:	20	1
Myocardial Revascularization:	349	75
Aorta:	46	10
Pneumonectomy, lobectomy, segmentectomy:	86	20
Esophagus resection:	28	7
Benign Esophageal Disease:	19	5
Heart transplants:	19	3
Lung transplants:	0	0
Ventricular assist device:	19	3
Minimally invasive cardiac:		

CURRICULUM

1. Details of curriculum:
 - a. Indicate the # of months on each rotation for each year (for each cardiac and thoracic track if applicable), and which hospital(s):

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
SIX-YEAR INTEGRATED PROGRAM
CARDIOTHORACIC SURGERY
Effective July 1, 2011**

<i>One resident is matched at the PGY1 level every year.</i>	
PG 6	<u>Two Three-month rotations:</u> MUSC CT <u>Two Three-month rotations:</u> VA CT
PG 5	<u>One Three-month rotation:</u> MUSC Adult CT <u>One Three-month rotation:</u> MUSC Congenital <u>One Three-month rotation:</u> VA CT <u>One Two-month rotation:</u> General Thoracic <u>One One-month rotation:</u> Endovascular
PG4	<u>One Three-month rotation:</u> General Thoracic <u>Three Three-month rotations:</u> Adult Cardiac
PG 3	<u>Two-month rotations:</u> GI Lap, Night Emergency Trauma (ART), Transplant Surgery, VA General Surgery, GI Panc/Bili, SICU
PG 2	<u>Two-month rotations:</u> Pediatric Surgery, Vascular Surgery, Night Emergency Trauma, Trauma Surgery, Breast/Endo, Cardiothoracic Surgery
PG 1	<u>One-month general surgery rotations:</u> Vascular Surgery, Night Emergency Trauma, GI Panc/Bili, Trauma Surgery, Pediatric Surgery, Plastic Surgery, Transplant Surgery <u>One-month cardiothoracic surgery rotations:</u> VA CT, MUSC CT, Pediatric Cardiac, General Thoracic <u>One-month rotation:</u> Imaging & Echo

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
INDEPENDENT PROGRAM
CARDIOTHORACIC SURGERY**

<i>One resident is matched at the PGY6 level every three years.</i>	
PG 8	<u>Two Three-month rotations:</u> MUSC CT <u>Two Three-month rotations:</u> VA CT
PG 7	<u>One Three-month rotation:</u> MUSC Adult CT <u>One Three-month rotation:</u> MUSC Congenital <u>One Three-month rotation:</u> VA CT <u>One Two-month rotation:</u> General Thoracic <u>One One-month rotation:</u> Endovascular
PG6	<u>One Three-month rotation:</u> General Thoracic <u>Three Three-month rotations:</u> Adult Cardiac

- b. Please describe any opportunities for electives – No elective rotations
 - c. Please describe any wet labs and simulation technology used in training and how frequently these are used: Four valvular wet labs scheduled (3 aortic and 1 mitral) for academic year 2010-2011; The I6 residents are included in the simulation laboratory schedule along with the general surgery program, and a small simulation center is located in our residents' office with material and lighting. An objective system to assess skills utilizing the simulation center is being created.
 - d. Please briefly describe the number and type of weekly conferences residents are expected to attend: The residency program includes two major teaching conferences. The first is a Tuesday morning didactic session which follows closely the curriculum recommended by the Thoracic Surgery Directors Association. Conferences are given by CT attendings, CT residents, and invited guest speakers. Attendance is required for all faculty and CT Surgery residents. The second major conference is the Wednesday afternoon Service Conference at which all patients operated upon in the previous week are reviewed for deaths, complications, and interesting teaching points. A Cardiothoracic Journal Club is held monthly off campus at a local restaurant. Other teaching conferences include: A Thoracic Surgery Tumor Board held weekly which includes the two general thoracic surgery attendings as well as oncologists, radiologists, and others where patients with thoracic cancer are discussed and plans of treatment are developed; Pediatric Cardiology Conferences held on Mondays and Thursdays where patients scheduled to undergo surgery during the following week are discussed in detail; and Heart & Vascular Morbidity and Mortality Conference held once a month which is a combined morbidity and mortality conference for the Heart and Vascular Service Line and is attended by the faculty and residents from Cardiothoracic Surgery, Cardiology, Vascular Surgery and Interventional Radiology; Adult Cardiology Cath Conference, a weekly conference attended whenever possible by cardiothoracic residents.
 - e. Please indicate what provisions are made for attending national research meetings (i.e., # per year for which funding is provided, and if that is dependent on presenting an abstract): Cardiothoracic residents (PGY 4, 5, 6, 7 and 8) are funded by the Division to attend one major CT meeting each year. In addition expenses are funded for any resident who has a paper accepted for presentation at a major meeting.
 - f. Please describe opportunities for research (clinical, basic science):
 - g. Please describe the call structure (i.e., frequency, in-house vs. home call): Residents and faculty are assisted by a large compliment of experienced physician extenders. These individuals alternate with general surgery PG-1 residents for in-house night call on an every-fourth-night basis. (Traditional three-year program CT residents do not take in-house call.) Physician extenders also provide continuity of care for the wards and clinics, assist in the operating rooms, do admission workups, and thus relieve the residents from the majority of "nonessential" routine tasks. General surgery residents (and six-year integrated program residents during specific rotations) rotate at the PG-1 level where they alternate night call with physician extenders and assist in the wards in the operating room. At the PG-2 level the general surgery resident (and six-year integrated program resident during specific rotations) assists in the CTICU and the operating room and rotate second call from home with the CT residents every third night.
 - h. Please indicate whether funds are provided for loupes? Textbooks? Phones? The Division pays for the first set of 2.5 magnification loops. In addition, Candidate Membership in the Society of Thoracic Surgeons is paid by the Division each year of training.
2. Subjective:
- a. Please describe your program's biggest strengths: Excellent clinical and technical training, comprehensive didactic conferences. We do it "by the book" and cover the bases very well. Diverse faculty committed to thoracic surgery education.
 - b. Please provide 1-2 adjectives that describe your program: Cutting-edge. Innovative. Solid.
 - c. Please indicate what is unique about your program relative to other programs Case variety—very broad range of cases.

GRADUATES

1. Indicate the percentage of graduates that do further training:
2. Indicate the percentage of graduates that pursue academics vs. private practice:
Please provide an account of job placement for your graduates over the last 3 years:
2010: Erica Giblin, M.D., Methuen, MA - Private Practice;
2009: Nicholas Lopez, M.D., Paducah, KY - Private Practice;
2008: Eric Kirker, M.D., Portland, OR – Private Practice;
Wilson Clements, M.D., Lexington, KY – Private Practice
3. Please describe “super” fellowship opportunities (e.g. transplant, endovascular, minimally invasive, congenital) available at your institution:

JOINT THORACIC/GENERAL SURGERY (4+3) and INTEGRATED PROGRAMS (I6)

Please only fill this out if your program already has an approved 4+3 or integrated program

1. Please indicate the # of residents accepted per year: One
2. Please indicate the year of your first entering class: July 1, 2009
3. Details of curriculum:
 - a. Please indicate the # of months on each rotation for each year, and which hospital. Please feel free to send as an attachment your rotation block diagram: See diagram under “Curriculum” heading question #1 above
 - b. Please indicate whether research time is included in the curriculum. Is this optional or required? Each resident in both the I6 and Independent programs is required to complete a minimum of one research project as a condition for completion of the residency.
 - c. Please briefly describe what exposure students will receive to fields adjunct to CT surgery (i.e., echocardiography/cardiac imaging, cardiology, ICU, endovascular technology): The rotations for each year of the new six-year program are outlined in the rotation schedule table (see above). Rotations in the final three years are only slightly changed from the current traditional three-year program experience.

The integrated six-year program has undergone a curriculum shift in order to provide training and technical experience sufficient to meet new American Board of Surgery case list requirements imposed by the ABTS and RRC effective July 1, 2011. We will continue to work to meet the challenge to maintain the character of the original innovative and goal-directed program.
4. Please provide additional relevant comments:
Web address: <http://academicdepartments.musc.edu/surgery/divisions/cardiothoracic/index.htm>