

CTSNet Program Profile Questionnaire

PROGRAM DETAILS

1. Names of the
 - a. Program director: [Richard L. Prager, MD](#),
 - i. Associate Program Director: [Andrew C. Chang, MD](#)
 - b. Chief of cardiac section: [Edward L. Bove, MD](#)
 - c. Chief of general thoracic section: [Mark B. Orringer, MD](#)
2. Program Contact information:
[Janice W. Davis](#)
 Assistant Director for Education
 Phone: 734-936-5732
 E-mail: janiced@med.umich.edu
3. Link to your program's website: <http://surgery.med.umich.edu/portal/education/gme/training/general/thoracic/>
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: [2](#)
6. Indicate the length of the program: [2 years](#)
7. Does your program have separate cardiac and thoracic tracks? [Yes](#)
 - a. if yes, how many positions are there in each?
 - i. Cardiothoracic positions: [1](#)
 - ii. General thoracic positions: [1](#)
8. Indicate the approximate deadline for application and interview dates:
 - a. Deadline: [Open](#)
 - b. Interview dates: [March 12 and 19, 2011](#)

CASE VOLUME

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

	Total Institution Cases UMHS per Year (a)	Average Cases per Resident per Year (n=4) (b)
Total number of cardiac cases:	951	79
Total number of thoracic cases:	1182	90
Congenital heart disease:	665	28 (assist or surgeon)
Acquired valvular heart:	302/25	27
Valve repairs:	209/3	18
Myocardial Revascularization:	224/122	35
Aorta:	217	4
Pneumonectomy, lobectomy, segmentectomy:	126	31
Esophagus resection:	147	20
Benign Esophageal Disease:	109	17
Heart transplants:	33	3
Lung transplants:	36	5
Ventricular assist device:	80	5
Minimally invasive cardiac:	26	3

(a) Between January-December, 2010

(b) The average # of cases at completion of the two year Thoracic residency is double this number. Obtained from graduating resident case logs (2 in ABTS cardiothoracic pathway and 2 in the ABTS general thoracic pathway) since implementation of the ABTS case requirements, entering residency after July 2007.

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):

Rotation:	1	2	3	4	5	6	7	8	9	10	11	12
Resident:	July	August	September	October	November	12/1/10-1/2/11	January	February	March	April	May	June
A1 (CT)	STC	STC	STC	STG	STG	STG	VAT	STC	STP	STP	VAT	VAT
A2 (GT)	STG	STG	STG	STC (10/1-10/17) VAT (10/18-10/24) STC (10/25-10/31)	VAT	VAT	STP	STP	VAT	VAT	STC	STC
B1 (CT)	STG	STG	VAT	VAT	STC	STC	STC	STG	STC	STC	STP	STP
B2 (GT)	VAT	VAT	STG	STG	STG	STG	STG	STG	STC	STC	STG	STG
B3 (CT)	STC	STC	STC	STC	STC	STC	STC	VAT	STG	STG	STC	STC

A or B indicate 1st or 2nd year fellows, respectively

CT or GT indicate cardiothoracic or general thoracic surgery track, respectively

STC	Adult Cardiac Surgery [University Hospital]
VAT	VA Thoracic [Ann Arbor VAMC]
STG	Adult Thoracic Surgery [University Hospital]
STP	Pediatric Cardiac Surgery [Mott Hospital]

- b. Please describe any opportunities for electives: [Away electives are permitted at the discretion of the affected service and if funding is secured](#)
- c. Please describe any wet labs and simulation technology used in training and how frequently these are used:
- [There are annual wet labs for mitral valve and aortic valve/root procedures directed by senior faculty.](#)
 - [During the cardiac surgery “non-service core curriculum” residents work with our perfusion technologists in a cardiopulmonary bypass simulator, and also work with faculty on anastomotic techniques in coronary bypass surgery](#)
- d. Please briefly describe the number and type of weekly conferences residents are expected to attend:
- [In addition to service-specific conferences, residents are expected to attend a weekly didactic/death and complications conference](#)
- 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): [Residents are allotted one national conference, funded by the educational program. Additional conferences are permitted if the resident is to present his/her research](#)

- f. Please describe opportunities for research (clinical, basic science): [research is not emphasized during the two-year program, but opportunities are available with assistance provided by study coordinators and biostatisticians as needed](#)
- g. Please describe the call structure (i.e., frequency, in-house vs. home call): [Home call, every 3-4 nights](#)
- h. Please indicate whether funds are provided for:
 - i. Loupes? [Yes](#)
 - ii. Textbooks/SESAT? [Yes](#)
 - iii. Phones? [No](#)
2. Subjective:
 - a. Please describe your program's biggest strengths: [Our program provides the trainee with experience in a diverse range of cardiothoracic surgical problems. Faculty members in all aspects of cardiothoracic surgery are recognized nationally as leaders in their field. Our program emphasizes not only the fundamentals of cardiothoracic surgery but also provides an introduction to innovative technology and approaches.](#)
 - b. Please provide 1-2 adjectives that describe your program: [Progressive, fundamentally-sound](#)
 - c. Please indicate what is unique about your program relative to other programs: [Our program, while rich in tradition, is infused with motivated faculty with a broad range of interests and clinical expertise. Topics of particular focus include but are not limited to the treatment of complex aortic and mitral disease, heart failure \(including transplantation and device procedures\) and endovascular surgery. The congenital cardiac service is renowned for its experience in neonatal congenital cardiac disease. Residents will gain extensive experience working in a collaborative multidisciplinary environment for the care of esophageal and pulmonary diseases, benign and malignant. Minimal access surgery \(e.g. VATS lobectomy, robotic-assisted general thoracic surgery\) is a significant component of the resident educational program.](#)

GRADUATES

1. Indicate the percentage of graduates that do further training: [approximately 10-20%](#)
2. Indicate the percentage of graduates that pursue academics vs. private practice:
 - a. academic: [55%](#)
 - b. private practice: [45%](#)
3. Please provide an account of job placement for your graduates over the last 3 years:
 - a. Academic: [3](#)
 - b. Private practice: [3](#)
 - c. Advanced practice training: [1](#)
4. Please describe "super" fellowship opportunities (e.g. transplant, endovascular, minimally invasive, congenital) available at your institution: [Opportunities for non-accredited advanced practice training are available in](#)
 - a. [Adult cardiac surgery, including surgical management of heart failure, complex valve surgery](#)
 - b. [General thoracic surgery, including complex esophageal surgery, minimal access surgery and lung transplantation](#)
 - c. [Congenital cardiac surgery \(in addition to an ACGME-approved congenital cardiac surgery residency\)](#)

FUTURE CHANGES

1. Please indicate whether your program is planning on developing a Joint Thoracic/General Surgery (4+3) or Integrated Program (if your program already has one, please skip this section and complete the last portion of the questionnaire entitled "Additional questions for Joint Thoracic/General Surgery (4+3) and Integrated (i6) programs")?

[A six-year integrated program in cardiothoracic surgery is in development](#)

OTHER

1. Please elaborate on any other unique components of your program not captured in this questionnaire.
The fellows participate in rotations at three hospitals: University of Michigan University Hospital and the recently opened Cardiovascular Center (STC and STG), C.S. Mott Childrens' Hospital (STP) and the Ann Arbor Veterans' Affairs Health Care System (VAT). A new C.S. Mott Childrens' Hospital is scheduled to open in Fall, 2011. The VA thoracic rotation includes both adult cardiac and general thoracic surgery.