

CTSNet Program Profile Questionnaire

PROGRAM DETAILS

1. Names of the
 - a. Program director: [Marc Moon](#)
 - b. Chief(s) of cardiac division: [Ralph Damiano](#)
 - c. Chief (s) of thoracic division: [Alec Patterson, Bryan Meyers](#)
2. Program Contact information: [Sheryl Goessling goesslings@wudosis.wustl.edu](#)
3. Link to your program's website: www.cardiothoracicsurgery.wustl.edu/
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: [3](#)
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. Cardiac positions: [1-2 depending on interest](#)
 - ii. Thoracic positions: [1-2 depending on interest](#)
8. Indicate the approximate deadline for application and interview dates:
 - a. Deadline: [Feb 1](#)
 - b. Interview dates: [March/April](#)

CASE VOLUME

1. Please indicate the average number of cases per year performed in your program for the following ABTS categories: variable depending on cardiac vs. thoracic track – refer to division annual report

Washington University Case Loads - 3 recent graduates (January 8, 2011)			
	cardiac track	thoracic track	4-3 thoracic track
Total number of cardiac cases:	430	194	248
Total number of thoracic cases:	150	326	492
Congenital heart disease:	31	33	33
Acquired valvular heart:	80	23	47
Valve repairs:	22	11	20
Myocardial Revascularization:	121	79	75
Aorta:	48	5	10
Pneumonectomy, lobectomy, segmentectomy:	43	80	137
Esophagus resection:	19	46	61
Benign Esophageal Disease:	8	21	20
VATS:	17	54	116
Heart transplants:	19	5	5
Lung transplants:	19	28	52
Ventricular assist device:	16	8	4
Reoperation Cardiac:	26	8	9

CURRICULUM

1. Details of curriculum:
 - b. Indicate the # of months on each rotation for each year (for each cardiac and thoracic track if applicable), and which hospital(s): [cardiac track – 4-6 mo thoracic, 2-4 mo congenital 16-18 cardiac; thoracic track 12 mo thoracic, 2 mo congenital, 10 mo cardiac](#)
 - c. Please describe any opportunities for electives – [1-2 months](#)
 - d. Please describe any wet labs and simulation technology used in training and how frequently these are used: [many wet labs](#)
 - e. Please briefly describe the number and type of weekly conferences residents are expected to attend: [2-3 conferences per week](#)
 - f. 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): [1 meeting per year – endless numbers though if presenting abstracts](#)
 - g. Please describe opportunities for research (clinical, basic science): clinical only – [no time for basic science when a CT resident](#)
 - h. Please describe the call structure (i.e., frequency, in-house vs. home call): [in house call about 1x/week](#)
 - i. Please indicate whether funds are provided for loupes? Textbooks? Phones? [Yes loupes, no textbooks or phones](#)
2. Subjective:
 - a. Please describe your program's biggest strengths: [we prefer to defer questions like this to previous graduates](#)
 - b. Please provide 1-2 adjectives that describe your program
 - c. Please indicate what is unique about your program relative to other programs

GRADUATES

1. Indicate the percentage of graduates that do further training: [only for residents who want to do congenital \(2/30 residents in the last 10 years\)](#)
2. Indicate the percentage of graduates that pursue academics vs. private practice: [67-75% academic](#)
3. Please provide an account of job placement for your graduates over the last 3 years:
[2010 graduates – private practice Missouri, academic practice U of Louisville, private practice Phoenix](#)
[2009 graduates – academic practice Emory, academic practice Wash U, academic practice MUSC](#)
[2008 graduates – academic practice Allegheny, private practice Chicago, academic practice UNC](#)
4. Please describe “super” fellowship opportunities (e.g. transplant, endovascular, minimally invasive, congenital) available at your institution: [None](#)

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”)? [We have a joint 4-3 program currently](#)

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: [1 4-3 residents per year on average](#)
2. Please indicate the year of your first entering class: [2005](#)
3. Details of curriculum:
 - a. Please indicate the # of months on each rotation for each year, and which hospital: [Variable depending on resident interest in cardiac, thoracic, or congenital](#)
 - b. Please indicate whether research time is included in the curriculum. Is this optional or required? [None](#)
 - c. Please briefly describe what exposure students will receive to fields adjunct to CT surgery (i.e., echocardiography/cardiac imaging, cardiology, ICU, endovascular technology): [as applicable to daily patient management](#)