CTSNet Program Profile Questionnaire

PROGRAM DETAILS

1. Names of the
   a. Program director: Thomas A. D'Amico MD
   b. Chief(s) of cardiac division: Peter K. Smith MD
   c. Chief (s) of thoracic division: Thomas A. D'Amico MD
2. Program Contact information:

Thomas A. D'Amico, MD
Professor of Surgery, Program Director in Thoracic Surgery
Duke University Medical Center, DUMC Box 3496
Durham, NC 27710
(919) 684-4891
damic001@mc.duke.edu

3. Link to your program's website:
   Duke Division of Thoracic Surgery: http://cardiothoracic.surgery.duke.edu/
   Duke Office of Graduate Medical Education: http://www.gme.duke.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: 3

7. Does your program have separate cardiac and thoracic tracks? yes
   a. Cardiac positions: 1 or 2 per year depending on applicants
   b. Thoracic positions: 1 or 2 per year depending on applicants

8. Indicate the approximate deadline for application and interview dates:
   a. Deadline: January 20
   b. Interview dates: February 12, February 26, March 19

CASE VOLUME

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

	Total Institution Cases	Total Cases per Resident
Total number of cardiac cases:	2000	200-300
Total number of thoracic cases:	1500	200-400
Congenital heart disease:	250	50-75
Acquired valvular heart:	500	20-90
Valve repairs:	250	10-20
Myocardial Revascularization:	900	100-200
Aorta:	100	2-20
Pneumonectomy, lobectomy, segmentectomy:	500	40-120
Esophagus resection:	120	10-50
Benign Esophageal Disease:	50	5-20
Heart transplants:	60	2-30
Lung transplants:	120	2-40
Ventricular assist device:	60	2-30
Minimally invasive cardiac:	50	5-10

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):

Cardiac Surgery Track (rotations are 4 months in duration)

Year 1	Adult Cardiac (Duke)	General Thoracic (Duke)	Adult Cardiac and Thoracic (Asheville VA)
Year 2	Adult Cardiac (Duke)	General Thoracic (Duke)	Congenital Cardiac (Duke)
Year 3	Chief Resident-Duke (Elective rotation)	Elective (Duke or Away)	Adult Cardiac and Thoracic (Durham VA)

General Thoracic Surgery Track (rotations are 4 months in duration)

Year 1	General Thoracic (Duke)	Adult Cardiac (Duke)	Adult Cardiac and Thoracic (Asheville VA)
Year 2	General Thoracic (Duke)	Adult Cardiac (Duke)	Congenital Cardiac (Duke)
Year 3	Chief Resident/Lung Transplant (Duke)	Elective (Duke or Away)	Adult Cardiac and Thoracic (Durham VA)

    b. Please describe any opportunities for electives: see block schedules

    c. Please describe any wet labs and simulation technology used in training and how frequently these are used: Cardiac, valve, and pulmonary wet labs: 4 per year

    d. Please briefly describe the number and type of weekly conferences residents are expected to attend:

Thoracic Surgery Residency Educational Conferences (Duke Hospital)

Monday	7:30 PM	Residents' Teaching Conference
Tuesday	9:00 AM	Lung Transplant Conference
Wednesday	6:30 AM	Attending Rounds
Wednesday	7:30 AM	Thoracic Surgery Grand Rounds/Residents Conference
Wednesday	4:30 PM	Multidisciplinary Thoracic Oncology Conference
Thursday	7:00 AM	General Thoracic Surgery Conference
Thursday	7:30 AM	Heart Transplant Conference
Friday	7:00 AM	Multidisciplinary Cardiac Surgery Conference
Friday	11:00AM	Congenital Heart Surgery Teaching 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):

1 national meeting per year for all residents each year: STS, AATS, or Southern Thoracic
1 supplementary educational course for all residents each year

f. Please describe opportunities for research (clinical, basic science):

Clinical Research
To promote the development of each resident as an academic surgeon, there is programmatic emphasis on excellence in clinical research. Some residents choose to participate in clinical research through the Duke Clinical Research Institute (DCRI), which houses one of the largest cardiovascular data banks in the world, as well as an array of professionals with expertise in clinical research, information technology, epidemiology, and biostatistics. Currently, 5 faculty members have Master's Degrees in Clinical Research, and are outstanding mentors for residents to complete projects.

Upon completion of the training program, residents have the opportunity to complete multiple projects, with publications in major peer-reviewed journals. In addition, residents have access to resources related to the American College of Surgeons Oncology Group (ACOSOG) and the Cancer and Leukemia Group B (CALGB).

g. Please describe the call structure (i.e., frequency, in-house vs. home call):
The call schedule is designed to adhere to an 80-hour week, and to provide every other weekend off duty. While 3-4 residents rotate in-house call at any one time, there is no scheduled in-house call on the weekend.

Residents on the following rotations take in-hospital call every third night **(Mon-Fri):**
Cardiac Surgery (year 1), General Thoracic Surgery (year 1), Cardiac Surgery (year 2)

Residents on the following rotations take **back-up call from home** on a rotating basis:
General Thoracic/Transplant (year 2), Cardiac Surgery (year 3)

Residents on the following rotations are independent, **without scheduled call**:
Asheville VA (year 1), Congenital Heart Surgery (year 2), Durham VA (year 3)

h. Please indicate whether funds are provided for loupes? Textbooks? Phones?
Loupes are provided

2. Subjective:
   a. Please describe your program's biggest strengths

The Training Program in Thoracic Surgery at Duke University Medical Center is designed to develop academic cardiothoracic surgeons. At the completion of the program, residents will demonstrate proficiency in all clinical aspects of cardiothoracic surgery and will have extensive experience and training in clinical research.

The training program, a 3-year program with 3 residents at each training level, provides for progressive responsibility and a balanced exposure to adult cardiac surgery, congenital cardiac surgery, and general thoracic surgery. The philosophy of the training program is predicated on the mentorship system, where each resident rotates on a service with 2-3 faculty members for 4 months, providing consistent, sustained relationships.

   b. Please provide 1-2 adjectives that describe your program

Academic Cardiac and Academic Thoracic Surgery

   c. Please indicate what is unique about your program relative to other programs

100% of residents have entered academic surgery in the last 5 years

GRADUATES

1. Indicate the percentage of graduates that do further training:
   Except for residents that specialize in Congenital Heart Surgery, there has not been a single resident to have graduated from our 3 year program that has required or obtained further training.

2. Indicate the percentage of graduates that pursue academics vs. private practice:
   100% of residents have entered academic surgery in the last 5 years

3. Please provide an account of job placement for your graduates over the last 3 years:

Year	Resident	Job Location	Academic
2010	Edward Cantu	University of Pennsylvania	Yes
	Teng Lee	University of Maryland	Yes
	Joseph Turek	Childrens' Hospital of Pennsylvania	Yes
2009	Berry, Mark	Duke	Yes
	Pal, Jay	U. Texas-San Antonio	Yes
	Williams, Matthew	Louisville	Yes
2008	Jeff Gaca	Duke	Yes
	Cyrus Parsa	Duke	Yes
	Betty Tong	Duke	Yes
2007	Zane Atkins	Air Force; Durham VA	Yes
	Sitaram Emani	Boston Childrens' Hospital	Yes
	Mark Onaitis	Duke	Yes

4. Please describe "super" fellowship opportunities (e.g. transplant, endovascular, minimally invasive, congenital) available at your institution:

   Lung Transplant Fellowship (100-120 transplants per year)
   Heart Transplant and VAD Fellowship (60 transplants per year)
   Minimally Invasive Thoracic Surgery Fellowship (VATS lobectomy, MIE, Robotics)

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")?

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: Joint Training Program (1 resident/year)

2. Please indicate the year of your first entering class: 2008

3. Details of curriculum:
   a. Please indicate the # of months on each rotation for each year, and which hospital: see block diagram below

   b. Please indicate whether research time is included in the curriculum. Is this optional or required?

   c. Please briefly describe what exposure students will receive to fields adjunct to CT surgery (i.e., echocardiography/cardiac imaging, cardiology, ICU, endovascular technology):

Block Diagram of proposed rotations in Joint Program (2-month blocks unless indicated)

PGY 1	GI Surgery	Vascular Surgery	Durham VA	Surgical Subspecialty	Cardiac Surgery	Thoracic Surgery
PGY 2	SICU	Trauma	Pediatric Surgery	Durham Regional	Thoracic ICU	Thoracic ICU
PGY 3	Surgery Consults	Asheville VA	Surgical Oncology	Durham VA	GI Surg	Advanced Laparoscopy
PGY 4	Trauma	Ped Surg	Transplant	**Vascular**	**Cardiac**	**Cardiac**
PGY 5	GI Surg	Surg Onc	VA General	**Vascular**	**Thoracic**	**Thoracic**
PGY 6*	Cardiac		Thoracic		Asheville VA	
PGY 7*	Chief		Congenital		Durham VA	

* 4-month blocks