

CTSNet Program Profile Questionnaire

PROGRAM DETAILS

1. Names of the
 - a. Program director: [John H. Calhoon MD](#); [V. Seenu Reddy MD MBA](#), Associate Director; [AJ Carpenter MD PhD](#), Associate Director
 - b. Chief(s) of cardiac division: [Edward Sako MD PhD](#)
 - c. Chief(s) of thoracic division: [Scott Johnson MD](#)
2. Program Contact information: [Patti Lairsey](#), Lairsey@uthscsa.edu, 210 567-6158
3. Link to your program's website: <http://utcardiothoracicsurgery.com>
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: [1/yr for the 6 year Integrated program](#)
6. Indicate the length of the program: [6 years](#)
7. Does your program have separate cardiac and thoracic tracks? [No](#)
8. Indicate the approximate deadline for application and interview dates:
 - a. Deadline: [December 1, 2011](#)
 - b. Interview dates: [Late November 2011 / Early January 2012](#)

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:	510	225
Total number of thoracic cases:	230	100
Congenital heart disease:	216	20
Acquired valvular heart:	120	50
Valve repairs:	70	35
Myocardial Revascularization:	280	120
Aorta:	80	33
Pneumonectomy, lobectomy, segmentectomy:	40	20
Esophagus resection:	30	15
Benign Esophageal Disease:	45	22
Heart transplants:	15	12
Lung transplants:	35	18
Ventricular assist device:	16	8
Minimally invasive cardiac:	30	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).

INTEGRATED Program Format YEAR 1

Period	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Site	1	1	1	2	2	3	1	2	2	1	1/2	1
Service	CT UH	Gen Surg A UH	Radiol / Chest UH	Gen Surg VA/sim skills	Vasc. VA	Cardio/ Ht Fail./ EP	Transpl Surg UH	Vasc. UH	GSVA/ sim skills	GS B UH	Pulm	Trauma UH
Inpatient / Outpatient	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O
Exposure	Thor Surg /Perfusion	Gen surg	Imaging	Sim skills	vascular	Heart failure/ transplant	Organ procurement/ transplant	Vascular/ endo	Anastomotic & tech. skills	General Surg	PFT's /bronch	trauma

INTEGRATED Program Format YEAR 2

Period	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Site	3	1		1	1	1	2	2	3	2	1	1
Service	Peds Surg	Surg Crit Care	Research elective	Cards/Echo & CT UH	Cards/Echo & CT UH	Tx UHS	Anesth/ SICU VA	CT VA	Regional Academic Health Center, Harlingen	Vasc. VA	Thoracic UH	GenSurg C UH
Inpatient / Outpatient	I/O	I		I/O	I/O	I/O	I	I/O	I/O	I/O	I/O	I/O
Exposure	Pediatric surgery	Trauma/ CT ICU	Scientific Methods	Echo CT Imaging	Echo CT Imaging	Tx/ Organ harvest	Intubation Critical Care	Basic CT	Gen Surg, Thoracic, Vascular	Vascular	VATS	Gen Surg

INTEGRATED Program Format YEAR 3

Period	July-Sept	Oct	Nov-Dec	Jan-March	May-June
Site	2	1	3	1	1
Service	CT VA	Radiology/ cath skills	Peds Surg	Cardiac UH	Gen Thor
Inpatient / Outpatient	I/O	I/O	I/O	I/O	I/O
Exposure	Basic CT	Basic CT	Pediatric surgery	Basic Cardiac	Basic Thoracic

INTEGRATED Program Format YEAR 4

Period	July-Sept	Oct-Dec	Jan-March	April-June
Site	2	3	1	1
Service	CT VA	CSR	Cardiac UH	Gen Thor
Inpatient / Outpatient	I/O	I/O	I/O	I/O
Exposure	Advanced CT	Advanced Congenital	Advanced Cardiac	Advanced Thoracic

INTEGRATED Program Format YEAR 5

Period	July-Sept	Oct -Dec	Jan-March	April-June
Site	2	3	1	1
Service	CT VA	CSR	Cardiac UH	Gen Thor
Inpatient / Outpatient	I/O	I/O	I/O	I/O
Exposure	Senior level CT	Senior level CT	Senior level CT	Senior level CT

INTEGRATED Program Format YEAR 6

Period	July-Sept	Oct-Dec	Jan-March	April-June
Site	2	3	1	1
Service	CT VA	CSR	Cardiac UH	Gen Thor
Inpatient / Outpatient	I/O	I/O	I/O	I/O

Exposure	Master CT Skills	Master CT Skills	Master Cardiac Skills	Master Thoracic Skills
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- b. Please describe any opportunities for electives: For PGY 1&2 years our curriculum includes surgery, critical care, diagnostic cardiology, interventional cardiology, diagnostic radiology, interventional radiology and pediatric surgery. The PGY 3-4 years are dedicated to Thoracic Surgery. There are opportunities for the resident to concentrate on a specific area on interest during these years.
- c. Please describe any wet labs and simulation technology used in training and how frequently these are used: Simulation exercises are included in the curriculum throughout the residency. During the first 2 years residents spend time in the simulation lab on average once a month to learn fundamental surgical skills. There are two 2-week rotations dedicated to the simulation lab to complete the ACS Surgical Skills Curriculum. During the PGY 3-4 years wet-labs are held regularly to include cardiac anatomy, valvular procedures, coronary anastomoses and pulmonary resections.
- d. Please briefly describe the number and type of weekly conferences residents are expected to attend: **Conferences:** Include 1) weekly Grand Rounds during which time one of the residents prepare a talk on an interesting case or topic or recent study. Alternately, an invited lecturer gives a talk on a specific area of expertise; 2) weekly Thoracic Oncology Conference where interesting cases are presented and discussed, having input from multiple disciplines including medical oncology, pulmonary medicine, pathology and radiation oncology; 3) weekly combined Cardiology/CT Surgery conference during which time patients with interesting cardiac problems are presented and discussed with the combined faculty; 4) weekly Pediatric Cardiology/CT Surgery conference where interesting patients with congenital heart disease are presented and discussed with combined faculty (when on the rotation only); 5) Simultaneous separate weekly teaching conferences for Thoracic Residents and general Surgery residents/students; **Weekly Faculty/Staff meeting:** A weekly meeting held by the division chief / program director in which the following week's operating room schedule is discussed, systems-based problems addressed, as well as resident work issues/work hours identified and managed; **Weekly outpatient clinics:** Include UT Medicine Adult CT clinic, UT Medicine CTRC Thoracic Oncology Clinic, Congenital Heart clinic, and the Veteran's Hospital Cardiothoracic (PASS) clinic
- 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): Each resident is funded by the department to attend one scientific meeting annually: Society of Thoracic Surgeons, Southern Thoracic Surgical Association or the American Association of Thoracic Surgeons. Residents may also attend symposia for resident education including TSDA's Annual Boot Camp and/or industry supported resident education.
- f. Please describe opportunities for research (clinical, basic science): Residents are encouraged to inquire about each faculty's scholarly pursuits. In addition, residents are encouraged to visit any active laboratories and participate in any experiments to which the technique would be relevant or educational (e.g. rat lung transplant). Furthermore, any interesting operative or clinical cases are actively encouraged to be written up and presented at either regional or national meetings and published. The department has ample resources in terms of assistance with manuscript preparation, formatting and review. In addition, we have a part-time faculty, Dr. Clint Baisden, who does not have operative duties and is Director of Research who is available with great flexibility for the residents to coordinate and develop their research ideas and interest. The department has resources for grant writing and internal review. We also have access to statistical assistance from a biostatistician. In addition, the Department collaborates with several PhD basic science researchers who are able to meet with the residents to review their research interests and areas where residents could participate in a longitudinal fashion across their years of training in the Integrated Six Year program. Residents attend the Scientific and Clinical portions of national meetings in our specialty on a yearly basis at a minimum.
- g. Please describe the call structure (i.e., frequency, in-house vs. home call): Call schedules vary by rotation. During the PGY 1&2 years call on general surgery services average 1:3 to 1:4. Some rotations are in-house. The rotations in Cardiology, Pulmonary Medicine and Radiology do not include call. During the PGY 3 & 4 years call is planned to be home calls averaging 1:4 with allowance for each resident to have 3 weeks vacation annually.
- h. Please indicate whether funds are provided for loupes? Textbooks? Phones? Partial Funds are available for: loupes and textbooks

2. Subjective:
 - a. Please describe your program's biggest strengths 1) The faculty is deeply committed to resident education and fully available to the residents. Our group is a good mix of senior faculty with extensive experience and younger faculty with training and experience in newer technologies. The faculty is very stable with no anticipated retirements in the next few years. 2) Our program is diversified among 3 hospital systems to provide a great breadth of clinical material and experience for the resident. Despite this diversity the clinical load is only slightly more than the residents can cover. This allows the residents opportunity to choose the most appropriate cases for their level of experience without undue burden of postoperative care.
 - b. Please provide 1-2 adjectives that describe your program Supportive, High-Energy, Committed
 - c. Please indicate what is unique about your program relative to other programs: As one of the first integrated programs we have a lead in experience at curriculum development. The success of our curriculum is heavily dependent of resident participation and feedback to constant improvement.

GRADUATES

1. Indicate the percentage of graduates that do further training: our first graduate will be: 2016
2. Indicate the percentage of graduates that pursue academics vs. private practice: Our graduates from the traditional track, general surgery followed by a 2-year thoracic residency, have largely entered private practice or proceeded to subspecialty fellowship.
3. Please provide an account of job placement for your graduates over the last 3 years: All our graduates have had employment confirmed prior to completion of thoracic residency.
4. Please describe "super" fellowship opportunities (e.g. transplant, endovascular, minimally invasive, congenital) available at your institution: We currently do not offer

JOINT THORACIC/GENERAL SURGERY (4+3) and INTEGRATED PROGRAMS (16)

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 resident per year Integrated 6-year program
2. Please indicate the year of your first entering class: 2009
3. Details of curriculum: See block diagram of rotations above
 - 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:
 - 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):
4. Please provide additional relevant comments:

OTHER

1. Please elaborate on any other unique components of your program not captured in this questionnaire. Our program features a highly collaborative, intensely teaching focused faculty. Our mission statement focuses us on becoming the very best place in the world to train in Thoracic Surgery. We offer a broad array of basic as well as advanced cardiothoracic surgery including, VATS, endovascular, VADS and complex congenital surgery.

We welcome fourth-year medical students interested in the program to rotate on our service between July and November 2011. To optimize student experience we must limit the number of students on each rotation. Interested students should contact our residency coordinator Patti Lairsey (larisey@uthscsa.edu) for further information.