

CTSNet Program Profile Questionnaire

PROGRAM DETAILS

1. Names of the
 - a. Program director: Ara Vaporciyan, M.D.
 - b. Chief(s) of cardiac division: Mahesh Ramchandani, M.D.
 - c. Chief (s) of thoracic division: Stephen Swisher, M.D.
2. Program Contact information: Judy Corke
713-563-1975
jlcorke@mdanderson.org
3. Link to your program's website: <http://tinyurl.com/4k2nqub>
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 (1 cardiac track/1 general thoracic track)
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: 2
 - ii. Thoracic positions: 2
8. Indicate the approximate deadline for application and interview dates:
 - a. Deadline: February 1, 2012
 - b. Interview dates: February 25, 2012
March 3, 2012

CASE VOLUME

1. Please indicate the average number of cases per year performed in your program for the following ABTS categories: These numbers do not include the new rotation at Memorial Hermann Hospital

	Total Institution Cases	Total Cases per Resident
Total number of cardiac cases:	2185	126
Total number of thoracic cases:	1526	332
Congenital heart disease:	309	30
Acquired valvular heart:	600	32
Valve repairs:	143	8
Myocardial Revascularization:	410	47
Aorta:		4
Pneumonectomy, lobectomy, segmentectomy:	316	137
Esophagus resection:	108	45
Benign Esophageal Disease:	142	14
Heart transplants:	91	0
Lung transplants:	66	1
Ventricular assist device:	156	72
Minimally invasive cardiac:	Do not track	Do not track

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):

Block schedule for the 2011 incoming trainees

	Location of fellows each month											
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Boris Sepesi, M.D. 1 st year General Thoracic	HH (congenital)		HH (AC)			MDA (Int)	MDA (GT)					
Gustavo Guajardo-Salinas, M.D. 1 st year Cardiothoracic	TMH (AC)				HH (AC)				HH (congenital)			
Jenifer Marks, M.D. 2 nd year General Thoracic	MDA (GT)					TMH (GT)		TMH (AC)			MDA (GT)	
Elizabeth David, M.D. 2 nd year Cardiothoracic	TMH (AC)			TMH (GT)		MDA (GT)					TMH (AC)	

The Methodist Hospital (TMH)	<ol style="list-style-type: none"> 1. All aspects of adult cardiac surgery 2. Adult heart and lung transplantation 3. Arrhythmia surgery 4. Endovascular and open aortic surgery 5. Benign and malignant general thoracic surgery † Endovascular service, angiography and angioplasty
Memorial Hermann Heart & Vascular Institute (HH)	<ol style="list-style-type: none"> 1. All aspects of adult cardiac surgery 2. Cardiac and Thoracic trauma 3. Congenital heart surgery including adult congenital heart surgery. 4. Benign and malignant general thoracic surgery 5. All aspects of congenital heart surgery including adult congenital heart surgery. 6. Some congenital tracheal surgery 7. Pediatric lung and heart transplantation
MD Anderson Cancer Center (MDACC)	<ol style="list-style-type: none"> 1. All aspects of general thoracic surgical oncology 2. Some benign general thoracic surgery * Interventional pulmonology and radiology

- b. Please describe any opportunities for electives

Electives have been offered when we felt they provided educational benefit. Early on when we began expanding our program we still did not have access to lung transplantation. While not required for ABTS certification we still felt some of our graduates would be interested in some exposure to this aspect of CT surgery. We therefore organized an elective rotation at Washington University. Since that time we have partnered with The Methodist Hospital and their transplant volume is more than adequate to provide this educational experience here in Houston. If, in the future, there was an additional educational need identified and an elective rotation was an appropriate method of addressing that need we would certainly give such a request high consideration.

- c. Please describe any wet labs and simulation technology used in training and how frequently these are used:

The Methodist Hospital is home to the Methodist Institute for Technology, Innovation and Education (MITIE™). This 35,000 square-foot facility provides access to whole animal, ex vivo tissue (pig heart lung blocks), and tabletop simulators. Currently we are identifying the appropriate frequency of use. Initial proctored (with faculty participation) usage is currently once a month. Trainees have access at their leisure as well. Plans to increase the frequency are under consideration and depend on multiple factors including other time commitments (both for the faculty and the trainees), simulation's impact on achieving our educational objectives, and our trainees' perception of its added value.

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

M.D. Anderson Cancer Center

Name of Conference (teaching round, seminar, journal club, etc.)	Frequency (weekly, monthly, etc.)	Mandatory or Elective	Individual(s) or Department Responsible for Organization of Sessions
The Clifton F. Mountain Distinguished Lectureship in Thoracic and Cardiovascular Surgery	Annually	Mandatory	Jack A. Roth, M.D.
Thoracic Center Multidisciplinary Patient Care Conference	Weekly	Mandatory*	Reza Mehran, M.D., Ritsuko Komaki, M.D., Roy Herbst, M.D., Daniel Karp, M.D., Liao
Texas Medical Center Cardiothoracic Didactic Conference	Weekly	Mandatory	Ara A. Vaporciyan, M.D., Ross Reul, M.D., Faisal Bakaeen, M.D., David Morales, M.D.
Quality Improvement Conference (M&M)	Monthly	Mandatory	Ara A. Vaporciyan, M.D.
Esophageal Multidisciplinary Tumor Board	Weekly	Elective	Wayne L. Hofstetter, M.D.
The Texas Medical Center Cardiac & Thoracic EBM Surgery Journal Club	Monthly	Mandatory	Ara A. Vaporciyan, M.D.
Weekly Teaching Conference	Weekly	Mandatory	Ara A. Vaporciyan, M.D.
GME Core Curriculum Lecture Series	Weekly	Mandatory [†]	GME
GME Competency Series	Monthly	Mandatory [†]	GME
Institutional Grand Rounds	Weekly	Mandatory [†]	Special Medical Education Programs
Evarts A. Graham Lectureship	Annually	Mandatory	Ara A. Vaporciyan, M.D.

* Trainees are expected to attend unless still engaged in surgery

[†] Trainees are expected to attend or listen online to any lectures dealing with practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. The majority of these lecture series are targeted at medical oncologists and therefore do not address our specific curricular objectives. Trainees can attend these additional lectures if time permits and they have a personal interest

The Methodist Hospital

Name of Conference	Frequency	Mandatory or Elective	Individual(s) or Department Responsible for Organization of Sessions
Valve Conference	Weekly	Mandatory	
Ischemic Cardiac Conference	Monthly	Mandatory	Maresh Ramchandani, M.D.
Cardiac Surgery Mortality and Morbidity Conference	Monthly	Mandatory	Maresh Ramchandani, M.D.
DeBakey Heart & Vascular Center Grand Rounds	Weekly	Mandatory	
Vascular Case Conference	Weekly	Mandatory	
Thoracic Transplant Medical Review Board (MRB)	Weekly	Mandatory	
The Texas Medical Center Cardiac & Thoracic EBM Surgery Journal Club	Monthly	Mandatory	Ara A. Vaporciyan, M.D.

Memorial Hermann Hospital

Name of Conference	Frequency	Mandatory or Elective	Individual(s) or Department Responsible for Organization of Sessions
Morbidity and Mortality conference is held every Thursday at 7am, 6400 Fannin St., Suite 2850, and alternates between cardiothoracic and vascular. One fellow presents a list of all the cases since the last M&M and discusses the complications. Copies of imaging should be shown on Powerpoint as applicable.	Weekly		Anthony Estrera, M.D.
Hermann Journal Club occurs on the last Wednesday of each month at 7am, 6400 Fannin St., Suite 2850. One fellow will present a CT paper and another fellow will present a vascular paper. The 2nd year vascular fellow will coordinate which fellow presents for M&M and Journal Club.	Monthly		Anthony Estrera, M.D.
In addition, there are basic science lectures (late September through end of May) and is held right after M&M on Thursday mornings that fellows may be asked to present on an ad hoc basis.	Weekly		Anthony Estrera, M.D.
Grand Rounds is every Friday morning in Medical School Building, Rm. 2.103, 6431 Fannin St at 7 am and the fellows may be asked to present on an ad hoc basis.	Weekly		Anthony Estrera, M.D.
Thoracic Conference is every 3rd Friday (as part of Grand Rounds) 7am, Rm. 2.103.	Monthly		Anthony Estrera, M.D.
The Texas Medical Center Cardiac & Thoracic EBM Surgery Journal Club.	Monthly	Mandatory	Ara A. Vaporciyan, M.D.
Didactic sessions in Congenital: The resident will meet personally with Dr. Douglas and Dr. Hines for one hour each week to discuss didactic topics.			William Douglas, M.D.
Conference: The resident will attend pediatric cardiac clinical care conference ("cath conference") each Monday at 3 pm.	Weekly		

- 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):
 Dr Arlene Correa is a faculty member in the Department of Thoracic and Cardiovascular Surgery at MDACC serving as a statistician and database coordinator. She provides assistance with all research projects initiated within the department and with some jointly prepared manuscripts between MDACC and TMH. TCH has a similar support system embedded within their department that is available for research support. On the MDACC internal website there is a list of all the major society meetings with their abstract deadlines to allow faculty/trainee teams to identify a target meeting for their project. Trainees understand that if they complete a project and are invited to present that project at a national or international meeting the program will make every effort to provide adequate funding to pay expenses for travel, lodging, and any additional fees.
- f. Please describe opportunities for research (clinical, basic science):
 Clinical research opportunities are extensive. Our highly detailed database has been in place for over 15 years. That fact coupled with the extensive clinical material treated at the MD Anderson Cancer Center makes oncologic clinical research a commonplace event. The availability Dr Safi and his group provide significant opportunity for clinical research in aortic disease. The Methodist hospital, through the DeBakey Heart and Vascular Center, has a similar wealth of clinical material for cardiac clinical research. Their involvement in the Medtronic CoreValve trial (<http://culleneyecenter.org/mdhvc.cfm?id=39898>) will also provide significant opportunities for clinical research.
- Basic science research is also abundant at MD Anderson as one would expect. While our 2 year program makes actual laboratory research difficult we do collaborate extensively with basic scientists opening the door for translational clinical/laboratory projects. This is exemplified in the fact that multiple trainees at our program presented or published manuscripts that were translational in design.
- g. Please describe the call structure (i.e., frequency, in-house vs. home call):
 Home call/every third night.
- h. Please indicate whether funds are provided for loupes? Textbooks? Phones?
 Funding is available for multiple items related to education. Trainees are provided with Shields and Kirklin as well as SESATS X. During the second year all trainees are sent to the Doty review course. Each trainee is loaned an iPad for use during their training. The iPad is loaded with apps and literature identified as relevant by the faculty and the trainees.

2. Subjective:

- a. Please describe your program's biggest strengths
 Broad diverse exposure to general thoracic oncology that is not seen at the majority of institutions around the country. Exposure to two large cardiovascular centers with extensive experience in coronary and aortic surgery. As both centers are affiliated closely with vascular surgery there is significant inclusion of endovascular techniques demonstrated by the opening of the Medtronic CoreValve trial at The Methodist Hospital. A lung transplant experience that is now in the top 5 by volume. Finally, all this is housed in the Texas Medical Center, the largest affiliation of hospitals and research facilities anywhere in the world. This allows exposure to basic science research and the opportunity for translational research that exists at few other centers.
- b. Please provide 1-2 adjectives that describe your program
 Comprehensive, Student-centric
- c. Please indicate what is unique about your program relative to other programs
 We have access to a world renown cancer center and all the clinical material associated with such an institution meaning trainees will be exposed to not only common general thoracic oncologic diseases but also to the most challenging examples of those diseases. Two highly ranked cardiovascular centers with extensive experience in coronary, valvular, and aortic diseases but perhaps more importantly an organizational structure at both institutions that has cardiac and vascular under the same leadership allowing easier access to endovascular training. Finally, a medical center that is second to none in terms of size and research activity.
- d.

GRADUATES

1. Indicate the percentage of graduates that do further training:
No trainee has obtained any further surgical training.
2. Indicate the percentage of graduates that pursue academics vs. private practice:
All trainees have continued to remain engaged academically through activity in cooperative group trials. Since the start of our training program we have placed 82% of our graduates in university based practices.
3. Please provide an account of job placement for your graduates over the last 3 years:
2008 - Kaiser Medical System in San Francisco, 2009 - Ohio State University, 2010 - The Methodist Hospital/UT MD Anderson Cancer Center
4. Please describe "super" fellowship opportunities (e.g. transplant, endovascular, minimally invasive, congenital) available at your institution:
There is an aortic disease fellowship available at Hermann Hospital. Endovascular fellowships are also available at both The Methodist Hospital and Hermann Hospital.

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")?
Discussions around developing a I6 program have been held but as we have just recently begun training cardiothoracic track residents (first trainee will graduate in 2012). I am planning on delaying any development of an I6 program till our independent 2 year cardiothoracic track position has been running smoothly for at least 4 years (i.e. 2 trainees have matriculated).

OTHER

1. Please elaborate on any other unique components of your program not captured in this questionnaire.
While all programs can speak of their commitment to education the program director at MD Anderson/The Methodist Hospital can validate that commitment with the fact that he obtained a Master's degree in Health Professions Education. A major component of his academic activity is focused on education. He incorporates what he learned from his Master's degree routinely when evaluating our program and as such we are continually implementing methods that improve the educational experience of our trainees. We are committed to producing the most highly trained cardiothoracic surgeons in the country.