

CTSNet Program Profile Questionnaire

PROGRAM DETAILS

1. Names of the
 - a. Program director: [Mark K. Ferguson](#)
 - b. Chief(s) of cardiac division: [Valluvan Jeevanandam](#)
 - c. Chief(s) of thoracic division: [Mark K. Ferguson](#)
2. Program Contact information: [Holly Buntun](#) hbuntun@surgery.bsd.uchicago.edu
3. Link to your program's website: <http://surgery.uchicago.edu/specialties/cardiothoracic/>
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](#)
6. Indicate the length of the program: [3 years](#)
7. Does your program have separate cardiac and thoracic tracks? [We have a traditional track and a thoracic track, 1 resident accepted to each track on alternating years](#)
 - a. if yes, how many positions are there in each?
 - i. Cardiac positions: [1](#)
 - ii. Thoracic positions: [1](#)
8. Indicate the approximate deadline for application and interview dates:
 - a. Deadline: [March 1](#)
 - b. Interview dates: [March 12](#)

CASE VOLUME

1. Please indicate the average number of cases per year performed in your program for the following ABTS categories: [Please note our residency was recently approved and we don't have numbers for the second column in this table.](#)

	Total Institution Cases	Total Cases per Resident
Total number of cardiac cases:	891	
Total number of thoracic cases:	1050	
Congenital heart disease:	73	
Acquired valvular heart:	302	
Valve repairs:	77	
Myocardial Revascularization:	322	
Aorta:	30	
Pneumonectomy, lobectomy, segmentectomy:	148	
Esophagus resection:	25	
Benign Esophageal Disease:	16	
Heart transplants:	21	
Lung transplants:	16	
Ventricular assist device:	60	
Minimally invasive cardiac:	10 robotic	

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):

Quarter	12Q1	12Q2	12Q3	12Q4	13Q1	13Q2	13Q3	13Q4	14Q1	14Q2	14Q3	14Q4	15Q1	15Q2		
2012 T Resident	EH	EH	THOR	CARD	CARD	THOR	EH	EH	THOR	THOR	CARD	THOR				
2013 CT Resident					EH	EH	THOR	CARD	CARD	CARD	EH	EH	THOR	CARD		
2014 T Resident									EH	EH	THOR	CARD	THOR	THOR		
2015 CT Resident													EH	EH		
2016 T Resident																
	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2	16Q3	16Q4	17Q1	17Q2	17Q3	17Q4	18Q1	18Q2	18Q3	18Q4
	THOR	CARD	CARD	THOR	THOR	THOR	CARD	THOR								
	CARD	THOR	EH	EH	THOR	CARD	EH	EH	THOR	CARD	CARD	THOR				
	EH	EH	THOR	CARD	EH	EH	THOR	CARD	CARD	THOR	EH	EH	THOR	THOR	CARD	THOR

Alternate CT and T; EH=Evanston Hospital

Totals for each track:

CT residents

EH 4 quarters

CARD 5 quarters

THOR 3 quarters

T residents

EH 4 quarters

CARD 3 quarters

THOR 5 quarters

- b. Please describe any opportunities for electives: [We are open to having individual electives planned as part of the educational experience.](#)
- c. Please describe any wet labs and simulation technology used in training and how frequently these are used: [We have wet labs, dry labs, virtual simulation training, and a robotic trainer. These resources are woven into the curriculum to correspond to competency training, and more are also available regularly at other times for practice.](#)
- d. Please briefly describe the number and type of weekly conferences residents are expected to attend: [There are 2-3 mandatory conferences each week, depending on the resident's location and rotation. They include the weekly core curriculum conference, the monthly quality assurance conference, cath conferences for adult and congenital cardiac surgery, and a staging conference for thoracic surgery.](#)
- 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 expected to attend 1 regional/national meeting annually for which funding is provided. Funding will also be provided for regional/national meetings at which residents are presenting their scientific work.](#)
- f. Please describe opportunities for research (clinical, basic science): [There are no provisions for basic science research during the 3 year residency. Residents are encouraged to pursue interests in translational and outcomes research during their clinical rotations.](#)
- g. Please describe the call structure (i.e., frequency, in-house vs. home call): [There is no in-house call. Residents regularly take home call. Returning to the hospital to cover emergencies, transplants, etc. is determined according to the resident's educational needs.](#)
- h. Please indicate whether funds are provided for loupes? Textbooks? Phones? [Expenses for loupes are covered. Textbooks are provided to the residents as a group rather than to individual residents. Phone expenses are not covered.](#)

2. Subjective:
 - a. Please describe your program's biggest strengths. We are a new program that focuses on the educational needs of our residents. Our clinical strengths are in the areas of heart failure management (including LVAD, transplant) and thoracic oncology.
 - b. Please provide 1-2 adjectives that describe your program: Innovative; evidence-based
 - c. Please indicate what is unique about your program relative to other programs. Being a new program, our residents have the opportunity to take part in development of a unique curriculum. We have infrastructure that enables us to manage clinical needs without residents, and so can focus on the residents' educational needs rather than their role in providing service to the institution.

GRADUATES

1. Indicate the percentage of graduates that do further training: N/A
2. Indicate the percentage of graduates that pursue academics vs. private practice: N/A
3. Please provide an account of job placement for your graduates over the last 3 years: N/A
4. Please describe "super" fellowship opportunities (e.g. transplant, endovascular, minimally invasive, congenital) available at your institution: N/A

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 are a new program, and thus there is no immediate plan to develop an additional pathway.

OTHER

1. Please elaborate on any other unique components of your program not captured in this questionnaire.

We are a new program that is focused on creating a unique educational experience for our residents. The program's main teaching site is The University of Chicago Medical Center, which is on the university's campus, and is a quaternary care center that routinely ranks in the top 15 hospitals in the country. We partner with Northshore University Health System, specifically Evanston Hospital, a tertiary care center that has a high volume of both adult cardiac and general thoracic surgery. Basic cardiothoracic training is focused at the Northshore Campus, while more advanced training is done at the UofC campus.

We have a University-wide simulation center that provides wet labs, dry labs, a robotic trainer, and virtual simulation for complex procedures. The center also provides simulation training aimed at team building, leadership, and behavior under duress. The simulation center provides a basis for just-in-time training and repetitive practice, enabling the CT resident to benefit maximally from their hands-on experiences in the operating room and in managing their patients.

Being a new program, we already have infrastructure in place to manage the clinical needs of our patients at all times. This permits us to direct our residents' efforts towards educational goals rather than towards fulfilling the service needs of our patients and our medical centers.

Our goal is to train outstanding cardiothoracic surgeons who will be recognized as future leaders in the field. To this end, we offer our residents opportunities for training in academics and education.