

## 2011 TSDA In-Training Exam Residents Survey Results Overview



Date: 4/18/2011 12:26 PM PST

Responses: Completes

Filter: No filter applied

Dear CT Surgery Resident/Fellow, You are registered to take the 2011 TSDA In-Training Exam in April. All exam candidates are required to complete the ITE Residents Survey by March 31. Please take a few moments to complete this brief questionnaire. All responses will be kept anonymous. Names will remain confidential and will not be affiliated with responses. Results will be reported only in the aggregate. Thank you.

### 1. Please indicate the type of training program in which you are enrolled.








Standard 2-year CT surgery residency		132	43%
Standard 3-year CT surgery residency (including 2.5-year programs)		106	35%
Combined 4 plus 3-year general surgery/thoracic surgery residency		8	3%
Integrated 6-year residency		45	15%
Accredited congenital fellowship		0	0%
Non-accredited fellowship		11	4%
Other, please specify		3	1%
<b>Total</b>		<b>305</b>	<b>100%</b>

### 2. Please indicate your current year of postgraduate training.








PGY 1		14	5%
PGY 2		13	4%
PGY 3		6	2%
PGY 4		13	4%
PGY 5		7	2%
PGY 6		79	26%
PGY 7		72	24%
PGY 8		46	15%

PGY 9		33	11%
PGY 10+		21	7%
I completed my CT surgery residency training		1	0%
<b>Total</b>		<b>305</b>	<b>100%</b>

**3.** Please indicate your primary career interest.




Adult cardiac		116	38%
General thoracic		64	21%
Mixed cardiac/thoracic		62	20%
Aortic surgery		10	3%
Congenital		32	10%
Heart failure/lung transplant		18	6%
Other, please specify		3	1%
<b>Total</b>		<b>305</b>	<b>100%</b>

**4.** Are you planning on additional training at the completion of your current program? If yes, please indicate your plans.







No, I am not planning on any additional training at this time		169	55%
Aortic surgery		19	6%
Minimally invasive cardiac surgery		28	9%
Minimally invasive thoracic surgery		17	6%
Congenital surgery		31	10%
Transplant/assist devices		26	9%
Other, please specify		15	5%
<b>Total</b>		<b>305</b>	<b>100%</b>

**5.** At what point did you choose a career in cardiothoracic surgery?

Prior to medical school		54	18%
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During medical school		101	33%
General surgery years 1-2		39	13%
General surgery years 3-4		106	35%
Other. Please describe the point at which you chose a career in cardiothoracic surgery.		5	2%
<b>Total</b>		<b>305</b>	<b>100%</b>

**6.** Please indicate your primary determinant in choosing cardiothoracic surgery as a career.

Mentorship		100	33%
Types of cases		133	44%
Financial gain		4	1%
Length of training		0	0%
Exposure to critical care		10	3%
Personal experience		50	16%
Other. Please describe your primary determinant in choosing cardiothoracic surgery as a career.		8	3%
<b>Total</b>		<b>305</b>	<b>100%</b>

**7.** Please indicate your level of agreement with the following statement: I would recommend CT surgery to potential trainees.

<b>1</b> Strongly disagree		6	2%
<b>2</b> Disagree		22	7%
<b>3</b> Neutral		54	18%
<b>4</b> Agree		132	43%
<b>5</b> Strongly agree		91	30%
<b>Total</b>		<b>305</b>	<b>100%</b>

**8.** What do you consider the most important characteristic of an outstanding cardiothoracic training program?

Reputation		19	6%
High case volume		38	12%
High degree of case complexity		15	5%
Expectation of residents/fellows performing cases as primary surgeon		143	47%
Culture of education		74	24%
Help with finding post-training employment		9	3%
High rates of passing the ABTS Board exams		1	0%
Other, please specify		6	2%
<b>Total</b>		<b>305</b>	<b>100%</b>

**11.** Please indicate your level of agreement with the following statement: I feel I will be adequately trained at the completion of my program.

<b>1</b> Strongly disagree		1	0%
<b>2</b> Disagree		12	4%
<b>3</b> Neutral		28	9%
<b>4</b> Agree		136	45%
<b>5</b> Strongly agree		128	42%
<b>Total</b>		<b>305</b>	<b>100%</b>

**12.** How frequently does your program utilize simulator training?

Never		71	23%
Rarely		90	30%
Occasionally		97	32%
Frequently		26	9%
Very frequently		13	4%
There is no available simulator		8	3%

training at my program			
	Total	305	100%






**14.** Do you have a mentor?

Yes		227	74%
No		78	26%
	Total	305	100%






**15.** On average, how often do you personally utilize the TSDA Weekly Curricula?

Never		41	13%
Less than once a month		71	23%
Once a month		69	23%
Twice a month		59	19%
Every week		65	21%
	Total	305	100%

**16.** Please indicate your level of agreement with the following statement: The TSDA Weekly Curricula is a useful study guide to support my clinical training.

<b>1</b> Strongly disagree		7	2%
<b>2</b> Disagree		18	6%
<b>3</b> Neutral		98	32%
<b>4</b> Agree		142	47%
<b>5</b> Strongly agree		40	13%
	Total	305	100%

**17.** Please indicate how frequently your training program uses the TSDA Weekly Curricula as a guideline for conferences or mentored didactic sessions.

<b>1</b> Never		58	19%
<b>2</b> Rarely		43	14%
<b>3</b> Not sure		59	19%
<b>4</b> Frequently		103	34%
<b>5</b> Always		42	14%

Total	305	100%
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**18.** Please indicate the primary source you used to study for this year's In-Training Exam.

TSRA Review of Cardiothoracic Surgery		12	4%
TSDA curriculum lectures		17	6%
SESATS		140	46%
CTSNet WikiNotes		11	4%
Textbooks		114	37%
Other, please specify		11	4%
Total		305	100%

**19.** Will you have any difficulties achieving your index case requirements?

Yes		54	18%
No		251	82%
Total		305	100%
51 Responses			






**20.** Do you feel your program will adequately prepare you for the ABTS Board exams?

Yes		267	88%
No		38	12%
Total		305	100%











**21.** If you expect to graduate from a CT surgery residency in 2011 and are looking for employment, how many job interviews have you had to date?

3 or more		35	11%
2		21	7%
1		16	5%
0		13	4%
Not currently looking for employment		220	72%
Total		305	100%

**22.** How many firm job offers have you received to date?

3 or more		13	4%
2		21	7%
1		26	9%
0		32	10%
Not currently looking for employment		213	70%
<b>Total</b>		<b>305</b>	<b>100%</b>

**23.** If you accepted a job offer, please indicate the practice type.

Private practice - mixed cardiac and general thoracic		17	6%
Private practice - general thoracic		4	1%
Private practice - adult cardiac		9	3%
Academic practice - mixed cardiac and general thoracic		3	1%
Academic practice - general thoracic		11	4%
Academic practice - adult cardiac		23	8%
Academic practice - congenital heart surgery		1	0%
Additional training - fellowship		7	2%
Still looking for employment		30	10%
Not currently looking for employment		193	63%
Other, please specify		7	2%
<b>Total</b>		<b>305</b>	<b>100%</b>

# 2011 TSDA In-Training Exam Residents Survey

## Results Overview



Date: 4/18/2011 12:29 PM PST  
Responses: Completes  
Filter: No filter applied

1. Please indicate the type of training program in which you are enrolled.	
#	Response
1	Combined 5 plus 2.5-year general surgery/thoracic surgery residency
2	Integrate seven year program
3	7 years training

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# 2011 TSDA In-Training Exam Residents Survey

## Results Overview



Date: 4/18/2011 12:29 PM PST  
Responses: Completes  
Filter: No filter applied

3. Please indicate your primary career interest.	
#	Response
1	Not sure yet
2	minimally invasice aortic / mitral valve surgery
3	Cardiothoracic Critical Care

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## 2011 TSDA In-Training Exam Residents Survey

### Results Overview



Date: 4/18/2011 12:30 PM PST

Responses: Completes

Filter: No filter applied

4. Are you planning on additional training at the completion of your current program? If yes, please indicate your plans.

#	Response
1	Endovascular
2	unsure
3	Wire and transcatheter training.
4	Transcatheter interventions
5	uncertain possibly peds if needed
6	Endovascular surgery
7	Unsure, possible minimally invasive thoracic surgery and/or transplant
8	Not decided
9	Endovascular
10	Not sure
11	unknown
12	Many interests, undifferentiated
13	advanced cardiac
14	vascular surgery, ICU
15	Not decided

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## 2011 TSDA In-Training Exam Residents Survey Results Overview



Date: 4/18/2011 12:31 PM PST  
Responses: Completes  
Filter: No filter applied

5. At what point did you choose a career in cardiothoracic surgery?	
#	Response
1	after practice
2	high school
3	General Surgery year 6
4	Decided after starting an internal medicine residency (originally down cardiology pathway)
5	General Surgery Year 5

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# 2011 TSDA In-Training Exam Residents Survey

## Results Overview



Date: 4/18/2011 12:31 PM PST  
Responses: Completes  
Filter: No filter applied

6. Please indicate your primary determinant in choosing cardiothoracic surgery as a career.	
#	Response
1	All of the above
2	technical challenge of surgeries.
3	was meant to be
4	All of the above.
5	Great role model in a CT surgery resident
6	this is irrelevant since its a decision I now regret.
7	all of the above
8	i felt i had the skills for it

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## 2011 TSDA In-Training Exam Residents Survey Results Overview



Date: 4/18/2011 12:31 PM PST  
Responses: Completes  
Filter: No filter applied

8. What do you consider the most important characteristic of an outstanding cardiothoracic training program?	
#	Response
1	.
2	All
3	All of the above
4	NON-toxic work environment
5	the ability to diagnose, manage, and appropriately treat all problems covered by the term "cardiothoracic surgeon."
6	Everything above is important

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## 2011 TSDA In-Training Exam Residents Survey Results Overview



Date: 4/18/2011 12:26 PM PST  
Responses: Completes  
Filter: No filter applied

9. What do you consider to be the best characteristic of your program?	
#	Response
1	Strong commitment to education, wide variety of cases and significant autonomy in and outside the operating room
2	Variety of case exposure in the 3 hospitals
3	The caliber of surgeons, and the independence given to us.
4	High volume and complexity of cases
5	Cardiac surgeons willingness to allow trainees to be primary surgeon
6	the volume and access to minimally invasive and hybrid cardiac surgery
7	Residents are expected to perform the entire case.
8	.
9	the culture of education
10	High case volume and complex case-mix
11	Resident involvement in case as surgeon, case volume, case complexity, reputation
12	Expectation of fellows performing cases as primary surgeon
13	Excellent experience in complex thoracic cases, high operative volume. Complex aortic root cases.
14	Volume/Experience
15	Wide variety of cases, surgeons with a variety of backgrounds and different approaches to similar problems
16	You are treated like a junior partner. You go through the cases from begining (clinic) to end (post op visit) and make decisions with your attending.
17	Honesty, integrity, solid support in the or and out
18	The support for research and the variety of cases
19	volume, reputation
20	responsibility. volume. complexity. my program has it all.
21	High volume
22	"Expectation of residents/fellows performing cases as primary surgeon"
23	Commitment for training
24	-
25	Volume and complexity of cases
26	The volume of cases and the fellows participation/performing the case
27	The rhode island rotation
28	Multi-center
29	teaching conference
30	emphasis on minimally invasive thoracic and high volume complex airway experience
31	complexity/number of cases
32	faculty
33	High case volume

34	We get to do the cases
35	fellows do majority of any scrubbed case.
36	High volume + fellow expected to do the case
37	mentorship;
38	Case volume
39	Case complexity, volume
40	volume/complexity
41	Lots of varied operative experience as primary surgeon
42	High case volume and high degree of case complexity combined with a culture of education.
43	Excellent mentorship.
44	very good teaching environment not just for cardiac surgery but also for CVICU, vascular and thoracic surgery.
45	WIDE VARIETY OF CASES
46	Variety and volume of cases
47	Not dependent on residents
48	flexibility in schedule, understanding program director
49	Environment of education, the high case volume and the expectation that the resident is the primary surgeon
50	focus on education
51	Variety of cases Excellent surgeons
52	Experienced faculty who are good surgeons.
53	well rounded- high fellow involvement
54	Sincere attending focus on resident education.
55	The Thoracic section of our department is the best characteristic, for it focuses on Resident's education and on letting residents be primary surgeons on every cases.
56	Non-malignant nature
57	High Volume, different cases, Minimally invasive as well as complicated cases in Thoracic surgery Upper GI cases as well Very good environment Great mentors
58	name, cases, surgeons
59	Practical experience
60	High volume, diversity of cases
61	Complexity of cases
62	Autonomy to operate in appropriate level cases.
63	high complexity/volume
64	Faculty support
65	wide range of cases good mentorship
66	Seniority and experience of attendings with dedication to education
67	high volume
68	High case volumes
69	very high volume, complex cases
70	Flexibility in changing/modifying tracks.
71	complexity of cases, residents as primary surgeon on all cases
72	resident advocacy
73	Focus on education not service
74	Volume, complexity, and breadth of experience

75	General thoracic experience
76	Wide variety of cases including transcatheter valves and robotics
77	High case volume to resident ratio
78	operative experience is outstanding
79	My program sucks
80	case complexity
81	It is not malignant.
82	complexity of cases referred to our attendings
83	cases
84	High volume of cases with appropriate resident involvement in all aspects of patient care decision making.
85	Breadth and volume of cases
86	Excellent training and mentorship. Wide breadth of cases with attendings letting fellows do a lot of cases as primary surgeon.
87	Intra-operative teaching
88	Thoracic experience and outside rotations
89	Volume and reputation
90	Diversity of complex cases
91	High volume, high case complexity, supportive PD, residents do cases.
92	reputation
93	environment conducive to learning, high case volume, residents doing whole case, breadth of cases
94	culture of education
95	Case mix
96	Four major training hospitals, with a broad exposure to the breadth of cardiac surgery.
97	excellent spectrum of cases
98	Excellent clinical volume and exposure.
99	Education, Variety and complexity of cases
100	Expectation of residents/fellows performing cases as primary surgeon
101	Tradition of training leaders in ct surg
102	The operative skills obtained at the end of 3 years
103	Teaching
104	Diversity of cases
105	Spectrum of cases
106	Residents performing cases as primary surgeons
107	breadth of experience and reputation
108	High volume with significant resident participation as primary surgeon
109	case volume
110	teaching
111	Residents performing the cases as primary surgeon
112	high volume, lots of independence
113	Reputation, case volume, help with post-training employment, culture of resident/fellow taking care of patient and doing the case
114	High level of case complexity with residents performing case as primary surgeon.
115	high volume where the residents primarily do the cases

116	HUge volume or cases with varying levels of complexity. I strong culture of professionalism and teaching.
117	High volume center with complex case mix with a strong commitment to trainee independence in a two year program.
118	willingness of attendings teaching
119	breadth of cases
120	the thoracic service
121	cache of educators and mentors
122	high case volume and complexity
123	fellow is level/case appropriate primary surgeon; high volume; mentorship; excellent outpatient exposure in general thoracic surgery
124	Volume and exposure
125	The spirit of building a strong program
126	diverse case load
127	diversity of cases
128	Rotations at the VA hospital
129	all our attendings love to teach and let the residents do the case.
130	good foundations of CT surgery training
131	Autonomy and early surgical experience
132	Valve surgery
133	independence as surgeon
134	education oriented, hands on training
135	Relaxed environment and collegiality
136	attendings, cases
137	high volume standard/expectation of excellence from all residents
138	case volume
139	broad areas of strength - in cardiac, thoracic, and transplant. we are very busy clinically and have leaders in each of these fields.
140	Home call and being able to operate every day
141	Case volume
142	faculty
143	Accessibility to attending surgeons
144	Case volume combined with expectation that red
145	residents as primary surgeons
146	The high volume and complexity of cases.
147	Exposure to critical care
148	incredible volume, complexity of cases, case variety
149	The thoracic tract
150	Cases as primary surgeon.
151	Strong in surgical training and academic activities.
152	teaching
153	freiendly enviornment and complexity and volume of cases
154	High case volume with the expectation that residents perform cases
155	High case volume and complexity, excellent didactic conferences, outstanding reputation and alumni network.
156	mentorship, personal relationships

157	Very good education to service ratio.
158	Mentorship; Level of mastery in specific disciplines.
159	Residents do the cases. All the faculty are dedicated to supporting resident education, OR time, and are just outstanding people to work with on a personal level
160	Excellent operative experience and teaching
161	Attendings are committed to our education
162	High complexity of cases diversity of cases reputation
163	Attendings and case variety on Thoracic surgery.
164	history of cvt education, high level of responsibility given to trainees
165	Dedication to residents education.
166	Breadth of cases
167	High volume
168	collegial, good operative experience, wide range of cases
169	Volume and complexity
170	Expectation of residents/fellows performing cases as primary surgeon
171	High volume, complex cases, all aspects of cardiothoracic surgery, good atmosphere, teaching culture
172	Case load
173	Great balance of cardiac and thoracic surgical experience.
174	The extensive breadth of cases and resident autonomy
175	Dr. Iannettoni and Dr. Parekh providing excellent Thoracic training.
176	Variety of cases. Esophageal experience.
177	diversity of cases and excellent mentorship
178	Reference Center
179	Effort to incorporate education
180	Residents do the cases.
181	typical
182	thoracic/esophageal volume
183	high volume of very complex cases, outstanding congenital program, large number of valve repair cases
184	Breadth of pathology
185	Nothing
186	High case volume
187	Amiable faculty
188	None
189	Non university hospital experience. Attending staff
190	hands on experience
191	Highest volume and complexity in the world
192	Breadth of cases/experience
193	The leadership/educational drive of the faculty
194	High case volume, high complexity cases, residents are doing the cases
195	resident acts as primary surgeon
196	Variety
197	program director
198	Excellent mentors. Resident as teachers.

199	The staff are excellent teachers and role-models.
200	its well-roundedness
201	Large volume of cases
202	Case Volume, outstanding teachers
203	operative experience
204	Expectations on residents is high
205	high case volume with increased degree of case complexity.
206	High volume and high case complexity
207	Culture of education
208	mentorship
209	Variety of cardiac centers that resident can rotate through as well as provision of a year of academic enrichment
210	residents perform cases as primary surgeons
211	Variety of cases
212	case volume, complexity and attendings
213	Thoracic case volume
214	Large volume of complex cases
215	high volume, great exposure
216	teaching oriented
217	residents perform nearly every case strong commitment to education
218	volume
219	High level cases, breadth of cases.
220	High case volume.
221	high volume of cases
222	strong thoracic section
223	name of the institution
224	VA rotation.
225	Education
226	Reputation, strong cardiac training.
227	faculty support and involvement
228	Variety of hospitals to train: private, VA and city hospital
229	Approachable staff
230	high volume, case complexity.
231	All inclusive to all aspects of cardiac surgery, hands on, high volume, and good academic support
232	High case volume with a good mix of bread and butter + complex cases.
233	High case volume with an expectation that residents perform the case.
234	High case volume
235	High case volume and case complexity
236	Great thoracic experience
237	case variety/complexity/volume
238	Strong and dedicated faculty, large volume of cases, great degree of autonomy, lots of research opportunity and support
239	Letting residents do the cases
240	variety of cases

241	Collegial, academic environment with solid volume and variety of cardiac cases.
242	Reputation
243	High case volume and culture od education
244	case volume
245	High volume and complexity.
246	variety of hospitals/attendings/approaches
247	Good volume, complex cases
248	my humble opinion, it is the best training program - high expectations, but excellent training, very well rounded, autonomy
249	outstanding training
250	Excellent hands-on experience, high volume and complex cases in adition to excellent didactics
251	high case volume
252	Wide varitey of attending backgrounds and experiences.
253	Residents performing cases as primary surgeon
254	Working as primary surgeon during training
255	The VA hospital
256	nothing
257	combination of high volume of both bread & butter cases with complex cases as well with the residents performing the vast majority of the cases
258	Expectation of residents/fellows performing cases as primary surgeon
259	Excellent attending surgeons/teaching High volume of cardiac cases
260	operative volume
261	high case volume
262	Diversity of cases
263	thoracic service
264	high case volume; diversity; case complexity; tradition
265	Reputation
266	Case complexity and volume are unbelievably high on both the adult and congenital services
267	High complexity cases with autonomy to manage pre, intraop and postop
268	Teaching, Case volume
269	cases are difficult and good surgeons.
270	acceptable volume
271	..
272	complexity of cases
273	High Volume
274	Outstanding VATS program
275	Excellent case distribution, good thoracic teachers.
276	Culture of education
277	Thoracic surgery aspect. Residents are trully doing all the cases as primary surgeons.
278	volume attendings
279	resident-friendly
280	good training
281	Exposure to several different hospital settings (i.e. community/county hospital, private, VA, cancer center, children's hospital) that give a well rounded experience.

282	x
283	Case Volume
284	Nothing
285	Attendings are very eager to educate residents and fellows.
286	Culture of education
287	Training oriented
288	Case variety and commitment to teaching demonstrated by our attendings
289	high degree of case complexity
290	Great mentors.
291	High volume, high degree of case complexity, residents do most of the cases as primary surgeon.
292	Graduated responsibility and operative autonomy.
293	High case volume and complexity
294	breadth and depth of clinical experience
295	Teaching, exposure to complex cases.
296	High volume of cardiac surgical cases
297	Even 1st yr residents are allowed to do the distal anastomosis of CABG.
298	mentorship
299	high volume, case complexity
300	large cases amount
301	Case mix and teaching in OR
302	Excellent attendings High case variety Three year experience Extensive hospital resources
303	breadth of cases
304	Variable patient population
305	high case volume per fellow

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## 2011 TSDA In-Training Exam Residents Survey Results Overview



Date: 4/18/2011 12:27 PM PST  
Responses: Completes  
Filter: No filter applied

10. What do you consider to be the worst characteristic of your program?	
#	Response
1	Lack of endovascular training
2	No continuity of resident progress monitoring.
3	The character of the surgeons. Its sad that a field that does not attract candidates still treats their residents so badly.
4	Poor operative experience in the first year
5	Lack of educational structure
6	the call system
7	Growing pains of developing a new program.
8	.
9	none
10	located in Baltimore- certainly not the most happening place inthe world
11	nothing
12	None
13	Cardiac volume is low at times. Operative teaching by cardiac surgeons sometimes seems insufficiently hands-on.
14	Education focus
15	Overall the cardiac volume is adequate but could be a weakness for someone interested in a cardiac tract
16	Case volume
17	NA
18	The attitudes of some attendings
19	cardiac attendings not all interested in teaching
20	none
21	Poor commuication amongst team
22	Very busy clinically - little downtime for reading (wouldn't change my program though)
23	Midlevel coverage
24	-
25	Limited operating experience
26	personalities
27	the three years
28	Multi-center therefore difficult to develop close relationships with staff
29	Need more manpower
30	low volume of general thoracic cases
31	poor employment support/mentorship
32	prestige
33	Mostly service oriented, little education culture
34	Minimal mininally invasive experience

35	Lower volume program.
36	unk
37	not enough "interventional" experience (EBUS/percutaneous vascular)
38	No MIS
39	Lack of significant endovascular
40	lack of mentorship
41	very insular - not sure it reflects the larger picture. Limited MIS cardiac (but plenty of MIS Thoracic).
42	Could perform more of case as primary surgeon.
43	Lack of case volume and allowances for residents to perform cases as some sites.
44	case volume depends on the surgeon you are working with.
45	EXPECTATION TO KNOW CARDIAC SURGERY FROM THE VERY START
46	Didactics
47	Inconsistent operative experience
48	not enough operating experience.
49	Junior resident cardiac training
50	cardiac case load
51	Slow turnover time in OR
52	Some faculty slow to let residents operate.
53	none
54	Inadequate case volume for adult cardiac.
55	The cardiac section is probably the worst characteristic because residents are not given the opportunity to be primary surgeons; they are treated as first assists all the time.
56	3 years; thoracic faculty difficult
57	Too busy, lacking enough residents to keep going with Ward and calls no enough training of Endoscopy and Bronchoscopy
58	length
59	Hard to say
60	None
61	Work load
62	Leadership
63	lack of independence
64	undecided
65	nothing
66	Low case volume and passive aggressive culture
67	few residents
68	Weekend rounding, no time off post-call, short academic 1/2 days
69	Completely exhausted
70	Shortage of physician extenders (NPs, PAs).
71	low volume
72	low case volume
73	Residents less likely to be primary surgeon during cardiac cases
74	n/a
75	Excessive cardiac heart failure surgery, not enough general CABG/Valve work.
76	It is young- need more fellows and basic cases

77	We do not yet have all 6 years in the integrated program filled.
78	not up to date on latest techniques such as minimally invasive strategies, TAVI, etc.
79	The mental torture
80	lack of independence
81	Lack of help on the weekends.
82	low volume
83	slow rotations
84	A faculty member that is not in line with the educational mission of the program.
85	Intensity
86	relative lack of cases as primary surgeon in the first year
87	The thoracic program
88	Cardiac surgery culture
89	Education
90	Not performing the case as surgeon.
91	Sometimes high volume means less time devoted to educational off service rotations.
92	we have become so high volume that it has become difficult to manage so many patients (with such high acuity problems) in our facilities. We are limited to too few ICU beds, too few floor beds, too few ancillary staff, too few surgical assistants, too few perfusionists, too few fellows to take care of all the workload. This can be seen as a good problem (we are very busy).
93	could use more didactic teaching for junior residents
94	cardiac case load
95	Cardiac surgery is done in a different hospital, thus somewhat separate.
96	Operative experience is less than ideal at some hospitals.
97	minimalistic hands on experience
98	On cardiac side - slow to ave residents perform cases as primary surgeon.
99	Duty hours interrupt my education and surgery experience
100	None
101	Nothing
102	1st year call
103	Size
104	Lack of resident/fellow as primary surgeon in the first year.
105	Amount of service work required
106	None
107	residents not performing cases as much as should be
108	Low thoracic volume.
109	taking intern level call
110	do not know yet
111	Volume of lung surgery
112	poor thoracic experience
113	Hard work (but worth it)
114	None.
115	none
116	More clinic time than most places, although I understand it serves a purpose.
117	None

118	not as much general thoracic as I would like
119	the amount of time spent taking care of vascular patients
120	na
121	too many cases to be attended by residents
122	would appreciate more mentorship
123	disproportionately large amount of time spent managing cardiac surgery patients in the ICU (relative to time spent in OR and/or clinic); non-educational service requirements
124	Limited reading time
125	No Comments
126	Some attendings too "hands on"
127	lack of adequate NP/PAs
128	Lower case volume for valve repairs
129	none
130	too many cases that are resident appropriate are not assigned to resident as surgeon
131	Formal reading schedule
132	Congenitaland low case volume at the VA
133	volume
134	none
135	Too much involvement in nonsurgical care of previous heart and lung transplant patients
136	-
137	n/a
138	lack of mentorship
139	specific areas of training - minimally invasive esophageal surgery, mitral valve surgery
140	Departure away from the Chief resident comprehensively leading the team and direct communication of the PAs with the attending staff regarding patient care issues.
141	Lack of commitment to education/residents performing cases. There is active discouragement towards trying to formulate a plan of your own.
142	?
143	none
144	Nothing.
145	n/a
146	There is not much time for didactics.
147	Volume of index cases/lack of being allowed to be primary surgeon.
148	difficult to surgeon in early training
149	The structure of the cardiac service
150	Marginal case volume.
151	None
152	call schedule
153	operating experience as the primary surgeon
154	Nothing
155	Top-heavy/graduated training - many cases as 1st year are "first assist," even many as a 2nd year.
156	none
157	Not enough operative experience.
158	Organization;Fellow scut work on call; Education/curriculum development

159	No complaints.
160	Lack of endovascular experience
161	Inadequate volume.
162	none
163	Cardiac service. High volume. Little teaching.
164	none
165	lack of lung transplant experience.
166	Mentorship, teaching
167	N/A
168	low case volumes at VA hospital
169	Call
170	advanced technology
171	no lung transplantation
172	Work hours, residents don't do large portions of cases.
173	We could benefit from a higher cardiac surgery volume with residents acting as primary surgeon in all but the most complex cases.
174	Lack of simulation in the curriculum. Incorporating simulation into our training would be helpful, but with our case volume it certainly isn't necessary.
175	Leadership, young inexperienced staff without senior leadership, chaotic program, high staff turnover, lack of focus on patient wellbeing or evidence based medicine, an incompetent residency and ICU director.
176	Insufficient support with intern coverage
177	lack of support and mentorship in finding a job
178	Fellowship
179	Lack of communication
180	Lacks mid level support
181	typical
182	lack of residents/fellows performing cases as true primary attending, not doing cases from start to finish so attendings can get cases done faster. minimal education culture.
183	slow progression of technical advancement with increased PGY level
184	Needs to be more emphasis on resident functioning as primary surgeon. Private cardiac attendings have to be more committed to resident education.
185	Case Volume. Lack of overall leadership and guidance. Attending competition. No teaching in OR or out of OR. Worst experience of my academic career as chair does not care about my education or future. Please contact me for further issues as I need to be absolutely sure of confidentiality before continuing.
186	Complete lack of progress with graded responsibility. Program trains one better to be a First assist then a CT surgeon.
187	Poor structure
188	Low help with finding post-training employment
189	Not resident centered education. Resident is often another PA rather than being taught how to do the cases. PAs are more depended on than fellow
190	There is no value for the residents opinions in the functioning of the system and that cramps the independent thought process. The attendings still believe in the antiquated principles.
191	Slow to let fellows be the operating surgeon for the entire case at the beginning of the training period
192	didactics
193	New program
194	Thoracic Rotation - not much free time to read or study
195	significant time for service

196	Work hours
197	lack of interaction between the attendings and fellows
198	I dont see any real deficits.
199	I think that the reputation of the program is lower than the acutal quality of the program.
200	could improve on-call facilities for fellows
201	The fellow is assigned to an attending and basically follows the attending for the month and can't choose to scrub in other cases
202	Unorganized and work volume
203	physician extender support
204	none
205	inadequate endovascular and minimally invasive experience.
206	Too much resident first assisting instead of operating
207	None
208	open CTICU, not high enough esophageal case volume
209	i can not think of any
210	Weak didactics
211	Mentorship lacking
212	nothing
213	low cardiac volume
214	Lack of resident progression with regards to operative experience on congenital cardiac.
215	lots of supervision
216	there are none
217	none
218	lack of mentorship
219	Extremely busy at times
220	Difficulty in progressing to be the primary sugeon with some of the thoracic cases.
221	limited didactic hours
222	n/a
223	no true dedication to training CT surgeons
224	Attendings not giving cases to perform as primary surgeon.
225	Nothing
226	Poor professionalism.
227	no resident or intern level support for fellows
228	Not enough autotomy at the private hospital
229	One attending is allowed to be disrespectful and unprofessional.
230	long work hours. no time to read.
231	nothing
232	Little exposure to innovative techniques in adult cardiac surgery.
233	None.
234	No culture of education
235	not a very good culture of education
236	Low cardiac volume
237	pulmonary surgery is weak

238	Super fellows
239	Having residents only watch cases
240	excessive medical management of pt
241	Lack of strong research infrastructure/expertise
242	Operative experience
243	Can't think of one
244	lack of integration of fellows at start
245	I don't know.
246	hands on training at the university hospital
247	Teaching in OR and out could be better in cardiac cases
248	cannot think of any
249	limited thoracic experience
250	Lack of minimally invasive aortic operations/ stent grafting experience
251	long hours away from family
252	Limited fellow/resident staffing creates challenges in coverage
253	lack of formal cardiac cath and echocardiography training. Inadequate experience with endovascular cases.
254	Lack of heart and lung transplant
255	The ego's and the lack of treatment like a fellow physician.
256	fellows taken cases from residents
257	too much primary call
258	lots of home call
259	Low volume of esophageal cases
260	none
261	few residents , too many staff
262	None
263	cardiac surgery culture, slow progression during 1st year, malignant attendings
264	none
265	Initial operative experience
266	The general thoracic experience is lamentable
267	cannot say i can really pin one down. Very happy with my program.
268	Lack of complex mitral repair
269	no enough teaching and huge variability in OR exposure between staff i.e. some staff give more to do in OR more than the other. also the staff does not advance each resident according to his skills which mean if i Am very good technically there are maximum things i can do beyond which i do not fo any more (e.g. mitral valve replacement, aortic surgery etc...)
270	residents are not getting enough in the OR
271	..
272	significant focus on clinical service.
273	Too spread out
274	Weak cardiac surgery program
275	No complaints
276	lack of dedicated general thoracic surgeon
277	Adult cardiac: No opportunity is given to the resident to perform as the primary surgeon, even on the most basic cases. Residents are always First assistants.
278	call schedule

279	.
280	Lack of ICU TEAM
281	Not all rotations focus on resident education
282	x
283	Lack of mentorship
284	Everything
285	None
286	none
287	Too cardiac heavy
288	None
289	expectation of fellows performing cases as primary surgeon
290	None noted.
291	Shortage of low complexity cases.
292	Occasionally too busy
293	Limited operative experience during 1st year
294	lack of endovascular exposure
295	Not decided.
296	low volume of esophageal cases and weak minimally invasive experience
297	Fellow can not choose the thoracic or cardiac track. Have to do both.
298	none
299	no tumor board
300	any
301	Not much clinic time for cardiac
302	Inconsistent case volume
303	training at multiple sites so there is some discontinuity of training
304	Slow exposure to surgical autonomy for large portion of the training program.
305	nothing stands out

## 2011 TSDA In-Training Exam Residents Survey Results Overview



Date: 4/18/2011 12:27 PM PST  
Responses: Completes  
Filter: No filter applied

#	Response
13.	Please provide any comments you might have about simulator training as a teaching modality.
1	Useful for the initial training and then its usefulness decreases.
2	It is helpful in developing the skills.
3	we have an active simulation program and it is an valuable part of our training.
4	Excellent way to prepare for the OR.
5	.
6	I like the idea. hard to find time. It does not replace the real thing, but has increased by comfort level with sewing, cannulating, etc.
7	Can never replace real training
8	Excellent for some modalities. Simulators (such as the bronchoscopy simulator at thoracicanesthesia.com) that can be used on a home PC are hands-down the best.
9	Good only initially. Should not take place of actual cases
10	If it is a wet lab then it's useful. Otherwise plastic simulation is unreal to a degree and of less benefit at is stage of training
11	They help
12	this would be a great addition and should be done more especially in the beginning
13	no experience in ct surgery with the simulator. will be important part of joint training programs
14	May be helpful
15	I find it very helpful, especially in light of my limited operative experience
16	n/a
17	it is necessary for both cardiac and thoracic training, especially now that some programs are inducting residents fresh out of medical school for the 6yr integrated program.
18	Would be great if available and cheap.
19	Excellent for first year fellows - learn to put a valve in a pig heart
20	was useful for basic skills;
21	Helpful earlier in training, less important later. i.e. learn it on simulator, then in OR with attending watching, then independent (i.e. after graduation).
22	Should be used more.
23	<b>A MUST FOR ALL CARDIAC PROGRAMS</b>
24	Will be an excellent modality for training new cardiac surgery trainees if it is embraced by a program and integrated into the training curriculum with supervision, feedback and transition to actual operative experiences. Otherwise it will just be a very expensive toy that sits in a room somewhere.
25	I think it is very useful for an untrained cardiothoracic resident
26	Cardiac surgery simulator in junior fellowship year helped
27	great experience
28	Heavy investment in time from attendings to make it work. Hard for them to do this consistently.
29	I believe it would be an essential part of training because it would let a resident be familiar with any techniques and new equipments.
30	I tried it n EBUS course and i learned allot from it I think its a great way of learning

31	A complete waste of time
32	Very useful
33	Time consuming
34	good starter but cannot replace OR experience
35	A great educational tool
36	Very helpful CABG training
37	Very useful in running CVICU scenarios
38	I feel simulator training has no role in CT residency except for preparation prior to starting CT residency and very early on in the program. You cannot justify simulator training when you have the opportunity to do the real thing. Simulator training is like learning to drive a car by playing a driving simulator on your computer when you have a real car and track in your backyard.
39	Very important aspect
40	occasional use is good. nothing substitutes for experience in the OR.
41	Moderately useful
42	excellent option for rare surgeries and perfecting skills
43	Not the same as doing cases
44	Better simulation is needed with the goal of training both the residents and the staff on how to teach residents. The simulation needs to be more realistic so that it can translate to improved OR skills.
45	ok for very very basics
46	Very important aspect of training that should be encouraged in all residency programs.
47	worth it when not advancing in the OR
48	I think it has its place as cardiac surgery is so complex and a trainee will never encounter all the potential pitfalls of this work while in training. Simulating those pitfalls would be helpful.
49	Not sure it is ready for prime time yet.
50	It would be imperative to use the simulator at the earliest stages of training (i.e. after doing as few as 2 cases it may become obsolete in many instances).
51	I think for certain things, it would be very helpful.
52	i think it can be pretty substancially beneficial
53	I think it is helpful specially in the current situation with the duty hours.
54	hate it.
55	We use pig hearts and simulator and has been very valuable.
56	I think animal type simulator training is excellent and can accelerate our technical advancement significantly. I have not seen simulator training (computer simulation) that is particularly useful.
57	very helpful and should be integrated into standard training
58	Does not replace real life experience. It is supplemental to training not interchangeable.
59	It is helpful but has to be reinforced with frequent real cases
60	I think it's a good substitute if there are rare cases / cases which you can't do but could never be the same as the real thing
61	needs to continue to be improved to be realistic
62	Great for the robot
63	A minor adjunct in a good program. Maybe a more useful adjunct if the program is weak. It just doesn't compare with doing an actual case.
64	I believe it has a large role to play in the I6 or integrated programs. For the traditional residents, many of the skills exemplified by simulators have already been learned in general surgery.
65	underutilized; i went to boot camp, good experience but not enough time spent on sims; outstanding sims included flex/rigid bronch, cardiopulmonary bypass, coronary/small vessel anastomosis, AVR in pig heart; sims for general thoracic surgery lacking in quality and number
66	simulator is just a simulator - You spend a lot of money for less value, or even nothing.

67	Important, however, not essential
68	excellent for junior residents
69	Highly valuable tool. We are trying to increase our curriculum in simulation.
70	n/a
71	n/a
72	seems like a good idea - especially for endoscopy, bronchoscopy, vats
73	Simulator training is very valuable in shaping skills
74	Simulator training may be somewhat useful, but is not an adequate replacement for the real thing
75	I attended the 2 day perfusion course that Mayo clinic provided and felt it was a good simulator based course.
76	it is very good for certain procedures. it was a great help at boot camp
77	None
78	It could be useful.
79	May have some role in the begining of the training.
80	none
81	The simulator need to mimic the OR as much as possible. The attending needs to teach the opening act, and then the independent course can follow. Without mentorship on the simulator, bad habits can form, and it loses its impact.
82	I think this is a very valuable modality, especially for the I-6 trainees.
83	Not very helpful
84	Very useful in modeling and training patterns of response to different situations. For technical component, it is better earlier in training. At some point there is no substitute for actually flying the plane with an experienced copilot.
85	excellent way of training
86	useful, but doesn't replace the real live OR experience
87	I think is a great adjunct to current training paradigm. In addition, gives extra experience for the incoming residents when faced with the routines of Cardiothoracic practice.
88	It is very good for beginners to learn fast and for experienced to master
89	.
90	While we have the resources in our training program, there is currently no protected time for simulator training with attending physicians. It would be tremendously beneficial for junior residents to perform procedures from beginning to end in the simulator before operating on a real patient. Additionally, focused practice on key portions of the procedure such as sewing in the valve or vessel anastomoses would be beneficial.
91	See Q10. I think it would augment my technical skills, particularly in cardiac surgery, in a much less stressful environemnt. Learning the basics of cannulation, cardiopulmoanry bypass, valve repair/replacement and coronary anastomoses in a wet lab would be tremendously helpful, especially early on in CT training.
92	na
93	it is needed in CT surgery on the regional or local level, not just national level as it currently stands.
94	Invaluble. Its absurd we don't have more of that here.
95	Needs to be able to be done at home and not in the hospital.
96	Anastomoses simulator would be great (open chest to simulate the depth and angle, few tubes to suture one to another), one or two hours per month practicing things with an attending would be awesome, CPB simulator would awesome - to go over scenarios of weaning, managing CPB.
97	I don't believe a simulator has much value as an education model.
98	Simulation is good at the beginning of surgical training, this far we need experience and independent experience is becoming very limited
99	trying to start a program
100	dedicated faculty time necessary to make simulator experience helpful.
101	The current training models are not adequately realistic to be worth spending time on.
102	depends on the quality of the teacher and the model

103	I did it as a gen surg resident, it was a waste of time
104	great modality especially early in training
105	should be easily accessible and portable so you can use at home except of course for robotic simulators which are a must in the future
106	Like war, it has a time and place with acceptable casualties and acceptable victories.
107	great for more junior residents, useful tool for senior residents to refine skills and prepare for cases
108	I think it is very useful. Most important is the attendings participate with it too.
109	It may help in OPCABS
110	Useful. I was exposed as a gen surg resident but not as a fellow.
111	It is a good supplement to hands on training
112	The limiting experience has been favorable.
113	excellent method of training in conjunction with real life hands on experience
114	I would enjoy it. There is a bronchoscopy simulator available but my program does not utilize it.
115	I agree with it. It's the future of hands-on training
116	It has good potential
117	Sounds reasonable
118	Very useful
119	none
120	work in progress, useful for certain skills development (needle handling, placement, angles), but NOT overly useful for the whole picture.
121	not sure about it
122	none
123	its fine
124	A great adjunct to hand's on experience
125	USEful if integrated into a formal curriculum. Having a simulator available for use on "our own time" without an instructor available does not work.
126	Improves technical skills
127	its probably the best way to learn a procedure
128	Might be helpful
129	none
130	only for minimally invasive procedures. Most of our cases is done open.
131	Ridiculous
132	I personally do not feel a makes a difference. I think we have gotten away from the lab which gave me a lot of exposure in my research years in the lab for the abiocor trial. Perhaps we should reconsider making the lab available for exposure again.
133	excellent mode of teaching. I was honored with good comment from a vascular surgeon that i worked with as he always liked my anastomosis according to my level as a resident. I told him the trick was I practice at home with my own model.
134	it's a very important tool for junior residents
135	"it is a work in progress"
136	Simulators are the way of the future and should be more prevalent.
137	The specialty seems far behind in this area. Simulators should be far more prevalent than I've observed them to be in my training program.
138	I believe that it would help in improving motor skills
139	.
140	x

141	Excellent, used a TSDA boot camp
142	Excellent way to introduce you to complex cases with less stress
143	NA
144	Not that I experience before.
145	Not real helpful
146	The simulator has allowed me to learn cannulation, heart procurement for transplant, aortic/mitral valve anatomy.
147	program is currently expanding the use of simulators

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## 2011 TSDA In-Training Exam Residents Survey Results Overview



Date: 4/18/2011 12:32 PM PST  
Responses: Completes  
Filter: No filter applied

18. Please indicate the primary source you used to study for this year's In-Training Exam.	
#	Response
1	havent studied yet
2	multi-faceted
3	weekly conference covers TSDA lectures, no other studying done.
4	Notes from review course
5	sabistons and Sesats equally
6	Nothing so far
7	Core Curriculum Review syllabus
8	Previous exams
9	I don't have time to study
10	Cardiothoracic Surgery, Joanna Chikwe, Emma Beddow, Brian Glenville
11	Combination of sources

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## 2011 TSDA In-Training Exam Residents Survey Results Overview



Date: 4/18/2011 12:28 PM PST  
Responses: Completes  
Filter: No filter applied

19. Will you have any difficulties achieving your index case requirements?	
#	Response
1	Esophagus
2	esophagectomy
3	esophageal
4	esophagectomy
5	esophagus
6	Esophagectomy
7	Redo operations.
8	Adult cardiac - CABG
9	Yes; Esophageal cases.
10	esophagectomies
11	Esophagectomy
12	Esophagectomies.
13	cabg
14	possibly
15	Mediastinoscopy (thoracic track)
16	Mediastinoscopy
17	maybe in valves
18	Lobectomies
19	esophagus
20	Redo cases
21	esophageal resections
22	lobectomy
23	Valves
24	Esophageal, possibly cardiac
25	Esophagectomy
26	CABG
27	CABG
28	Adult cardiac
29	Malignant esophageal
30	cabg
31	Pediatrics.
32	Every category and will not reach them.
33	esophageal resections
34	thoracic, lobes

35	Benign and malignant esophageal cases
36	esophageal
37	Esophageal cases.
38	Esophageal
39	congenital
40	esophagus
41	esophagus
42	Esophagectomies - I'll make it but it is going to be very close
43	valve surgery
44	Esophagectomies
45	Esophageal resection
46	Esophageal cases.
47	volume
48	ALL
49	esophagus
50	cardiac cases
51	coronary bypass graft surgery

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# 2011 TSDA In-Training Exam Residents Survey

## Results Overview



Date: 4/18/2011 12:33 PM PST  
Responses: Completes  
Filter: No filter applied

23. If you accepted a job offer, please indicate the practice type.	
#	Response
1	.
2	I am graduating in 2012, so questions 21 and 22 do not apply
3	havnt accepted yet
4	Cardiothoracic critical care
5	havent been offered a job yet.
6	I am doing US Navy Thoracic Surgery.
7	I am not graduating in 2011, so Q 21, 22, 23 should have a not applicable option.

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