

For Residents who start their training on or after July 1, 2012

Cardiac Focused		Requirements	General Thoracic Focused	
Total	Subtotal		Subtotal	Total
		CONGENITAL HEART DISEASE		
10		Primary surgeon		
10		First assistant		
		Primary surgeon or first assistant		10
20		Subtotal Congenital Heart Disease Experience		10
		ADULT CARDIAC		
50		Acquired Valvular Heart Disease Any combination of mitral valve, aortic valve, and/or tricuspid valve replacement or repair. **Tricuspid valve procedures performed with CABG can be double-counted with CABG		25
80		Myocardial Revascularization		40
	15	Re-Do Sternotomy **Can be double-counted with any cardiac procedure	5	
20		Interventional Skills or Procedures Any combination of intra-aortic balloon pump (IABP), intravascular ultrasound, angiography, transvenous pacemaker insertion, image-guided intervention over a wire, percutaneous tracheostomy, tracheal/esophageal stent placement, PleurX® catheter (or similar pleural drainage catheter) insertion, ultrasound-guided pigtail catheter placement for pleural drainage, radiofrequency ablation, and TEVAR.		20
10		Conduit Dissection and Preparation Open or endoscopic saphenous/radial vein harvest and preparation **Can be double-counted with CABG		5
10		Aortic Procedures Any combination of ascending aorta/aortic root replacement, descending aortic replacement, TEVAR, aortic dissection, aortic trauma **Can be double-counted with CABG/Valve Procedures ** TEVAR can be double-counted as an aortic procedure and interventional skills		5

5		Arrhythmia Surgery Left atrial or biatrial maze, pulmonary vein isolation, right-sided maze, isthmus ablation **Can be double-counted with CABG/valve procedures		0
4		Cardiopulmonary Bypass set-up and pump run with perfusionist		4
10		Circulatory Assist/Cardiac Transplant Any combination of IABP, ECMO, VAD, Cardiac Transplant **Can be double-counted with another operation		5
189		Subtotal Adult Cardiac Experience		104
		GENERAL THORACIC		
60	30	Lung Major anatomic resections (segmentectomy, lobectomy, pneumonectomy, lung transplantation**) **Only 1 pneumonectomy can be double-counted for bilateral lung transplant.	50	100
	5	Major VATS/robotic anatomic resections	10	
	25	Open or VATS lung biopsy/wedge resection, lung procurement for transplantation	40	
10		Pleura** Major (decortication, pleurectomy decortication, extrapleural pneumonectomy (EPP), or other tumor resection) Minor (biopsy, pleurectomy, VATS sympathectomy, VATS Bleb resection, VATS pleurodesis) **EPP can be double-counted as Pleura and Lung procedures	5 15	20
3		Chest Wall and Diaphragm** Chest wall resection, pectus repair, diaphragm resection or plication, repair of Morgagni, Bochdalek, or traumatic hernia **Can be double-counted with pulmonary resection		6
5		Mediastinum Tumor/cyst/mass resection via open, VATS, or robotic technique		10
0		Tracheobronchial – Airway Surgery** Tracheal-bronchial resection/reconstruction,		5

		laryngotracheal resection/reconstruction, airway anastomosis **Sleeve lobectomy and carinal pneumonectomy can be double-counted with major anatomic lung resection **Lung transplantation can be counted as either Tracheobronchial or Lung		
15	10 5	Esophagus Esophagectomy (Open or minimally invasive) Benign Esophagus-Major Repair of perforation, drain perforation, diverticulectomy, myotomy, hiatal hernia repair For the GT focused pathway, at least 5 of the 30 esophageal procedures must be performed minimally invasively.	20 10	30
93		Subtotal General Thoracic Experience		171
302		TOTAL MAJOR OPERATIVE EXPERIENCE		285
		MINOR PROCEDURES** **All may be double-counted		
30		Bronchoscopy Simple (BAL, diagnostic, TBBx, Bx) Complex (laser, dilation, stent, navigational bronchoscopy, photodynamic therapy)	30 10	40
10		UGI Endoscopy Simple (diagnostic, Bx) Complex (dilation, stent, EUS, EMR)	20 5	25
20	10 5	Mediastinal Assessment Mediastinoscopy EBUS/FNA Chamberlain or mediastinal node dissection	15 10 5	30
60		Subtotal Minor Procedures		95
362		TOTAL OPERATIVE EXPERIENCE		380

ADDITIONAL REQUIREMENTS				
100	50 50	Consultation Experience New Patients Follow-up Patients	50 50	100
20		Multidisciplinary patient management conferences Any combination of tumor board, cardiac catheterization conference, multidisciplinary clinics, transplant selection committee meetings, etc.		20
75	20 20	Cardiothoracic critical care case management experience (provide log sheet for each case with at least one case from each of the seven categories. See below) General thoracic Cardiac and congenital	20 20	75
20 hrs		Simulation (hours required from any technique-based simulation curriculum or simulation of cardiopulmonary bypass management)		20 hrs
X		Previous or current FLS, ATLS, ACLS certification required		X

CT Critical Care Management Documentation

Select the patients who best represent all the essential aspects of intensive care unit management. Each resident is to develop a CT Critical Care Index Case (CCIC) log of at least twenty patients who best represent the full breadth of critical care management. At least two out of the seven categories listed below should be applicable to each chosen patient. The completed CCIC log should include experience, with at least one patient, in all seven of the following essential categories:

1. Ventilatory Management
 - a. Etiology/indications
 - b. Ventilatory modes/techniques
 - c. Ventilator days
 - d. Weaning method
2. Bleeding (non-trauma) greater than 3 units necessitating transfusion/monitoring in ICU setting
 - a. Etiology
 - b. Coagulopathy: yes no
 - c. Hypothermia: yes no
 - d. Autotransfusion: yes no

3. Hemodynamic Instability
 - a. Etiology
 - b. Volume resuscitation
 - c. Inotropic/pressure support: yes no
 - d. Mechanical assistance of cardiac failure: (IABP, LVAD, BiVAD)
4. Organ Dysfunction/Failure (etiology/mode of management)
 - a. Pulmonary
 - b. Renal
 - c. Hepatic
 - d. Central nervous system
 - e. Endocrine (Hypothyroidism, Adrenal insufficiency, Panhypopituitarism, Diabetes insipidus, SIADH)
5. Dysrhythmias
 - a. Etiology
 - b. Drug management
 - c. Therapeutic interventions
 - d. Monitoring
6. Invasive Line Management/Monitoring
 - a. Arterial cannulation
 - b. Pulmonary artery catheter
 - c. Intracardiac catheter
 - d. Complications
7. Nutrition
 - a. Route (parenteral/enteral)
 - b. Indications/contraindications