



LOYOLA
UNIVERSITY
HEALTH SYSTEM

Loyola University Chicago

Department of Thoracic and Cardiovascular Surgery Training Program

Program Information for Resident Applicants

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Department of Thoracic and Cardiovascular Surgery

Training Program

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PROGRAM OVERVIEW

The Cardiothoracic Residency Training Program at Loyola University Medical Center is a comprehensive two-year training program fully accredited with the Accreditation Council of Graduate Medical Education (ACGME). Thoracic surgery is sometimes referred to as cardiothoracic surgery and is operative the treatment of diseases and injuries of the heart, lungs, mediastinum, esophagus, chest wall, diaphragm, and great vessels.

The Program's mission is to provide a balanced educational program for Cardiothoracic Trainees that will enable them to deliver safe and contemporary surgical management to patients with cardiovascular and thoracic maladies and to provide them with the background for continued lifetime learning. The residency program seeks to have available to the cardiothoracic residents the personnel and resources to achieve these goals. Such personnel and resources include a full-time surgical faculty fully committed to resident education.

The residents are provided with progressively increasing responsibility. Both years of cardiothoracic surgical training are served in the integrated institutions of the program, which include Loyola University Medical Center, Edward Hines Jr. Veterans Administration Hospital and Hope Children's Hospital of Advocate Christ Medical Center. During the second and final year of training, the resident assumes senior responsibility for the preoperative, intra-operative and postoperative care of patients with thoracic and cardiovascular disease. This residency education program encompasses the operative, perioperative, and critical care of patients with pathologic conditions within the chest. This includes the surgical care of coronary artery disease; cancers of the lung, esophagus, and chest wall; abnormalities of the great vessels and heart valves; congenital anomalies of the chest and heart; tumors of the mediastinum; diseases of the diaphragm; and management of chest injuries.

Along with arrangements for comprehensive clinical material that is abundant in quantity and scope, clinical support services from the Cardiovascular Institute that offer state-of-the-art cardiology, pathology, research, and other services, and an adequate administrative staff that assesses, reviews, and supports these training activities.

The Program is delivered around a Core Lecture Curriculum with an eighty-eight week, two-year cycle organized by the Thoracic Surgical Directors Association (TSDA) guidelines and covers all the American Board of Thoracic Surgery (ABTS) topics in formal lectures, based on approved readings available on a web-browser, and allowing self-assessment through Moodle quizzes. In addition, residents rotate on clinical

services that provide focused exposure to adult and pediatric cardiothoracic surgery, mechanical cardiopulmonary support systems and cardiopulmonary transplantation. Visiting professors with distinguished accomplishments in cardiothoracic surgery are invited on a regular basis to lecture and interact with the residents. Residents also participate in preoperative and postoperative clinics with faculty in order to gain appreciation for continuity of care issues. Case Presentation conference serves as a monthly “Mock Oral” preparation, as the resident’s ability to cold-read imaging studies, and formulate a differential diagnosis, work up, and treatment plan are tested.

The residency program is under continual assessment by both the faculty and the residents. The progress of each resident is reviewed on a semi-annual basis with individual meetings with the program director. In addition, the residents meet as a group with the full-time faculty to review the strengths and weaknesses of the program in general. Also, residents take the American Board of Thoracic Surgery (ABTS) In-Training Examinations on an annual basis. Each resident assesses the faculty and rotations on a quarterly basis and the program on a semi-annual basis.

PRINCIPLES, GOALS AND OBJECTIVES

Guiding Principles

The guiding principles in structuring the residency program is that everything is done solely for the educational and training benefit of our residents. Our aim for each trainee is that they develop academically and professionally. Skills that are acquired include those of medical knowledge, patient care, practice-based learning and improvement, communication and interpersonal skills, professionalism, and systems based practice.

The training program also provides an excellent clinical education and graduated clinical advancement accomplished by directed expert clinical, academic, and social instruction promoting self-directed education, and fostering the refinement of the individual residents clinical, professional, social, and academic pursuits. Any changes, additions, or subtractions related to the residency program must, of necessity, pass through this litmus test.

Goals and Objectives

The goals and objectives of our residency program are fostered in an environment of progressively graded clinical and operative experience and responsibility. Within the limits of variability found in a clinical practice, an equivalent experience will be afforded each resident under the guidance and supervision of qualified teaching staff. With this process, each resident will develop mature surgical judgment and operative skills which prepare them to provide independent surgical care to patients with a wide range of

cardiac and thoracic disorders in a manner appropriate to a specialist in surgery and a candidate for a Diplomate of the American Board of Thoracic Surgery. The final assessment of whether these objectives are being achieved is made by the Program Director as recommended by the teaching faculty of the Department of Thoracic and Cardiac Surgery at Loyola, Hines VA and Hope Children's Hospitals, as represented in the Clinical Core Competency Committee, which charts out the resident's progress using the ABTS approved Milestones.

In so doing, the program seeks to prepare the trainee to function as a qualified and contributing practitioner of thoracic and cardiovascular surgery at the high level of performance expected of a certified specialist. The goals and objectives are sought within the context of the rules and requirements set forth by our regulatory bodies, including the Residency Review Committee (RRC) of the Accreditation Council for Graduate Medical Education (ACGME), the Thoracic Surgery Directors Association (TSDA) of the American Association of Thoracic Surgery (AATS), and the Department of Graduate Medical Education (GME) of Loyola University Medical Center.

Educational Environment:

The educational environment in the Department of Thoracic and Cardiovascular Surgery is a reflection of the commitment that the chairman, the program director and the faculty have to post-graduate education. Our Department, in conjunction with Loyola University Medical Center, is responsible for ensuring an administrative and academic structure that provides for the management of educational and financial resources dedicated to the needs of the program. These resources include the appointment of teaching faculty and residents, their supporting staff and a defined system for program planning and evaluation.

The facilities of the Department of Thoracic and Cardiovascular Surgery at Loyola University Medical Center are generally considered to be state-of-the art, and in this capacity, both are appropriate and sufficient for accomplishing the stated goals and objectives of the training program. At both the inpatient and outpatient facilities at Loyola, Hines VA and Hope Children's, there is adequate space for patient care, program support and research. In addition, both locations have appropriately trained medical and paramedical personnel, laboratory and imaging support and medical library resources.

The program director, along with the department chairman, cooperates with the leadership of the related disciplines, such as cardiology, pulmonology, anesthesia, etc., to actively foster the training of thoracic surgery residents in those disciplines. The program director, teaching staff and residents in thoracic surgery work together to provide a functional environment whereby the goals and objectives of the training

programs can be met. Thoracic surgery residents also have ample opportunity to interact with residents in the other related specialties at Loyola, Hines VA and Hope Children's Hospitals.

The program director and the teaching staff are responsible for the administration of the residency program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents, along with the maintenance of records related to program accreditation.

Educational Curriculum:

Our curriculum is designed to accomplish the goals and objectives of our program. The curriculum is multifaceted and includes didactic and supervised clinical care in addition to a robust perioperative and operative experience in adult cardiac, pediatric cardiac and thoracic surgery.

1. Suggested Textbooks Reading include:

- **Cardiac Surgery in the Adult**
by Louis Henry Edmunds, Lawrence H. Cohn
- **Glenn's Thoracic and Cardiovascular Surgery (Vol. 1 and 2)**
by Arthur E. Baue, Alexander S. Geha, Graeme L. Hammond, Hillel Lak, Keith S. Naunheim
- **General Thoracic Surgery (2-Volume Set)**
by Thomas W. Shields, Joseph Locicero III, Ronald B., MD Ponn
- **Cardiac Surgery of the Neonate and Infant**
by Aldo R. Castaneda, Richard A. Jonas, John E. Mayer
- **Pediatric Cardiac Surgery**
by Constantine Mavroudis, Carl Backer

2. Suggested Periodicals include:

- **The Journal of Thoracic and Cardiovascular Surgery**
Published monthly by Elsevier Inc
Official Publication of the American Association of Thoracic Surgery (AATS) and
The Western Thoracic Surgical Association (WTSA)
- **The Annals of Thoracic Surgery**
Published monthly by Elsevier
Official Publication of the Society of Thoracic Surgeons (STS) and the
Southern Thoracic Surgical Association (STSA)

3. Evolving current information from peer-reviewed surgical literature and information derived from presentations of national meetings. Articles will be distributed for Journal club and presented by each resident.

4. Basic science is addressed through various resident teaching conferences as described in the conference schedule.
5. Other conferences sponsored by organizations and companies are offered. Residents are encouraged to participate in rotation specific conferences particularly to acquire skills leading toward integrated and multidisciplinary care of complex cardiac, pediatric and thoracic surgery patients.
6. Residents take the American Board of Thoracic Surgery In-Training Examinations (ABSITE) on an annual basis. The goals of the In-Training Examination are to:
 - Provide a pertinent and high quality examination emphasizing current knowledge and critical thinking
 - Provide timely feedback of test results to residents and Program Directors
 - Identify areas of resident deficiency and/or weakness in general thoracic, adult and pediatric cardiac topics
 - Provide suggested materials for remedial study
 - Identify for Program Directors topics requiring further educational effort
7. Research opportunities are optional however encouraged. Residents may participate in research during their residency training. This typically has included clinical trials, retrospective chart reviews, evaluation of patient outcomes, etc.

COMPREHENSIVE REQUISITE THORACIC SURGERY CURRICULUM:

The Comprehensive Requisite Thoracic Surgery Curriculum is located on the Thoracic Surgery Directors Association (TSDA) website. It is organized as a web-brain on a Moodle environment with access to approved reading material and audiovisual presentations and allowing access to Thoracic Surgery Resident Association clinical case presentations, as well as to Moodle multiple choice quizzes. The curriculum spans 88 weeks across two years and covers General Thoracic, Adult and Congenital Cardiovascular Surgery subjects.

Resident Education Program in Thoracic Surgery

Provided below is the specific educational objectives and clinical skill acquisition goals for the residents within the Residency Program in Thoracic Surgery. The program is under the auspices of the Residency

Review Committee for Thoracic Surgery of the Accreditation Council for Graduate Medical Education (ACGME).

Medical Knowledge (Learner Objectives) and Clinical Skills (Patient Care) follow. This list is meant to be a starting point for the Thoracic Surgery Resident and is not meant to preclude additional reading or independent study nor limitation of time within the operating room, general care wards or the outpatient clinic.

Learner Objectives will be taught / learned through:

- The TSDA (Thoracic Surgery Directors Association) 88-Week Curriculum
- Didactic and other conferences
- Perioperative and operative management
- Self-education (SESATS XI-Self Evaluation Self Assessment in Thoracic Surgery, Volume XI)
- Suggested textbook reading
- Faculty demonstration of ACGME core competencies coupled with resident counseling on a daily basis

The resident's understanding of the topic will be reviewed (in part) at the time of operation and resident-faculty interaction, which exemplify these topics. Feedback will be verbal and immediate.

The Program Director:

The Program Director, Dr. R. Anthony Perez-Tamayo, is responsible for the administration of the residency training program. Dr. Perez-Tamayo was appointed as Program Director in January 2014. The program director reports directly to the Department Chairman, Dr. Mamdouh Bakhos.

Dr. Perez-Tamayo has the requisite clinical, educational and administrative abilities and experience to function as Program Director. He holds a license to practice surgery and medicine in the State of Illinois, and is certified by the American Board of Thoracic Surgery and the American Board of Surgery in General Surgery and in Critical Care. His appointment is in good standing with the medical staff of Loyola University Medical Center, the sponsoring institution of the Residency Program and Edward Hines Jr. Veterans Administration Hospital. Dr. Perez-Tamayo has the authority to organize and fulfill the administrative and teaching responsibilities related to the residency program.

The duties of the Program Director for the residency program are the follows:

- Prepare a written statement outlining the educational goals of the program with respect to knowledge, skills and other attributes of residents at each level of training and for each major rotation or other

program assignment. This statement is distributed to residents and members of the teaching staff and is readily available for review.

- Select residents for appointment to the program in accordance with institutional and departmental policies and procedures. The thoracic surgery program participates in the NRMP Thoracic Surgery Match Program in selecting from among qualified applicants for first-year thoracic surgery resident positions.
- Select and supervise the teaching staff and other program personnel at each institution participating in the program. Opportunities for development of the teaching staff are made available to each member of the staff and include development of skills in teaching, research and scientific writing.
- Participate in the supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines are communicated to all members of the program staff. Residents are encouraged and have the resources to promptly and reliably communicate and interact with their supervisory physicians.
- Oversee the implementation of fair procedures regarding academic discipline and resident complaints or grievances, as established by Loyola University. In addition, Dr. Perez-Tamayo monitors resident stress, including mental or emotional conditions that may impair performance or learning, along with drug- and alcohol- related dysfunction. The chairman, program director, associate director, and the teaching faculty are all sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Any training situations that consistently produce undesirable stress on the residents are evaluated and modified.
- Oversee resident work hours, ensuring assignment of reasonable in-hospital duty hours so that the residents are not required regularly to perform excessively prolonged periods of duty. On the average, excluding exceptional patient care needs, residents have at least 1 day out of 7 free from routine responsibilities and are not on-call in the hospital more than every third or fourth night. The program director recognizes that since training in thoracic surgery is at the senior level, the ratio of hours worked and on-call time varies considerably and necessitates flexibility.
- Notify the executive secretary of the RRC in writing of any program changes that may significantly alter the educational experience for the residents. Such changes include changes in the program director, the departmental chairman or changes in the formal affiliation with other institutions.
- Request prior approval from the RRC for the following changes, if any should occur:

1. Formal integration with another institution
 2. Addition of a required rotation to any institution other than Loyola or Hines in which the duration is 4 months or longer or of a foreign rotation of any duration
 3. The number of resident positions offered
 4. The number of years of training required in the program
- Provide the RRC with complete and accurate program information so that an adequate assessment of the program can be made. In addition, Dr. Perez-Tamayo will be responsible for the accuracy of the residents' records of their surgical experience and for making these records available to the RRC on request. Particular attention will be paid to the consistency in the reporting of "Operative Experience Reports" for the institutions, the residents and any other trainees appointed to the program.

FULL-TIME FACULTY

NAME	POSITION	YEAR OF APPOINTMENT	HRS/WK w/ Resident	ABTS CERTIFICATION
Mamdouh Bakhos, MD	Professor and Chairman	1978	80	Since 1987
Jeffrey Schwartz, MD	Professor	1998	80	Since 1999
R. Anthony Perez-Tamayo, MD, PhD	Associate Professor	2012	80	Since 2002
Marcelo DaSilva, MD	Associate Professor	2013	80	Since 2008
Edwin McGee, MD	Professor	2014	80	Since 2004

PARTICIPATING INSTITUTION FACULTY

NAME	POSITION	YEAR OF APPOINTMENT	HRS/WK w/ Resident	ABTS CERTIFICATION
Michael Eng, MD Edward Hines Jr. VA Hospital	Assistant Professor	2006	80	2008
Michel Ilbawi, MD Advocate Hope Children's Hospital, an affiliate of Christ Medical Center	Director, Pediatric Cardiac Surgery	1984	80	1979
Chawki el-Zein, MD Advocate Hope Children's Hospital, an affiliate of Christ Medical Center	Attending Pediatric Surgeon in Cardiovascular-Thoracic Surgery	2009	80	Pending
Bryan Foy, MD	Associate Professor	1985	20	1986
Jason Frazier, MD Edward Hines Jr. VA Hospital	Attending	2014	80	Pending

PREVIOUS LOYOLA GRADUATES

GRADUATES	MEDICAL SCHOOL	GENERAL SURGERY RESIDENCY	PROGRAM COMPLETION	ABTS PART I EXAM	ABTS PART II EXAM
Brett Beecher, MD	University of Oklahoma	University of Oklahoma	6/30/2014	Pass	To be taken
Jason Frazier, MD	Howard University	Loyola University	6/30/2014	Pass	To be taken
Alfred Casillan, MD, PhD	University of Kansas School of Medicine	University of Kansas Medical Center	6/30/2013	Pass	Pass
Vsevolod Tikhomirov, MD	The Peoples' Friendship University of Russia	University of Texas at Houston	6/30/2012	Pass	Pass
Lambros Tsonis, MD	Boston University School of Medicine	Loyola University	6/30/2011	Pass	Pass
Jason Smith, MD	Loyola University Stritch School of Medicine	Loyola University	6/30/2011	To be taken	To be taken
Syed Ali, MD	Aga Khan University Karachi, Pakistan	University of Connecticut	06/30/2010	Pass	Pass
Emmanuel A. Amulraj, MD	St John's Medical College Banagalore, Karnataka, India	SUNY Health Science Center at Brooklyn	6/30/2009	Pass	Pass
Peter Caravella, MD	University of Maryland	UCLA Medical Center and St. Louis University	07/31/2007	To be taken	To be taken
P. Aryeh Cohen, MD	Sackler School of Medicine Tel Aviv Israel	Morristown Memorial Hospital	06/30/2007	Pass	Pass
Fernando Lamounier, MD	University of Santo Amaro School of Medicine	Santa Casa de Sao Paulo/ University of Connecticut	06/30/2006	Pass	Pass
Jeffrey Shuhaiber, MD	King's College, London, UK	University of Illinois, Chicago, IL	06/30/2006	Pass	Pass
Sachin Shah, MD	Jefferson Medical College, Pennsylvania	Wayne State University/ Detroit Medical Center	06/30/2005	Pass	Pass
Manesh Parikshak, MD	Indiana University School of Medicine	Henry Ford Hospital, Detroit, MI	06/30/2005	Pass	Pass
Marcelo C. DaSilva, MD	Universidade Gama Filho in Rio de Janiero, Brazil	Penn State University College of Medicine	06/30/2004	Pass	Pass
Karl J. Borsody, MD	Medical College of Ohio	New York Medical College	06/30/2003	Pass	Pass
E. James Frick, MD	Temple University School of Medicine	Lehigh Valley Hospital in Pennsylvania	06/30/2003	Pass	Pass
Ramzi Deeik, MD	Creighton University	Northwestern University in Illinois	06/30/2002	Pass	Pass
Pranya Sakiyalak, MD	Siriraj Hospital, Mahidol University	Medical College of Ohio in Toledo	06/30/2002	Pass	Pass
Anthony Perez-Tamayo, MD, PhD	University of Chicago-Pritzker (Illinois)	Duke University Medical Center	06/30/2001	Pass	Pass
Paul Stefanacci, MD	University of Medicine & Dentistry	University of California	06/30/2001	Pass	Pass

	of New Jersey	Medical Center (San Diego)			
Sirish Parvathaneni, MD	Northwestern University in Illinois	Mercy Hospital in Pennsylvania	06/30/2000	Pass	Pass
James Wu, MD	University of Chicago	Stony Brook in New York	06/30/2000	Pass	Pass
James Gramm, MD	Rush Medical College	Loyola University Medical Center	06/30/1999	Pass	Pass
Carl Barosso, MD	SUNY-Downstate Medical School	Cabrini Medical Center	12/31/1999	Pass	Pass

Lectures and Conferences

The schedule of required conferences is as follows:

Conference	Date	Times	Format/Coverage
Cardiothoracic Education Conference	Each Third and Fourth Wednesday	7:00 – 8:00 AM	Didactic lectures, cardiac anatomy, decision making, invited lecturers and “State of the Heart”
CV Fellows Conference	Every Monday	7:00 – 8:00 AM	TSDA 88-Week Curriculum
Journal Club	Every Second Wednesday	7:00 – 8:00 AM	Review of the recent thoracic surgery literature
Morbidity & Mortality	Every First Wednesday	7:00 – 8:00 AM	Review of all cases during the previous two months, discussion of all morbidity and mortality
Combined Cardiology-CV Surgery Cath Conference	Every First Friday	7:30 – 9:00 AM	In-depth coverage of instructive recent cases with literature review. In conjunction with Dept. of Cardiology
Combined CV/PV Conference	Each First Friday	7:00 – 8:00 AM	In-depth coverage of instructive recent cases with literature review. In conjunction with Dept. of Vascular Surgery
Pediatric Cath Conference	Every Tuesday	2:00 – 4:00 pm	Required for 1 st year resident rotating on Peds CV Service. In-depth case presentations with Pediatric Cardiology, Peds ICU and Anesthesia
Tumor Board	Every Tuesday	8:00 – 10:00 AM	Required for 1 st year resident rotating on Thoracic CV Service. Continuity of care, pre- and post- operative assessment
Guest Lecture Series	Every six months	6:00 – 8:00 PM	Distinguished Cardiovascular Surgeon
Loyola Lung Clinic and Loyola Thoracic Clinic	Every Tuesday and Thursday	Lung: Tuesday 8:00-11:30 AM Thoracic: Tuesday 1:30-4:00 PM & Thursday 2:30 – 4:00 PM	Required for 1 st year resident rotating on Thoracic CV Service. Continuity of care, pre- and post- operative assessment

Hines VA Clinic	Every Monday	1:00 – 2:00 PM	Required for chief resident rotating at Hines. Continuity of care, pre- and post-operative assessment
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Note that some of the clinics and conferences are required only for the resident rotating on that service. For example, the resident rotating on Thoracic Surgery at Loyola is required to attend Tuesday morning Tumor Board, Tuesday afternoon clinic and Thursday afternoon clinic.

Visiting Lectureships:

Visitors with expertise of educational importance to the residents and those who are at the cutting edge of thoracic and cardiovascular surgery are invited on a semi-annual basis to present their work to the Department. The visiting lecturer holds an informal conference with the faculty and residents of the Department, followed by a formal lecture to the medical community at large in the auditorium of the medical school.

Outside Conferences:

All residents are welcome and encouraged to attend outside conferences that are presented by other institutions or sponsoring companies. If attendance at these conferences requires the resident to be away from the operating room or his daily rounds, prior approval must be given from the department chairman, Dr. Mamdouh Bakhos.

Research Opportunities:

Although research is not a formal part of the residents training we do encourage them to participate in the several research laboratories at Loyola and Hines that might interest them. Jeanine Walenga, Ph.D. directs the research laboratory at Loyola’s Cardiovascular Institute. Hines VA Hospital is institutionally affiliated with Loyola University of Chicago, Stritch School of Medicine, programmatically affiliated with the University of Illinois College, School of Medicine in Chicago and the Chicago Medical School. Hines has one of the largest and more diverse research programs in the VA system with approximately 450 projects, 156 investigators, an estimated budget of \$15 million (VA and non-VA), and 150,000 square feet of space. Major areas include the Health and Sciences R & D Center, the Cooperative Studies Coordinating Center, Rehabilitation Research & Development, Biomedical Research and a major clinical trials program.

Libraries:

The Loyola University of Chicago Health Sciences Library is located in the Niehoff School of Nursing. The Health Sciences Library at Edward Hines, Jr. Veterans Affairs Hospital is centrally located on the first floor of the main hospital. With over 500 monthly journals and more than 6000 medical textbooks, this library is a wealth of knowledge for researching the latest medical information.

CLINICAL MATERIALS

Clinical Rotations:

The residents are provided with progressively increasing responsibility. Both years of thoracic surgical training are served in the integrated institutions of the program, Loyola, Hines VA Hospital and Hope Children’s Hospital, an affiliate of Christ Medical Center. During the second and final year of training, the chief resident assumes senior responsibility for the preoperative, intraoperative and postoperative care of patients with thoracic and cardiovascular disease.

Block Diagram of Clinical Rotations:

	Quarter 1 (July –Sept)	Quarter 2 (Oct - Dec)	Quarter 3 (Jan - Mar)	Quarter 4 (Apr - Jun)
JUNIOR 1	THORACIC	ADULT CV	ADULT CV	PEDIATRIC (HOPE)
JUNIOR 2	ADULT CV	THORCIC	PEDIATRIC (HOPE)	ADULT CV
SENIOR 1	HINES VA	ADULT CV	HINES VA	ADULT CV
SENIOR 2	ADULT CV	HINES VA	ADULT CV	HINES VA

**First Year: 3 months LUMC Thoracic Surgery, 3 months Christ Pediatrics
6 months LUMC Adult Cardiac**

Second Year: 6 months LUMC Adult Cardiac, 6 months Hines VA

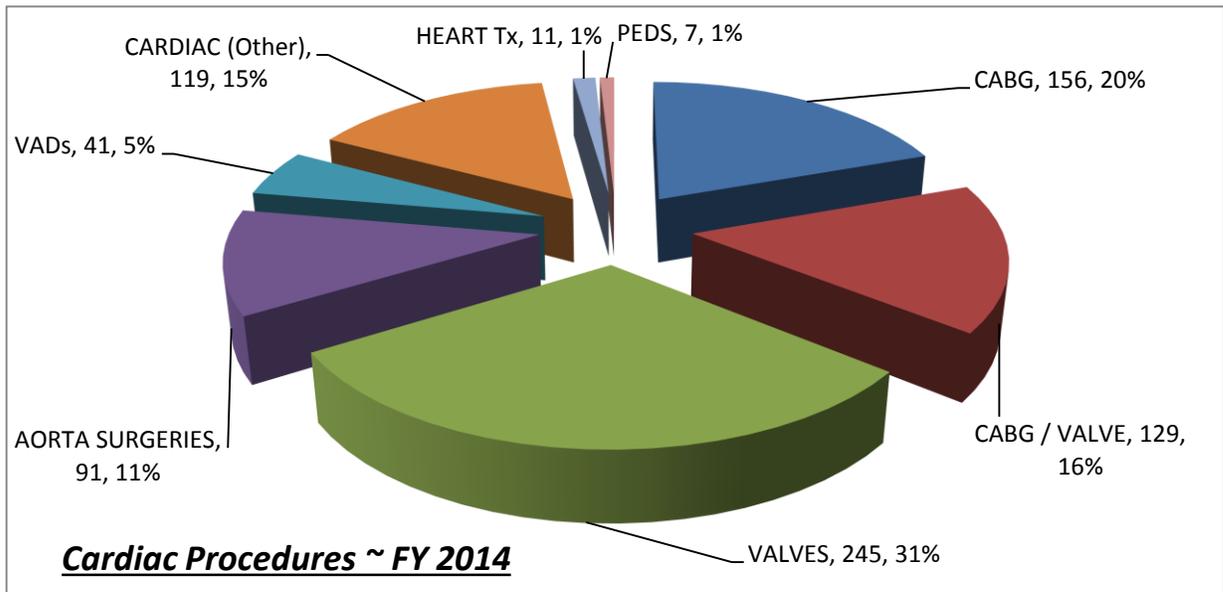
The Department of Thoracic and Cardiovascular Surgery is divided into two services at Loyola, a single service at Hope Children’s Hospital and a single service at Hines VA Hospital. At Loyola, the two services are Adult Cardiovascular Surgery and Adult Thoracic Surgery. At Christ, the single service covers Pediatric CV Surgery and at Hines, there is a single service that covers Adult Thoracic and CV Surgery.

The program is accredited for two residents in each year.

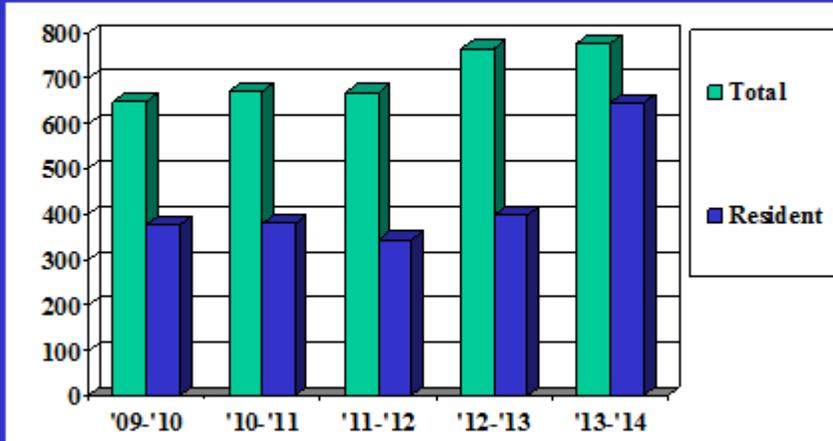
OPERATIVE EXPERIENCE

The Thoracic Surgery Program at Loyola has matured and diversified, providing an exceptional array of cases. Our case volumes have remained relatively stable and have grown during the past fiscal year.

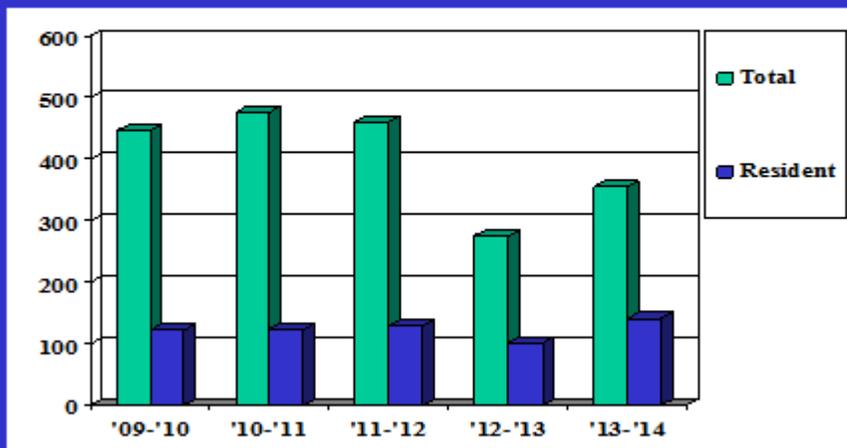
Thoracic & Cardiovascular Surgery
Case Loads – Adult Cardiac Procedures – FY14 Case Load



Thoracic & Cardiovascular Surgery *Case Loads – Adult Cardiac Surgery*

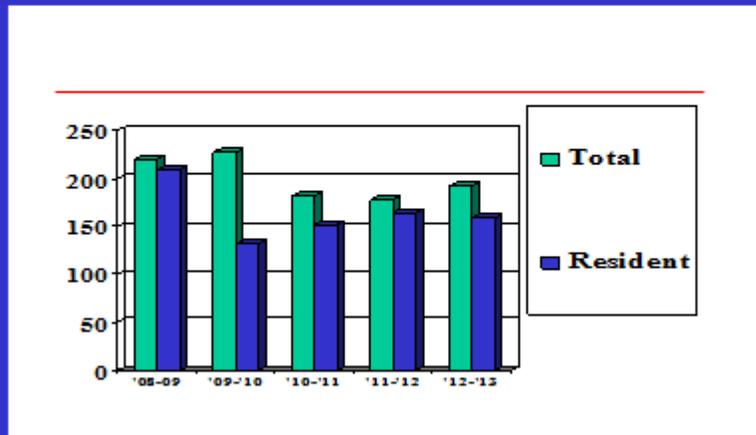


Thoracic & Cardiovascular Surgery *Case Loads – Thoracic Surgery*



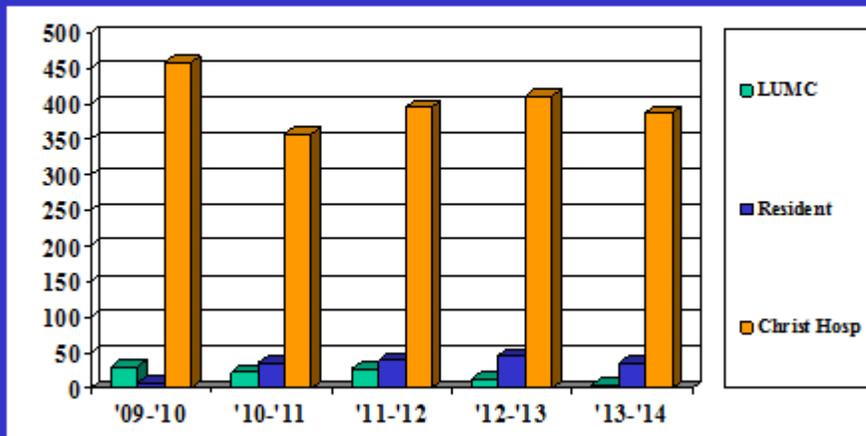
Thoracic & Cardiovascular Surgery

Case Loads – Hines VA Hospital – YTD



Thoracic & Cardiovascular Surgery

Case Loads – Pediatric Surgery – YTD



DUTY HOURS AND CALL SCHEDULES (Effective July 1, 2011):

- 1) Duty hours are defined as all clinical and academic activities related to the residency program, i.e. patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- 2) Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- 3) Residents are provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.
- 4) A 10-hour time period for rest and personal activities is provided between all daily duty periods and after in-house call.

ON-CALL ACTIVITIES:

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

- 1) There is no in-house call.
- 2) Continuous on-site duty does not exceed 24 consecutive hours. Residents may remain on duty for up to 4 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
- 3) At-home call is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every fifth night limitation. However, at-home call is not so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call are provided with 1 day in 7 completely free from all educational and clinical responsibilities averaged over a 4-week period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. It is the responsibility of the program director and faculty to monitor demands of at-home call.

Loyola Rotations:

The two or three cardiothoracic residents assigned to Loyola have call on an every third or fourth night basis. Call is evenly divided among the single chief resident, the one or two junior resident(s) and a PGY IV general surgery resident. All call is taken from home.

Hines VA Rotations:

The service is covered by a single chief resident along with a PGY I and PGY II general surgery resident. All call is taken from home.

Hope Children's Hospital (affiliate of Advocate Christ Hospital) Rotations:

A single junior resident from Loyola along with Thoracic Surgery residents from University of Illinois College of Medicine covers the service. Call is evenly divided among the residents.

Loyola Transplant Donor-Call:

Based on availability, the transplant coordinator notifies the residents when a cardiopulmonary organ is to be harvested. The resident will notify the coordinator at that time if they will be able or unable to attend. In the event that our residents are unable to accompany the organ procurement team, the transplant coordinator will notify the surgical assistant to accompany the donor team.

Moonlighting:

Due to the intensity of the training, moonlighting is not encouraged.

EVALUATIONS

Faculty Reviews:

OF THE RESIDENTS – The faculty on whose services they rotated on a quarterly basis reviews residents and such reviews are kept in the resident chart. Each resident undergoes an interview by the program director on a semi-annual basis. The resident is given an opportunity to review their evaluations and to discuss any areas that are of concern to them and to state areas in which they would seek additional training or experience. A review of their cases-to-date and a comparison needed for the Board requirements is made. Finally, each resident is given an opportunity to air any grievances, areas of undue stress and to make suggestions for improving the program or faculty mix. The interviewer (usually the program director) dictates a narrative following the semi-annual resident meeting and this is likewise kept in their

chart. Every effort is made to address the areas of inadequacies, grievances or concerns that come up during this process.

In addition to the individual review process and meetings, the entire group of current residents meets with the program director, typically twice a year, but more frequently as circumstances dictate. The function of the group meetings is to discuss more general matters of the residency program. Every effort is made to address issues raised during these group resident meetings.

OF THE PROGRAM – A questionnaire addressing the residency program as a whole is sent out to each full-time faculty member on an annual basis. The questionnaire attempts to define the faculty's perception of the strengths and weaknesses of the residency-training program. In addition, each faculty member is given the opportunity to describe aspects of the program that should be considered for elimination, in addition to elements that might be added. The faculty is also given an opportunity to list potential faculty members that might enhance the training program.

Resident Reviews:

OF THE FACULTY – The residents on whose service they rotated on reviews the attending(s) and such reviews are kept by the program director. The faculty is given an opportunity to review their evaluations and to discuss any areas that are of concern to them. Each faculty member is given an opportunity to air any grievances and make suggestions for improving the relationship between faculty and residents. Every effort is made to address the areas of concern that arise during this process.

OF THE PROGRAM – A similar questionnaire addressing the residency program as a whole is given to each resident on a semi-annual basis. The questionnaire attempts to define the resident's perception of the strengths and weaknesses of the residency-training program. Each resident is also given an opportunity to describe aspects of the program that should be considered for elimination in addition to elements that might be added.

BUDGET

For the Resident:

The program offers each resident a \$2000.00 annual educational stipend. We allow each resident to use their annual allowance to purchase textbooks or attend conferences to further enhance their training experience.

Category	Item	No.	Cost
Fiscal Year Allowance	Resident's Choice: Textbooks, Journals, Annual Meetings, Conferences, Courses, Etc.	Varies	\$2,000.00
Each Resident's Yearly Budget			\$2,000.00

BENEFITS

FY 2014-2015 Resident Stipend Scale:

The following table lists the fiscal year 2014-2015 resident stipend scale as approved by the Loyola University Medical Center Graduate Medical Education Committee.

2015-2016	
PGY1	\$51,480
PGY2	\$53,040
PGY3	\$54,600
PGY4	\$56,680
PGY5	\$59,280
PGY6-10	\$61,360

Resident Opportunities:

The chief senior residents are encouraged to attend either the Society of Thoracic Surgeon (STS) or the American Association of Thoracic Surgery (AATS) Annual Meetings. The department will cover the cost of the chief senior resident up to their maximum year allowance of \$2000 to attend either of these meetings. Meetings, conferences or training courses sponsored by industry are highly encouraged. Other out-of-town meetings and continuing education courses can be arranged on a case-by-case basis. The \$2000 maximum yearly allowance is strictly enforced.

Educational Materials and Equipment:

The Self-Education and Self-Assessment in Thoracic Surgery (SESATS) program is distributed to each fellow. We would urge each fellow to take advantage of this self-assessment continuing medical education activity.

Two laboratory coats will be issued to each resident for the duration of your training. These will be issued upon your arrival. The department will be responsible for cleaning the lab coats and returning them on a timely basis. Lost or stolen lab coats are the responsibility of the resident to replace. The current charge for replacement is \$30.

Digital long-range alpha/numeric pagers will be issued to each resident at the beginning of your two years of training. Each resident is responsible for these as well. If they are lost, stolen or broken they can be replaced at a cost of \$100. If you fail to return the pager upon completion or termination, you will be charged for the total replacement cost which averages about \$200.

Meals:

The Graduate Medical Education Department provides \$50.00 per month for meals when the resident is on in-house call. These cards are issued to each resident in July and are returned upon completion or termination. The card can be used to purchase meals and/or snacks when the fellow is on-call at Loyola only. The meal cards are valid at the hospital cafeteria and the Stritch School of Medicine cafeteria, including the Jazzman Cafés located on campus.

Vacation:

Each resident receives three weeks vacation per fiscal year. Three weeks will consist of 15 days not including Saturday and Sunday. Preferences are to be requested as soon as possible because they are granted on a first-come, first-serve basis. Vacations may be taken at any time except during the last two weeks in June and the first two weeks in July. Other rules that govern vacations are as follows:

- Only one resident will be off at a time
- Vacation requests are to be initiated at least 2 weeks in advance of the requested time off
- Vacation requests can only be approved by the department chairman, Dr. Mamdouh Bakhos
- No vacation can exceed one week or seven consecutive days at a time, which includes the weekend

Educational Leave:

Residents are offered five days of educational leave to attend CME related courses that are relevant to our training program. Residents will be allowed up to \$2000 per year for educational purposes (textbooks, journals, annual meetings, continuing medical education courses, etc.). If used for education purposes, your education fund will cover travel, transportation, hotel, meals, registration fee, banquet fee and mileage. There is no carry-over to the next fiscal year. This does not include meetings, conferences or training courses sponsored by vendors.

Sick and Other Time-Off:

The Graduate Medical Education Office will explain in detail the Sick leave, family medical leave (FMLA) and general leave policies of Loyola University Medical Center. This information is distributed during the housestaff orientation in June, along with medical, dental, life and disability coverage. Additional benefits are outlined in the Benefits Addendum and can be found on the GME website at www.loyola-gme.edu. Our department benefits go hand-in-hand with all Housestaff policies.

INFORMATIONAL WEBSITES:

If you would like additional information regarding our Thoracic Surgery Training Program and other programs, these websites are extremely helpful.

www.loyolacardiovascularthoracic.com

www.aats.org

www.abts.org

www.abms.org

www.ama-assn.org/go/freida

www.acgme.org/adspublic

www.ctsnet.org

www.sts.org

www.tsda.org