


Cardiovascular Training

Jennifer Perri
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Obtaining Cardiac Surgery Training After Vascular Surgery Training: I Did It, So It's Possible: Is It Worthwhile: Advantages And Disadvantages




My Training Pathway

- Integrated Vascular Surgery Residency (2014-2019)
- Cardiac Surgery Fellowship (2019-2022)
- Advanced Aortic & Endovascular Surgery Fellowship (2022-2023)
- Advanced Heart/Lung Transplant Fellowship (2023-2024)

Pathways to Certification

Certification by the American Board of Thoracic Surgery may be achieved by completing one of the following four pathways and fulfillment of the other requirements.



PATHWAY ONE is the successful completion of a full five-year residency in General Surgery approved by the Accreditation Council for Graduate Medical Education (ACGME), followed by the successful completion of an ACGME-approved Thoracic Surgery residency. Successful completion of a 4th General Surgery/Thoracic Surgery Joint Training Program approved by the ACGME fulfills the requirements of Pathway One.

With regards to single accreditation, osteopathic candidates need to complete their last three years (3000 hours) of a general surgery residency program that was fully accredited by the ACGME, followed by the successful completion of an ACGME-approved Thoracic Surgery residency. For more information on single accreditation, [Click Here](#).

PATHWAY TWO is the successful completion of a full 5-year residency in General Surgery, General Vascular Surgery accredited by the Royal College of Physicians and Surgeons of Canada, followed by the successful completion of an ACGME-approved Thoracic Surgery residency.

PATHWAY THREE is the successful completion of a six-year integrated Thoracic Surgery residency developed along guidelines established by the TSDA and approved by the ACGME (RRC-TS).

PATHWAY FOUR is the successful completion of an ACGME-approved five-year Vascular Surgery residency that can lead to primary certification by the ABS followed by the successful completion of an ACGME-approved Thoracic Surgery residency.

Pathways to Board Certification as Posted on the ABTS Website

Methods

- 10 Question Telephone Survey
- 23 Gen surg/Vasc/CT → 10 surveyed
- 9 Integrated Vasc/CT → 9 surveyed

In Training

1. What were the advantages and disadvantages of training in both cardiothoracic and vascular surgery?
2. While in training, did you intend to practice both cardiothoracic and vascular surgery upon completion?
3. When looking for a job, did you find open positions that would make use of both specialties? How many? Were they in certain areas of the country? *If so, where?*

In Practice

4. In your current practice what percent of time is spent practicing cardiac surgery? Thoracic surgery? Vascular surgery?
5. In your current practice do you perform: 1) Hybrid open and endovascular aortic repair 2) Combined CEA/CABG 3) Transcatheter aortic valve replacement (TAVR)
6. In your current practice do you notice any increased volume from treating the entire Cardiovascular System? For example, might you detect coronary disease in a patient needing a lower extremity bypass?
7. In your current practice do you take call for CT surgery? Vascular surgery? Is there an opportunity to cover call for both?
8. Do you find logistical or administrative aspects of your medical center prevent you from using both cardiac and vascular skill sets? Such as: 1) I have privileges in only one practice area 2) I might offend other providers if I were to practice outside of my designated domain 3) I am best at one practice area
9. Do you find with both cardiac and vascular skill sets there is greater ease in maintaining a "full" OR schedule?
10. For patients who have had repair of a Type A Dissection, there is an unfortunate degree of "loss to follow up" which may manifest as patients returning with arch or descending aortic disease. There are several factors contributing to this phenomenon. Do you feel better equipped to follow these patients long term considering your expertise in treating the entire aorta? Do you think this would make a difference?

Advantages/Disadvantages

- Advantage: 9/9 skill (more prepared for fellowship, anastomosis, endovascular, etc.)
- Disadvantage: not as prepared in thoracic, difficulty finding job in academic medicine

Practice Breakdown

Integrated VS Residency, CTS Fellowship				
Surgeon		Cardiac	Vascular	Thoracic
1	★	30	40	30
2	★	50	40	10
3		90	10	0
4		95	5	0
5	★	50	50	0
6		80	5	15
7		90	10	0
8	★	45	45	10
9		95	5	0

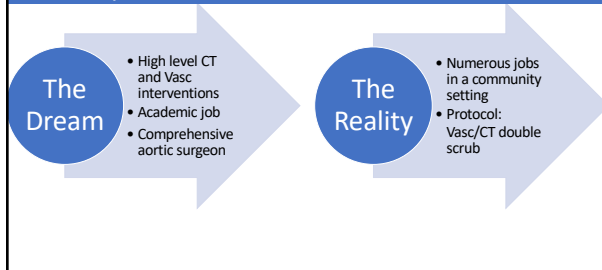
Job Market

Surgeon	Academic Job Interview (both)?	Comment
1	Yes	4 private practice jobs in CT/VS, 1 academic job in CT/VS (TX)
2	No	7 private practice jobs in CT/VS
3	No	Numerous private practice jobs in CT/VS
4	No	Some. 3/6 private practice jobs in CT/VS
5	No	Yes. Private practice jobs in Midwest.
6	Yes	Some in private practice. 1 academic job w/ some VS (AR)
7	No	Private practice, rural areas.
8	Yes	Private practice, 1 satellite of academic center (TX)
9	No	Private practice (TX, AL)

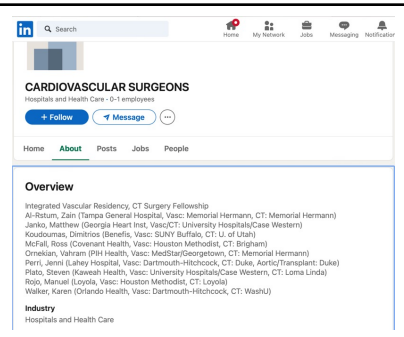
Cases Using Both Skillsets

- Hybrid aortic procedures → 9/9
- Combined or staged carotid/CABG → 6/9
- Trans-carotid TAVR → 9/9

Expectations Exceed the Realizations



LinkedIn: CARDIO-VASCULAR SURGEONS



The Future

- Awareness
- List of trainees seeking jobs
- Ask society leadership to create academic jobs

Email: jenniperri@gmail.com
Cell: 201-306-6421

