TSRA Newsletter
Thoracic Surgery Residents Association

TSRA Newsletter Archive — May 2020 — Volume 1, Issue 5

TSRA Announcements & Deadlines

APPLY NOW TO JOIN THE 2020-2021 TSRA EXECUTIVE COMMITTEE

As the new academic year approaches, the TSRA is accepting applications for the 2020-2021 Executive Committee.

The components of an application include:

1.) Letter of interest (1 page) including previous involvement within the TSRA
2.) Current CV
3.) Letter from Program Director in support of serving on the TSRA EC, including necessary time & support to attend in-person meetings at AATS and STS.

The **deadline** for applications is **June 19, 2020**.

Please **CLICK HERE** for **full details on the application process** at the bottom of the page and **e-mail tsrasurgery@gmail.com** with any questions!

New TSRA Survey: Resident Experiences in Congenital CT Surgery

If you are an integrated, traditional, or 4+3 cardiothoracic surgery trainee, please complete the following short survey assessing **current trainee experience and exposure to congenital heart surgery**:
CLICK HERE TO ACCESS SURVEY AND ENTER PRIZE DRAWING

AATS 100th Annual Meeting: A Virtual Learning Experience

Free online registration is available for the **100th Annual AATS Meeting**, which will be held **May 22 and 23.** **Click here for full program**

STS COVID-19 Webinars

Visit the **Webinar section of the STS website** to view all 8 webinars in the **Cardiothoracic Surgery in the COVID Crisis series,** including **Episode 7** from May 7th, which featured leaders from the ABTS, TSDA, TSRA, and others and addressed the impact of COVID on residency and training.

Trainee Opportunities in CT Surgery

By: J. Hunter Mehaffey

Click on the links below for more information about these opportunities:

Get Involved!
To get involved with a TSRA committee, contact the Committee Chairs for more details:

Projects Committee: Clauden Louis
Education Committee: Hunter Mehaffey
Membership Committee: Jordan Bloom
Communications Committee: Alex Brescia

General surgery residents, cardiology fellows, and international cardiothoracic surgery residents are eligible for Associate Membership in the TSRA by submitting this application form

No deadline; rolling

The **Medtronic Foundational Mitral and Tricuspid Skills Course** has been rescheduled for **October 22-24, 2020.** Please contact Mary Kay Keers at mary.kay.k.keers@medtronic.com for more information or to register for this **funded opportunity.**

Register by September 18th

Denton A. Cooley Fellowship

Deadline TBD

Honoring Our Cleveland Clinic Mentors Program

Deadline TBD

TSRA/STS Global Outreach Fellowship in Cardiothoracic Surgery

December 15, 2020

For a list of discounts for healthcare workers during COVID, please see our April Newsletter

A Letter to Trainees

By: The TSRA Executive Committee

Dear TSRA community,

For many of us, the coronavirus pandemic will be one of the defining events of our lifetime.

The pandemic has taken the lives of countless people all over the world, some of whom were dear to us. It has intimidated communities into quarantine, bullied the economy into a recession, and stalled patient care in many life-saving medical and surgical domains, including ours.

The immense pressure and heat of the COVID-19 crucible has sparked many innovative changes in a very short time. The cardiothoracic surgical community has flourished on social media, using platforms to connect meaningfully across disciplines, countries, and generations. Many of our most valued teaching and training activities, and even several national academic conferences, have moved online in a nearly seamless continuation of our clinical and educational missions. We have learned to overlook lines of division based on hierarchy, gender, geographic location, and roles, in an 'all-hands-on-deck' mentality to serve our patients.

Still, we must continue to look for ways to come out of this experience as a better and stronger community, to encourage forward progress, one step at a time, and to support one another in this time of need. TSRA remains 100% committed to this effort.

On March 27th, Dr. Craig Smith, Chair of Surgery at New York Presbyterian Hospital, shared with his department a scenario that many will certainly encounter one day:

"Picture me in the final stages of drying up the minor bleeding that typically follows straightforward replacement of two heart valves. All is very routine until the back of the heart starts to bleed; it's coming apart… I'm not ashamed to confess that my first reaction, 100% of the time, is crippling anxiety and self-doubt. Can I put Humpty together again?"

We are all experiencing some degree of anxiety and self-doubt regarding our circumstances and their impact on our training and future careers. Many are having to balance clinical duties with fear of putting loved ones at risk of contracting COVID-19, navigating the demands of social isolation even from close family.

As Dr. Smith reminds us, ultimately "*…The only response possible is to turn down [our] thermostat and start trying to do what must be done to save the patient...*"

The communities to which we belong, and the patients we care for in and out of the operating room, have no doubt overcome countless difficulties. Now, as much as ever, they count on our unwavering effort, caring, and leadership, to do so again.

"[The patients] survive because we don't give up." Time and time again, we refuse to give up.

Manuscript of the Month

By: Jordan Bloom

Implementation of Wellness into a Cardiothoracic Training Program: A Checklist for a Wellness Policy

Romulo A. Fajardo, MD, Ara A. Vaporciyan, MD, Sandra L. Starnes, MD, Cherie P. Erkmen, MD

Physician wellness influences patient care and clinical outcomes. The lack of physician wellness can be linked to medical errors and problems with professionalism and puts physicians at risk for substance abuse, intent to leave practice, and suicide. The attributable cost of physician burnout in the United states is approximately $4.6 billion dollars or $7,600 per physician annually. In response, the Accreditation Council for Graduate Medical Education (ACGME) has mandated training programs to implement wellness measures to mitigate fatigue and burnout. However, there are no guidelines for wellness implementation into cardiothoracic surgery training programs. Fajardo, Erkmen, and colleagues have sought out to help organize an approach to wellness implementation by developing a checklist (**Figure 2**) for cardiothoracic surgery training programs that adheres to the ACGME Well-Being common program requirements.

- ☐ Develop a **mission statement** specific to the program
- ☐ Develop a **wellness policy** founded on the mission statement
  - Identify key stakeholders
  - Establish a governing body or appoint the responsibility to an existing committee
  - Define how adherence to the wellness policy will be monitored and enforced
- ☐ Develop **resident and faculty education**
  - Importance of wellness
  - Defining and recognizing symptoms of fatigue, burnout, and substance abuse
  - Reporting of concerns to the Program Director
  - Determine continuing education, content, and frequency
- ☐ Provide **tools for self- screening** and develop a **privacy policy** on how to utilize and protect the results
- ☐ Enhance the **resident/trainee experience** of being a physician
  - Meaningful challenges
  - Building competence
  - Sense of achievement
  - Social relatedness to the work
  - Adequate sleep and time away from work
- ☐ **Foster** an environment for attention and **maintenance** of one's health care
  - Time and resources to attend medical, mental health, and dental appointments
  - Safe work environment
  - Access to water and healthy food
  - Safe transportation
  - Adequate sleep facilities
  - Accessible reporting and intervention with burnout
  - 24-hour access to mental health resources
  - Develop a crisis plan for the training program in the event of a severe illness, absence, or death (coverage, counseling for colleagues)
- ☐ **Develop a crisis plan** for the training program in the event of a severe illness, absence, or death (coverage, counseling for colleagues)

Figure 2. Checklist for Implementation of Wellness in a Cardiothoracic Surgery Training Program

Wellness involves being challenged, building competence and autonomy, achieving personal and professional success, and strong social relatedness at work. Each ACGME training program has to "enhance the meaning that each resident finds in the experience of being a physician." Training programs must pay attention to scheduling and workload while ensuring workplace and personal safety standards. Programs must include wellness education for trainees and faculty that educates them on screening, assessment, and recognition of fatigue or burnout in themselves or in others. Cardiothoracic training programs should develop a wellness policy founded on their mission statement defined by a governing body (**Figure 4**). This policy should also include plans for crisis management and work coverage in the event of a severe illness, prolonged absence, or death.

Romulo Fajardo, MD

Figure 4. Implementation of Wellness. The outer circle represents the key components in the process of implementing wellness. The inner circle is comprised of all the key stakeholders involved with the implementation of wellness and their interdisciplinary relationship (green arrows).

Action on implementing wellness is not an easy task and requires many resources. This checklist will give programs structure in implementing wellness while incorporating a mission, personnel, and procedures specific to each program. We hope leadership at each institution and our national cardiothoracic community will support the added responsibilities of promoting wellness.

Citation: Fajardo R, Vaporciyan A, Starnes S, Erkmen CP. Implementation of Wellness into a Cardiothoracic Training Program: A Checklist for a Wellness Policy. *J Thorac Cardiovasc Surg.* 2020. *In Press.*

Featured TSRA Podcast

By: Garrett Coyan

As we continue to see the fallout of the COVID-19 pandemic, many questions have been raised regarding ethical considerations of cardiothoracic care during this time. How should life-sustaining resources be utilized? Do physicians (and trainees specifically) still have a duty to treat in a setting without proper PPE? How do we decide when it is appropriate to re-start elective and less urgent cases? Join Dr. Blitzer as he interviews Dr. Sade from the Cardiothoracic Ethics Forum to discuss these issues and new best practice guidelines being published soon in one of our most recent podcasts:

TSRA Podcast: Ethics During a Pandemic




Also during the current epidemic, it a good time to revisit a podcast from last year when Dr. Luc interviewed Dr. Antonoff in one of our Career podcasts on the topic of maintaining wellness during training:

TSRA Podcast: Career - Wellness in Training

Call for New TSRA Podcast Ideas
We want to expand our popular podcast series with new ideas & topics.
Our existing collection is available on Soundcloud & iTunes

Here is a list of unclaimed topics that need to be recorded:

Adult Cardiac
- Brain and spinal cord protection + neuromonitoring
- Electrophysiology (common arrhythmias, postop arrhythmias)
- SAVR: sutureless vs traditional

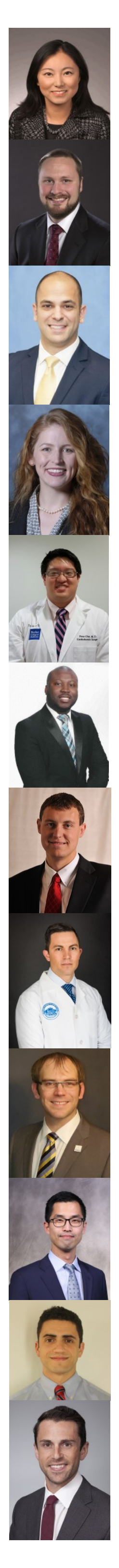
General Thoracic
- Advanced endoscopy + POEM
- Interventional pulmonology skills for surgeons
- Thoracic outlet syndrome

Congenital
- Tricuspid atresia
- Adult congenital heart disease
- Interventional congenital heart procedures
- Congenital mitral valve disease

If you are interested in recording one of the unclaimed podcast topics *-OR-* have new topics to propose, please contact Clauden Louis.

TSRA Executive Committee

(2019-2020)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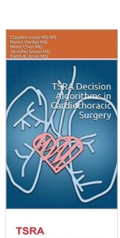
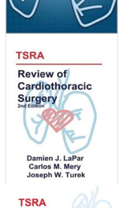
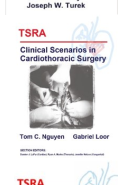
TSRA Educational Resources



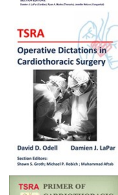
TSRA Decision Algorithms in Cardiothoracic Surgery
1. As a print book on Amazon.
2. As a Kindle e-book on Amazon.



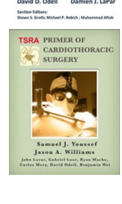
TSRA Review of Cardiothoracic Surgery (2nd Ed)
1. As a print book on Amazon.



TSRA Clinical Scenarios in Cardiothoracic Surgery
1. As a print book on Amazon.
2. As a Kindle e-book on Amazon.
3. As an iPad & iPhone app on iTunes.

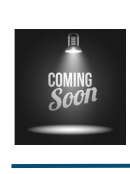


TSRA Operative Dictations in Cardiothoracic Surgery
1. As a print book on Amazon.
2. As a Kindle e-book on Amazon.



TSRA Primer of Cardiothoracic Surgery
1. Download from iTunes

TSRA Multiple Choice Review of Cardiothoracic Surgery
Check out the official website with free registration.



TSRA Clinical Scenarios in Cardiothoracic Surgery (2nd Ed)
Kindle & print available ***June 2020!***

TSRA Newsletter Editorial Team

Alex Brescia — Editor
Hunter Mehaffey — Trainee Opportunities
Jason Han — TSRA Advice Blog and Young Surgeon's Notes
Jordan Bloom — Manuscript of the Month
Garrett Coyan — Featured Podcast
Clauden Louis — TSRA Educational Resources and Multiple Choice Questions
Zachary Spigel — Abstract & Conference Dates
Tariq Sohail Babar — Diagnostic Challenge
Parth Patel — Graphic Support

Abstract Deadlines and Conference Dates

By: Zachary Spigel

Meeting	Submission deadline	Location	Dates
American Association of Thoracic Surgery (AATS)	CLOSED	***Virtual***	May 22-23, 2020
American Society for Artificial Internal Organs (ASAIO)	CLOSED	***Virtual***	June 10-13, 2020
Transcatheter Valve Therapy (TVT) Structural Heart Summit	CLOSED	***Virtual***	Jun 17-20, 2020
Western Thoracic Surgical Association (WTSA)	**CANCELED**		
Extracorporeal Life Support Organization (ELSO)	July 15, 2020	Waikoloa, HI	Sept 23-26, 2020
Transcatheter Cardiovascular Therapeutics (TCT)	June 15, 2020	Miami, FL	Sep 23-27, 2020
American College of Surgeons (ACS)	CLOSED	Chicago, IL	Oct 4-8, 2020
Eastern Cardiothoracic Surgical Society (ECTSS)	July 27, 2020	Manalapan, FL	Oct 7-10, 2020
European Association for Cardio-Thoracic Surgery (EACTS)	CLOSED	Barcelona, Spain	Oct 8-10, 2020
CHEST Annual Meeting	CLOSED	Chicago, IL	Oct 17-21, 2020
Congenital Heart Surgeons' Society (CHSS)	May 26, 2020	Boston, MA	Oct 22-24, 2020
Southern Thoracic Surgical Association (STSA)	CLOSED	Orlando, FL	Nov 4-7, 2020
American Heart Association (AHA)	June 4, 2020	Dallas, TX	Nov 14-16, 2020
Southern Surgical Association (SSA)	July 31, 2020	Palm Beach, FL	Dec 6-9, 2020
Society of Thoracic Surgeons (STS)	Aug 11, 2020	Austin, TX	Jan 30 - Feb 2, 2021
Academic Surgical Congress (ASC)	Aug 26, 2019*	Houston, TX	Feb 2-4, 2021
Southeastern Surgical Congress (SESC)	Sep 13, 2019*	Atlanta, GA	Feb 13-16, 2021
American College of Cardiology (ACC)	Oct 20, 2020	Atlanta, GA	Mar 20-22, 2021
American Surgical Association (ASA)	Nov 25, 2019*	Seattle, WA	Apr 15-17, 2021
International Society for Heart and Lung Transplantation (ISHLT)	Oct 15, 2019*	TBD in North America	Apr 21-24, 2021
AATS Mitral Conclave	Jan 6, 2019*	New York, NY	Apr 29-30, 2021
American Association of Thoracic Surgery (AATS)	Oct 15, 2019*	Seattle, WA	May 1-4, 2021
American Society for Artificial Internal Organs (ASAIO)	Feb 3, 2020*		
Transcatheter Valve Therapy (TVT) Structural Heart Summit	April 15, 2020*	Chicago, IL	June 9-12, 2021
Western Thoracic Surgical Association (WTSA)	Jan 6, 2020*	Victoria, BC	Jun 23-26, 2021
European Association for Cardio-Thoracic Surgery (EACTS)	April 30, 2020*		
CHEST Annual Meeting	Mar 31, 2020*		
Southern Thoracic Surgical Association (STSA)	April 5, 2020*	Atlanta, GA	Nov 3-6, 2021
Annual Update on Pediatric & Congenital CV Disease Conference	Nov 18, 2019*		

*** Designates previous year's deadline, if current deadline not yet available.**

To request inclusion of other specific meetings that may of interest to TSRA members, please contact Zach Spigel at zxspigel@texaschildrens.org

Sample Questions from the TSRA Multiple Choice Question Bank

By: Clauden Louis

1. The factor most influencing flow across a systemic to pulmonary artery shunt is:

A. Site on the systemic artery
B. Diameter of the shunt
C. Length of the shunt
D. Resistance in the pulmonary arteries

Answer and Explanation
Answer B. Diameter of the shunt is the most important factor as flow per Poiseuille equation: flow is proportional to the fourth power of radius. Site of the shunt on the systemic artery (Innominate - BT shunt, ascending aorta- Waterson shunt, descending- Potts shunt) can influence flow, as does size and resistance pulmonary arteries to a lesser extent than the diameter of the shunt.

2. A 50-year-old, healthy, non-smoking female presents with an asymptomatic 4 cm mass in her anterior mediastinum. The mass on CT scan appears homogenous, encapsulated, sitting anterior to the pericardium, without apparent invasion. What is the next best step to diagnose this mass?

A. MRI chest with and without contrast
B. CTA chest
C. CT-guided FNA
D. Surgical excision
E. Check serum tumor markers

Answer and Explanation
Answer D. This is a classic presentation for thymoma. Other possible diagnoses include lymphoma, thyroid goiter, and cyst. Given the age and imaging characteristics these are less likely, and with a small mass in a healthy patient, excision is the best means of diagnosis and treatment.

3. An 82-year-old frail woman presents with severe shortness of breath, chest pain and several episodes of syncope. A diagnosis of severe aortic stenosis is made. Owing to her multiple co-morbidities her STS risk is estimated at 14 and she is deemed inoperable. Therefore, a trans-femoral TAVR is planned given her favorable peripheral vasculature. The procedure is commenced with placement of a pacing wire in the femoral vein and a 6F sheath in the right common femoral artery. You begin to gain arterial access into the left groin for placement of dilators and sheath and are unable to pass the wire despite your best efforts. Your best option is:

A. Abort the procedure since access cannot be obtained
B. Perform a median sternotomy for aortic valve replacement
C. Open the left groin and perform an open end-arterectomy of the CFA and then continue with the rest of the procedure
D. Use the right groin arterial access for the actual valve and use the right radial artery to pass the pigtail catheter
E. Switch the approach to trans-apical for TAVR valve

Answer and Explanation
Answer D. For the trans-femoral approach, a pigtail catheter is passed from the groin to get root shots of the aortic root by placing the pigtail catheter in the right or the non-coronary cusps. The other groin is used to pass the actual valve sheath and the valve. Since we already have access on the right side in this situation; we can use this to pass the valve and use the radial to pass the pigtail to obtain root imaging. Aborting the procedure is not necessary currently. Open sternotomy can be performed but carries high risk and is not necessary in a patient who is already deemed inoperable. A transapical approach is not without ventricular morbidity. Opening the left groin can be done but would prolong the procedure, cause bleeding and increase procedures. This option could be entertained if the others prove impossible.