Mount Sinai, New York
Integrated Thoracic Surgery Residency Program

“This residency program is without equal. We are one of the highest volume programs in the US, with a world class faculty and case-mix that ensures every resident graduates with outstanding experience in the most important areas of cardiovascular surgery – including mitral valve repair, aortic reconstruction, transcatheter valve techniques, coronary bypass and heart failure.”

David H. Adams MD
Chairman

Program overview

The Mount Sinai Health System combines the Icahn School of Medicine at Mount Sinai and 7 hospital campuses in the New York metropolitan area. Mount Sinai Hospital is the main campus – it is situated in Manhattan between Central Park and Madison Avenue, and serves the diverse populations of the Upper East Side, Harlem and Queens.

Our cardiac surgery program is amongst the highest volume in the US, totaling over 2000 cardiac surgery cases annually, with particularly established mitral valve repair, aortic root reconstruction, transcatheter aortic valve replacement (TAVR), coronary bypass and heart failure programs. Cardiac and thoracic surgery takes place on 4 campuses, our I6 residents spend the majority of their time on the main campus.

Our I6 program was among the first to be accredited in the US, and we have residents in every year of the program. Our I6 program runs in parallel with a 2-year ACGME fellowship program: both programs take 1 applicant per year.

The I6 program provides the most experience in cardiac surgery of any integrated program, with almost 40 months in adult cardiac and congenital cardiac surgery over six years. Residents start with 2+ months on the cardiac surgery ICU, followed by cardiac and thoracic surgery blocks in the first six months of the program, acquiring core skills in clinical and operative management of cardiothoracic patients. Residents then complete 12 months of general surgery including Chief responsibilities at Englewood Hospital, followed by 6 months in thoracic surgery at the main campus. Our PGY3s all complete cardiac cases such as aortic valve replacement as index surgeon. The PGY4 to 6 experience is focused in adult and congenital surgery on the main campus, developing advanced surgical skills including complex coronary revascularization, aortic root reconstruction and mitral repair.

How to apply: Go through ERAS starting in September. Denise Galeano can deal with any inquiries, and our residents are also happy to answer questions (emails above and on the back page). We get around 150 applications per year, and interview 20-30 people in January.
Clinical skills

Block Schedule

All our residents exceed ABTS case requirements, both in case numbers and complexity that they can handle. We get our residents up and going early, and we adapt the I6 block schedule to meet individual training needs:

1) Residents who choose to spend a period in **full time research** can do so after PGY 3 or PGY4.
2) Our current PGY 4 (Aaron Weiss MD) is spending 9 months on the Heart Failure service instead of CABG II—allowing him to explore a specific interest he has developed, as well as accommodating the taught component of his PhD.
3) The final six months is an **elective** opportunity where residents can select an area of interest for more advanced training.

<table>
<thead>
<tr>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1</td>
<td>CSICU</td>
<td>Cardiac I</td>
<td>Thoracic I</td>
<td>General Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY2</td>
<td>General Surgery</td>
<td>Thoracic II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY3</td>
<td>Introductory Cardiac</td>
<td>Aortic I (AVR) + CABG I (ONCAB)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY4</td>
<td>Congenital</td>
<td>Heart Failure</td>
<td>CABG II (OPCAB, TAR, robotic)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY5</td>
<td>Aortic II (complex root reconstruction, TAVR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY6</td>
<td>Mitral</td>
<td>Advanced cardiac: elective</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Teaching and Research

Research

Research is encouraged: there is the option to spend 12-24 months in full-time research between PGY 4 and PGY 5. Shinobu is completing a taught Masters in Clinical Research part-time, and Aaron is completing a PhD. Listed below are selected publications, with faculty* and residents / medical students highlighted:

- Castillo JG, Anyanwu AC*, El-Eshmawi A*, Adams DH*. All anterior and bileaflet mitral valve prolapses are repairable in the modern era of reconstructive surgery. EJCTS. 2014; 45: 139-45

- Castillo JG, Anyanwu AC*, El-Eshmawi A*, Adams DH*. All anterior and bileaflet mitral valve prolapses are repairable in the modern era of reconstructive surgery. EJCTS. 2014; 45: 139-45

Conference schedule

The teaching and conference schedule includes weekly resident teaching followed by Grand Rounds, monthly M&Ms, quarterly Journal Club, quarterly Challenging Cases, quarterly wetlabs, weekly tumor board and heart failure MDTs for residents on those services, daily CSICU teaching, and weekly cardiology conferences.

Financial support

- Subsidized housing or allowance
- Food allowance
- Textbook and equipment grant (including operating loupes and headlight)
- Educational funding to attend STS or AATS annually, surgery bootcamps and a board review course in the final year

• Email our residents: firstname.lastname@mountsinai.org
• Program Director: Joanna.chikwe@mountsinai.org
• Associate Program Director: Percy.boateng@mountsinai.org
• Program Coordinator: Denise.galeano@mountsinai.org
• Call: 212 659 6864 or 212 659 6800 (main reception)