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overcome loss of clinical exposure to CT surgery during the pandemic, we must not forget the need to provide mentorship for the nonclinical, pandemic-related stressors. Existing CT trainees as well as applicants to our field may be simultaneously juggling their medical education along with caring for older family members or young children, facilitating virtual education for school-aged children, weathering financial losses, and dealing with innumerable additional challenges that may have surfaced due to the pandemic.[4] We must be aware that these types of issues may affect all potential applicants to our field, and they may disproportionately impact certain demographic groups. For example, it's been shown that the pandemic has resulted in greater home- and parenting-related burdens for women in academia as compared with men.[5]

In considering all of these circumstances, it is clear that the diversity of our future workforce relies on us providing equitable virtual opportunities for all prospective applicants, ensuring that our online presence reflects the diversity of our field, and that we consider the ways that the pandemic may be disproportionately limiting the ability of subgroups of applicants to gain mentorship and participate in virtual experiences.

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REPLY: THE MORE THINGS CHANGE…

Reply to the Editor:

The COVID-19 pandemic has spared no aspect or tier of surgical training and education. The immediate challenges presented by decreased case volumes[1] to cardiothoracic surgery fellows and their programs represent only the tip of the iceberg. In their Letter to the Editor, Do-Nguyen and colleagues[2] call attention to an equally important problem below the surface—namely, the engagement, assessment, and education of medical student and resident applicants to our thoracic surgery programs. Cancellation of elective rotations and limitations on travel drastically decrease the opportunities for applicants to identify mentors and advisors and for programs to educate and evaluate prospective trainees.

The authors call for dedicated and creative involvement with medical students and residents interested in cardiothoracic surgery. Owing to the restrictions of the pandemic, this involvement may be primarily digital, at least at first. Social media, virtual didactics, and online discussion forums may allow programs to cast a broader net and improve equity in our educational and outreach efforts. These types of large-scale online interactions, which play to the strengths of widely available technology, must be followed up individually to forge strong mentoring relationships.

Throughout its evolution, our specialty has always risen to challenges and leveraged new technology, coming out stronger on the other end. Our response to the pandemic will shape the approach to cardiothoracic surgical education irrespective of what the "new normal" looks like. Consultation with the media and information technology content experts in our institutions will increase our ability to reach applicants and other students. As our curricula lean more heavily on virtual resources, didactic material may need to be redesigned to facilitate online learner assessment. In addition, faculty will need training in virtual education and assessment.

Regardless of how each individual program responds to the challenges of reaching applicants and trainees in this environment, the key to the continued strength of our field will be the development of the next generations of surgeons through dedicated time and effort in the mentoring and sponsorship of our trainees. This may be in person or online, as evidence supports the efficacy of surgical telementoring.[3] Recognize that whatever challenges we now face during the pandemic, our mentees face equal if not greater uncertainty regarding their careers and life choices. In addition to providing professional guidance and networking assistance, mentors can lend invaluable support through reassurance, affirmation, and authentic acknowledgement of how the pandemic has impacted us.

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REPLY FROM AUTHORS: TRAINING THE NEXT GENERATION OF THORACIC SURGICAL TRAINEES—THE "CARDIOTHORACIC SURGICAL COMMUNITY" ROLE IN PROMOTING MENTORSHIP AND SCHOLARSHIP IN THE CORONAVIRUS DISEASE 2019 (COVID-19) ERA

Reply to the Editor:

We thank the authors for their interest in our article, which highlights the contemporary challenges and opportunities for mentorship in the context of the coronavirus disease 2019 (COVID-19) pandemic for thoracic surgery (TS) trainees.[1] Do-Nguyen and colleagues[2] further add to this discussion and raise important concerns regarding the importance of mentorship and sponsorship for prospective TS residency applicants in the current application cycle. The diminished opportunities for mentorship and external rotations have substantially limited applicant exposure to programs and have also hindered a holistic assessment of potential applicants in terms of skill sets, decision-making, emotional intelligence, and work ethics. Thus, we agree with the authors' sentiments that in these challenging times, we must develop creative ways to support the upcoming applicants.

Undoubtedly, the very essential tenets of our cardiothoracic field—patient care, scholarship, and mentorship—have been upended, thus forcing us on an individual and organizational level to find innovative ways to achieve these goals. Thus, while we agree that it is paramount that both TS faculty and trainees should individually actively seek to develop creative ways to engage medical students, we feel that this will be best accomplished at the "Cardiothoracic Surgical (CTS) Community" level that impacts all applicants in this cycle (Figure 1).

The "CTS Community" approach is critical for 2 reasons: first, to level the playing field in the context of the existing differential ongoing/downstream COVID-19 impact on individual hospitals (eg, lower caseloads, limited resources, funding cuts, etc). For instance, some hard-hit hospitals may ban medical students from the rotation, whereas other hospitals may continue to have rotations, due to a lower COVID-19 incidence in their area. The inequality of clinical opportunity will substantially impact applicant assessment, and the infrastructure to level the grounds for the differences can only be achieved through widespread "CTS Community" efforts. Second, the approach is critical to provide all applicants with equitable opportunity to interact with prospective programs through activities such as virtual "Meet and Greet" and campus tours (either live or taped), journal-club style debates, and virtual sub-internships.

Currently, there are several ongoing efforts at the organization level that are noteworthy—the American Association for Thoracic Surgery "Member for a Day" program, the Society of Thoracic Surgeons "Looking to the Future" program, and the American College of Surgeons/Society of Thoracic Surgeons "Cardiothoracic Surgery in Your Future." The Thoracic Surgery Directors Association has also remained instrumental in these efforts, and recently set forth recommendations for programs to perform only virtual interviews and cancel elective, away rotations, based on best practices set forth by organizations in other surgical specialties.[3,4] We applaud all these existing efforts and hope that the entire cardiothoracic surgical community (including all faculty and trainees) will continue to embrace the changing culture of the upcoming application cycle and take a keen interest in mentorship the next generation of TS trainees.

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