

The author reported no conflicts of interest.

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<https://doi.org/10.1016/j.jtcvs.2020.09.034>



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 colleagues² 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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Dr Kaneko reported consultant/speaker for Edwards Lifesciences, Medtronic, Abbott Structural Heart, Baylis Medical, and 4C Medical. Dr Moon reported consultant/advisor board for Medtronic. All other authors reported no conflicts of interest.

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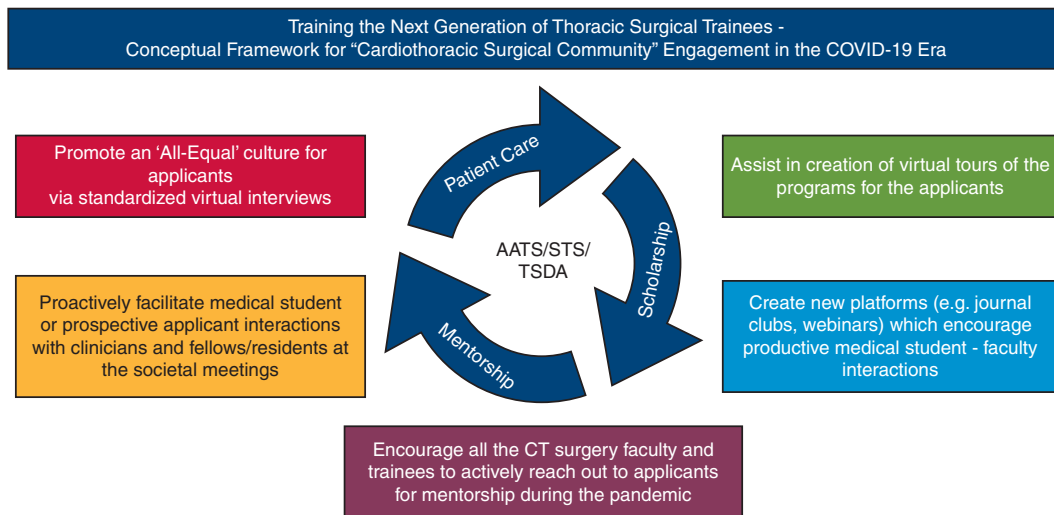


FIGURE 1. Conceptual framework for “Cardiothoracic Surgical Community” engagement in the COVID-19 era. *COVID-19*, Coronavirus disease 2019; *AATS*, American Association for Thoracic Surgery; *STS*, Society of Thoracic Surgeons; *TSDA*, Thoracic Surgery Directors Association; *CT*, cardiothoracic.