

surgery programs would prepare you well for a cardiac surgery career.

For those who have carefully considered the specialty and wish to pursue integrated training, the aforementioned article provides helpful tips. When the match is said and done, and your fate has been decided, the most important next step is to make the most out of whichever program you enter. Getting into a program is simply the first step,

the final product at the end of that road through a yellow wood largely depends on you.

## References

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2. Davis TA, Yang SC. Unmatched integrated cardiothoracic surgery program applicants: where do they end up? *Ann Thorac Surg.* 2018;106:1556-60.

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## Commentary: Two roads diverged after medical school and some take the road less traveled

Jordan D. Miller, DO, and Shari L. Meyerson, MD

Smood and colleagues<sup>1</sup> provide applicants with strategies to navigate the integrated thoracic surgery match, offering valuable insight into this challenging time in the life of a future cardiothoracic surgeon. Although the integrated program pathway is no longer new, there are a limited number of graduates nationally and even less information available to applicants about programs and application strategies. It is imperative that applicants understand all of the training paradigms to find the best fit. The key message the authors deliver, which can be summarized as know yourself, is applicable not only to the residency search but also to job searches after training. Although all programs must produce a graduate who meets the minimum standards for board certification, the way each has designed its program varies wildly. This is mainly due to the complexity of designing an integrated program and how it interacts with other specialties such as general surgery, critical care, and cardiology. Local factors often control the feel of the general surgery rotations both in location and operative experience as well as which other, related rotations are included (ie, catheter lab, echocardiography, and interventional pulmonary).

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Disclosure: Authors have nothing to disclose with regard to commercial support.

Received for publication March 4, 2020; accepted for publication March 4, 2020; available ahead of print March 18, 2020.

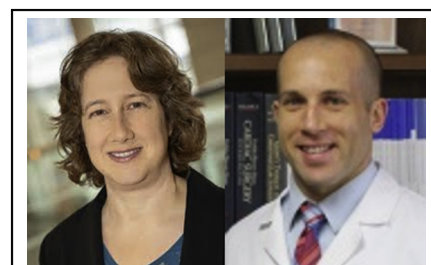
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*J Thorac Cardiovasc Surg* 2021;161:1897-8

0022-5223/\$36.00

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<https://doi.org/10.1016/j.jtcvs.2020.03.026>



Shari L. Meyerson, MD (left), and Jordan D. Miller, DO (right).

### CENTRAL MESSAGE

Applicants to integrated thoracic programs need a realistic assessment of their priorities in both work and life when choosing a program because every program has its own culture and strategy for training.

The authors highlight a thorough list of program qualities that should be considered. To successfully address these items, applicants must be honest with themselves about their interests and priorities. Key areas of variability are degree of emphasis on research, balance between cardiac and thoracic experience, and career choices of prior graduates. Some programs mandate (or highly encourage) research time. As the authors note, this is a critical factor. If an applicant honestly does not enjoy research and does not envision a future career in research, these programs are not the best fit. Although all programs teach both cardiac and thoracic surgery, rotations schedules and flexibility can provide insight into the balance between these aspects. Because applicants interested in general thoracic are the minority, it is imperative to determine whether a program can support this

interest. Finally, job choices of prior graduates whether integrated or fellowship can provide a window into the type of graduate the program seeks to create. Those who envision a serious academic career should be looking for academic faculty among a program's former graduates.

Although applicants fixate on operative experience, the vast majority of programs will provide a more-than-adequate operative experience and solid basic cardiothoracic education. Often underrated factors are support systems, mentoring, and training sites. Again these are very individual preferences. Those applicants with families may want to avoid programs where the general surgery experience requires rotating to outside hospitals requiring

travel. If an applicant has a very strong picture of his or her future and no one on the faculty looks like that, it may again not be the best fit. The applicant must recognize there is no perfect training program. Applicants must be honest with themselves and prioritize those things that will best prepare them for their desired career balancing work and life choices to optimize success/sanity during their training.

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## Commentary: Applying for integrated cardiothoracic surgery positions: Not for the faint-hearted graduate

Heidi B. Nafday, MD, and Eugene A. Grossi, MD

Cardiothoracic surgery training has seen a resurgence of interest, with a steady rise in applications to traditional and integrated programs since 2015.<sup>1</sup> With increased competition, applicants to integrated programs are particularly pressured because they must identify their interest in cardiothoracic surgery early in medical school to prepare a strong application by the end of the third year. In their Young Surgeon's Note, Smood and colleagues<sup>2</sup> (recent candidates themselves) provide honest advice to help these successors navigate the exciting albeit onerous process of residency applications. This will serve



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## CENTRAL MESSAGE

Recent matriculants are situated to advise applicants to I6 cardiothoracic surgery programs facing an arduous process that requires significant amounts of preparation, time, and financial resources.

as a useful guide to applicants, many of whom may not have a mentor with contemporary experience and the ability to advise on details, such as the number of interviews to attend. The authors also highlight the balance needed between integrated cardiothoracic and general surgery interviews and recommend creating separate applications with tailored letters of recommendation. This honest advice belies the time, extensive financial burdens, and educational costs put on applicants.

Although the structure of medical schools may vary, students often spend their fourth year doing subinternships

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Disclosure: Authors have nothing to disclose with regard to commercial support.

Received for publication March 6, 2020; accepted for publication March 9, 2020; available ahead of print March 18, 2020.

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J Thorac Cardiovasc Surg 2021;161:1898-9

0022-5223/\$36.00

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<https://doi.org/10.1016/j.jtcvs.2020.03.027>