

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.

Reference

1. Smood B, Nguyen SN, Benkert AR, Han JJ. Young surgeon's note: integrated cardiothoracic surgery: navigating interviews and the match. *J Thorac Cardiovasc Surg.* 2021;161:1889-95.

See Article page 1889.



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

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Cardiothoracic surgery training has seen a resurgence of interest, with a steady rise in applications to traditional and integrated programs since 2015.¹ 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 colleagues² (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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to finalize their choice of residency applications, gain institutional facetime, and to obtain meaningful letters of recommendation. This time also allows students to pursue electives to learn about other aspects of medicine, but this opportunity is lost to the demands of the application cycle. If a student is planning to attend 20 to 30 interviews, he or she may dedicate several months to the interview process. As the authors highlight, this leaves them vulnerable to interview burnout. Exhaustion from excessive travel and needing to constantly impress others might limit students' desire to make the most of their limited time in clinical medical school years. Moreover, the financial burden of flights and hotels is a source of additional stress because some applicants may spend tens of thousands of dollars without the guarantee of securing an integrated residency spot with positions available for roughly one-fifth of applicants.

There are many advantages and disadvantages to the 3 training pathways available in cardiothoracic surgery. Applicants who do not get their first choice of an integrated training program should not lose heart because there are traditional and joint track paths that remain open to

them. Integrated programs allow for longer duration in specialty training while shortening training overall from 7 or 8 years to 6 years and often incorporate rotations in related fields. On the other hand, traditional programs following the broader base of general surgical training offer leadership opportunities (eg, as a chief resident) that allow for greater maturity upon entering cardiothoracic training.

The dedication, hard work, and enthusiasm that draw most applicants to a career in cardiothoracic surgery are admirable. As the popularity of the specialty grows, new solutions should be sought to make the application process as equitable and enjoyable as possible. This will allow us to meet our future colleagues without the process causing them excessive personal sacrifice and financial burden.

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2. Smood B, Nguyen SN, Benkert AR, Han JJ. Young surgeon's note: integrated cardiothoracic surgery: navigating interviews and the match. *J Thorac Cardiovasc Surg*. 2021;161:1889-95.