“Back to the future”: Recruiting the best and brightest into cardiothoracic surgery

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Thoracic Surgery has witnessed a notable decrease in applicants over the past decade. In this context Kron and colleagues¹ reported that the “United States will face a severe shortage of cardiothoracic surgeons within 10 years if entry into the profession keeps declining.” Although recent innovations, such as drug-eluting stents and percutaneous valves, are extraordinary, they do not make the unique skills and training of the cardiac and thoracic surgeon obsolete. Although we are rumored to be facing extinction and applicant interest is low, the potential to enhance thoracic surgery residency interest remains paramount to our discipline’s future. We must respond to the current crisis by being even more focused and committed to recruit the best and the brightest into the field of cardiothoracic surgery.

In September 1992, the American Association for Thoracic Surgery, the American Board of Thoracic Surgery, the Coordinating Committee for Continuing Education in Thoracic Surgery, the Society of Thoracic Surgeons (STS), and the Thoracic Surgery Directors Association convened the Joint Conference on Graduate Education in Thoracic Surgery. From this meeting emerged several articles that summarized the discipline’s thoughts on recruitment into the specialty, including the focus on attracting “high-caliber individuals.”²⁻⁴ It is interesting to note that at the time of the meeting, thoracic surgery training programs were enjoying a surplus of applicants relative to the positions offered. Times have since changed, and a multitude of issues have relegated thoracic surgical training to a much less popular status, leaving more positions available than applicants to fill them.

The root cause of this “pipeline shortage in the face of need” is multifactorial. A recent survey of residents in general surgery demonstrated that the perceived poor job outlook and job security concerns were leading reasons for not pursuing a career in thoracic surgery. Additional concerns noted were about the critical importance of cardiothoracic faculty mentors, the excessive length of training,

and the personal time and life balance concerns of the next generation.⁵ These issues are currently being addressed by the leadership of the Joint Council for Thoracic Surgical Education (JCTSE).

The JCTSE was originally founded as a consortium of the major thoracic organizations to “cross pollinate and coordinate thoracic surgery education.”⁶ The role of the JCTSE was initially to serve as a confederation of organizations that would oversee thoracic surgical education. It has recently evolved into an organization that has been charged with completely revamping thoracic surgery education, including revitalizing the interest of students and general surgery residents in pursuing careers in thoracic surgery. These objectives have been made attainable through the generous contributions of some of the founding organizations (the American Association for Thoracic Surgery, American Board of Thoracic Surgery, and Society of Thoracic Surgeons), the Thoracic Surgical Foundation for Research and Education, and industry sponsorship. Under the leadership of Dr Edward Verrier, a multifaceted approach has already begun to advance the major focus of this organization by improving cardiothoracic surgical resident education, developing innovative techniques for both resident and postgraduate education (including simulation), and redesigning the current resident training paradigm. A number of subcommittees have been created and charged with specific tasks to achieve these goals. One subcommittee has been created specifically to broaden the appeal of cardiothoracic training to new recruits.

“The Best and the Brightest” subcommittee, now “housed” in the Workforce on Graduate Medical Education of the STS, has been tasked to devise ways to attract those “high-caliber” students who in recent years have been selecting other specialties. It is investigating avenues of increased exposure for the cardiothoracic specialty, including a greater internet presence not only on professional society Web sites but also on contemporary social Web sites, such as “Facebook.” Recruitment programs for established meetings, such as the American College of Surgeons, are being developed. Direct marketing to high school, college, and medical students is in the planning stages.

The truth of the matter is that neither the subcommittee nor the JCTSE will attain any reasonable success without the concerted efforts of dedicated surgeons from both academic and community practices. If we are to succeed in recruiting, we must mentor high school, college, and medical students, as well as the up-and-coming general surgeon trainees.

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Although job availability, lifestyle considerations, and future security are the paramount issues of the day to the best and brightest individuals, there is evidence that “established, mature” cardiothoracic surgeons can play a very powerful role simply through their interactions with students at any level. This was true in 1992, and it is true in 2009.^{2,5} Furthermore, the Association of American Medical Colleges 2009 Matriculating Student Questionnaire Association of American Medical Colleges revealed that more than 70% of students definitely decided to pursue a career in medicine by their second year in college. In this same survey 32% of the students expected to enter into a surgical specialty. There is clear evidence that academic mentoring of medical students in their early formative years has a profound effect on guiding them into surgery as a career choice.^{5,7} Simply stated, current cardiothoracic surgeons can influence these young minds long before they enter thoracic training programs. These efforts will influence highly qualified individuals to enter cardiothoracic surgery programs. The development and implementation of the 6-year integrated cardiothoracic curriculum, educational programs for surgical educators, and diversification of key clinical skill sets to include catheter-based training will further attract the best and the brightest applicants.

Among the many published articles that emerged from the 1992 JCTSE meeting, Dr L. Penfield Faber made several

predictions regarding the future of thoracic surgical education in his editorial, “Thoracic surgery residency in the year 2010.”⁸ Dr Faber concluded in his article, “Anybody can predict anything. However, thoracic surgeons must not gaze into their crystal ball for too long. We must carefully set our course of direction and then take action to follow it.” These words have never been more relevant than now. This is our call to action.

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