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EDITORIAL COMMENTARY

The view from the other side of the table: Beginning a practice in academic thoracic surgery

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Perhaps the most challenging period most surgeons face in their lives is making the transition at the end of residency training into their first attending position. In many ways, entering practice may be more challenging now than ever before. New surgeons must navigate changing practice models that place increased emphasis on productivity and outcomes along with an expanding scope of practice driven by discovery and the advent of technology. In this issue of the *Journal*, Drs David and Nasir¹ present their perspective on the transition from training into practice in academic general thoracic surgery and offer advice to surgeons preparing to begin their academic careers. Although David and Nasir¹ focus on academic general thoracic surgery, several of the topics discussed are germane to all surgeons, such as strategies for dealing with complications early in one's career and developing a specialty niche to set oneself apart clinically. Because of their focus on academic surgery, however, a specific emphasis is placed on facets unique to this environment, such as striking a balance between research and clinical practice and the challenge of teaching residents to operate while still learning the nuances of independent surgery. David and Nasir¹ create a framework in which some of the many issues surgeons face at the beginning of an academic practice may be discussed. The topics highlighted, however, represent only a sampling of the challenges inherent to the transition to practice. These

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Central Message

Data are needed for the thoracic surgery community to have a better understanding of the challenges associated with transition into practice and for the development of effective strategies to overcome these challenges.

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challenges are in fact unique for every surgeon as a function both of individual aptitudes and the environment in which the surgeon begins practice. As such, the advice provided by David and Nasir,¹ although sound, may not be universally applicable. New surgeons, and those who hire and mentor them, should be encouraged to identify potential challenges specific to their own practice environments and to work together to address them proactively.

The ability to find adequate mentorship is perhaps the most important component in the success of an academic surgeon. David and Nasir¹ touch on this topic, but it cannot be overemphasized. Navigating the transition to practice can be trying even in the best of circumstances, and seeking

out mentors can make this process more comfortable. It is a common misconception that mentorship must be local. Rather, many of the new surgeon's best mentors may be the surgeons with whom they trained, even if they are no longer in the same institution. Not only do these individuals have a vested interest in their trainee's success, they also have knowledge of the new surgeon's strengths that may help in identifying areas to target for early success. These mentor relationships should be fostered even after formal training is complete. Developing relationships with multiple mentors is also a highly effective strategy, because it is highly unlikely that any single individual can provide effective guidance in all facets of a young surgeon's career.

Ultimately, more objective data are needed regarding the specific challenges faced by young surgeons as they transition into practice. Indeed, we know very little about the issues that are actually faced by early career surgeons, making it difficult to provide an effective "playbook" for this important transition. Data from surveys of cardiothoracic trainees indicates that by and large surgeons feel technically and cognitively prepared to enter practice at the completion of their training.² There is not a clear picture, however, of just how well these perceptions match the reality of beginning an academic practice.^{3,4} The surgeon workforce is likely to include an increasing

proportion of early career surgeons in the coming years,^{5,6} making it imperative that we, the thoracic surgery community, understand and implement effective strategies for facilitating their transition into practice. Inclusion of professional development curricula during training to better prepare residents for making the transition to independent practice may be one possibility. Further, improved understanding of factors related to success and conversely to struggles in the transition process may allow the thoracic surgery community to provide better support for our new surgeons through this formative stage of their careers.

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