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Commentary: Two decades of innovation, leadership, and overcoming challenges, but more lies ahead

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Since its formation in 1997, the Thoracic Surgery Residents Association (TSRA) has had tremendous influence on cardiothoracic surgery training, as detailed by Brescia and colleagues.¹ Considering the organization is run solely by surgeons in training under the guidance of the Thoracic Surgery Directors Association, the list of accomplishments is exceptional, particularly over the past decade. Among them are more than a dozen widely used educational publications, including review books, reference guides, and test preparation material. A podcast series created by TSRA offers free access to more than 100 unique cardiothoracic surgery topics and has more than 175,000 listens across the globe. More recently, the organization has focused on facilitating peer-to-peer mentorship among medical students, surgeons in training, and seasoned faculty through collaborative events at national meetings. These efforts provide a different avenue to attract young talent to our specialty, foster intellectual growth, and stimulate innovation.

Many changes in cardiothoracic surgery occurred during the early TSRA era owing to declining interest in the specialty that largely stemmed from concerns about long-term job security.^{2,3} During that time of uncertainty, TSRA played an active role in helping to identify the problem through data collection and research studies involving surgical trainees across North America.^{4,5} Targeted interventions were undertaken over the next decade, including the introduction of an integrated cardiothoracic surgery residency program allowing direct matriculation from medical school that has returned cardiothoracic surgery training to a

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CENTRAL MESSAGE

The Thoracic Surgery Residents Association has an impressive record of enhancing education and providing leadership, and is poised to help guide the next generation of cardiothoracic surgery trainees.

preeminent state.⁶ Since then, TSRA has maintained its vital role by continually assessing the quality and components of the cardiothoracic surgery education structure.^{7,8} One could argue that few, if any, other resident-led associations have had a comparable influence on the overall training and outlook of their specialty during such a daunting period.

Challenges facing the current generation of cardiothoracic surgeons will differ significantly from those prior. Events in our society during the past few years—2020 in particular—have illustrated vividly many of the problems that medicine is facing, including health disparities among socioeconomic groups, gender inequality, and racial bias. Diversity, equity, and inclusion are part of the TSRA mission, and it is not surprising that the organization is already involved in examining some of these issues within our specialty.^{9,10} Although it is uncertain how these challenges will ultimately influence the practice of cardiothoracic surgery, we have come to expect that the TSRA will take the lead on confronting the issues.

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Commentary: The changing role of the Thoracic Surgery Residents Association over time

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CENTRAL MESSAGE

The Thoracic Surgery Residents Association has played a major role in providing guidance to trainees since its inception in 1997. It has adapted its function as training has changed over time.

The Thoracic Surgery Residents Association (TSRA) is a robust and active organization led by trainees. As described by the current members of the TSRA in their article,¹ the TSRA was established in 1997 with a mission of representing the interests and needs of resident physicians in thoracic surgery specialty. The role and activity of the TSRA has expanded over the years, in concert with the changing nature of thoracic training programs.

The introduction of integrated thoracic programs has had a significant influence on the training structure for thoracic surgeons. The age and level of surgical experience of trainees has decreased significantly,² and the gap between faculty and junior thoracic residents has widened. A communication from the TSRA sent to a postgraduate year 6 through 8 in 1997 would likely focus on very different ideas than an e-mail message sent to a

postgraduate year 1 during 2020. The authors address the role of the TSRA in reducing this gap and acclimating young trainees to become better able to succeed during their training. TSRA offers online publications targeting young trainees, mentorship by senior residents at multiple institutions, and a variety of social media podcasts and programming. Although there has been a high level of satisfaction expressed by integrated program residents with their programs,³ supporting their training with help from organizations like the TSRA will maximize the benefit of training.

In addition, the ongoing pandemic has shown that the use of virtual conferencing will play a pivotal role in training over the next decade. The TSRA has responded by scheduling multiple virtual meetings this year. To assist students who are applying to thoracic surgery training programs, the

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