See Editorial page 401.

Commentary: Mentorship based on authentic connection

Lillian L. Tsai, MD, and Jinny S. Ha, MD

Research has shown that diversity in health care teams provides higher-quality patient care, improved team communication, and increased innovation.¹ Concordance between patient and provider gender has been reported to be associated with increased rates of breast, cervical, and colorectal cancer screening.² One study interestingly reported that female patients are more likely to survive an acute myocardial infarction if treated by a female physician.³ Additionally, there is a predicted shortage of surgeons upcoming in the future, particularly in cardiothoracic surgery. Half of medical school graduates today are women, but remain significantly under-represented in cardiothoracic surgery.⁴ Therefore, it is salient not just for a sense of equality, but more importantly for patient care, to encourage women to enter medicine and surgery.

As Chang and colleagues⁵ emphasize in their article, only 20% of cardiothoracic surgery residents and 5% of American Board of Thoracic Surgery-boarded surgeons are women. They give a historical overview of women in cardiothoracic surgery and stress the importance of having women in leadership and mentorship roles. Avenues for increasing female representation in cardiothoracic surgery are highlighted including professional society grants, scholarships, and training courses.

The authors mention that men and women describe making career sacrifices for personal and family time with equal frequency. Thus, the authors conclude that women should be encouraged to pursue cardiothoracic surgery the same

Lillian L. Tsai, MD, and Jinny S. Ha, MD

CENTRAL MESSAGE

Women trainees face unique considerations in career choice that having women mentors can help navigate. Qualities of an excellent mentor are rooted in forming a genuine connection.

way men are encouraged. However, the challenges that women face when making career decisions are unique. In a study that surveyed female obstetrics/gynecology residents across the nation, 72% reported delaying pregnancy because of residency.⁶ Although there are no studies in female cardiothoracic trainees, it is reasonable to assume this percentage is even greater. A large proportion of female surgical trainees also consider oocyte preservation. Rather than denying that differences exist in the calculus of specialty choice between men and women, honest discussions should occur to help women make decisions that are in line with their career and personal goals. One of the benefits of having female mentors is to provide guidance and create a forum for this type of discussion.

Although it is undoubtedly valuable for women to have female mentors, the qualities of excellent mentors and leaders are not gender-specific. At the core of a successful mentor-mentee relationship is an authentic connection with empathy, loyalty, and genuine investment.⁷ Therefore, it is equally important for female trainees to have male mentors and for male cardiothoracic surgeons to be cognizant of the unique considerations that their female mentees might face. Ultimately, our ever-changing field has made significant progress in the inclusion and promotion of women. Diversity of experience and perspective is paramount for the continued evolution of the specialty. Male and female

From the Division of Thoracic Surgery, Department of Surgery, Johns Hopkins Medical Institutions, Baltimore, Md.

Disclosures: The authors reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

Received for publication Nov 14, 2021; revisions received Nov 14, 2021; accepted for publication Nov 17, 2021; available ahead of print Nov 20, 2021.

Address for reprints: Jinny S. Ha, MD, Division of Thoracic Surgery, Department of Surgery, Johns Hopkins Medical Institutions, Baltimore, MD 21231 (E-mail: jha1@jhmi.edu).

J Thorac Cardiovasc Surg 2023;165:406-7

0022-5223/\$0.00

Published by Elsevier Inc. on behalf of The American Association for Thoracic Surgery

<https://doi.org/10.1016/j.jtcvs.2021.11.032>

surgeons have a vital role in continuing to develop the next generation of cardiothoracic surgeons.

References

1. Gomez LE, Bernet P. Diversity improves performance and outcomes. *J Natl Med Assoc.* 2019;111:383-92. <https://doi.org/10.1016/J.JNMA.2019.01.006>
2. Malhotra J, Rotter D, Tsui J, Llanos AAM, Balasubramanian BA, Demissie K. Impact of patient-provider race, ethnicity, and gender concordance on cancer screening: findings from Medical Expenditure Panel Survey. *Cancer Epidemiol Biomarkers Prev.* 2017;26:1804-11. <https://doi.org/10.1158/1055-9965.EPI-17-0660>
3. Greenwood BN, Carnahan S, Huang L. Patient-physician gender concordance and increased mortality among female heart attack patients. *Proc Natl Acad Sci U S A.* 2018;115:8569-74. <https://doi.org/10.1073/PNAS.1800097115/-/DCSUPPLEMENTAL>
4. Ceppa DP, Antonoff MB, Tong BC, Timsina L, Ikonomidis JS, Worrell SG, et al. 2020 Women in Thoracic Surgery update on the status of women in cardiothoracic surgery. *Ann Thorac Surg.* April 20, 2021; <https://doi.org/10.1016/J.ATHORACSUR.2021.03.091> [Epub ahead of print].
5. Chang C, Watt TMF, Fiedler A, Worrell SG. Women mentoring women. *J Thorac Cardiovasc Surg.* 2023;165:401-5.
6. Esfandiari N, Litzky J, Sayler J, Zagadailov P, George K, Demars L. Egg freezing for fertility preservation and family planning: a nationwide survey of US obstetrics and gynecology residents. *Reprod Biol Endocrinol.* 2019;17:16. <https://doi.org/10.1186/S12958-019-0459-X>
7. Harvard Business Review. What the best mentors do. Accessed November 10, 2021. <https://hbr.org/2017/02/what-the-best-mentors-do>