

other-focused behavior. Speaking up in an effective but nonconfrontational manner will create a more positive environment for everyone and help trainees in the future.

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## Commentary: Building culture: Pay it forward

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In an important expert opinion, Dr Pasque describes how trainee behavior is the most important factor in determining the value of one's cardiothoracic surgical training.<sup>1</sup> Conversely, a training program's culture and treatment of residents are also linked to trainee behavior. One powerful theme from Dr Pasque's contribution is maintaining enough humility and positivity during training to endure "being stupid" to be amenable to learning and eliminating "black holes" in education that can exist during training but are expected by all those around you to be gone the day training ends.<sup>1</sup> As Dr Pasque notes, "your reputation is only as good as your most recent performance."<sup>1</sup> In this regard, many parallels exist between cardiothoracic training and athletics. During the recent NBA Finals, Milwaukee Bucks star Giannis Antetokounmpo had this to add:

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### CENTRAL MESSAGE

While cardiothoracic trainees must have the motivation to maximize their surgical training, faculty-led training programs have a responsibility to foster a culture that shapes behavior.

*"The mindset to have? When you focus on the past, that's your ego. 'I did [this] in the past. I won [that] in the past.' When I focus on the future, that's my pride. 'I'm going to dominate.' That's your pride talking. I try to focus on the moment. In the present. That's humility. That's being humble."*<sup>2</sup>

These lessons about ego, pride, and humility are also relevant to cardiothoracic trainees who must constantly focus on optimizing themselves as learners and surgeons in the present.

Peer and faculty mentorship for incoming trainees are essential in the current era of cardiothoracic education. While as Dr Pasque concludes behavior is essential,

many incoming interns have no idea how to behave—how would they? In reference to inappropriate behavior in the operating room for which cardiothoracic surgeons are well-known, Dr Pasque notes that for the sake of the patient, “There is only one way to respond. [The resident] need[s] to suck it up and take the hit.”<sup>1</sup> Although Dr Pasque importantly admits that such behavior is indefensible and should be addressed after the operation, the same central message of this manuscript that is addressed to trainees should also apply to faculty: it is behavior, and not intentions, that determines outcomes. Dr Marc Moon, during his 2021 American Association for Thoracic Surgery Presidential Address, described the following behaviors of cardiothoracic surgeons that cannot and should not be acceptable: blaming, catastrophizing, inflammatory global labeling, misattribution, overgeneralization, and demanding. These thought processes and actions can destroy the team, mission, careers, and credibility. Rather than trainees being tasked with not emulating the bad behavior of their faculty mentors, faculty must carry the

responsibility of eliminating bad behavior. The endless cycle of bad behavior that current faculty learned as trainees can only be broken for future generations if we model the collegiality we wish future generations to achieve.

In conclusion, every cardiothoracic surgery trainee should heed Dr Pasque’s advice, which has been developed over multiple decades of experience as a master educator. The changing landscape of cardiothoracic surgery presents challenges but provides even bigger opportunities for training programs to build a culture of camaraderie and excellence, which will then shape the behavior of all program members, including both trainees and faculty.

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