Commentary: An opportunity to create a more diverse workforce early in the pipeline

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Pathways for cardiothoracic surgery training have evolved over the years, from individualized training to the establishment of formal fellowship programs following completion of or concurrent with general surgery training. With the introduction of the 6-year integrated programs in 2006, another pathway was created that, by the nature of the applicant pool, also created new challenges and needs. Thoracic programs could no longer rely on surgery programs to assess the technical capability of potential trainees, and medical students, some with relatively minimal exposure to both surgery and cardiothoracic surgery, were being asked to commit to subspecialty training.

Aranda-Michel and colleagues1 lay out some of the specific needs of medical students interested in a career in cardiothoracic surgery. The basis of this study was a survey conducted by the Thoracic Surgery Medical Student Association, a recently created organization geared toward providing resources to prospective applicants. A few results stood out: more than half of the respondents either did not have or were unaware of a thoracic training program at their home institution, and almost three-quarters did not have some form of medical student thoracic surgery interest or support group.

As cardiothoracic training shifts to the integrated model of training, there is a pressing need to ensure that students can gain early exposure to the field to determine whether or not it is within their scope of interest, although current attrition rates do not appear to be high.2 To build a robust cardiothoracic workforce for the future, it is critical to recruit from the largest possible pool of interested and qualified candidates. There is little doubt that medical student applicants are competitive when it comes to test scores and academic achievements. Could this pool be enlarged by increasing the exposure of students to the field, either locally (with interest groups and role models) or regionally/nationally (with programs geared toward medical students at national meetings)?

The specific mentoring needs of medical students are more likely to be centered around clarifying a career path, finding role models and encouragement, involvement in research and professional societies, and assistance with the residency application process and less centered around technical training and clinical management as may be the case for residents seeking mentorship. In addition to strategic advising and navigating academic culture, an effective mentoring relationship also requires understanding a student’s sociodemographic identity and the ability to acknowledge different challenges and accept cross-cultural education from a mentee.3 Given the paucity of gender diversity and racial minorities in academic surgery, sex- and race-concordant mentorship may not always be possible. Underrepresented and marginalized individuals have also been shown to be more likely to experience challenges obtaining mentors.4 Additionally, a lack of mentorship impedes students’ ability to match into their chosen...
specialty, further compounding the lack of diversity among the physician workforce.  

As we promote mentorship and networking opportunities, we should be deliberate about providing equitable access to these opportunities with a goal of an increase in diversity in the applicant pool as well as matched applicants. Although mentoring relationships are more natural when the mentor and mentee share similar experiences and backgrounds, the reality is that power is disproportionately held in academic surgery and there must be a deliberate effort to establish trust and confidence in mentoring relationships across culture, race, and gender lines. Such cross-cultural mentoring has the potential to be mutually enriching, allowing bidirectional exchange of cultural competency and should be intentionally developed and facilitated at the institution levels and within professional societies.

References