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FORGOTTEN EYES
To the Editor:
I recall the fateful day that I decided I wanted to be a cardiothoracic surgeon. I can still feel the electricity that coursed through me. At the time, I was enrolled in another health care field that required an understanding of cardiopulmonary anatomy. After learning about the physiology and impact of cardiothoracic surgery, I was convinced that this was the career was for me. Fast forward to August 2022 and my first day of medical school. I was thrilled to start the journey. Simultaneously, I was panicked, however. My home institution had relatively little interactions with cardiothoracic surgery and an infrequent history of matching students into integrated cardiothoracic programs.

Most medical students lack exposure to cardiothoracic surgery and discover the field late in their education. Previous studies have shown that mentorship and timing of exposure are key determinants in the decision of medical students to pursue cardiothoracic surgery. Although there are currently 34 US allopathic medical schools with an affiliated integrated cardiothoracic residency, there are still 121 others that do not share this same advantage. Given the competitiveness of this field, there is little doubt that students in these 121 other programs may have a more difficult path toward matching at one of these select and prestigious programs.

Aranda-Michel and colleagues have highlighted the need to engage medical students early in their training to cultivate their interest in cardiothoracic surgery. Although there are external resources for medical students to gain exposure, the competition to access these opportunities can be fierce. In addition, many students are unaware of these resources in the first place. In these cases, an institution that provides medical students direct access to cardiothoracic surgery confers a major advantage to those students.

Many medical schools, including my home institution, emphasize early clinical experiences through clinical lectures, immersive simulations, and patient panels. I feel that cardiothoracic programs can augment our early training within this existing framework. Preclinical cardiothoracic surgery lectures, 2-week mini-clerkships, and sponsoring of students to attend national conferences already all exist. These programs have led to thousands of students choosing cardiothoracic surgery over the last few decades. However, I believe that there is an opportunity to expand access and awareness of these programs more broadly. There have been numerous times that I expressed my enthusiasm for cardiothoracic surgery to be featured more prominently in the first 2 years for me and my fellow students. Unfortunately, these efforts were largely overlooked. I had to work strenuously and proactively to find opportunities that my peers from other institutions have readily available.

Moon identified that a long-standing deficiency in encouragement was a major hurdle to inclusion. Many students are suffering from the same anxiety that I feel. In real estate, the mantra is “location, location, location.” In the interest of equity, I hope that we can make mentorship opportunities in cardiothoracic surgery more well known everywhere.

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