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REPLY: INNOVATION AND MENTORSHIP
Reply to the Editor:
We thank Behinaein and Antonoff for their kind comments on innovation following our recent contribution on contemporary robotic cardiac surgery training. They make the astute observation that to advance robotic techniques, the current training paradigm may or may not be sufficient for resident physicians to gain the expertise to sufficiently incorporate these skills.

Innovation is synonymous with mentorship. As one might observe with Antonoff’s mentorship of Behinaein in the preparation of their thoughtful letter, to the lessons gained over the decades of innovation in thoracic surgery, mentorship of trainees or peers is essential for any innovation to become lasting. Robotic cardiac surgery is on the rise and far more commonly used to approach both valvular and coronary operations. Although robotic cardiac surgery is not new, its presence as a mainstream therapy is. Once successful robotic programs sustainably appear in every region, training peers must naturally evolve to training resident physicians and fellows with the same consistency. Resident and fellowship training has already occurred in higher-volume robotic cardiac programs and it has the strong potential to follow the path of robotic general thoracic surgery as part of the standard offering.

The objective of our recent expert consensus on robotic cardiac surgery training was to assist our peers as they embrace the approach as a growing technique in their centers. Behinaein and Antonoff highlight the longer-term objective: To move away from thinking of robotic cardiac surgery operations as new procedures and recognize them for what they are. Robotic is just another approach to the same cardiac operation. Of course there is more to it, but once reproducible quality is ever-present, so will be its incorporation into the armamentarium of graduating residents and fellows.

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