

Caring for the Residents: The View of Two Program Directors

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Cardiothoracic surgery is faced with many challenges. Reimbursement per case in our specialty has decreased dramatically over the last 10 years. There seems to be a decline in cardiac procedures, an emergence of alternative approaches to treat cardiac disease, and looming technological advances that may further change the way in which cardiac disease is treated. Invasive cardiologists continue to forge advances and inroads regarding treatment of conditions previously attended to by cardiac surgeons.

These factors are often cited as reasons for a declining interest with regard to cardiothoracic surgical training. It is incumbent on the governing boards of our specialty to recognize changing trends in this field and to make it possible for our training programs to adequately prepare cardiothoracic surgeons of the future. It is up to Program Directors and Faculty to meet these challenges and to provide the kind of educational instruction (general thoracic surgery) and the kind of necessary experience in demand with regard to evolving areas relating to the treatment of heart failure and arrhythmias and to also exist and remain on the cutting edge of technology, so that we will be aware of and thus be able to provide contemporary solutions to both old and new problems.

Of even greater concern to the specialty of cardiothoracic surgery is the current level of dissatisfaction among our thoracic residents. Richard Lee, former President of the Thoracic Surgery Residents Association (TSRA), in a recent editorial in *The Annals of Thoracic Surgery*, presented the results of a survey of 2002 graduates of US thoracic residencies. Although the number of respondents was disappointingly low, it did uncover areas of concern that must be addressed. Dissatisfaction among our current trainees could become the most serious reason for the declining interest in our specialty. A new survey administered by the TSRA this year offers a few different responses, but nonetheless underscores some of the same troubling problems.

The most consistent message seems to be that there are too many residents and too few jobs. These are two factors over which no one person or organization exhibits

any control. The often-cited plea for the Residency Review Committee (RRC) to reduce training slots is not possible. The RRC maintains responsibility for accrediting training programs and ensuring that the quality of the educational experience provided is up to the current standard. It is NOT to manage manpower! However the Program Directors and Faculty of training programs manifest an obligation to assist their residents with regard to finding employment! It is part of the moral contract that exists when an aspiring cardiothoracic resident enters a training program. Both recent TSRA surveys indicate that as many as 50% of the Program Directors are considered to be "unimportant or inconsequential" with regard to assisting residents regarding the acquisition of employment. With 80% of responding residents stating that finding employment is "difficult or extremely difficult," the obligation to aid in the employment search process is more important than ever. Though The Society of Thoracic Surgeons (STS), the Thoracic Surgery Directors Association, and the Cardiothoracic Surgery Network (CTSNet) can provide job-posting sites there still needs to be active involvement by Program Directors and Faculty to further aid in this process. In addition the Program Director must not choose applicants who will be impossible to place.

Of equally great concern is the sentiment (>40%) expressed by residents regarding the dissatisfaction with their current residencies and the 25% who stated that they would reconsider their career choice of cardiothoracic surgery. This is a factor that training programs do exhibit control over. It is imperative that we provide the most advantageous outstanding educational experience possible for our trainees. We must prepare them to meet the ever-changing challenges of the current job market. Most importantly we must illustrate to them what designates our specialty so unique and extraordinary. Perhaps a residency program's success rate with regard to job placement should be made available to thoracic surgery residency applicants.

At a time when everyone is quite busy and seems to be pulled in so many different directions, it is our fundamental obligation to refocus on the future of our specialty—our thoracic residents.

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