Commentary: Perception is reality, but reality is how you make them feel

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Central Message

Medical student interest in cardiothoracic surgery can be enhanced not only by more exposure to our field, but also perhaps to a greater extent, by the quality of this exposure.

Central Figure

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The great American poet, Maya Angelou, is attributed to the quote, “I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” Most individuals who excel through the rigorous prerequisite curriculum to enter medical school generally are of the apex student ilk. Cardiothoracic surgery (CTS) is one of those disciplines that demands a certain caliber of individual that ostensibly would be well-suited for any apex student and hence, the majority of medical students. However, somewhere along the path to finishing medical school there is attrition in this potential match. As Axiaq and colleagues have suggested in this issue of The Journal, the degree to which this disconnect exists may contribute to an impending low supply and high demand crisis.¹ Part of being able to avert any future shortages comes in the form of understanding the ongoing reasons for a possible supply shortage. To that end, there is a paucity of good data available on that which influences a medical student’s decision to pursue a career in CTS.

In this cross-sectional, questionnaire-based study, the authors sought to further delineate the specific factors attracting or deterring medical school applicants to a CTS career.¹ As many already understand, early exposure to CTS was a strong determinant and played a critical role in promoting interest in the field among other factors. Types of exposure associated with the highest interest included research, surgical teaching during cardiothoracic anatomy, and job shadowing. Among students interested in surgery, but not CTS specifically, lack of exposure to the field was a primary reason for not having a greater interest in CTS. Interestingly, interest in CTS decreased as medical students progressed through their education. In addition to the lack of exposure to CTS, the authors postulated that a decreasing interest also could be due to the attainment of experiences in a wider range of specialties and gaining a clearer understanding of their personal career preferences. Not surprisingly, a realization of the negative aspects of a CTS
career also was thought to be a reason. Whether correct of incorrect, specific deterents included a competitive application process, long working hours, poor work-life balance, and stress.

While the survey results by Axiaq et al. demonstrate that medical student exposure is the driver issue, this observation implies that the matter is a quantitative problem. However, the authors astutely note that greater exposure could also detract from interest in CTS, indicating that the interest problem is equally a qualitative one. Therein resides the hidden message of the study by Axiaq and colleagues. As most practicing cardiothoracic surgeons will attest, and even as the medical students themselves indicated in the survey, mentors play an essential role in directing prospective physicians into a career in CTS due to high-quality interactions and continued guidance throughout their journey.

Investigating external factors that draw medical students into the field of CTS for the purposes of attracting quality applicants to meet the future demands of the CTS subspecialty, as the authors have elucidated, is vitally important. More data of their kind can helps dispel myths and assuage medical students’ negative perceptions of CTS to a certain extent. Ultimately though, by making medical students feel wanted consistently through our routine interactions and activities, our current CTS workforce should understand our reality is that we are the internal factor that draws medical students to our field and thus keeps our discipline in good stead.

References