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REPLY: RIDING THE WAVE

Reply to the Editor:

In their previous Young Surgeons Note, Olive and colleagues¹ presented a global picture of the early months of the coronavirus disease 2019 (COVID-19) pandemic and how it

affected trainees' operative experience, curricula, safety and wellness, and the scheduling of examinations and interviews. We read with interest the authors' Letter to the Editor, which provides a status update on cardiothoracic surgery training and recruitment a year into the pandemic.² At the time of their original manuscript, many of us may have hoped that by now, with the development of effective vaccines, surgical training and recruitment would be swinging back toward normalcy. However, in the midst of a worldwide surge of the delta variant, the future feels as uncertain as ever. In the face of this unpredictability, educators and educational organizations must be flexible and take advantage of available technology as we navigate the waves of this pandemic. While the Association of American Medical Colleges (understandably) recommended in the spring that away rotations resume, individual institutions may find it prudent to reverse course, depending on local

conditions. As the authors point out, in the face of falling surgical volumes, breaking complex cases down into components allows residents to train and improve using simulators. In addition, trainees' improvement in individual case components can be tracked online to facilitate evaluation and allow faster progression.³ Teaching faculty should be made aware of the webinars presented by the Thoracic Surgery Directors Association, which are designed to improve their effectiveness in this environment. Many interview processes, both of fellowship applicants and junior attendings, employ a blend of virtual and in person visits, as the authors predict will become the norm. Our responses, logistical and technological, to the current COVID-19 wave (the 1918 Spanish Flu had four!),⁴ will inform and strengthen our field for the adversities of the future.

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