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**SCHOLARSHIP,
PERSEVERANCE,
RESILIENCE, AND
RESPECTFULNESS IN
CARDIOTHORACIC**



SURGICAL TRAINING

To the Editor:

The article by Pasque¹ makes for inspirational reading for resident physicians engaged in cardiothoracic surgery training, and serves as an eloquent reminder for them to cultivate scholarship, perseverance, resilience, and respectfulness from the outset of their careers.

Cardiothoracic interventions are intensely research-driven. We must strive to constantly stay abreast of emerging developments to afford our patients the very best evidence-based care. The acquisition and application of surgical knowledge should represent a primary goal, lest we knowingly or unknowingly jeopardize our patients' road to recovery. This should be enough motivation to make continued learning an enjoyable habit, rather than a chore.

Pasque¹ refers to the "hard work of preparation" before each operation, with which we wholeheartedly approve. Cardiothoracic surgeons deal with some very sick patients with very complex conditions, and a comprehensive understanding of the intricacies of each case is mandatory to justify critical perioperative decision making. You should know your patient's coronary angiogram like the back of your hand. The surgery is technically demanding with an emphasis on highly refined practical skills, which can be honed outside of the operating room in safe, simulated settings. Every step of every procedure should be carefully rehearsed: "There are 2 types of residents: those who write things down, and those who don't." By visualizing the entire operation this way, it must become second nature before you perform it for real, for lives are at stake. A great

surgeon once commented, "I know what mistakes I'm going to make in this operation, because I've already done the operation in my head."

Experience really is the greatest teacher, and as Pasque¹ alludes to, cardiothoracic surgery resident physicians must proactively immerse themselves in their surgical education if they are to derive the greatest benefit. They must live and breathe surgery. Nowadays, there is ever-increasing pressure on resident physicians to maximize their learning opportunities within shorter training programs. Justified sacrifices will have to be made, and sometimes you will have to burn the candle at both ends—but such is the price of excellence.

We, and others,² disagree with Pasque's description of trainees as "lightning rods"¹ to conduct and absorb abusive behavior vented by their seniors. Such destructive behavior is never conducive to learning and should be escalated along appropriate pathways. Without condoning bullying, derogatory remarks may reflect a surgeon's deep concerns for the welfare of the patient on the table. It is someone's father or mother, or son or daughter, after all. In the same way we display empathy and compassion in patient care, so we must consciously endeavor to reproduce kindness and selflessness in our interactions with colleagues.

There will certainly be times when, feeling frustrated and at your lowest ebb, you will question why you ever aspired to this arduous career. Precisely then, you must remind yourself that performing cardiothoracic surgery is a privilege, that it is an honor to have the opportunity to extend another human being's life through many years of your own hard work and personal struggle during which you accumulated the requisite knowledge, skills, and attributes.

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