Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

left ventricular function of both groups were comparable, we assume sepsis as the main cause of high inotropic need.

The comment on microbiological profile is very interesting. Intraoperative hemoadsorption was more often used in patients with *Staphylococcus* spp (47% versus 21%, $P = .04$) and less often in patients with *Enterococcus* spp (0% versus 14%, $P = .03$) and negative cultures (17% versus 43%, $P = .03$). It is correct that antibiotic levels are affected by hemoadsorption.[3] The effect of hemoadsorption on antibiotic levels should not be a concern, as long as hemoadsorption is limited to the operation. It becomes relevant in patients receiving preoperative and postoperative hemoadsorption therapy. In light of the absence of clinical studies, drug monitoring and dose adjustment accordingly is advised.

The primary endpoints were the incidence of postoperative sepsis and sepsis-related death. The differences between the hemoadsorption and control group on the incidence of these endpoints were significant. Träger and associates[4] reported similar results in their case series. However, the population included was very heterogeneous due to various entities. Further research should focus on patient selection and timing of therapy application.

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Necessity Is the Mother of Innovation–The Time to Collaborate Is Now

To the Editor:

We applaud the work by Lewis and colleagues,[1] reported in *The Annals of Thoracic Surgery*, on the educational efforts instituted within their program to address the challenges faced by cardiothoracic surgical trainees during the coronavirus disease 2019 (COVID-19) pandemic.

While we become flexible and innovative in educating and evaluating our trainees, the importance of the online National Thoracic Surgical Curriculum[2] becomes more apparent than ever. The beneficial impact of the Curriculum has been shown, with cardiothoracic surgical trainees who used the Curriculum more frequently exhibiting greater improvements on in-training examination scores.[3] Furthermore, the comprehensive Curriculum provides not only e-learning content, but also structure and objective data that educators can use to standardize and document trainee proficiency.

Alternative forms of educational material should be used, including online open-access videos, webinars, social media,[4] and other digital platforms. Lewis and colleagues[1] rightly point out that telemedicine does not require cessation of learning from ambulatory scenarios; trainees should discuss teaching points with faculty. Similarly, a lack of operative cases does not require cessation of technical training; trainees can engage in simulation with feedback through teleproctoring. For trainees redeployed to alternative duties, a lack of time on service does not require cessation of learning because this is an opportunity to enhance critical care skills. Finally, although it is important to ensure continuity of education, it is essential for educators to be mindful of the impact that a pandemic may have on trainee safety, mental health, and well-being.

Ultimately, more than ever, there is a need for a centralized approach to the adoption of a multi-institutional educational curriculum with sharing of resources to transcend geospatial and temporal limitations. This new learning environment provides an opportunity to develop novel education strategies and leverage existing online curricular platforms to create novel multi-institutional endeavors, thus supporting the premise of the Thoracic Education Cooperative Group (TECoG)[5]—that with multi-institutional efforts, we can accomplish more. Now is the time for our community to unite and leave behind the limitations imposed by institutional silos for the educational benefit of our trainees and specialty.

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We Are Great When We Collaborate

Reply
To the Editor:

We thank Luc and Antonoff[1] for their thoughtful comments on our study.[2] The true silver lining of COVID-19 is the rapid

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