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CORRESPONDENCE

Digital Mentorship in Cardiothoracic Surgery in the Coronavirus Disease 2019 Era



TO THE EDITOR: Dr Whitson's article¹ synthesizes the attributes of successful traditional thoracic surgery (TS) residents. We commend Dr Whitson for recognizing academic productivity may be attributed to strong mentorship. A survey of TS trainees confirmed 84% of respondents had a mentor, of which most viewed mentorship as impacting their specialty choice and as critical to success.² Mentorship and sponsorship continue to play a critical role in surgical career development and have been associated with increased faculty retention and career longevity.³

Coronavirus disease 2019 has limited in-person engagement with mentors; therefore many have taken to innovative ways through the digital world. Structured programs, such as the American Association for Thoracic Surgery Member for a Day and The Society of Thoracic Surgeons Looking to the Future Scholarships, have turned to virtual platforms to publicize and organize their programming. Social media, especially Twitter, has become a place for information sharing, collaboration, networking, and mentorship. The Thoracic Student Medical (@ThoracicStudent) and Thoracic Surgery Resident Associations (@TSRA_Official) host networking and career development webinars for over 3900 followers. Although traditional forms of mentorship are vital to a trainee's career, the #CTSurgery Twitter community offers accessibility to a diversity of mentors that does not discriminate by geographic location or medical school. For example, the Women in Thoracic Surgery (@WomeninThoracic) used Twitter to host speed mentoring events with female cardiothoracic surgeons, which is critical to engaging women, an underrepresented minority in TS. A survey of 282 individuals revealed that TS trainees were more likely to use social media to network, learn about the field, and promote professional interests. In fact 93% of women reported social media enabled them to build a larger network of same-sex mentorship.⁴

Although traditional forms of in-person mentorship cannot be replaced by digital mentorship, virtual platforms can complement traditional mentorship opportunities and create equitable access to research collaboration, scholarship, and informal networking. It allows mentees to find mentors that cater to unmet needs that stem from remote learning and other pandemic restrictions. We encourage aspiring cardiothoracic surgeons, as the mentors of tomorrow, to take part in the #CTSurgery community and construct new paradigms for digital mentorship.

Samantha Xu, MPH

Case Western Reserve University School of Medicine
9501 Euclid Ave
Cleveland, OH 44106
email: samantha.xu@case.edu

Chi Chi Do-Nguyen, DO

Department of Cardiothoracic Surgery
University of Michigan
Ann Arbor, Michigan

Tara Karamlou, MD, MSc

Department of Thoracic and Cardiovascular Surgery
Cleveland Clinic
Cleveland, Ohio

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Mentorship, Sponsorship, and the Emerging Role of Social Media



REPLY TO THE EDITOR: Thank you to Xu and colleagues¹ for their very thoughtful letter in response to my commentary² on the article by Drake and colleagues³ and to the journal for the privilege of replying. Xu and colleagues are correct in their observation and extremely forward thinking in terms of the ever-growing role of digital and social media in thoracic surgery. This evolving presence is one that precedes the coronavirus disease 2019 era and will supersede it as well!

Two important points in the letter from Xu and colleagues need further emphasis. First the need for mentorship and sponsorship are critically important to the developing thoracic surgery trainee and early career surgeon yet are distinct and separate needs. The mentorship role is one of primarily *advising*, whereas the sponsorship role is one of *advocation*. It is the need and ability to sponsor that leads us to the second important point: The ability of digital and social media to facilitate access across diverse mentors without geographic, social, or temporal restrictions.

The influence of digital and social media, particularly for thoracic surgery trainees and early career surgeons, is powerful for both mentorship and sponsorship. Sponsorship emerges in following individuals or societies,