Thoracic training across Europe: the trainees’ perspective†

Philip J. McElnay,* and Gilbert Massardb

*Department of Cardiothoracic Surgery, Freeman Hospital, Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle upon Tyne, UK
bDepartment of Thoracic Surgery, Centre Hospitalier, Strasbourg, France

Keywords: Thoracic surgery · Education · Traineeships · Survey · Questionnaires

Training in general thoracic surgery is facing several challenges. There are considerable variations between thoracic surgical training programmes internationally. Some are trained as cardiothoracic surgeons, some monospecialist thoracic surgeons, specialist thoracic and vascular surgeons, while others train as general surgeons with thoracic practice. Training must encompass the evolving treatment strategies, changing guidelines and new technology. Teaching new technology may be challenging when the teacher himself has not been trained for it. There also remains debate around the most effective training methods in a time-pressured environment [1, 2]. Despite the differences, the uniting factor for trainees is often the desire for the best possible training. At the macro-economical level, striving towards a global harmonization of training should facilitate international mobility of specialists. The European Board of Thoracic Surgery offers the possibility for certification by peers, signifying that the individual meets the requirements for independent practice at a high quality level.

The European Society of Thoracic Surgeons (ESTS) considers its educational platform as a priority project. In May 2014, the Learning Affairs Committee of the ESTS conducted a trainees’ survey. The purpose for ESTS was to identify topics, which are insufficiently covered by existing training programmes in order to tailor its educational activities. All ESTS trainee members were invited to participate.

DEMOGRAPHICS

The survey was completed by 48 trainees (18.4% response rate) from 21 countries. The majority were European trainees (n = 43). Others were from Canada (n = 1), India (n = 1), Mexico (n = 1) and the USA (n = 2). Most were training in general thoracic surgery as a monospeciality (n = 24, 50%), 17 (35%) as cardiothoracic surgeons, 6 (13%) as thoracic and general surgeons, 0 as thoracic and vascular surgeons and 1 (2%) was training in another speciality but with thoracic experience.

Respondents had primarily been training in thoracic surgery for <4 years (n = 32, 67%). 15 had been training for 5–10 years (31%).

62% of respondents replied positively to the question ‘Do you intend to work in any other countries?’ The most common countries that trainees expressed a desire to work in were the USA (n = 7, 15%) and Canada (n = 6, 13%). Reasons for this desire included gaining more sub-specialist training and to improve quality of life.

QUALITY OF LIFE

Despite the introduction of the European Working Time Directive, there remains a significant proportion of trainees who work long hours in their pursuit of training. Of note, 12 (25%) responded that they work 49–56 per week, 14 (29%) 57–65 h and 8 (17%) >65 h. 90% of trainees responded to say they worked more than seven night shifts per month and 65% work more than seven on-call shifts per month. However, 8% of respondents answered to say that they worked >16 on-call shifts every month, and 6% of these were on call for >21 shifts per month. With this in mind, the survey also enquired as to the marital status of trainees. Twenty (42%) were single, 18 (38%) married and 9 (19%) cohabiting. No trainee was divorced.

QUALITY OF TRAINING

Most trainees (n = 34, 71%) were satisfied that their training was preparing them for independent practice. On a scale of 1–5, trainees were asked how various components featured in their training (1 = not featured, 5 = significantly). A number of aspects featured highly in trainees’ programmes— including ‘gradual increase of surgical responsibility,’ ‘practical tutoring by seniors,’ ‘access to tumour board’ and ‘access to clinical research’ all of which had a median rating of 4. Some aspects did not feature highly, including ‘structured programme of lectures,’ ‘access to lab research’ and ‘teaching in methodology/statistics,’ all of which had a median rating of 2. The remaining components— ‘morbidity–mortality meetings’, and ‘discussion of newly published articles’, had a rating of 3.

Trainees were also asked about the quality of each aspect of their training, on a scale of 1 (very poor) to 10 (excellent).
Preoperative management, postoperative management and open surgical procedures were rated highly (median = 8). Other components were rated less high including minimally invasive procedures (median 6.5), research (median 6), management/leadership (median 5) and teaching/education (median 6).

ACADEMIC TRAINING

Twenty-eight respondents (58%) had presented a poster at a national level, 25 (52%) a poster at an international level, 34 (71%) an oral presentation at a national level and 25 (52%) an oral presentation at international level. Twenty-nine (60%) had published in a peer-reviewed journal. Four (8%) had not achieved any of the above.

When asked if they were a participant in a current thoracic research project 8 (17%) responded ‘No’, 12 (25%) ‘No, but I intend to actively participate in the next 12 months’, 19 (40%) ‘Yes, a single-centre project’ and 9 (19%) ‘Yes, a multicentre project’.

Trainee research collaboratives have become increasingly utilized in surgical research [3]. Twenty-three percent said that a collaborative existed for thoracic surgery in their country. Ninety-four percent said that they would be interested in participating in a thoracic trainee collaborative and 79% were willing to lead a project for such a collaborative.

EUROPEAN SOCIETY OF THORACIC SURGEONS SCHOOL

ESTS school was initiated in 2007 [4]. Fifty percent of respondents had attended an ESTS school. All attendees except one recommended that their colleagues attend. A number of reasons were given for this, including ‘excellent networking’ and the ‘opportunity to perform procedures which are difficult to gain exposure to whilst in the operating theatre’. Of those who had not yet attended, 22 (92%) intended to attend in the future. When asked which topics would interest them in the future, respondents were most interested in advanced technical skills such as tracheal surgery, chest wall surgery and Extracorporeal Membrane Oxygenation. This was followed by teaching in medical writing and advanced theoretical courses. 71% of those responding knew about the examination of the European Board of Thoracic Surgery and 24 (50%) planned to apply for the examination.

CONCLUSIONS

This is the first ESTS international survey of thoracic surgical trainees. While the response rate was modest, it has provided valuable information on thoracic training. ESTS educational platform addresses some topics where trainees were less satisfied such as teaching of surgical techniques by simulation and academic training. It would be valuable to compare trainees’ viewpoints in years to come.

Conflict of interest: none declared

REFERENCES