At a time when interest in the specialty among UK graduates is low, the need to engage with and to inspire the next generation of cardiothoracic surgeons is urgent. By reproducing a similar event at least annually, it may be possible to increase UK undergraduate exposure to the specialty and initiate interest at an early stage.

ACKNOWLEDGEMENTS
The authors thank Ellayne Fowler (Lecturer in Medical Education) for her assistance in designing the educational evaluation of the intervention.

Funding
No funding was received to support this study. The educational event studied was supported by SCTS Education (the Society for Cardiothoracic Surgeons in Great Britain and Ireland), the Royal Society of Medicine cardiothoracic section and ASIT (the UK Association of Surgeons in Training) and had unrestricted educational grants from various other commercial sponsors.

Conflict of interest: none declared.

REFERENCES

We read with great interest the paper by Bridgeman et al. about student-led extracurricular engagement event to increase an undergraduate interest in the cardiothoracic surgical training [1]. Nowadays, a declining operative case volumes and diminishing physician reimbursement are substantially impacting the cardiothoracic surgeons’ practices [2]. Introducing the catheter-based interventions threatens the viability of traditional cardiac surgical practices and at the same time declining operative case volumes. Simultaneously, loss has also occurred in cardiothoracic surgery training programs with the associated evidence that these changes are diminishing physician reimbursement which substantially impact cardiothoracic surgeons’ practices [3].

To inspire the next generation of undergraduate medical students we have used the recommendations made by presidents of the four major thoracic surgical societies in the last 5 years [4], and subsequently we have developed a two-day extracurricular intensive course for the medical undergraduates in order to increase understanding of, and interest in, cardiothoracic surgery. Also, the content of the course has included topics which explain the use of tools/resources for better/simpler inclusion and participation in scientific cardiothoracic clinical trials, along with understanding of the functionality of scientific funding and embracing the new technologies important in cardiothoracic surgery.

The course lasted for two days (12 class hours, mostly in practical exercises). We had four such courses so far, and the satisfaction of the participants (28 so far) was high: mean 4.2 ± 0.7 points on a scale from 1 (not satisfied) to 5 (completely satisfied). The participants were mostly young academic physicians.

To evaluate the effects of the course on students’ knowledge about cardiothoracic surgery we planned several lines of research. First we assessed the attitude toward surgery in students entering medical school. They came with low knowledge on cardiovascular specialty but with the positive attitudes towards it. We are currently following a cohort of undergraduates to see possible changes in their attitudes during the six years studies. According to our results, of all undergraduates who attended the course the knowledge and the attitude towards cardiovascular surgery training was highest in students who just finished the course.

Although our study was not designed to test the causative relationship between the course and students’ attitudes the results are encouraging, and we are now performing an intervention study among students of the fourth, fifth and sixth year of study to detect the direct relationship between the course attendance and attitudes towards cardiovascular surgery. We are also working on a long-term assessment of attitudes towards cardiovascular surgery among residents who are finishing their first years of surgical training.

Teaching medical students the principles of cardiovascular surgery is a long-term effort, the effects of which will become observable in future. To address the current needs and to increase the level of interest for cardiothoracic surgery we must transfer our educational activities to young clinical residents embarking simultaneously on their clinical and academic careers.

Conflict of interest: none declared.

References