

SCA Undertaking Important Courtships

COURTSHIPS—Cardiothoracic Anesthesiology Fellows

Over the last decade at Stanford, our inaugural interviews for cardiac anesthesia fellowship applicants began in earnest after Memorial Day. As I write this message in late July, we have essentially awarded all three of our ACGME-approved fellowship positions. My discussions with other Program Directors from around the country suggest that the Stanford experience is common. The majority of the fellowship directors have further noted the outstanding credentials and personal qualities of the individuals applying for CT Fellowship training. (We were thrilled to 'sign' a candidate who is at the very top of his resident class, a 'card-carrying' -internist, -intensivist—and a modest, unassuming father of two.) Moreover, despite the fact that many of the Programs are already filled with outstanding candidates, directors continue to field calls from individuals that they normally would actively recruit except for the lack of spots. A highly recommended woman from a New York program called inquiring about opportunities in CT Anesthesia at Stanford. After chatting about her career objectives, I asked if she had recently been nominated to the Institute of Medicine—my feeble way of stating that the competition for positions was especially robust this year. She confirmed the paucity of spots available at this early juncture of the interview season, and we conspired to find the right program for her.

Those of us in cardiothoracic anesthesiology know that we are privileged to practice in the setting of the CT operating room and intensive care unit: we are caring for the most infirmed patients often requiring the most ambitious of operative procedures. Our skill will contribute to the success of the operation and the patient's long term prognosis. Is there a more satisfying clinical job in anesthesia? But why is it that suddenly there is a 'stampede' to cardiac anesthesia? Careful 'herding' over the past decade never yielded the number or quality of candidates applying this year.

Did the approval of our fellowship programs by ACGME enhance the desirability of the training? To date, there are 32 approved Programs offering approximately 100 fellowship positions. Perhaps ironically, interest in thoracic surgery fellowship positions has suffered a nadir over the last couple of years. Less than 100 surgeons accepted specialty training in cardiothoracic surgery residencies last year. Are CT Anesthesiologists investing in a type of practice that is evolving towards extinction?

There are data from a study commissioned by the American Association of Thoracic Surgeons (AATS) that support my visceral belief regarding the future of cardiothoracic surgery: In less than a decade, there will be an insufficient number of cardiac surgeons to care for our aging population. I am hopeful that the best and the brightest of our anesthesiology residents will continue to pursue graduate training that will allow them to optimize care for all cardiothoracic surgery patients.

The SCA, under the tireless guidance of Alan Jay Schwartz and others, was instrumental in establishing specialty training in cardiothoracic anesthesiology. The challenge to the SCA's current leadership and CT program directors is to facilitate the develop-

ment and excellence of all of the fellowship programs. All of our fellows must graduate as outstanding clinicians. We expect our fellows upon graduation to be able educators and to serve as resources to their respective departments or groups. Because research and education distinguish the sub-specialty of cardiothoracic anesthesiology from non-physician providers of cardiac surgery care, we must identify strategies to encourage the appropriate CT anesthesiology fellow to specialize further and pursue training in basic or clinical science.

As an initial step in supporting and assisting CT Fellowship Programs and their Directors, the SCA hopes to form a Committee that will include all of the Fellowships. We are indebted to Drs. Kathy Glas and Glenn Gravlee who worked to establish this Committee and who oversaw the development of a web site (embedded in the main SCA site) dedicated to training program issues. Please visit this website.

COURTSHIPS—Society of Cardiovascular Anesthesiologists Foundation Board President

As discussed in the previous newsletter and presented at the 2007 Annual Scientific Meeting, the SCA plans to establish a non-profit Foundation to support its research and educational missions. Critical to the success of the Foundation is the recruitment of an outstanding candidate to serve as the Board President. It is with great pleasure that we announce the appointment of Dr. Joyce Wahr as the Founding President for the SCA Foundation. Joyce has worked on behalf of the Society over the last 20 years in a variety of positions and possesses outstanding leadership skills. With the tenacious assistance of Dr. Nancy Nussmeier and Mr. John Melleky (Foundation Board Executive Administrator), we were able to secure a commitment from Joyce to serve in this capacity. I am certain that Dr. Wahr will apply her considerable talents to ensure the success of this important SCA initiative. The next President's Message will discuss the proposed structure and mission of the Foundation Board.

COURTSHIPS—Final

As I noted in my last message, there is no success for our Society without your ongoing and active input. If you can contribute to any aspect of the SCA's missions in education, research, and excellence in clinical care, please contact me directly. We will thrive only if we can respond to your needs and recruit you to help us fulfill our missions. cmoraman@stanford.edu



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