

# thoracic surgery



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## THORACIC SURGERY

### Background

Thoracic surgery, also known as “cardiothoracic surgery” and “cardiovascular and thoracic surgery” encompasses all types of surgery within the chest cavity, which includes the heart, lungs and esophagus. Thoracic surgeons are concerned with the operative, perioperative and critical care of patients with pathologic conditions of the chest.

Thoracic surgery is a highly specialized, extremely demanding field and its surgeons are described as action-oriented, decisive and well-organized. It requires extensive knowledge of cardiorespiratory physiology and oncology. Thoracic surgery offers the opportunities to correct life-threatening conditions. Through research, education, patient care and advocacy, practitioners are gaining knowledge to help their patients.

### Profile

Of the 49 participants in the survey, 83 percent are certified by American Board of Thoracic Surgery and 98 percent are certified by the American Board of Surgery. Most thoracic surgeons are certified by both boards.

Many of the respondents (61 percent) were attracted to thoracic surgery while studying medicine. They also considered other specialties while in school, such as surgery (92 percent), internal medicine (55 percent) and cardiology (35 percent). Ninety-two percent of the respondents were male, (8 percent female) with an overall average age of 41.

Eighty-seven percent of the respondents said they are either very satisfied or somewhat satisfied with their choice of specialty, while 9 percent reported being dissatisfied.

Perspectives

*What aspects of thoracic surgery are most appealing?*

According to the survey, the three most positive aspects of thoracic surgery are: the ability to make a contribution to a patient's life (33 percent), the challenges and intellectually stimulating aspects of their work (27 percent) and the technical skills and procedures required (25 percent).

Twenty-two percent of the respondents said they enjoy the surgical procedures.

One respondent said, "The technical nature of the specialty and the array of clinical problems are appealing."

*What aspects of thoracic surgery are least appealing?*

Forty-five percent of the respondents find the long hours they spend in surgery and their on-call schedules the most unappealing aspects of thoracic surgery. Often the surgical procedures these physicians perform take a long time, and emergencies can bring them to the hospital at any time, day or night.

Many of the physicians surveyed (22 percent) said they do not like the huge amount of paperwork required and the trend toward managed care in medicine (18 percent).

*What would you advise students to consider carefully before selecting thoracic surgery?*

While most of the respondents find their work rewarding, 35 percent advised students to think carefully about how long and difficult the residency program is. Twenty-seven percent said students should consider the long and irregular hours the practice demands.

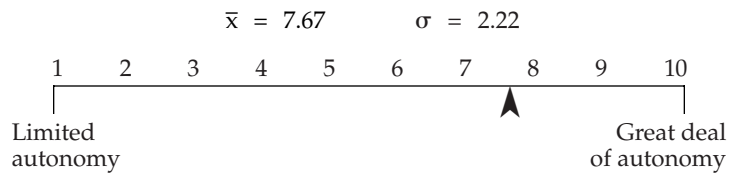
"We cure or significantly palliate the two largest killers in the US today, mainly heart disease and lung cancer, but be prepared to accept the fact that many times you really are in a secondary position in the practice of Emergency Medicine," commented one physician.

**CRITICAL FACTORS**

***Autonomy***

Many of the physicians participating in the survey (82 percent) said they experience a high degree of autonomy in their specialty. In fact, these surgeons have considerable autonomy, even when working with other physicians. One respondent said, "I have the ultimate responsibility for success and failure."

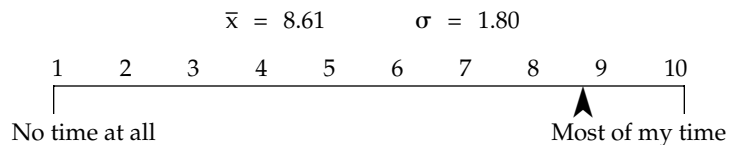
Nevertheless, some of the respondents see a trend toward less autonomy in thoracic surgery. "I consider myself to be only a stop gap as I must always deal with another doctor who will see the patient when I am done," lamented one physician.



***Caring for Patients***

Most of the respondents (88 percent) said they spend a good deal of their time caring for patients. They have a lot of direct patient contact, which is a positive aspect of the specialty. While many patients may be seriously ill, treatment often results in immediate and dramatic improvement.

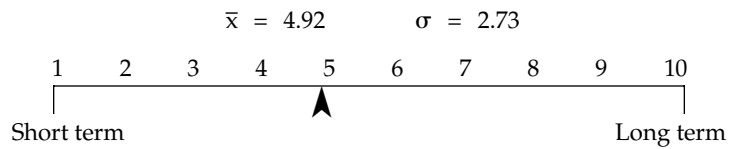
One physician said, "This is a total hands-on specialty."



***Continuity of Care***

Fifty-four percent of the respondents said thoracic surgery involves mostly short-term care. Twelve percent said it involves long-term care. For many patients, the period of convalescence is short, while for others treatment is protracted, depending on the severity of their condition and their response to surgery.

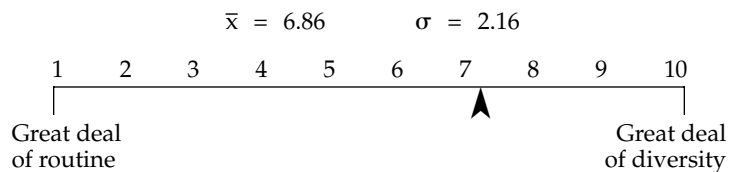
One respondent said: "There is an intensive care period of one to six weeks." "See the patient, fix the problem, return patient to care of referring physician," commented another respondent. "Although I am always available if needed - for post surgical complications."



***Diversity***

This specialty is very diverse, exposing practitioners to a wide variety of medical problems. This was confirmed by the survey participants: 59 percent said they experience a great deal of diversity in their work, while only six percent said their work is mostly routine.

One respondent reported: "Contrary to popular opinion, not all heart operations are the same."





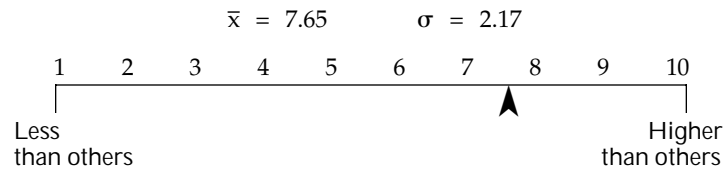
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### *Income*

Seventy-three percent of the surveyed physicians said they feel their income is higher than that of other specialists. Only six percent said it is comparable to others.

One respondent said, "The income is high, although declining in proportion to other specialties."

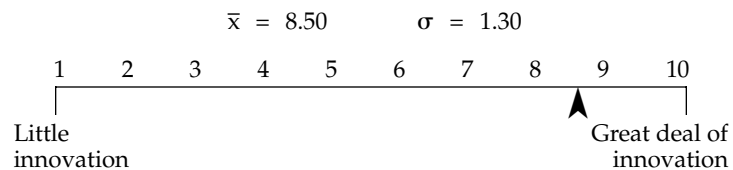
The average pre-tax income for the surveyed thoracic surgeons from their 1998 medical practice was \$205,000.



### *Innovative Thinking*

Many of the respondents (81 percent) feel their work requires a great deal of innovation; only two percent said their specialty involves little innovation.

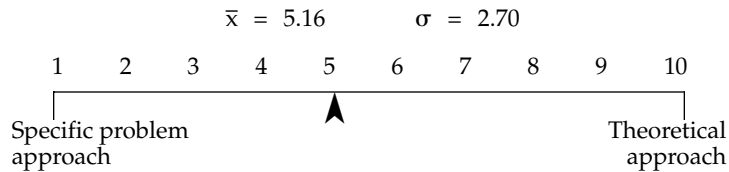
One physician said: "You must keep up with the latest elements of practice in many fields."



***Intellectual Content***

According to the survey, thoracic surgeons are divided between the “specific problem approach” and the “theoretical approach.” However, they seem to consider intellectual stimulation one of the most positive aspects of the specialty. Thirty-two percent said they favor the theoretical aspect of their work, 42 percent said they favor the practical.

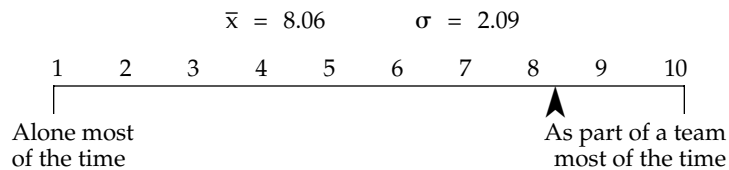
“Most of the cases involve problem solving that uses both theoretical and practical approaches,” said one respondent.



***Interacting with Other Physicians***

These specialists frequently interact with their colleagues, often as part of a team treating the “whole” patient, both in and out of the operating room. The physicians thoracic surgeons work most closely with are cardiologists, oncologists and pulmonologists. Seventy-two percent said they work as part of a team most of the time, while only four percent said they work alone most of the time.

“It is a team approach to care, individual approach in the operating room,” said one physician.

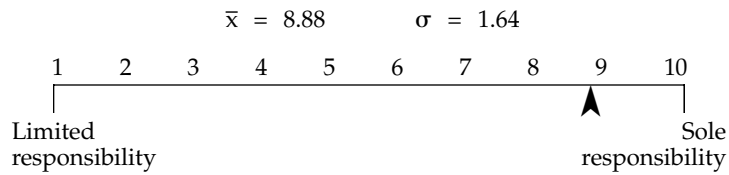




**Responsibility**

Most of the thoracic surgeons participating in the survey (89 percent) said they assume near-total responsibility for their patients. They enjoy that role, along with the challenges of surgery and life-saving diagnosis and treatment.

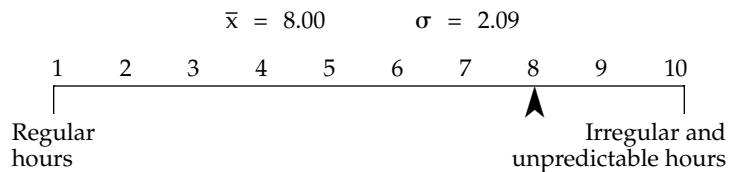
One respondent said, "Once a case is presented to me, I manage it." Another commented, "The cardiothoracic surgeon is truly 'the captain of the ship.'"



**Schedule**

According to 64 percent of the respondents, long and irregular hours seem to be the normal in this specialty. Only 6 percent said they work regular hours.

"The only predictability is that I will probably be working between 7:30 a.m. and 10:00 p.m.," said one physician, wryly.



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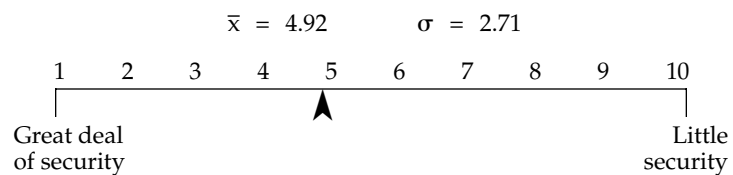
The thoracic surgery practitioners surveyed indicated they spend their week as follows:

Activity	Average Hours Per Week
Patient care	51
On call	45
Professional activities (i.e., teaching, consulting, research)	6
Administrative activities	4
Professional travel (i.e., en route to hospital, meetings)	3
Continuing education	3
Community service activities	1

### *Security*

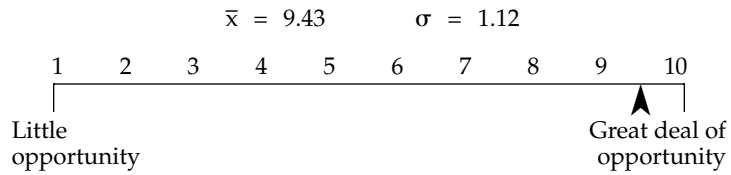
There is little agreement among these physicians about security: 42 percent said they are quite confident of their position and income, while another 18 percent reported feeling little security.

The largest concern among the respondents is that of the changing health care environment. One respondent said, "Security is dependent on many factors; managed care, referring physicians, hospital policies....."



***Sense of Accomplishment***

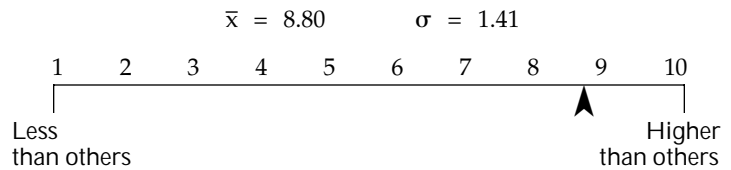
There was almost total agreement among the survey participants that there is a sense of accomplishment in their work. Ninety-three percent said they have a great opportunity to see concrete end results. "This is the best part of my specialty," one physician said.



***Status Among Colleagues***

Once again, the participants were almost unanimous in rating the status of their specialty. Ninety-two percent of them said they feel thoracic surgery is held in high regard by their colleagues.

One surgeon said, "Thoracic surgery is looked upon highly in the medical community."



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### Patient Characteristics and Types of Illnesses

The thoracic surgeons surveyed treat adult and older patients most of the time.

#### Age Group of Patients Average (%)

Infants	3
Children	4
Adults	48
Elderly	45

They treat more men (57 percent) than women (43 percent). Seventeen percent of their patients are classified as generally healthy, 39 percent acutely ill, 36 percent chronically ill and 6 percent terminally ill. Sixty-one percent of the respondents work in a hospital environment and 43 percent are affiliated with a group.

The conditions thoracic surgeons most commonly treat are:

1. Coronary artery disease
2. Valvular heart disease
3. Lung carcinoma
4. Heart disease
5. Esophageal problems

Among the conditions they find most challenging to treat are:

1. Valvular heart disease
2. Aneurism
3. Emergency care
4. Coronary artery disease
5. Trauma

### Malpractice Premiums

The thoracic surgeons surveyed paid an average of \$30,500 for malpractice insurance in 1998. This fee varies according to practice setting.

**Training  
Requirements**

The AMA's 1999-2000 Graduate Medical Education Directory lists 89 accredited residency training programs in thoracic surgery. Certification by the American Board of Surgery (five year general surgery residency) is a prerequisite for training in thoracic surgery. Residency in thoracic surgery involves a minimum of two years in thoracic and cardiovascular surgery prior to certification by the American Board of Thoracic Surgery, including 12 months of senior responsibility. It is probably the longest training residency requirement.

The certification exam is administered by the board in two parts: a written exam (Part I) and an oral exam (Part II). Certification is valid for 10 years, after which time recertification is necessary.

**Professional  
Organizations**

American Board of Thoracic Surgery  
One Rotary Center  
Suite 803  
Evanston, IL 60201  
Phone: (847) 475-1520  
Fax: (847) 475-6240  
Email: abts\_evanston@msn.com

The Society of Thoracic Surgeons  
401 N. Michigan Avenue  
Chicago, IL 60611  
Phone: (312) 644-6610  
Fax: (312)527-6635  
Email: sts@sba.com  
www.sts.org

The American Association for Thoracic Surgery  
Thirteen Elm Street  
Manchester, Massachusetts 01944  
Phone: (978)526-8330  
Fax: (978)526-7521  
Email: aats@prri.com  
www.aats.org

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1617 John F. Kennedy Blvd  
Suite 860  
Philadelphia, PA 19103-1847  
Phone: (215) 568-4000  
Fax: (215) 563-5718  
www.absurgery.org

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**Mean Scores for Critical Factors**

Autonomy	7.67	Manual/Mechanical	
Caring for Patients	8.61	Activities	9.71
Continuity of Care	4.92	Pressure	9.12
Diversity	6.86	Responsibility	8.88
Family/Leisure Time	3.47	Schedule	8.00
Focus of Expertise	9.67	Security	4.92
Income	7.65	Sense of	
Innovative Thinking	8.50	Accomplishment	9.43
Intellectual Content	5.16	Status Among	
Interacting with Other Physicians	8.06	Colleagues	8.80

**Exercise**

After you have finished the above career option profile, please complete the following exercise:

- ◆ List your top five Critical Factors below;
- ◆ In Column A, list the rating you gave each of these factors in your Briefing Document;
- ◆ In Column B, list the mean scores for each factor as found in the above profile;
- ◆ Subtract the items in Column B from those in Column A and write the remainder in Column C;
- ◆ Total the numbers in Column C. **NOTE:** Ignore + and – signs.

The closer the number at the bottom is to “0,” the more likely it is that this specialty may be a match for you and requires your further investigation. This total alone, however, means very little until you have compared it with those from each specialty profile.

Critical Factors	A (Your Rating)	B (Mean Scores)	C (Differences)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<b>Total:</b>	_____