

## Letter to the Editor

# Can the thoracic surgery internship and the right learning outcome be a solution to the recognition and problems of thoracic surgery?

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### *Dear Editor,*

This letter deals with only one of the many issues that can be discussed for the recognition of thoracic surgery and the solution of its problems. The issue examined includes internship training programs, which is one of the educational items for the solution. The purpose of this letter is to underscore the significance of the thoracic surgery internship, and to enhance awareness regarding its essential role in medical education and professional development.

The lack of recognition of thoracic surgery by physicians and allied health personnel and the publication of research articles on this subject, is an important problem. This problem suggests that another solution should be found for the recognition of thoracic surgery. Insufficient recognition of a branch means that the practitioners of that branch struggle with problems throughout their professional lives. These problems cause thoracic surgeons to be unable to practice their profession happily, to provide safe and accurate healthcare services, and to be misunderstood by hospital administrators.

In Türkiye, the fields of thoracic surgery and cardio-

vascular surgery have walked together for a long time, but they were separated as a result of the increase in knowledge, experience and the tendency towards specialization in the historical process [1]. In a session in which the development and history of thoracic and cardiovascular surgery were explained by Urak, a very important obstacle encountered in thoracic surgery that needs to be eliminated was mentioned, and it was stated that this obstacle was that “both doctors and auxiliary health personnel have no knowledge and training about thoracic surgery” [2]. In our recent past, factors affecting thoracic surgery awareness and specialty preferences among medical students [3], a survey on the interests of thoracic surgery [4], do we know thoracic surgery [5], and an interview with specialist physicians on what thoracic surgery deals with [6], unfortunately, shows us that thoracic surgery is not yet fully recognized.

In a study by Aktin et al, it was revealed that there is incomplete and incorrect information about thoracic surgery even among specialist physicians. Considering that patients coming to the thoracic surgery outpatient

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clinic are referred from various branches, it has been said that informing the physicians by the thoracic surgeons of the relevant hospitals can provide a more effective working environment [6].<sup>0</sup> Again, in Akçay's study, it was concluded that thoracic surgery, which is a specific and multidisciplinary branch, should be promoted more by hospital administrations and professional organizations [5].<sup>0</sup> Yıldırım et al found that the level of knowledge and awareness about thoracic surgery among non-physician healthcare professionals was not sufficient, and that especially the secretaries in charge of patient referral needed training on this subject [4].

Multidisciplinary hospital environments are centers where different branches provide health services in proper communication with each other, and where up-to-date health services are provided with the supply of up-to-date technological equipment by staying in contact with hospital administrations. Different branches need to know each other's dynamics and hospital administrations need to know the dynamics of each branch in order to provide accurate and quality healthcare services. The fact that a general practitioner working in the emergency department after graduation has not received adequate training in thoracic surgery and does not know the dynamics of thoracic surgery leads to significant problems in emergency health service delivery. Inadequate training in thoracic surgery is a major barrier to the recognition, appropriate management and referral to a thoracic surgeon of high mortality traumas such as thoracic trauma and life-threatening clinical conditions such as pneumothorax. Inadequate training in thoracic surgery leads to inadequate and inaccurate evaluation of chest radiographs of patients admitted to the emergency department, and densities such as scapula, costae and linear atelectasis are evaluated as pneumothorax, which leads to deterioration in the work motivation of thoracic surgeons and unnecessary energy losses. At the same time, the fact that hospital administrations do not know the dynamics of thoracic surgery leads to significant problems in the professional practice of thoracic surgery, deficiencies in the technological equipment of the clinics and inability to apply current treatment methods.

Considering that both other branch physicians and hospital administrations are physicians, it is possible that the solution to these problems may be in thoracic surgery

internship. At this stage, we observe that thoracic surgery internships vary in education programs; in some programs, thoracic surgery internship is compulsory and implemented as a separate internship program, in some programs it is compulsory but integrated into other branches, and in some programs it is included as an elective internship. These different practices show that not all graduates have the same level of training in thoracic surgery.

It is very clear that the time period in which both physicians, administrative and auxiliary health personnel will recognize and learn medical departments and the time period in which what they have learned in that period will not be forgotten is the internship periods and practices during their student years. Internship periods can cause departments to be either correctly recognized, incorrectly recognized, insufficiently recognized or not recognized at all. Internship programs that end in different ways should be taken into account by program preparers and implementers and updated to meet educational standards. It is very important to determine the learning outcomes in the pre-graduate medical education program. At this stage, a new definition of "learning outcomes" comes to the fore and internship programs should be designed around this concept. In the structuring of medical education, learning outcomes are one of the main components that determine the philosophy and direction of the program. Learning outcomes clearly define the knowledge, skills and attitudes that students are expected to acquire at the end of a course or program. In this direction, achievements make it possible to plan both teaching processes and assessment and evaluation approaches in line with the objectives. An internship program designed on learning outcomes will be more engaging, fluid and memorable.

Pre-graduate medical education programs in Türkiye are carried out within the framework of learning outcomes determined by the National Core Education Program of the Council of Higher Education. The National Core Education Program provides coordination in education among medical faculties and contributes to the standardization of program outcomes by defining the basic competencies that graduates should have on a common ground [7].

Learning outcomes directly influence not only the content framework of the curriculum but also quality assurance processes. The Association for the Evalua-

tion and Accreditation of Medical Education Programs, which carries out accreditation activities for medical faculties in Türkiye, positions the clear definition of learning outcomes and the consistency of these outcomes with the education program among the basic evaluation criteria. The National Accreditation Standards for Medical Education developed by the Association for the Evaluation and Accreditation of Medical Education Programs, require that program outcomes be associated with pre-graduation competencies [8].

At the international level, in the Basic Medical Education: World Federation for Medical Education Global Standards for Quality Improvement document published by the World Federation for Medical Education, learning outcomes are among the quality indicators that play a key role in achieving the objectives of the program. The accreditation processes carried out in Türkiye are also structured in accordance with the World Federation for Medical Education standards [9].

The aims, objectives and learning outcomes of the thoracic surgery internship should be carefully prepared in such a way that the student's knowledge, skills and attitudes improve. Learning outcomes allow medical education to be planned in a holistic manner in terms of purpose, scope and outcomes, and enable the development of educational programs that are compatible with both national and international quality standards. In this context, the systematic definition of learning outcomes is considered as a strategic element for medical faculties to fulfil their mission of training physicians based on competence after graduation.

Thoracic surgery internship should enable medical students to learn the dynamics of the thoracic surgery branch, to master the clinical situations related to thoracic surgery in the emergency department and other areas, to recognize thoracic surgical diseases, to comprehend basic surgical approaches, to gain the competencies to approach these diseases from a multidisciplinary perspective, to recognize the thoracic surgeon and thoracic surgery. Students should acquire basic knowledge, skills and attitudes related to thoracic region diseases and take part in clinical decision making and team-based patient management.

In conclusion, I think many more issues can be ad-

ressed to solve the problems of thoracic surgery. I want to emphasize that thoracic surgeons have the duty to introduce thoracic surgery to other physicians and allied health personnel in the hospital where they work. This article addresses the importance of the thoracic surgery internship period as a solution and is intended to draw attention to this issue. I suggest that thoracic surgery internship programs are the first encounter with thoracic surgery in the pre-graduation period, the first encounter should be a very important opportunity and unforgettable, the internship process should be evaluated and carried out very seriously and carefully planned, the internship program should be compulsory and compatible with the learning goal, and the priority issues related to thoracic surgery in health service delivery should definitely be included in the program. I suggest that the awareness of thoracic surgery that will be permanent in this period will contribute to the recognition of thoracic surgery, to the provision of safe and quality health care, to the happier performance of the profession by thoracic surgeons, and to the development of thoracic surgery and the solution of its problems.

**Keywords:** thoracic surgery, internship, learning, outcome

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