



Women in  
Thoracic  
Surgery

# ORACLE

To further the achievements of women practicing thoracic surgery by providing mutual support and facilitating professional advancement

## PRESIDENT'S CORNER



Yolonda Lorig Colson, M.D., Ph.D. - WTS President

### A Time of Celebration

It is a great honor to serve as the incoming President for WTS and it is a privilege to welcome all of you to join me as we journey into a new era for women in cardiothoracic surgery. In 2011, we will mark the 50th anniversary of the first women to become certified by the American Board of Thoracic Surgery and we will celebrate the over 200 women who have followed. But the celebration is not just about those early pioneers or our most recent graduates; it is for every woman cardiothoracic surgeon who strives to deliver the very best patient care with compassion, dedication, knowledge, and skill and

who believes that educating the next generation is one of our core missions. It is also for those men and women who have supported women cardiothoracic surgeons in academia and in the community. We thank you; without you there would be no celebration. You are all pioneers and role models. You prove every day that what was once thought to be impossible (i.e. being a clinically active woman cardiothoracic surgeon) can in fact be quite inspirational, moving the field to be greater in depth and broader in reach than it ever could be without you. Your presence in the OR every day inspires medical students and residents to think about doing the "impossible," challenges the idea of what is the status quo, and opens the future of cardiothoracic surgery to the next generation. Think about the impact you have when you reach out and encourage the female medical student, resident, or fellow standing across from you in the OR, and imagine what a group like WTS can accomplish through our mission of mentorship, scholarship, and fellowship.

Having been a member of WTS for many years, I can feel the energy and excitement of our members growing at each meeting. We have wisdom, passion, and purpose. We are gaining momentum, we recognize that we belong and add value, and we have a significant role to play in the future of cardiothoracic surgery. Members like you have made the world of cardiothoracic surgery more inclusive

and can help make it more welcoming and bring even more talent into the field. More than any other demographic, you understand the challenges of balancing work, patients, family, and self. Be it grandparents, parents, spouses, children, friends or pets, you commonly balance caregiver against the critical demands of surgeon. Sharing what you have learned and making our field adaptable to these challenges can only benefit everyone and make the field an even more rewarding career choice for the next generation.

The journey has been very hard for many, easy for none, yet important to all. I believe that as we pass that incredible milestone of 200 ABTS-certified women cardiothoracic surgeons, we will embark on an even greater journey as we honor our heritage and become part of the exciting future of cardiothoracic surgery. We have paid our dues, shown it is possible, and we are now ready to work together to help make cardiothoracic surgery stronger, more responsive and an exciting career for the future.

I invite all of you to show your support for this great mission by encouraging membership within the WTS, at active, candidate, associate, and benefactor (institutional) levels; by being active in our organization through participation in a committee or with the website ([www.wtsnet.org](http://www.wtsnet.org)) or Oracle; and by reaching out and supporting women students and surgeons at your own institutions. I look forward to meeting all of you and celebrating our past and bright future!

## 2010 WTS SCHOLARSHIP RECIPIENTS

### The 2010 WTS Scholarship essay asked, "What do you think is the best training regimen for cardiothoracic surgery?"

Here are the winning essays from our five scholarship recipients.



Congratulations to the WTS 2010 scholarship winners.

#### **Meghana Kunkala, Medical Student, St. Louis University**

As a junior-high student watching a CABG for the first time in my life, I was not only in awe of what the surgeon was able to accomplish but also utterly terrified of how I would ever attain those skills. These feelings led me to talk to cardiothoracic surgeons about what parts of their training most shaped the art that they now possess. Most comment that along with their fellowship, specific rotations in general surgery, like vascular, were essential while skill sets obtained in some, like orthopedics, were not of the highest yield. Thus an integrated CTS training program would be ideal. Not only would it incorporate those portions of general surgery that are most beneficial to CT Surgery, but it would also provide the flexibility to modify those rotations as the field itself changes. For example, many people say that "wire skills" will be essential for a CT surgeon as endovascular techniques become more prevalent. The integrated program could modify to include four endovascular weeks in the first two years instead of trying to squeeze these

rotations into an already short fellowship program. Integrated programs would offer four years of operating experience in CTS, compared to the two or three in most fellowships. So the integrated program is the best way to train CT surgeons because it not only includes the essential parts of the traditional method but also more experience and exposure to CT operations.

#### **Candice Lee, Medical Student, Drexel University**

In my mind, the ideal program for CT surgery is a six-year residency that leads to ABTS eligibility only. The program would provide exposure to CT surgery throughout all six years, but would be divided into two introductory years and three final CT surgery years. During the two introductory years, residents rotate through cardiology, pulmonology, radiology and general surgery. These years enable the interns to build a strong foundation for the medicine, while still allowing time in the operating room. The third year focuses on endovascular and interventional procedures by training

with IR, interventional cardiology and vascular surgery. The last three years are structured similar to traditional CT fellowships, with residents rotating through cardiac surgery, pediatric cardiac surgery, and thoracic surgery. Overall, a six-year CT residency provides the time and freedom to cater to the specific needs of a future CT surgeon. Since most CT surgeons rarely, if ever, perform general surgical procedures, it does not seem imperative to spend five years training in general surgery. Time is better spent strengthening the residents' knowledge and experience in relevant areas: cardiology, radiology, pulmonology, vascular. In addition, technology is moving toward less invasive procedures and this program would prepare residents to adopt endovascular interventions. With more time devoted to CT surgery, residents would also gain more experience in complex cardiac and thoracic cases (e.g., lung resections, VADs, transplants). This program would be ideal for any highly motivated medical student who is committed to becoming a cardiothoracic surgeon.

#### **Sarah Billmeier, PGY-3, Brigham & Women's**

The ideal cardiothoracic surgery training program must balance several conflicting priorities. First and foremost, a cardiothoracic surgeon at the end of their training must have developed the sound clinical judgment and technical expertise necessary to provide superior patient care. The responsibility of a training program to provide sufficient breadth of experience to fellows is ever more challenging in the environment of limited work hours, the explosion of medical knowledge

## 2010 WTS SCHOLARSHIP RECIPIENTS

and increasing surgical sub-specialization. Maintaining and improving cardiothoracic care in the future also depends on continuing to attract high quality candidates into the field. Barriers of entry into the cardiothoracic profession, including extensive length of training and lack of exposure in medical school, should be minimized. I believe that four years of general surgery, followed by three years of dedicated cardiothoracic surgery best balances these conflicting priorities. General surgery training develops technical skill, global clinical judgment and facilitates exposure and interest in cardiothoracic surgery. Generalized training teaches the platform of knowledge necessary to manage medically complex cardiothoracic patients, and the underlying surgical techniques needed to perform intricate, high risk procedures. This baseline experience can then be further developed by three years of specialty training. While the total clinical training time in this model is the same, or one year shorter, it provides an additional year of cardiothoracic experience over the traditional five and two training model. Three years of specialty specific training would provide fellows with the strong foundation of knowledge needed to initiate a lifetime of successful clinical practice.

### **Lindsey Saint, PGY-1, Washington University**

I think that the ideal training program to become a cardiothoracic surgeon should be defined first by proficiency in general surgery clinical and technical skills. Chief-level care of general surgery, ICU, and trauma patients is imperative to the

development of complex postoperative, critical care, and crisis management techniques necessary on a cardiothoracic service. Chief-level general surgery operative experience is essential for competency regarding tissue handling, anatomic and functional planes, and operative technique demanded in a cardiothoracic operating room. None of these skills was meant to be learned rudimentarily in the chest, but mastered there on a foundation of clinical expertise and technical excellence. Especially during the infancy of less lengthy training programs, surgeons are at risk of emerging from specialty training with clandestine cracks in that foundation. To maintain quality of care and patient safety throughout the transition in cardiothoracic surgery training programs, I believe American Board of Surgery certification should be required at the end of a four-year preliminary track in general surgery. Four years of general surgery training would provide adequate time for progression to and acquisition of chief-level general surgery responsibilities. Furthermore, successful certification in general surgery would not only provide a valid measure of the quality of surgeon entering into specialty training as compared with years past, but also a quantitative assurance of surgical core competencies. In my mind, only after mastery of general surgery skills has been established would a three-year fellowship consummate the ideal training program in cardiothoracic surgery.

### **Helenmari Merritt, PGY-1, University of Texas Health Science Center**

There are three key concepts which must be addressed when considering the ideal training program: operative experience, curriculum and board eligibility versus length of training. A resident can most benefit from introduction to operative skills from surgeons already practicing within their field of specialty. Early establishment of appropriate techniques, and prevention of developing poor habits, can be best accomplished in a six-year residency program which allows for these operative skills to be taught by an attending cardiothoracic surgeon. As skill levels advance, these same attendings would continue to evaluate and critique the resident and tailor his or her participation in the operating room to reflect this progression. Additionally, a six-year curriculum would expose residents to all surgical subspecialties, and emphasize the aspects of cardiothoracic surgery from the very first day of residency. This curriculum would be essential in helping residents develop a knowledge base, define expectations at each level of training, and would also allow faculty to play a role in molding new cardiothoracic surgeons. Currently, many shy away from the field, despite an interest in cardiothoracic surgery, due partially to the length of post-graduate training. A six-year program would allow medical students to enter directly into training. Indeed, there are several other subspecialties of surgery who train their residents in a similar manner and it appears to suit physicians in these subspecialties well. In closing, a six-year program would re-invent the training of cardiothoracic surgeons, and I believe this would positively impact the specialty.

## GETTING TO KNOW YOU: THE ORACLE INTERVIEWS DR. VIRGINIA LITLE



Ginny and her family on vacation in Hawaii.

***Dr. Virginia (Ginny) Litle is a graduate of the University of Vermont and of the Brown-Dartmouth Program in Medicine. Following her general surgery residency at UCSF, she completed fellowships in surgical oncology and cardiothoracic surgery at the University of Pittsburgh. She currently practices general thoracic surgery at the University of Rochester. Ginny is also the website editor and vice president for WTS.***

*Oracle:*

Ginny, we know you professionally as an academic thoracic surgeon and as our WTS website editor, but we would like our readers to know you also as a “real person!” So, let’s begin with what’s most important: What can you tell the Oracle about your family?

*Dr. Litle:*

**I am married with three children, two sons ages ten and eight and a five-year old daughter. My husband is British, which should give us an excuse to travel to a semi-exotic country regularly although we rarely have time with meetings!**

*Oracle:*

So you are busy with work-related travel. Or, one might say your work gives you an opportunity to visit various places! So what do you like to do on vacation?

*Dr. Litle:*

**I enjoy outdoor or athletic vacations: skiing, hiking, camping, golf and tennis. Mostly activities that make me appreciate my healthy heart and lungs!**

*Oracle:*

That sounds like a great break from the routine - good for both the mind and the body! Are you able to do things like that at home as well? What are your hobbies?

*Dr. Litle:*

**I enjoy spending time with my husband and children - skiing, tennis and playing board games. I try to exercise 3 to 4 times each week at the gym, playing paddle tennis, going cross-country skiing or doing yoga.**

*Oracle:*

You are definitely an “outdoors” person! Do you like animals?

*Dr. Litle:*

**We have a dog and a couple of hamsters. I like the dog but the rodent phobia...is there a gene for that? Is it autosomal recessive on the xx?**

*Oracle:*

I’ll bet there is! Maybe one of our

## GETTING TO KNOW YOU: THE ORACLE INTERVIEWS DR. VIRGINIA LITLE

readers can look into that! What about reading? We all have to read a lot to keep up with our field, but do you like reading for leisure? What was the last book you read that was not work related? What are you reading now?

*Dr. Litle:*

**I am reading Andre Agassi's book *Open*, but as with movies I primarily enjoy unpredictable thrillers or comedies. I enjoyed Nora Ephron's *I Feel Bad About My Neck*. I need to laugh or read something mindless for diversion. My goal for the new year was to develop an appreciation of historical novels or nonfiction and biographies, but I don't think it's happening this year! I was in a book club before I moved to Rochester and it reminded me that a little *Jane Austen* in college would have provided more long-term inspiration than my algae, fungi and lichen class. My other resolution this year was to participate in regular volunteer work, but any free time I have I want to spend with my kids. I have done a couple of volunteer projects together with my kids to teach them to help those who are less fortunate and appreciate the importance of giving their time.**

*Oracle:*

That's a great idea! Let's wrap up with a little history about your career. When did you first start thinking

about becoming a doctor? Why did you choose CT surgery?

*Dr. Litle:*

**I considered a future medical career when I was a child but I am not really sure how that inspiration arose. I was going to be a pediatric surgeon or an astronaut. In college it was easier for me to choose pre-med and have a goal than consider other career opportunities. I probably should have been a little more open-minded as only six non-science classes in four years of college was a little limiting in retrospect! In medical school I thought I was going to go into ob/gyn and had no interest in surgery until I did my rotations in third year. I loved the satisfaction of the work as well as the pace of surgery. I chose thoracic surgery when I was in surgical oncology and was a fellow for four months on Jim Luketich's service in Pittsburgh. I changed course because of thoracic's exposure to oncology and benign disease processes and I was excited to become competent in advanced minimally invasive surgical procedures. I have also spent a fair amount of time doing lab research and have a microRNA project studying esophagogastric cancer and Barrett's esophagus.**

*Oracle:*

Thank you so much, Ginny!

## CONGRATULATIONS DR. RUSCH!

Effective October, 2009 Dr. Valerie Rusch, Director of the Memorial Sloan-Kettering Cancer Center, was appointed to serve on the Joint Council on Thoracic Surgery Education. JCTSE is governed by an eight-member Board of Directors that is comprised of two members each from its four founding organizations: the American Association for Thoracic Surgery (AATS), the American Board of Thoracic Surgery (ABTS), The Society of Thoracic Surgeons (STS), and the Thoracic Surgery Foundation for Research and Education (TSFRE).

## CONGRATULATIONS DR. MCGOVERN!

Dr. Eilis McGovern, a cardiac surgeon, has been named the next president of the Royal College of Surgeons in Ireland. Dr. McGovern is not only the first woman president of the Irish College but the first woman president of any of the four Irish/British Colleges (Ireland, England, Edinburgh, and Glasgow) in their more than 1,000-year collective history of existence!

## LEADING DURING TIMES OF CHANGE



*Dr. Julie Ann Freischlag, Chair of the Department of Surgery at Johns Hopkins, gave the keynote address at the WTS General Membership Meeting in Fort Lauderdale. Her presentation was most obviously directed toward women in academic leadership positions, but as she commented at one point, the majority of the presentation applied to everyone in the room, because we are all cardiothoracic surgeon leaders in some way. Below is a summary of her presentation.*

### Leading During Times of Change

“The challenge of leadership when trying to generate adaptive change is to work with differences, passions and conflicts in a way that diminishes their destructive potential and constructively harnesses their energy,” Dr. Julie Ann Freischlag

To begin her presentation, Dr. Freischlag spoke in some detail about how to relate to colleagues and subordinates in a way that fosters one’s own growth, fosters the growth of one’s colleagues, and also helps the organization as a whole. The role of a

leader is to “control the temperature” she said. “There are really two tasks here,” Dr. Freischlag said. “The first is to raise the heat enough that people sit up, pay attention and deal with real threats and challenges facing them. The second is to lower the temperature when necessary to reduce a counter-production level of tension.”

So how does one raise the temperature? Dr. Freischlag advised drawing attention to the tough questions, and bringing conflicts to the surface. She then said to give others more responsibility than that with which they are comfortable. She pointed out that it is important to recognize up front that one will have to “accept casualties.” Not everyone likes change, and trying to please everyone is a mistake, according to Dr. Freischlag, who also said that the leader has to lead, and allow those who don’t agree to leave, if they so desire.

At other times in a leader’s career, the stress level becomes too high and the leader needs to lower the temperature. This can be accomplished by addressing the technical aspects of the problem, at times breaking it into parts, assigning individual tasks that are clear, and setting deadlines. In the short term, Dr. Freischlag said, the leader may want to reclaim responsibility for some issues and/or slow down the process of challenging norms and expectations. Attention must always be focused on the problem (not the person involved). The leader also needs to learn to think politically – to find partners, accept responsibility for their own part of the “mess,” and, on the other hand, keep

the opposition close. Perhaps most importantly, the leader needs to model the behavior that she expects to see in her subordinates.

On a more personal level, the leader must know her colleagues and allow herself to be known. She must take time for self-knowledge and self-examination, Dr. Freischlag said. She has found that telling colleagues about herself in the form of stories can be helpful. In any case, leaders need to develop a deep discourse with colleagues, inspiring in them imaginative thought and helping them see their own future as well as that of the group.

Dr. Freischlag also discussed the greatest woes and greatest joys of leadership. Her greatest woes are lack of integrity and/or professionalism in her subordinates, as well as those who “cannot solve their own problems.” The hardest jobs, she said, are threefold: negotiating money from above and below, telling someone they didn’t hit the mark, and realizing that some just don’t think women should lead. On the other hand, her greatest joys make it all worthwhile: watching others grow, seeing the culture change, being part of the leadership team, and voicing that different opinion.

#### Books Recommended:

*Leadership on the Line: Staying Alive Through the Dangers of Leading*, Ronald Heifetz and Marty Linsky

*Leading from Within: Poetry that Sustains the Courage to Lead*, Sam Intrator and Megan Scribner

## MARK YOUR CALENDAR! WTS GENERAL MEETING & RECEPTION

The next WTS meeting will be held during the AATS 90th Annual Meeting in Toronto on Sunday, May 2, 2010 from 6:30 p.m. - 7:30 p.m. Location TBD.

### INTERVIEW WITH MEGHANA KUNKALA

*Meghana Kunkala is a fourth year medical student at St. Louis University and 2010 WTS Scholarship Recipient. She plans to begin surgery residency this summer.*

#### **A medical student's perspective on cardiothoracic surgery: Interview with Meghana Kunkala.**

By Kemi Tomobi

Third year medical student at the University of Rochester School of Medicine and Dentistry

*Q:* How did you develop an interest in cardiothoracic surgery?

*A:* I was fascinated with a coronary artery bypass graft (CABG) procedure that I saw for the first time in the eighth grade. After that experience, I shadowed as many cardiothoracic surgeons as I could. In my first and second years of medical school, I got to the OR as much as possible. In my third year I did research with my mentor, Dr. Keith Naunheim. We looked at the recurrence rates of lung cancer as well as the quality of life in patients that

underwent cyberknife therapy for Stage I lung cancer instead of surgery.

*Q:* The WTS Scholarship gave you the opportunity to attend The Society of Thoracic Surgeons Annual Meeting in January. What was your impression of the meeting?

*A:* It was an awesome experience. I enjoyed listening to some of the papers presented and the meeting was a great way to meet residents in cardiothoracic surgery and chill out with the attendings. Though surgery has a malignant reputation, the conference provided an opportunity to get to know these surgeons as people, as human beings. There were so many surgeons willing to reach out and mentor people.

*Q:* Do you have any advice for medical students contemplating a career in cardiothoracic surgery?

*A:* It's important to know what you are getting yourself into. It can be very rewarding but it is a lifestyle choice. You need to be certain this is what you want to do. Find opportunities out there to fully understand the profession, either in shadowing, OR time, or research.

*Q:* How has the Women in Thoracic Surgery organization helped you on your career path?

*A:* Initially I was a little hesitant about the group because I did not want any "special help" as a female. However, there are definitely challenges that women face in cardiothoracic surgery that can be easier to deal with when you have a mentor on your side who has already faced those same challenges. Having an organization that makes women clearly visible in cardiothoracic surgery is integral to attracting more women to the field. It is a great organization with lofty goals and I am glad to be a part of it. Several prominent female leaders in the field are members. The organization has also been great for networking.

*Q:* Where do you see yourself in ten years?

*A:* I definitely see myself in an academic career, as an adult cardiac surgeon.

Thank you for your time, Meghana. It has been a pleasure speaking with you. I wish you the best as you continue to excel in your career endeavors.

**WTS GENERAL MEETING AT STS IN FORT LAUDERDALE- JANUARY 2010**



*Photos courtesy of Brigid Scanlan Eiync.*



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## MEMBERSHIP UPDATE

Please watch for your recently mailed WTS membership dues invoice. It is through your support that we are able to continue our outreach efforts to women throughout the world who have chosen this specialty, along with influencing young women interested in cardiothoracic surgery through our scholarship program.

Please also encourage your non-member colleagues to learn more about WTS and consider applying for membership. A listing of WTS membership categories and a sample membership application is included in this edition of the Oracle. Applications are also available at [www.wtsnet.org](http://www.wtsnet.org) in the "Become a Member" section.

**Women in Thoracic Surgery (WTS) is an international organization of thoracic surgeons whose purpose is to:**

- Provide quality care to our patients
- Mentor young women interested in pursuing careers in thoracic/cardiac surgery
- Provide educational opportunities for our members
- Educate the public, especially women, regarding cardiac and pulmonary health and disease



## WTS Membership Application

Name: \_\_\_\_\_  
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Your areas of interest in working with WTS (circle all that apply):

WTS Membership Outreach      WTS Education      WTS Scholarships

WTS Newsletter      WTS Mentoring      Other (please specify): \_\_\_\_\_

### DUES PAYMENT INFORMATION

U.S. Active - \$150      International - \$75      Residents/Students - No charge

Associate - \$150      \*Institution Benefactor - \$500      \*Corporate Benefactor - \$1500

\*For additional information regarding Benefactor membership benefits please contact WTS Headquarters at 312-202-5835

Make check payable to: Women in Thoracic Surgery (Tax ID#: 30-0003353)

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If you have questions, contact WTS Headquarters at 312.202.5835 or [WTS@WTSnet.org](mailto:WTS@WTSnet.org).

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