



Women in
Thoracic
Surgery

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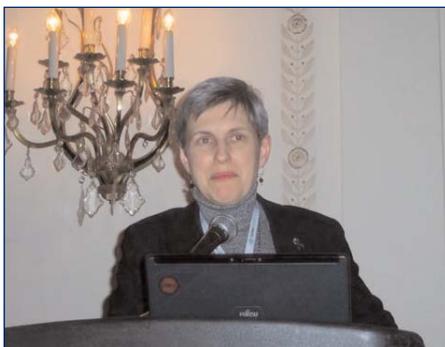
To further the achievements of women practicing thoracic surgery by providing mutual support and facilitating professional advancement

President's Corner

By Margarita Camacho, MD



This year, as most of you know, we were privileged to celebrate a very important milestone in the history of Women in Thoracic Surgery. During the STS meeting in Chicago, we hosted our 20th Anniversary Dinner Symposium, and were honored to be



joined by our founder, **Leslie Kohman**, past and present leaders of

WTS, society members from around the country and abroad, program directors, and leaders of both STS and AATS. Leslie was recently appointed Distinguished Professor at SUNY Syracuse, and throughout the years has continued to help women in our field achieve national recognition. Leslie has remained an avid supporter of WTS, has facilitated the appointments of women to STS and other national workforces, taskforces and committees, and has educated hundreds of residents throughout the years. Carolyn Reed, who also "broke" the glass ceiling and took over as President of the American Board of Thoracic Surgery, elaborated on the role and progress of women in our field and described the national trends in women entering surgical subspecialties. Although the number of women CT surgeons has grown over the last ten years, women still comprise only 7.4% of the total. An important part of ensuring continued growth is providing an effective mentorship program. WTS has long been committed to mentoring, and as you know, Cindy Herrington spear-headed this effort and has chaired this committee for WTS for the last 2 years. This Mentorship Program has served as a

model in our field, so we encourage you to visit our website to learn more. Our second speaker, Connie Haan, is a renowned leader in performance outcome improvement in cardiothoracic surgery; she has mastered the challenge of evaluating and interpreting database outcomes in order to effect improvement in performance and health policy, and was able to fill us in on some of this information. Although present in spirit, Carolyn Dresler was not able to deliver her timely address on smoking and lung cancer in women, as she was unable to leave Paris due to a large snowstorm. We hope she will be able to give this important talk at one of our future society meetings. We again would like to congratulate our four residents who were awarded the WTS scholarships to attend the STS meeting: Rose Ganim, Katie Nason, Karen Gersch and Cherie Parungo, and wish them continued success. We also extend a special thanks to Edwards Lifesciences, Medtronic and Guidant, who generously sponsored our symposium.

Due to the tireless efforts and guidance of our predecessors and the vision and enthusiasm of our present Board members, WTS continues to

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achieve even more national and international recognition. We have been asked by women abroad to advise them during the formation of women cardiothoracic societies in their respective countries. We have recently begun this initiative in Japan, and Ajay Carpenter, one of our past WTS Presidents, will be attending the first women CT surgery society meeting in Japan in October to address this new group. Looking ahead to managing present membership and increasing our numbers locally and internationally, Lorraine Rubis has graciously agreed to Chair the Membership Committee. As most of you know, Lorraine has been the key force keeping WTS on course and assuring that everything gets done the right way, and in a timely fashion. Cindy Herrington continues to chair the Mentorship Committee, one of the most

important in our society, and one that has attracted quite a bit of attention on a national level, as it serves as a model for other societies. We have a strong reputation as educators and global leaders, due to such members as Mercedes Dullum, Leslie Kohman, Carolyn Reed, Carolyn Dresler and Connie Haan, to name only a few. Over the past several years, I have been impressed by the growing number of women who have been appointed to chief/director positions and national committees and workforces. This trend, and the supportive mentorship, will hopefully encourage more women to enter our field. While we cannot decrease the work hours or other often strenuous demands of our profession, we can certainly help residents and junior colleagues overcome some barriers to a productive career. We plan to have a second retreat devoted to Climbing



the Career ladder: Strategies, Tools and Skills", since our first one was such a success but many were not able to attend due to heavy snowstorms. We want more women to take advantage of this valuable symposium. The program was designed by two women for professional women who want to become more skillful in negotiating the daily challenges of medical practice on the level of men in our specialty. Details will be posted on our website in a few months.

We will be holding our next WTS membership meeting in conjunction with the STS in San Diego at the end of January 2007. Details will be posted on our website soon. Our membership, both individual and institutional, continues to be strong, as is our momentum!

Different Women's Voices on the Future of Cardiac Surgery:

We are all aware that changes are coming to our field. The present "surplus" of cardiothoracic surgeons and the difficulty that many graduating residents and others are having finding satisfactory positions were hot topics at the STS meeting earlier this year. The discussion has continued and has received increased interest following the announcement of the 2006 Match results, in which once again many cardiothoracic residency slots were left unfilled.

The STS has taken a leadership role both in attempting to help match surgeons with positions and in terms of addressing the anticipated future deficit of surgeons. WTS members have received formal and informal inquiries from young women regarding the future of our field.

From academic surgeons:

It is my feeling that once the work force changes and we have a great need for cardiac surgeons, we will not see an increase in applicants. I think the shift in the job market will benefit those in training now and those about to enter training that are already interested. The "millennium" generation has a very different take on what is important in life and in their career. I don't think the shortage is going to be resolved by an increased need or by higher salaries. The people I have spoken to want to know about balance.

Cindy Herrington

The main thing that will happen is

that in 15 years, when there is a 45% deficit of CT surgeons to do the work the baby boomers will require, we will have a swing of the pendulum and then the crisis will be over. We hope a little sooner, but market forces will eventually do their thing. What we need to do is make sure that people who really WANT to do this are not discouraged, and that GOOD programs stay open, poor ones close, and that we train a smaller number of satisfactory residents rather than a larger number of substandard ones.

Leslie J. Kohman, MD

From a private practice surgeon

I've just left a position where I was the Director of a Heart Institute, with purview and responsibility for both cardiology and cardiac surgery. Nationally, considerable variation exists among programs in percentage of coronary revascularization performed as CABG vs. PCI, but there is a consistent trend of increasing PCI and decreasing CABG. There are significant forces that will ensure further case volume being diverted from the OR to the Cath Lab, including improving cardiology interventionalist skill sets, falling cardiologist incomes, and improving catheter technologies.

This time in the evolution of cardiac surgery presents opportunity for assessment and strengthening of residency programs, and residency training. Careful selection and support of talented candidates is needed. In addition, I strongly advise

individual staff and resident surgeons to make choices that ensure diversity, complexity and depth of their own skill base. We need to watch trends as the need for cardiac surgery is very much in flux.

Shauna R. Roberts, M.D., C.P.E.

From a current resident:

During my three years of clinical training many of my general surgery attendings have tried to tell me about the horrible job security issues. I, for the most part ignored them thinking that CT would do as vascular has done—grow and flourish through adversity. However, this year, my first year of research, I have encountered fellows who have given believable and current stories: stories of fellows from reputable programs who do not have job offers after completing fellowship, attendings and fellows who are doing extra training just to stay afloat, large programs with cases dwindling, people doing super fellowships in pediatric heart only to be first assistants to attendings who have no desire to retire just yet, etc. My husband who is quite supportive, understandably is concerned as am I. What if I do all this training only to be without a job?

From a medical student by telephone:

A woman surgeon came to speak to the class about her career. She works from 6am to 9 pm Monday through Thursday, "tries" to get home in time for dinner on Fridays, and works at least one day every weekend. She

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married late in life, has been divorced and "bragged" to the class about how if you work hard, you really can "have it all." Our generation is not falling for that - we know that we have to make choices. My classmates and I have many reservations about going into surgery, and one friend in particular who had planned a surgical career is now having second thoughts.

Early Career Task Force:

Nora Burgess is leading a STS Early Career Taskforce focusing on the needs of senior residents as they transition to first jobs following completion of their cardiothoracic training. The STS is supporting this

group, one of whose members making valuable contributions is Cynthia Herrington, in an effort to develop a centralized, specialty specific network of experienced surgeons who are ready to serve as informal resources. The ultimate goal is to develop a robust on-line gateway that links to a team of volunteer advisors who can offer everything from answers to specific questions to potential roles as mentors. Hopefully the first phase of this program can be developed sufficiently, with linkages to interactive surgeon resources as well as to written reference material on areas such as negotiating contracts, in early 2007.

What can I do today to further the role of women in Cardiothoracic Surgery?

Please visit The Annals of Thoracic Surgery editorial office website at 1. <http://www.atseditorialoffice.org> Go to your Personal Information area and: UPDATE your phone, email, and physical addresses ADD your degrees and titles REVISE your personal "keyword" list* *The Annals' keyword list is revised by the editorial board each year on January 1. This list is intended to best match the content of submitted articles to the interests and expertise of our reviewers. Somewhere between 20-40 keywords is usually enough to identify true expertise.

Upcoming meetings of note:
ACO-ASSO Congress President 2006 23rd Annual Meeting of the Austrian Society of Surgical Oncology (ACO-ASSO) & 11th International Thoracic Surgery Congress Oct. 5-7, 2006 St. Wolfgang (Austria) Topic: "Non-small cell lung cancer - Diagnosis and Treatment"
1. www.medacad.org/aco2006
Austrian Society of Surgical Oncology (ACO-ASSO)
www.aco-asso.at

Position available: Pediatric and Adult Cardiac Surgery

Phoenix, AZ. The salary for the position is \$450,000 with an income potential of \$800,000+. Call will be 1:3. The position is for a fellowship trained Pediatric Cardiovascular Surgeon but the ability to do adult is also available. This is a full time practice however it is a quality of life practice. Interested surgeons may obtain more information at the contacts listed below.

Matthew A. Kolb, President • Carson Kolb Healthcare Group, Inc.
mkolb@carsonkolb.com • www.carsonkolb.com
949.476.2988 ext. 131 • 949.476.2155

Upcoming Meeting of Note

Andrea J Carpenter, MD

will be speaking at the inaugural meeting of Women in Thoracic Surgery of Japan on October 4. The meeting will be held in conjunction with the 59th annual meeting of JPATS (Japanese Association of thoracic Surgeons). She will be speaking about the evolution of WTS and the importance of mentorship in sustaining the future of our profession.

January AATS meeting in Philadelphia



2006 Female Diplomates - Women in Thoracic Surgery

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Sandra Lynne Starnes, MD
6289 Fairway Drive
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Angela V. Wong, MD
418 Danimere Avenue
Arcadia, CA 91006

WTS Congratulates!

Patricia Thistlethwaite, MD, PhD (San Diego, CA) is elected to AATS membership, as well as Doninique Shum-Tim, MD from Montreal



**Application for Scholarship
to attend
The Society of Thoracic Surgeons 43st Annual Meeting**

**San Diego, CA • Jan 28 – 31, 2007.
\$1500 stipend**

Eligibility requirements:

- 1) The applicant must be a resident physician in training in an accredited Thoracic Surgery Program OR a resident in an accredited General Surgery Residency who is planning on continuing training in a thoracic surgery program. International residents are welcome to apply
- 2) The stipend is to be used to attend the STS meeting in January 2007
- 3) Recipients are expected to attend the WTS Membership Meeting and Dinner on Sunday, January 28, 2007.

Name: _____

Thoracic Residency Program: _____

Year in program _____

Email Address: _____

Snail-mail Address: _____

Please write a paragraph (less than 200 words) describing:

My Thoracic/Cardiac Surgery Practice in 2015

Submit Application by email to: ljrmd@tampabay.rr.com (include this form)

Submit Application by Snail Mail to: Lorraine J. Rubis, M.D.

106-4th Street East

St. Petersburg, FL 33715-2241

Deadline for application is November 1, 2006



Women in Thoracic Surgery

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

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

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Women in Thoracic Surgery

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