

Women in Thoracic Surgery Interview: Dr. Jane Schwabe

WTS had the privilege of interviewing Dr. Jane Schwabe who is a partner at Heartland Cardiothoracic Surgery in St. Joseph, MO. Dr. Schwabe attended medical school at Creighton University in Omaha, NE. She matched there for her general surgery training and did her cardiothoracic surgery training at the University of Washington in Seattle.



WTS: What was your first experience with cardiothoracic surgery and at what point in your life did it occur?

JS: I knew I wanted to be a surgeon during my 3rd year of medical school after I did my clerkship. Then, I was looking for a surgical elective for my 4th year sub-internship and CT surgery at the University of Seattle had an opening so I took it. I ended up having a great time on the CT service. If I didn't have kids, I would have stayed there.

WTS: When did you know you wanted to be a cardiothoracic surgeon?

JS: I had my first inkling during my rotation as a 2nd year resident. I liked treating sick patients and being involved with intensive care. Then, during my 3rd year, I worked in a CT surgery lab. I got to see the science behind CT surgery which captivated me. I had 2 kids by then, so I was not sure CT surgery residency would be a good fit. However, I discussed it with my husband who was a nurse in the emergency department. He said he knew right away after I rotated during my 2nd year that I was headed for CT surgery. I knew that I could be happy in other surgical fields, but I absolutely loved CT surgery.

WTS: Would you characterize your practice as cardiac, thoracic, or both? If both, what percentage of each do you perform?

JS: Both. I do about 80% cardiac and 20% thoracic. I like the mix. I live in a mid-size community and we don't do transplants so I don't have to take transplant call. We don't have a surgery residency so we are assisted by RNFA's. We do teach RNFA students and scrub tech students, as well as rotating medical students from the University of Missouri, KCUMB and Kirksville.

WTS: Would you characterize your practice as academic, community associated with an academic center, or private? Have you always been in this type of practice?

JS: It's a community practice. I've been in community practice for 15 years. I like community practice because it allowed me to raise children. In smaller towns, I was able to determine my own schedule. I could start my case late if there was a school activity or end early if necessary. I currently live three minutes from the one hospital that I work at. I have two partners which has really improved my schedule. I started working in Kearney, NE where I was the only surgeon. That was a tougher schedule.

WTS: What do you think are the pros and cons of this type of practice?

JS: Some of the cons are that cardiac surgery evaluation has changed a lot and politics are involved. The quality measures that have been instituted means that we are under constant scrutiny and compared to benchmarks. It can be frustrating. I miss teaching because students always ask interesting questions. Their presence encourages you to keep up on the "latest and greatest". There is no anonymity in a small town. It never fails that when I'm sitting down with pizza and a beer that a patient or a nurse from the hospital will see me.

The pros are that my practice allows me to have a very personal relationship with my patients. We do our own intensive care postoperatively. I'll follow my patients for 8-12 weeks postoperatively in clinic. I know

that my reputation garners me a lot of referrals by word of mouth. Patients like having the personal touch with their surgeon.

WTS: Have you ever changed practices to improve your situation? If yes, what did you feel needed improvement and how did you try to ensure that your new situation would provide what you needed?

JS: Yes. I liked Kearney, NE, but it did not allow enough time for me to spend with my children since I was in solo practice. I moved to Missouri where initially I had one partner. Now I have two partners and it is so much better for lifestyle.

WTS: What percentage of your work time is devoted to administration?

JS: I spend about 20-25% of my time doing administrative work. At our hospital, there is a line of succession on the medical staff committee. First you start as secretary, then treasurer, then VP and then two years later, you are president. I start my term as VP in January. I would rather help design changes instead of just having to put up with them.

WTS: Are you involved in any research?

JS: I'm helping with one study looking at atrial fibrillation prophylaxis with dronedarone.

WTS: Do you get reimbursed for the time you spend performing administrative duties?

JS: Since I'm employed by the hospital, my administrative time is part of my contract. I prefer the employment model. In Kearney, NE, I was in my own private practice. Being employed has been easier although last year our contract changed. We are now paid a base salary with a chance to get bonuses based on RVU's. I am not sure that is a good idea. I think it creates competition between partners. Luckily, I have good partners.

WTS: What do you find rewarding about administrative work?

JS: One administrative duty I have that I really enjoy is called the Fourth Grade Challenge. It actually started as a program for adults in conjunction with a radio station called the "Pound Plunge" to help with weight loss. It was successful so we were then approached about starting a short course for 4th graders. We did not want to only emphasize weight loss at that age although we are concerned with childhood obesity. We decided to make the course about healthier living: exercise, nutrition, not smoking, etc. We initially got a grant for \$10,000. We bought journals for the kids so they could keep track of their progress. They get prizes for healthy living habits such as going a whole day without drinking soda. They get things like calculators and hats. This is our 5th year with the program. We started at only four public schools and it was such a success that the school district asked us to go to all 16 of the public schools in the district. We are developing a survey tool for graduating seniors so we can see if there is a difference between those who had the program and those who did not. More than 100 people are involved in organizing the Fourth Grade Challenge Program.

WTS: What are the things that frustrate you the most about administrative work? Practice management?

JS: Slowness. Sometimes I can't understand why people just can't get it done. Physicians and administrators don't speak the same language – neither clinically nor numerically. An example is the benchmark of having the first AM glucose less than 200. If the fingerstick is 202, the administrators think the sky is falling. They don't understand that in the big clinical picture, those two points won't make a difference.

WTS: Do you find that your practice allows life/work balance? Why or why not?

JS: In Kearney, NE, when I was in solo practice, I could not spend time with my family. Now that I have two partners, I can commit to family activities when I'm not on call. I have four children. I had all of them during my General Surgery residency. I had them really close together, four in three and a half years! I did not want to be pregnant during my CT fellowship. Then unexpectedly we had twins. As a family it was pushing it, but we made do and came through.

WTS: What one piece of advice would you give to a medical student or surgery resident who is considering cardiothoracic surgery as a career?

JS: If it is truly your passion, you should do it. If you like heart and lung surgery and sick patients, go for it.

If money is your main motivator, forget it. You should be prepared to follow CMS guidelines and you have to be involved in data collection. Some of it makes sense, but some of it does not.

If you have a family, you need a committed partner.

WTS: What do you think are the most important factors that have led to your success as a cardiothoracic surgeon?

JS: My personality. I draw people to me. Initially, I had to prove myself. I was looked at as the "token woman". Now I'm known and I have doctors and patients deliberately seek me out.

WTS: What has been the most rewarding about your career/practice?

JS: It has allowed me to be interactive with kids in the community with the Fourth Grade Challenge. Hopefully the program will have enough impact on the kids that many of them won't ever need heart or lung surgery.

WTS would like to thank Dr. Schwabe for agreeing to be interviewed and sharing her career path thus far. Dr. Schwabe's successful career illustrates the importance of knowing one's priorities and making decisions accordingly. Dr. Schwabe continues to be a strong voice for women's wellness, women's heart health, and educating children about healthier living.