

2019 Brigid Scanlan Traveling Mentorship Award: My Experience

There are too many fitting ways I can begin this piece, but the best is to admit that I felt immediate fulfillment of this opportunity within minutes of meeting Dr. Carpenter, maybe even seconds. I had one dominant thought the rest of the day after we met, which is one that you know at the time you think it will be an everlasting impression, mostly because of that feeling of profound awe that struck you so unexpectedly: “I’ve never met a female Cardiothoracic Surgeon before.” I was probably even more so stunned because I didn’t meet only one female Cardiothoracic Surgeon, but TWO – Dr. Carpenter was with an integrated Cardiothoracic Surgery resident who was 37 weeks pregnant. I kept thinking the same thought as I had before as we saw consults the rest of the morning: “I’ve never met a female Cardiothoracic Surgeon before.”

I think it is important to ask why I sought the opportunity to work with Dr. Carpenter at this point in my career, especially if you, dear reader, are a current General Surgery resident who is considering applying for this unique opportunity. There is a hierarchy in this profession, which I was very accustomed to prior to entering General Surgery given my training experience in various dance companies and professional cheerleading – this means I am an obedient, disciplined, and respectful team member. Although in many ways this translates into a suitable resident, it also risks a submissive perception, which can be conflicting as you transition from a junior to senior resident. For females, some of us may already struggle with the stereotype of submission, especially in male-dominant specialties such as Surgery.

Although we may be able to envision how we would like to be perceived, it is not always the case that this is well-received when we try. Based on my anecdotal experience, it can be a draining, exhausting, and confusing experience. Honestly, I’d rather be *my* role in every situation, but as I’ve learned, environments are limiting, audiences are variable, and reception is conditional: if you smile, you are too nice; if you don’t smile, you are mean; if you talk, you are interrupting; if you don’t talk, you are not interested. Really, it shouldn’t matter what people think, but when your profession is based within social interactions, you are obliged to at least be aware of your perception and the situations in which you may need to adjust or adapt your role. Eventually, you may reach a point at which you’ve been made into a puppet, stripped of your authenticity, or disconnected from your sense of self.

For me, watching Dr. Carpenter in the operating suite was defining. Indeed, I am no stranger to working with female surgeons, I’ve worked with many since the inception of my pursuit of a career in surgery, but Cardiothoracic Surgery is a unique operating context and setting, especially when performing on-pump procedures and managing the additional team members that come with it. Dr. Carpenter exuded a presence of effortless confidence, and she operated definitively and decisively – this was the case even in situations that demanded unanticipated intraoperative decisions. Her rhythm was methodical, her progression was logical, her cadence was resolute, her technique was artistic, and her temperament was collected and cool – she controlled the room. From operative management of ischemic heart disease, endovascular valve replacement, and open large-vessel reconstruction, her scope of practice is expansive and her mastery is refined; I had no doubt or speculation that her gender would affect these elements. Her performances provided me an image with which I identified and will serve as an everlasting scaffold for my fervid practice.

Many can easily recall when they met the moment they fell in love with Cardiothoracic Surgery. After exploring every depth of Surgery, I stand that it is one unmatched and also supported by my sanity in addition to my heart. I do not believe I will ever fully comprehend how perception can so easily disillusion so many, nor how so many will forget its often beguiling effect. What is unconventional may be different, or maybe just rare and brazenly so. I am so thankful, grateful, and indebted to the Scanlan Family, Women in Thoracic Surgery (WTS), the WTS Scholarship Chairs, and Dr. Carpenter. Although I never met Brigid, I will never forget her – in her memory I developed and rediscovered a sense of empowerment, worth, and righteousness; qualities that will serve and continually guide me through my career in Cardiothoracic Surgery.

Sincerely,
Rachel E. Lewis, MD