



ORACLE

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

President's Corner



By: Jessica Donington

I have recently become obsessed with the book Blind Spot, the Hidden Bias of Good People, by Mahzarin Banaji and Anthony Greenwald. I got hooked after listening to Dr. Banaji discuss the riddle about the boy injured in a car accident where his father is killed. When he arrives at the hospital the surgeon declares, "I cannot operate on this boy, he is my son." Who is the surgeon? It took me many seconds and several less likely scenarios before I figured out that the surgeon is the child's mother. I wanted to kick myself. How was this possible? What is wrong with me that this was not my first thought? I am a

female surgeon and most of my closest friends are female professionals and surgeons with children. I clearly have a "blind spot" deep in my subconscious that associates surgeon=male. This was so frustrating that I felt obliged to learn more.

Blind Spot does a beautiful job of explaining that most social biases are not good or bad, but rather innate associations. They are deep inside our subconscious, and not under our rational control, but they influence our likes and dislikes, conscious decisions, and judgements about other's character and abilities. The book made me think about how my patients and colleagues perceive me. It also made me think about what innate associations mean in our society. The same way my subconscious mind equated male=surgeon, more dangerous associations exist that equate black=violence and Muslim=terrorist and these challenge our society significantly.

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Implicit associations are based on many factors including public norms and previous experiences. Humanity has evolved dramatically in the past two centuries, but prior to that people lived in small isolated groups with like individuals. Our world is now safer with globalization occurring at a dramatic pace, but evidence suggests we still carry an innate comfort with those similar to ourselves. This reflexive association is the unfortunate basis for stereotyping and the professional glass ceiling encountered by women and individuals of color.

Innate associations exist in good, well-meaning,

and highly educated individuals. Recognition of the differences between ones rational and reflexive thoughts can serve as a source of significant tension when discovered, similar to my frustration to the surgeon riddle. But recognition of innate biases deep in our minds is the first step to combatting them. True professional and social equality entails more than regulations protecting against inequality, it requires neutralizing innate biases before they result in behavior. We can outsmart the machine in our heads once we are aware of that biases exist. We can also alter public norms so these innate associations are

less prevalent in the next generation. This is the power of the "I look like a Surgeon" and "I look like an Engineer" campaigns.

Dr. Elizabeth Travis, the Associate Vice President of Women Faculty Programs at the University of Texas MD Anderson Cancer Center, will serve as the speaker at our networking reception in January at the STS. She is an expert on development of female leaders in medicine and science, and she will hopefully educate us on navigating a successful path in a profession commonly associated with males, even possibly in our own minds. I invite all to join us.

Congratulations to the new ABTS Diplomates

Staci E. Beamer

Emily E. Cassidy

Hannah Copeland

Loretta Erhunmwunsee

Dawn Szu-Fei Hui

Kelly Amber Hucheson

Zarrish Saeed Khan

HelenMari Louse Merritt

Elizabeth Pocock

Julia Celeste Swanson-Birchill

Melita L. Viegas

Abby White

Elena Margaret Ziarnik

We are so proud of you! 13% of new ABTS Diplomates are female this year!

Congratulations to the newly elected female members of the AATS

announced at the 2016 AATS Annual Meeting!

Leora B. Balsam, MD

Anna Maria Ciccone, MD

Silvana F. Marasco, MD

Isabelle Optiz, MD

Ourania Preventza, MD

Learning Begins at the End of Your Comfort Zone

By: Caitlin Harrington Brown



*Caitlin Harrington Brown
MD Candidate, Class of 2017
OHSU School of Medicine*

Surgeons are like professional athletes. They commit years to rigorous training, and spend hours preparing for a specific case, and then before they know it, it's game day. All that pre-game prep is all well and good, but it's what happens on game day that actually counts. Every patient and case is different. Surgeons are prepared for the unknown in a very high stakes environment because they are trained to be problem solvers and be clutch in a crisis. They use their knowledge and their technical skill to fix complications, even if it's the first time they've seen that particular problem. Their ability to operate when facing the unknown does not mean they are comfortable –

it means they are competent and confident.

As medical students on a surgery rotation, we have been told that a large part of our attendings' and residents' analysis of us is their assessment of our decisiveness. We are seeing things for the very first time, and they are looking for us to apply our knowledge to an unknown situation and confidently make an educated choice. When you first experienced this, it felt uncomfortable, right? Maybe it still does, and there is a reason for that! Making an educated guess feels like we are unprepared, probably because we spend the first two years being told exactly what to study for on an exam, and then suddenly find ourselves on clerkships where any question is fair game at any time. It's hard to prepare for this, and if we don't know the answer, it feels awful. But like with all things in surgery, there is a reason why our teachers put us in this position. Beyond teaching us the information we need to be competent doctors, they are also training us to be comfortable with being uncomfortable. It feels bad in the moment, but that will feel *nothing* like how it will feel when we are trying to control bleeding for the first time on our own. These situations require us to

remain calm and decisive in the moment. If you ever feel like a "deer caught in the headlights" with a question on rounds, imagine how you will feel when a patient's life is in your hands and you have minutes to assess the situation and fix the problem! It is imperative to get used to this feeling. Luckily, as you move through your rotation and gain exposure, you start to feel more comfortable. It means you're gaining confidence. But we should be wary of that too! Feeling comfortable means we have learned something – past tense. It does not mean we are actively learning. Instead, we should aim to consistently push ourselves outside of our comfort zone. If we can learn to handle and even thrive in this discomfort, we will get more out of every day we have left as students, we will train ourselves to be more competent residents, and eventually, we will be better prepared for the real game day – when we are in charge of an OR.

There is another element to feeling uncomfortable during our medical school education – when we get feedback. Hearing that we were wrong, or maybe even worse – "just okay" – is hard to swallow. It is natural to feel upset... it's because you care and are used to being successful. But here is the

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thing – you shouldn't feel upset for getting negative feedback. You should be grateful because someone has taken an interest in your education and wants to help you become a better physician. A helpful way to look at this is to imagine that you are teaching a child how to draw an anatomical heart. Can you imagine a situation where you would have nothing constructive to offer them to help them do a better job? No. The only circumstance in which you would not provide some kind of advice or feedback, would be if you were not invested in their education. In *The Last Lecture*, Randy Pausch said, "A coach yells at the kid he thinks can improve, but the coach will not yell at the kid who he/she knows won't." If you are not getting negative feedback as a student on your surgery rotation, ask for it. If your resident is correcting you and testing you, then they are doing you a service because they are pushing you to be better. They care about your education, and more importantly, they care about the patients you will eventually be in charge of caring for. Yes, it will feel uncomfortable and in that moment, you will not like it. But rather than let it get you down, pay close attention to their message and use it to help you be a better doctor. We have a very, very short time before the responsibility becomes our own. Capitalize

on the wisdom and experience of everyone around you, as much as you can, and be wary of only receiving positive feedback. Although it highlights the things you are doing well, it doesn't always help you improve.

There are moments during medical school that will give us a taste of what it's like to be a resident. A meaningful example from my personal experience was on my sub-internship when I got to first assist on the same operation twice in a row. The first time through, my attending instructed me with every step – where to place the ports, what instruments to ask for, etc. The second time through, he asked *me* where I wanted to place the ports, and if he gave me any instruction at all, it was because I forgot to ask for an instrument or because I made a decision that he disagreed with. He gave me the illusion of autonomy, which was exceptionally fun and challenging. However, the real gift he gave me was the opportunity to learn just how mindful I needed to be during the first operation, to be able to operate without prompting during the second operation. What a valuable lesson to learn so early in my education! When I wasn't mindful enough and required prompting, I felt disappointed in myself. I was grateful for that lesson



though – to feel what it's like to not know what to do, to have to rely on my attending for answers - I didn't like it, and the next time I get the chance to do the same procedure twice, I will remember that experience and capitalize on what I took from it. In fact, I will be able to get more out of every opportunity I am given in the future because of what I learned. The real key is that, although it's a more tactile and active learning experience to first assist, you don't have to wait for those moments to test your surgical decision making. Every time you watch an operation, ask yourself what you would do next and then see what your fellow does. Listen to the feedback your attending gives to the fellow with each step and use it to correct your own thinking. Pay attention to every detail – how much tissue do they

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take per bite, what plane of tissue are they dissecting, what surrounding structures are they being careful to avoid? Learn from their successes and mistakes. THAT is being mindful. Go to the simulation lab with one of your residents to practice your laparoscopy/thoracoscopy skills. These habits will give you the best chance to capitalize on every opportunity you get in the OR – your attendings will be more willing to give you chances because you'll be more efficient, and you will be able to focus on the finer details of the operation earlier in your training.

An attending whom I deeply admire for his purposeful and thoughtful operative skills once told me that he was given the feedback during a case as an R2 that "he wasn't listening, and he wasn't learning." His attending had watched him do the same case a few times, and did not see enough progression. He said that feedback stuck with him throughout the rest of his training as a general surgery and cardiothoracic resident. He never wanted to give that impression again, and thus, he became extremely mindful in order to improve with each opportunity. Being uncomfortable and receiving negative feedback during our training – these are commonalities we share with the surgeons we respect the most. Take comfort in

that fact, but don't take so much comfort that you become complacent and stop pushing. Don't let the worry that your resident thinks you're doing a poor job distract you from the opportunity to improve. Instead, demonstrate that you heard their message by making the changes that were suggested to you. Most importantly, think beyond your rotation grade because that is not the reason you should be busting your tail to do well. The real reason is that at the end of medical school, you will become a surgical intern, and then one day a chief, and then a fellow, and then finally, a cardiothoracic surgeon. The safety net will be gone from beneath you because you will have become the safety net – for your fellows, residents, and most importantly, for your patients. Yes, your partners will help you in a crisis, but

ultimately, the buck will stop with you. You will own your complications. The weight of that responsibility is so heavy that in order to enjoy this job... to truly love it... you have to be great at it.

So take every moment in your education that forces you into the unknown and welcome it with open arms. Savor the feeling of being uncomfortable and let it sink in. Be mindful of what goes wrong and why, and imprint the lessons you learn into your brain forever. Realize that medical school is actually a safe place to be bold, to make yourself vulnerable, to ask important questions. Hold yourself to a standard that goes beyond impressing the attendings on your team or scoring well on your rotation of the moment. See the bigger picture. This is how we earn the right to have this job. This is how we become ready for game day.



Resident's Feature

Day to Day Reality of the 10-year Plan

By: Kimberly Holst, MD

Dr. Holst is a PGY-5 in the 4+3 Joint General and Thoracic Surgery Residency Program at Mayo Clinic in Rochester, Minnesota. She is currently in dedicated research time which is partially funded by a Nina Starr Braunwald Research Fellowship through TSF.

During medical school I had my 10-year plan figured out: match to a residency program with research opportunities to prepare me for cardiac and congenital cardiac fellowships, match to the best fellowships I could, and ultimately obtain an academic surgeon position with busy clinical practice and multidisciplinary research. Pretty straightforward.

I had invested a lot of time evaluating if a career in cardiothoracic surgery

was right for me and which training pathway would be the best fit. I wrestled with the many choices and concluded what Joe, my now husband, knew from the start: I needed to be a CT surgeon, nothing else would do. In hindsight, it seems that I spent a lot of time pouring over such an obvious decision, but in reality it was an exceptionally important process to solidify my confidence in the career path I had chosen.

While mapping out my 10 year plan, I didn't spend much time thinking about the day to day reality or how my career would impact the rest of my life. I assumed that since I was completely invested in my career, the rest of my life would fall into place. Residency started as I imagine it does for most



other interns: I was naively underprepared and quickly overwhelmed, enter survival mode. In all my preparation, I had neglected to consider how the reality of my 10-year plan would impact my life and how I was going to maintain my drive, personal relationships, and overall happiness. Joe and I both realized survival mode was not sustainable; while residency was of course my primary focus, I could not ignore my life outside the hospital. Our grand interruption to the cycle was adopting a puppy from our local humane society. Getting a puppy intern year is not a rationale choice, but in reality there is no perfect time in the life of a surgical trainee for the very important, out-of-the-hospital necessities.

There was a shift in my thought process around the



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time we adopted Calvin. I realized that my life outside the hospital was just as important as mapping out my career path; I could not bear to postpone my life and needed to spend more time thinking about how plans for all my priorities would weave together, both now and in the future.

As residency progresses, I am continually presented with decisions on how to translate my 10-year goals into reality and what impact these decisions will have on my life. How should I spend my research time? How do I prioritize projects that align with my passions and goals? How do I ensure my relationship with Joe prospers? How do we fit our life goals and our career goals together?

Every person will have a different answer for each of these questions and the only way I've found resolve is to take the time to honestly self-reflect on my priorities. I've been overly fortunate to have a supportive



spouse, family, and mentors throughout this process who help me prioritize my best interest and goals. What it boils down to, however, is that while their support is exceptionally important, the choices and repercussions of these decisions are mine to bear. I need to take the time to honestly evaluate what I want, on the small and large scale, in both the short and long term, and then figure out how to best position myself to achieve all my goals. I've come to

appreciate the importance of not waiting for the right time to pursue what you want, but instead focusing on how to fit career and personal priorities together and simultaneously make moves towards both. The perfect time and perfect fit doesn't exist and the perfect balance is different for everyone. Instead it's evaluating what you want and then fully committing to passionately pursuing your goals.

I can't begin to imagine all the decisions waiting for me as I continue in training and start my career and I most certainly can't predict just how I'll navigate forward. I've learned, however, that figuring out what I truly want, both today and in 10 years, and having the courage to go after it, is what keeps me engaged, passionate, and makes it all worthwhile.



The WTS would like to thank its Institutional Members for their support:

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<u>Cleveland Clinic</u>	<u>University of Michigan Medical School</u>
<u>Duke University</u>	<u>University of Minnesota</u>
<u>Johns Hopkins Hospital</u>	<u>The Ohio State University</u>
<u>Journal of Surgical Research</u>	<u>University of Rochester</u>
<u>Loma Linda University</u>	<u>University of Texas Health Science Center, San Antonio</u>
<u>Massachusetts General Hospital</u>	<u>University of Texas MD Anderson Cancer Center</u>
<u>Mayo Clinic</u>	<u>University of Texas Southwestern Medical Center</u>
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Is your institution a member of the WTS? If not, [click here](#) for more information.

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Surgical Citizenship – Demystifying the AATS Application Process

A conversation between Elizabeth A David, MD and Jennifer S. Lawton, MD

Why should a surgeon join AATS?

Many AATS members describe the AATS as “their most desired career achievement” or a “career bucket-list” item. The AATS is an international organization representing 41 countries and the world’s foremost cardiothoracic surgeons. In May 2017, the AATS will celebrate its centennial year. There are currently over 1,300 members (850 active), only a small fraction of whom are women. With membership comes prestige, advanced access to the Journal of Thoracic and Cardiovascular Surgery, access to the leadership academy, and committee involvement.

When is the best time to apply for membership?

The optimal time for membership application is concurrent with a promotion to associate professor or after you have already attained associate professorship. A general career membership trajectory might look like this: ABTS certification; Fellow of American College of Surgeons; Membership in Society of University Surgeons, Association for Academic Surgery, Southern Thoracic Surgical Association, Western Thoracic Surgical Association, Society

of Thoracic Surgeons, and American Association for Thoracic Surgery.

What are the requirements for membership?

It is expected that candidates will possess a minimum of three years clinical experience, and have authored approximately 40 publications. Midcareer research funding enhances your application. Candidates are assessed for their certification, professional conduct, clinical performance, and professional stature. Significant innovations (patents etc.) can weigh into the application if applicable. Sponsorship is needed from 3 individuals: active, senior, honorary members are eligible to sponsor applicants. The application is initiated by a sponsoring member. When considering who to approach for sponsorship, ask people who will be able to write you strong letters only.

Can you reapply if you are unsuccessful initially?

You can reapply if you are unsuccessful initially, up to 3 times. It is best to apply when you are a very strong candidate; some people apply too early when their applications would be

enhanced with additional experience. Discuss the timing of your application with mentors and fellow WTS members. Drs. Leslie Kohman, Yolonda Colson, and Jennifer Lawton have all served on the membership committee and would be happy to discuss the application process with interested perspective members.

Why are there relatively few female members?

There is a paucity of female mentors, but we have some very engaged master surgeons who are dedicated to seeing more women achieve AATS membership. As we all know, women do not make up a large percentage of cardiothoracic surgeons so it is not that surprising that we do not comprise a large portion of the AATS membership. Junior and senior surgeons alike need to be engaged with encouraging and helping women to apply appropriately for membership. We need to help each other. Interested surgeons should seek advice and make a list of potential deficiencies in the application and how to conquer them!

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Should those in private practice apply?

Absolutely! Private practitioners and international surgeons are encouraged to apply. Applicants can be recognized for clinical trials participation, clinical innovation, as well as for contributions in healthcare economics. AATS is seeking to recognize leaders

worldwide, not limited to academic institutions.

Why should young female surgeons fight to get into "an old boys" club?

That's even more reason to apply! As the number of women grows in cardiothoracic surgery, we want to see our presence increase throughout the field. AATS is an important organization for cardiothoracic surgery

worldwide and we want/ need to be represented in it. The competitive selection process gives members prestige and can be helpful when pursuing raises and promotion.

Remember, if you are thinking about applying talk to one of our past presidents who have volunteered to mentor you through the process! Good luck!

Exciting Opportunities from the WTS

WTS-Intuitive Robotic Fellowship

Application can be found at here: [WTS Intuitive Robotic Fellowship Application](#)

The Women in Thoracic Surgery (WTS) and Intuitive Surgical Inc. have partnered to create a unique opportunity in **advanced robotic training for a female thoracic surgeon by a female thoracic surgeon**. The overreaching goals are to establish a mentoring relationship for a new female robotic surgeon and assist her in successfully launching her robotic surgical practice. WTS encourages both recent graduates and established surgeons to consider this exceptional opportunity to enrich their surgical skill set.

Deadline: January 6, 2017

Scanlan/WTS Traveling Mentorship Award

The Scanlan/WTS Traveling Mentorship Award is made possible by [Scanlan International, Inc.](#) and provides support for medical students and general surgery residents to gain exposure to women cardiothoracic surgeon mentors by visiting a WTS member for an elective period. Awards include \$2,500 towards travel-related expenses including room and board for the designated travel elective. Click [here](#) for additional information.

Deadline: December 23, 2016

Getting To Know You - Dr. Leah Backhus

By Dr. Elizabeth Colwell



Dr. Leah Backhus completed her undergraduate work at Stanford University and her medical school and general surgery training at the University of Southern California. She completed her Cardiothoracic Surgery fellowship at University of California Los Angeles. In addition, she obtained a MPH from the University of Washington.

After completing her training, Dr. Backhus began her career as a Thoracic Surgeon at the University of Washington where she practiced for six years before being recruited back to her undergraduate alma mater, Stanford, where she is an associate professor and section Chief of Thoracic Surgery at the Palo Alto VA.

How did you choose to go into medicine?

I wanted to pursue a career in medicine from a fairly young age. I can remember when I was in the

6th grade that I announced (to anyone who would listen) that I wanted to go to Stanford (someone once told me it was the Harvard of the West Coast) and I wanted to be a Neurosurgeon. I liked solving problems and puzzles and I thought what better way to pursue that than to try to solve the puzzles of the brain.

Why did you choose thoracic surgery?

I held on to the notion of being a neurosurgeon all the way until the summer between 1st and 2nd year of medical school at USC. I had set up a meeting with the Chair of Neurosurgery at the time and I remember being very nervous about the meeting and what I would say. Needless to say, the meeting did not go well in terms of fostering my interest in that field of medicine. He was very negative and I left feeling fairly discouraged. My 'Big Sibling' (an upper class student mentor) was a 4th year student who had just matched into General Surgery. He encouraged me to consider General Surgery and at least to explore other surgical options. About the only thing I knew for sure was that I wanted to do something surgical since General Medicine was not for me. During my clinical years my decision to pursue General Surgery was reaffirmed and I eagerly

began my internship at USC. I think some of my most formative general surgery experiences were on the Trauma Service at LAC+USC Medical Center with ample penetrating trauma in that knife and gun club. My first ED thoracotomy was truly amazing to see that sometimes we could actually save some of these patients with devastating injuries. At USC, we also had the unique experience of rotating in either Thoracic or Cardiac Surgery one to two times each year so I had ample exposure to CT Surgery. What I was most struck by was the extreme high acuity of the patients we were treating, but the relative calm cool and collectedness of the attending surgeons who operated on and cared for them. They maintained their composure even under the most extreme circumstances and added another element of civility in dealing with life or death decisions that moved beyond the ED Trauma Bay. By my third year in General



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Surgery, I had signed up for a 2 year research fellowship with Ross Bremner in his Thoracic Oncology Lab and was well on my way to a career in Thoracic Surgery.

What is your most memorable moment from your years of training?

There are too many moments to list here! There were many experiences during training that helped to shape me, and they span the spectrum of extraordinarily good to bad. One of the most sobering experiences I recall was from CT Surgery residency at UCLA. At the old hospital we had a combined CTICU which housed adults but also pediatric patients until they were stable to go to the PICU. We took care of one baby who had had several operations, but was nonetheless on ECMO and had several failed attempts at decannulation. This was to be the last attempt. Myself, the attending and a PA decannulated the baby with the parents just outside in the waiting room. This time, she did reasonably well...but only for an hour. She quickly began to deteriorate as she had done on the previous occasions. We informed the family she was not expected to live and she passed away in the next couple of hours. The fact that she passed away was not unexpected neither for the family nor for me. The part that I was most upset by was the fact that I

truly felt hopeful in the first hour that we had succeeded and beat the odds; that we had managed to cheat death. I was very wrong and that disappointment was most humbling. We are but mere instruments although fortunate at times to lend a hand in helping what has already been determined.

What do you think is the toughest part of your job?

Balancing! Of course there is the ever present work-life balancing act that all of us do, however there are so many other competing aspects of your job that also require balancing. This is something that I think I have gotten a lot better at over the years, but something I struggled with early on. I think many do the same. How much of your time you devote to administration, clinical care, research and teaching all have a huge impact on your career well-being and longevity in a given job position. The targets are often moving and distractions are everywhere. One of my mentors who is a pediatrician once told me, whenever you are considering taking on a new



task/project, ask yourself what value it brings to YOU. If you are unable to answer it quickly and meaningfully, then you probably shouldn't do it.

What are you most proud of in your career thus far?

I am proud of my teaching in the OR. I am proud of having grateful patients. I am proud that despite my career ambitions, my children love and admire me and I remain happily married to my wonderful husband.

I am proud of having taken the two years out to pursue an MPH to retrain myself for a career in health services research while working full time and sowing

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my early assistant professor oats. It was a valuable investment in my future career.

I am also proud of my mentees and the legacy of promise that I often wind up representing to young females and African Americans in medicine and in surgery in particular. I have mentored many students from high school through junior faculty through the institutions I have worked and beyond. In addition to WTS, some of these include the Association of Women in Surgeons, Student National Medical Association (SNMA), the Society of Black Academic Surgeons, the and Stanford National Black Alumni Association. I also helped to found Artemis Medical Society whose mission it is: "to serve, nurture and celebrate a global sisterhood of women physicians of color. Through mentoring, networking and advocacy, we provide the foundation necessary to



create a diverse physician workforce vital to our society." Through Artemis I have also partnered with Disney Jr. and helped promote Black History Month among its young viewers.

Are there any mentors who have made a difference/ impact in your career?

Mentorship is critical. I strongly believe that NO ONE succeeds without appropriate mentorship. You need mentors at every stage and in many forms. Each mentor will offer something very specific. As a mentee you need to do your own due diligence and know who to ask, when and for what specifically. You have to bring something to the mentor even if it is merely your overwhelming enthusiasm and dedication to achieving a certain goal. I can recall as a 2nd year general surgery resident rotating on the Burn Service. I truly disliked this rotation and it showed. My work was adequate, but clearly I did not enjoy being there. The chief of service called me aside for a talk. Knowing that he couldn't actually criticize my work, he instead honed in on my apparent unhappiness. However, rather than take a reassuring stance, he asked me if I had a mentor. I told him I had a faculty advisor

(one assigned to me as an intern). He then told me that I needed to seek and acquire a black female surgeon to mentor me. Needless to say, I was a bit taken aback and wanted to laugh at him right then and there! Where on the planet was I to find such a person. I had seen none in my short medical career up to that point. Was there some clearinghouse? Could you order one online? Times have changed and I definitely see many more potential mentors for young surgeons like me, but he was right in one respect...I DID need a mentor. He



was wrong however, in that she needn't be black, nor female. But I needed someone in my corner so to speak. Since then I have accumulated many mentors who have bestowed upon me invaluable advice.

What do you like to do outside of work?

I have a 10 and 11 year old and running after them and their activities takes a ton of time and energy. Whenever possible, however,

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I mostly enjoy traveling with my family. This summer we are going to Tanzania, which will be the first time any of us has traveled to Africa.

What advice do you have for young female surgeons balancing work and family life?

After many years struggling with the true definition of balance, I would say to young people, that balance is in the eye of the

beholder. No one person can define balance for another person. I think of our lives as a pie. We all divide our pie however we see fit. We have different categories and different sizes that we allocate for each category. Take the bull by the horns and define your pie and slice it yourself. Don't be afraid to ask for help (we all need it) but don't let anyone tell you that you are out of balance.

What has the WTS meant to you as an organization?

WTS is a gamechanger. It is a platform where our small subgroup of surgeons can shine and be elevated to help level the playing field. I can remember once when I lost a patient that left a profound impact on me. I went to my office and finally let go the tears that I had been holding in up until that point. At that time I thought to myself, "would my male colleagues be in their office crying at this moment if they were in my position?" Although I figured the answer was most likely NO, the more profound thing was that I realized I didn't care. This is me. I am a Thoracic Surgeon, but I am also many other things. I am female, I am African American, I am a mother, a daughter, a friend. WTS allows me to be my authentic self and have that celebrated within my chosen profession!

Thank you Meg Drumm

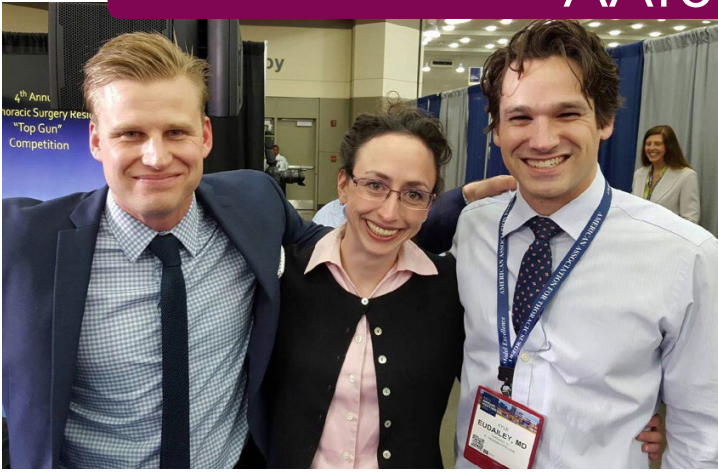
Meg,

It was such a pleasure to have worked with you over the past several years. You were always pleasant, smiling, helpful, and followed through on plans! You were always kind, helpful as well as incredibly efficient, effective and always available when I needed you. We cannot thank you enough in words. We will miss working closely with you. We wish you the absolute best in the years to come.

Sincerely,
WTS



AATS 2016



AATS 2016



AATS 2016



Elizabeth's Editorial Inspiring Women in Surgery

By Elizabeth A David, MD

Those of you who know me, know that I like to run and I run a lot. In March of this year, I ran a half marathon in the rain and I barely finished under my goal time. It was a pretty miserable experience and I was left asking myself why I was spending so much time running. As I was snuggled up on my couch that afternoon recovering from the race, I was scrolling through Instagram and I stumbled across pictures of other runners who had run the same race who were also sharing how

miserable they felt under the conditions. I noticed as I kept reading that I started to feel encouraged that so many other runners had experienced similar challenges that morning. I decided to share my own disappointing race experience on Instagram and I used some of the same hashtags other runners were using and #ilooklikeasurgeon. (fig 1)

Shortly after sharing that experience on Instagram, someone named "inspiringwomeninsurgery" (@inspiringwomeninsurgery) started following me, she found me through

#ilooklikeasurgeon. When someone new follows me, I read their profile (a good practice to prevent unwanted comments and associations with your own account). When I read the [@inspiringwomeninsurgery](#) profile, I was taken aback. The running community on Instagram is overwhelmingly positive and supportive (and I love that!), but as we all know surgery is not typically associated with those adjectives. Yet this profile was filled with inspiring, positive and encouraging stories of women in surgery.

The initiative was started by a second year medical

Continued...



thespeedysurgeon
Shamrock'n Half Ma...

Follow

25 likes

38w

thespeedysurgeon 13.1 in blowing rain...gives new meaning to the phrase "digging deep." I'm glad I didn't quit.

#wantedtoquit #totallysoaked

#womanup2016 #likeagirl

#ilooklikeasurgeon

everuns_ 🍷🍷

♡ Add a comment...

⋮

Dr. David's Instagram post from the Shamrock N Roll Half Marathon

Continued...

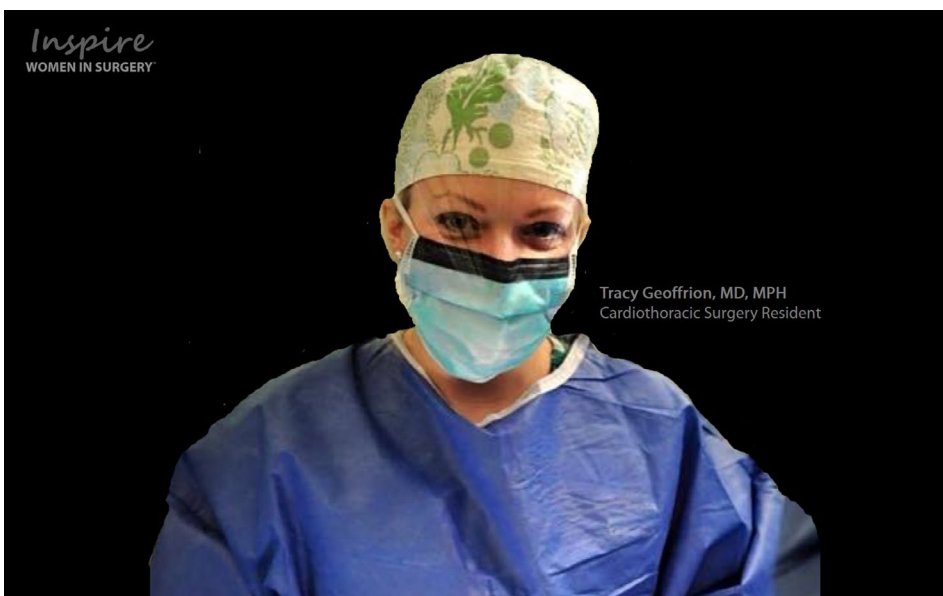
student whose sister passed away on the operating room table and both women had dreamed of becoming surgeons. As part of her response to her own grief, she is exploring her ability to write and she has started writing great stories about "ordinary women doing the extraordinary." She asks interested participants to fill a form which is then used to create your story/profile. She features all women in surgery; surgeons, PAs, first assistants, anesthesiologists, medical students, RNs, anyone working in and supporting the operating room. Her Facebook page has over 340 likes and she has over 6,500 followers on Instagram and 360 on Twitter so she has clearly built a large community of people who are interested in reading the stories she shares. That alone is inspiring and encouraging. (fig 2)

You might be wondering why this is the subject of my last editorial as the Editor of the Oracle. I have enjoyed the chance to write about "softer" topics in the Oracle over the last few years. I wanted to share this with you all because we've all chosen a tough life, we all have bad days, and we can all use encouragement, inspiration, and a reminder that we are part of an extraordinary profession on a daily basis. Even if you aren't active on social media, I'd encourage you to take a look around your OR at the beginning or end of case and look at the eyes behind all of the masks and consider the stories behind them.

It is truly amazing to consider all of the human effort that goes into a successful operation for a patient. Being a surgeon is a great honor; the patient and entire operative team are trusting you to lead

them to a good outcome. With that honor, comes tremendous responsibility as we all know, which can also be a heavy burden to bear. Cardiothoracic Surgery isn't known for being a particularly warm specialty, but more and more women are entering the field and there is an opportunity to change the persona of the specialty to one that is more supportive and encouraging. The WTS was started for the purpose of supporting some of the female pioneers of our field and I hope that will continue as we grow in numbers. Thank you for reading! If you are interested in becoming the next editor of the Oracle, please send me an email (eadavid@ucdavis.edu).

Instagram basics: For those who aren't familiar with Instagram, it is a little more anonymous than Facebook or Twitter, and many people do not use their actual names for their accounts. Some people have multiple accounts with each account being dedicated to a particular topic. You simply share a picture and can write accompanying text if you want. If your account is public and you use #hashtags in your comments, those will link your picture with other pictures using the same #hashtag as on other forms of social media. You can follow and unfollow accounts as you see fit.



A profile from the Inspiring Women In Surgery website

STS 53rd Annual Meeting

WTS Meeting and Reception

Monday, January 23, 2017

6:30 PM - 8:00 PM

Americas Ballroom AB

Hilton Americas Houston

Additional information will be posted about the event as soon as it's available at
www.wtsnet.org/meetings



Women In Thoracic Surgery ORACLE

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STS 53rd Annual Meeting
 Exhibit #102
 January 21-25, 2017
 Houston, Texas
 George R. Brown Convention Center

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Become a Member of Women in Thoracic Surgery

Women in Thoracic Surgery (WTS) was founded in 1986 with a mission to enhance the quality of medical care given to patients of its members, to mentor young women thoracic surgeons, to enhance the education of patients about heart and lung diseases, and to enhance educational opportunities for women thoracic surgeons.

Today, WTS represents a majority of the more than 200 women who have passed their American Board of Thoracic Surgery exams since 1961.

WTS is making great strides in advancing the cause of women thoracic surgeons. Through our mentoring program we provide one-on-one teaching, support, and encouragement to our junior colleagues, and since 2005 the organization has awarded nearly 50 scholarships to female residents with an interest in thoracic surgery.

WTS has six membership categories for individuals and institutions.

Active Membership

Active Members are women holding their MD or DO degree, or the international equivalent, who have completed specialty training in thoracic surgery and whose primary activity and interest is cardiothoracic surgery.

Candidate Membership

Candidate Members are women enrolled in a general or thoracic surgery residency training program in the United States or Canada, or the international equivalent, or women who, in the course of their secondary and college educations, have expressed an interest in cardiothoracic surgery.

Associate Membership

Associate Members are individuals of all backgrounds, including members of allied health professions, who wish to demonstrate their support and dedication to the WTS mission.

Institutional Membership

WTS Institutional Members are organizations, institutions, or industry entities that wish to demonstrate their support and dedication to WTS by underwriting its mission.

Honorary Membership

Honorary Membership is reserved for those persons deemed worthy of such honor due to their support and dedication to the WTS mission. Honorary members are elected by a majority vote of the membership.

Emeritus Membership

Any Active Member age seventy (70) years or older, or who has retired from employment in the field of cardiothoracic surgery, is eligible for Emeritus Membership.

To become a member, complete the application (see reverse) and send to:

Women in Thoracic Surgery

633 North St. Clair Street, Floor 23

Chicago, IL 60611

Phone: 312-202-5864 • Fax: 773-289-0871

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www.wtsnet.org

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Name: _____

Institution: _____

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City: _____ State: _____

Zip/Postal Code: _____ Country: _____

E-mail: _____ Phone: _____

ADDITIONAL INFORMATION FOR CANDIDATE MEMBERS

Status: Medical Student General Surgery Resident CT Surgery Resident

Anticipated Graduation Date: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION

Type of practice: Academic Private Practice Other

Area of practice (select all that apply): Adult Cardiac Pediatric Cardiac Thoracic Other

Your areas of interest in working with WTS (select all that apply):

WTS Membership Outreach WTS Education WTS Scholarships WTS Newsletter WTS Mentoring

DUES PAYMENT INFORMATION (select one)

U.S. Active - \$225 International Active - \$75 Associate - \$225 Institutional - \$750

Candidate - \$25

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

To pay by credit card visit www.wtsnet.org/paydues or complete the bottom portion of this form and return it to WTS via fax (773.289.0871) or e-mail (wts@wtsnet.org)

Card number: _____ Exp Date: _____ 3-Digit Security Code: _____

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If you have questions, contact WTS Headquarters at 312.202.5864 or wts@wtsnet.org.

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