

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



By: Jessica Donington

Presidential Address:

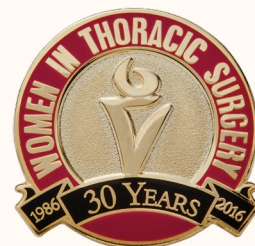
For many of us summer is a time to pull back from bustling routines and reconnect with the deeper rhythms of life. Our rigid and hectic schedules soften and we spend more time with family and friends. We take vacations and bask in the warmth of the longer days. I was recently reminded how vital these actions are to aiding our inspiration and renewing our sources of creativity.

At the recent Western Thoracic Surgical Meeting in Colorado Springs I spent an afternoon fly fishing. We went to a remote river without cell service, which initially sparked some stress, but I

was quickly engulfed in the beautiful mountain setting and deep focus, trying to regain the casting skills I had acquired years ago. I soon found myself humming and swaying in the river, totally engrossed and completely unplugged. I had lost track of time and other concerns. This is something we do too infrequently. For a brief moment I felt guilt, I had talks to prepare, manuscripts to review, and so many overdue book chapters, but I pushed that away and kept working to perfect my cast. Several hours and 3 rainbow trout later we packed up to return to the lodge. As I sat on that ride without cell service, I somehow sorted through one of my vexing research questions that had frustrated me for months. I suddenly had a new outlook on the problem and a novel solution that had eluded me day after day while in front of my computer. Was this coincidence or had the extended period of quiet in the river cleared away the clutter in my brain so that

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Summer 2017 Issue



- 2 Congratulations to New ABTS Diplomates
- 3 Nina Starr Braunwald - Surgical Giant
- 6 Carpenter Scholarship Experience
- 7 WTS Scholarship Opportunities
- 8 Social Media Update
- 9 Resident's Corner
- 12 STS 2017 Photos
- 16 Editor's Editorial - Words From a (Partially) Reformed Work-A-Holic
- 19 Save The Date
- 20 Thank You to Sponsors / WTS Leadership

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I could see the issue in a different light? I believe the latter.

As female surgeons we all balance so much in our lives: clinic, family, administration, research, teaching; we are the ultimate multitaskers. I think one reason I love the operating room so much is because it is a time when so much of

that clutter leaves my brain and I am just able to focus on the task at hand. So, as much as I love my pod-casts, Hulu, and the incredible ease of connectivity of our modern lives, I have a new appreciation for the value of unplugging. I now walk to work without my earbuds each morning, trying to allow my mind 10 minutes to wander. I encourage

each of you to find time each day or week to unplug. Allow yourself to bask in the re-energizing force of this season, find time away from the barrage of information and busy schedule to enjoy the silence and the simpler activities.

You will return to your work refreshed and with a new outlook.

Congratulations to the New ABTS Diplomates!

Kathleen Berfield	Aundrea Oliver
Erin Gillaspie*	Madhuri Rao*
Danielle Gottlieb-Sen*	Neha Reddy
Rachel Harrison*	Joanna Sesti
Erin Iannacone*	Raina Sinha*
Nicole Jackson	Emily Smeltzer
Katherine Khvilivitzky*	Shelby Stewart*
Mahim Malik	Deborah Tabachnick*
Elizabeth Marshall*	Africa Wallace*
Gita Mody*	Nicole Wheeler*
Salvior Mok	Jennifer Wilson*

We have an astounding 22 new female ABTS Diplomates!

* Denotes WTS member

Nina Starr Braunwald: The First Female Cardiothoracic Surgical Giant (1928-1992)

By: *Melanie Edwards and Erin Gillaspie*

A special Thank You to Eugene Braunwald for allowing us to share Nina Braunwald's story and for his unrelenting support of women in the field of cardiothoracic surgery.

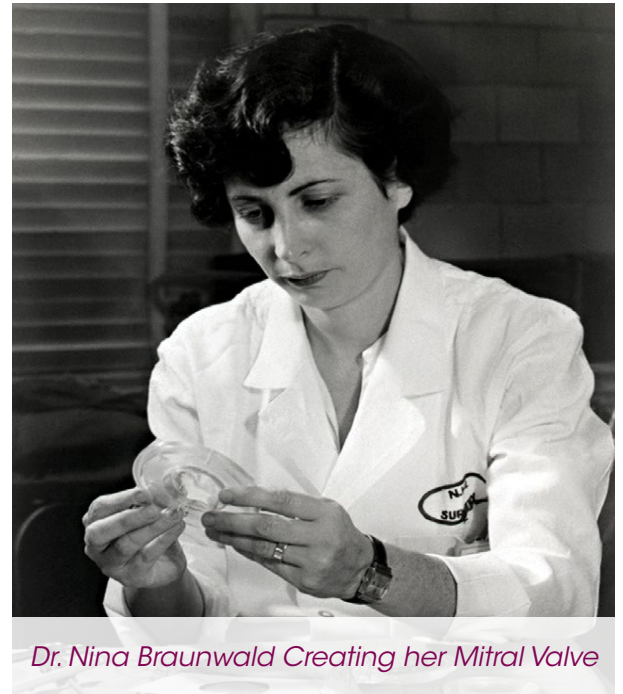
"It Will Work." On March 11, 1960, Dr. Nina Starr Braunwald made history when she replaced the mitral valve of a 44-year-old woman with the bioprosthesis she had labored over since her arrival at the National Institutes of Health (NIH) in 1958. (1,2) This was not her first foray into uncharted territory, nor would it be her last. At the time she was already the first woman to train in cardiothoracic surgery, and she would become the first to be certified by the American Board of Thoracic Surgery later that year. Dr. Braunwald



Dr. Braunwald

would continue to disrupt the field with her passion for scientific inquiry, and indisputable skill. Still, individual talent and drive alone did not guarantee a woman entry into cardiothoracic surgery. This was an era in which Dr. Helen Taussig, a pioneer in pediatric cardiology, had been barred from admission to Harvard Medical School and to receive training in surgery at Johns Hopkins. (3) That Nina Braunwald overcame these barriers was a testament, not only to her individual assets, but also to the contribution of forward-thinking and dedicated mentors.

Dr. Braunwald showed early scientific promise when at age 14 she became a member of the American Society of Amateur Microscopers. (3) She completed medical school at New York University and became one of the first female surgical trainees at Bellevue hospital in 1952. (4) Her marriage to medical school classmate Eugene Braunwald, both interns at the time, led her from New York to Georgetown University in Washington



Dr. Nina Braunwald Creating her Mitral Valve

DC where she completed general surgical training and earned her Masters of Science in Surgery for work in transplant tissue modeling. Her mentor at Georgetown, Dr. Charles Hufnagel was an early pioneer in prosthetic valve surgery and this experience, coupled with her biomaterials knowledge provided the foundation for her future prosthetic valve development. This would all coalesce at the NIH where in 1958 she obtained a staff position and her own lab. (4) By all accounts, her mentor, Dr. Andrew G Morrow, was a steadfast supporter of her clinical and academic pursuits and was across the table assisting her during the historic valve replacement. Never one to rest on her

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laurels, Dr. Braunwald went on to develop the Braunwald-Cutter valve that became commercially available in 1971 and was implanted in thousands of patients. (5) She continued to work on mechanisms to improve tissue resistance to thrombotic disease and contributed to advances in pulmonary to systemic shunt development and surgery for pulmonary thromboembolic disease (6-8).

Dr. Braunwald matched her innovative brilliance with a humanism that touched both her patients and trainees. Eugene Braunwald shares "She felt that when she handled someone's heart, it was a special connection; symbolic of so much importance and

trust." Her observations were accurate, often witty yet respectful and conveyed to her residents a kindness and collegiality that was not forgotten. Dr. Jack Copeland, a surgical resident who worked with both Dr. Braunwalds', recounts "She was thoughtful, well organized, quick, and always concerned for the patient. She spoke softly. Everyone listened. The mood in the operating room was formal, but each person was given respect that made them feel comfortable" (9).

Although steadfastly dedicated to her career, Dr. Braunwald also appreciated the importance of family. It is little known that she was pregnant during her first successful mitral valve replacement and

operated well into the 7th month in each of her three pregnancies. After delivery, she allowed herself only 10 days to recover, in lieu of taking vacation, before returning to work. She was living at a time when there could be no excuses for women in surgery; she had to be strong, smart and better than her male counterparts. Eugene Braunwald fondly describes his wife as a terrific mother with deep dedication to her family - "She always came home for dinner and never missed putting the children to bed, often returning to the hospital later to see her patients."

Despite an overtly hostile environment toward women, it is likely that it was Dr. Braunwald's quiet resilience that fueled her continued advancement in cardiothoracic surgery as she established a cardiac surgery and cardiothoracic surgery training program at the University of California San Diego. (3,4) The Braunwald family had moved west when Eugene was offered the chairmanship of the department of medicine, and she no longer had the type of mentorship and support that existed at the NIH with Dr. Morrow. After moving back to the east coast 4 years later, Dr. Braunwald joined the cardiac surgical faculty at Harvard University, once again the first woman to do so. (4) A pioneer, not simply because of her presence



Dr. Nina Braunwald Operating

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as the first woman in cardiothoracic surgery, but because of her brilliant mind and outstanding surgical skill, Dr. Nina Braunwald did so with grace and compassion, and will remain an inspiration for many generations.

Dr. Eugene Braunwald shared these final thoughts:

"It was extraordinary for me to have been present at the birth of a specialty - open heart surgery - and to see it through the eyes of a pioneer. It has been an enormous experience and privilege to have watched the first woman enter this important field. She was a pioneer who took an emerging field and demonstrated that women could play an important role in advancing the specialty which is now open to so many women."

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Dr. Nina Braunwald with her Family

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8. Moser KM and Braunwald NS. Successful surgical intervention in severe chronic thromboembolic pulmonary hypertension. *Chest*. 1973; 64: 29-35.
9. Personal correspondence, Dr. Jack Copeland.

Carpenter Scholarship Experience

By: Joanne Sun



*Dr. A.J. Carpenter &
Joanne Sun*

I had the honor of being the inaugural recipient of the Carpenter Scholarship, sponsored by the WTS/STSA, which gave me the opportunity to attend the 2016 STSA Annual Meeting in Naples Florida. This was my first time attending the meeting, which had a series of great lectures, including "Teaching the Technical Aspects of Cardiothoracic

Surgery," "Evolution of Thoracic Surgical Training in the U.S" by Dr. Baumgartner, and "The Future of Cardiothoracic Surgery: Why and How to Embrace Innovation" by Dr. Mack. The highlight of the meeting was Dr. Carpenter's Presidential address, which gave us great insights into the history of cardiothoracic surgery as well as her personal journey in the specialty. It also served to inspire the next generation to continuously challenge ourselves to bring new innovations to cardiothoracic surgery. Dr. Carpenter is not only a leader in the field but her approachability and easy going nature made it evident why she has been such a tremendous mentor to many young female

cardiothoracic surgeons nationwide. Through this scholarship, I had the opportunity to meet amazing women in cardiothoracic surgery at various stages of their careers. I was very lucky to have Dr. Mara Antonoff as my mentor. She introduced me to various people at the meeting and ensured that I had a great and memorable experience. I am very grateful to the WTS/STSA for establishing the Carpenter Scholarship and for the opportunity to attend the STSA meeting.

I hope to continue to learn from my current mentors and new friends that I met at the meeting and to grow in my professional career.

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Exciting Opportunities from the WTS

WTS has seen enormous growth in our scholarship programs in the last few years, do not miss out on the incredible opportunity to apply for these scholarships.



Dr. A.J. Carpenter

The WTS Carpenter Scholarship

We just completed another exciting application process for the 2017 Carpenter Scholarship. This award is named for Dr. A.J. Carpenter, the 63rd president of the Southern Thoracic Surgical Association (STSA), a national leader in education and a tremendous mentor to a growing cohort of surgeons nationwide. The award allows young women in medical school or surgical training interested in cardiothoracic surgery the opportunity to attend the STSA Annual Meeting and be mentored throughout. Best of luck to all who applied! [Click here](#) for additional information.

The Carolyn E Reed Traveling Fellowship

Applications are now being accepted for the Carolyn E Reed Traveling Fellowship. The scholarship was established to honor Dr. Reed's innumerable contributions to our field, the lives of patients and the lives of all who knew her. The annual award allows a clinically established woman thoracic surgeon to travel to another institution for the purpose of learning a new skill or technology. [Click here](#) for additional information. Deadline: October 15th, 2017.



Dr. Carolyn E Reed



*Dr. Kyla Joubert &
Brigid Scanlan Eynck*

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. Applications open in November

Congratulations to all of our previous winners!

Social Media Update

By: Mara Antonoff

WTS has continued to have a very active social media presence, via our varied platforms, which continue to multiply! In addition to Facebook, Twitter, and our YouTube channel, we have now added an Instagram presence.

We are also delighted to report that WTS has had an enormous involvement in yet another social media movement supporting women in surgical careers, after zealous WTS participation in the #ILookLikeASurgeon phenomenon.

On April 3, 2017, The New Yorker's Health, Medicine & the Body Issue this year

featured the animated cover "[Operating Theatre](#)," by the French artist Malika Favre. Since that time, the cover has been replicated by women surgeons all over the world. WTS is proud to share photos of our members at the AATS annual meeting, recreating the famed New Yorker cover art as part of the social media movement, the #NYerORCoverChallenge! In addition, there was a feature covering this movement and our WTS members' participation on CTSNet.

Moreover, an article regarding this important social media movement was written by two of our WTS members and

recently published in the Journal of Thoracic and Cardiovascular Surgery (Antonoff MB, Stamp N. *The #NYerORCoverChallenge: What it Means for Women in Cardiothoracic Surgery*; J Thorac Cardiovasc Surg 2017, in press).

WTS is pleased to use social media as a venue to share the accomplishments of our members, to reach out to young women interested in our field, to educate the public regarding the role of women in our specialty, and to disseminate important activities of our organization as well as news related to our specialty. Please follow us and join in the conversation! See you online!



Facebook:
@womeninthoracicsurgery



Twitter:
@WomenInThoracic



Instagram:
@womeninthoracicsurgery



Youtube:
Womenin Thoracic Surgery



A Resident's Journey: Intern Year

By: Caitlin Harrington

General Surgery Resident, PGY-1

Oregon Health & Science University

My intern year started in an epic fashion - I was covering nights for the emergency general surgery, trauma and transplant services over 4th of July weekend. To say I was excited was an understatement - I had been preparing for this day for a very long time; that excitement, however, was tempered by some trepidation. I was about to find out if I could cut it. It was game-time. I emailed my mentor hours before my shift started to ask for last minute advice. He responded with three words - "You are ready." In my last article for *The Oracle*, I talked about how surgeons evaluate a medical student's ability to be decisive. My first night on call put decisiveness in an entirely new context. I was probably paged every 1-3 minutes for 12 hours straight, responded to 10 traumas, 2 rapid responses, and admitted patients to our services. It felt like a high-stakes version of the "wack-a-mole" arcade game. Organization became my best friend. Clear communication became my ally. Resourcefulness was my ace in the hole. The ability to be decisive when appropriate, but ask for help when required made me trustworthy to my seniors.

That first night, there was so much to do all at once that I was pushed to act instinctually, relying on the principles that had been instilled by my mentors and surgery residents throughout medical school. The mantras of my teachers echoed in my ears as I moved through the shift. **"Surgeons don't make excuses, they get results."** - As a medical student, if you try your best but still need help, there is an intern to ultimately complete the task. When you're the intern, you get it done. Period. Figure it out. **"The best interns are the ones that are afraid. The dangerous ones are the ones who think they know everything"** - this doesn't mean you shouldn't trust your instincts. This means that you should trust your instincts to ask for help when you encounter something you've never experienced before. Asking for help in that context is what makes you trustworthy and responsible. Does your gut say something is wrong? Work it up. Don't ignore that gut feeling, and communicate the situation to your senior as you're going through it, not afterward. **"Be as efficient as possible early on in your shift, because you never know what will come later"** - although this didn't directly

apply to that first night considering I had to be on top of everything for all 12 hours, it would have been impossible to survive the shift if I would not have started immediately with this mindset. **"The number one rule of surgery is don't screw up."** No explanation needed.

After that first week, I transitioned to days on Emergency General Surgery (EGS). This was an entirely different experience than nights, but equally fun. We table rounded in the morning with the chief and set the plans, and then the upper level residents would go to the OR, so that I was on my own to round, implement the plans and do the work. I mimicked the behavior I had seen modeled to me by interns at OHSU and on my visiting rotation to UVA this past fall. Do the tasks that require immediate action right away, write the notes, and bundle your questions so that you can go into the OR and consult your chief in an appropriate manner with minimal interruptions to the case. I would finish the work in the late morning each day, and would then get to hang out in the OR, sometimes to do the cases as the only resident scrubbed, and other times to double scrub or to watch my chief and juniors

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operate with the attending so that I could observe their technique and learn the operations.

Our team was a powerhouse group of residents, mostly women, and so one of our attendings lovingly started referring to the service as "She-GS" instead of EGS. At the helm was Dr. Kelly Haisley, who epitomizes chiefdom in my mind, and who recently matched to an MIS fellowship with Drs. Lee Swanstrom and Steven DeMeester. She is an outstanding surgeon, a natural and gifted leader, a passionate mentor and teacher, and a masterful communicator. She empowered me to do my job as an intern and created an environment where I could excel and grow from day one. She supported my enthusiasm

and passion, she gave me opportunities to operate, and she was always available if I needed anything. Every discussion we had about patient care was based in the literature. She volunteered her time each day to do "white board talks" about various topics. Any question I had? She has a powerpoint presentation on it, and it's a great one. This woman is sensational. My juniors were also outstanding. Cameron and Saunders as my R3s, Shannon as my R2. My attendings, the NP and my resident team were excellent examples of what residents should be, and supportive of me throughout my time on service.

One day that stood out to me in particular was the first day that I operated in residency. That morning, Kelly told me that one of the other surgery teams had so many

rooms going that they didn't have enough residents, and so she had volunteered for me to go operate with the attendings on the other service. She showed me how to do all the prep and postop orders, I prepared for the cases, got floor work done, and went over to the OR. I had scrubbed over 200 cases with the thoracic surgeons during medical school, but walking into the OR as a resident felt different for intangible reasons. The attending and I moved through the case, like I had seen done with residents throughout med school, but suddenly I was the one in the resident role. I was calm and collected exteriorly, but inside, my heart was flying. At the very end, I said "would you like me to write a brief op note and put in all the post-op orders? Kelly showed me how." My attending stopped and paused and said, "WAIT. Was this your first case ever of residency?" I smiled and confirmed. She shook my hand and said "You're going to remember this day forever."

One of my best friends is an integrated cardiothoracic resident. His approach to work and life is similar to mine, but he has years of experience that I lack, and thus, I rely on him heavily for guidance. Throughout my fourth year of medical school, he repeatedly said to me that "residency is not 'med school part 2.'" I used to laugh every time he said this because my lack of



Caitlin Harrington and the She-GS.

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perspective led me to believe he was simply teasing me about how easy medical school is in comparison to residency. I called him immediately after my first shift to say I finally got it, and with each new day and each new experience, the reality of that statement hits me again. Until you step into the responsibility of the job, it's hard to truly understand how it feels and what it requires. The expectations and the responsibility are completely different; because truth be told, your responsibility as a medical student is to your education, whereas your responsibility as a resident is your patients, your team and your attending. Your actual work as an intern is different - it is completely action and results based, whereas being a medical student is more cerebral and on par with a second year seeing consults than a first year knocking out the work of the team. There is a sense of ownership of the role where you become emboldened to act and make decisions. And of course, there is that not so minor detail that you've crossed some threshold and suddenly are now, in fact, a doctor.

I have only been an intern for one month and a week; and thus, my perspective of what it means to do this job as it should be done will likely be enhanced with each new experience that I have. However, the

basic principles of what it means to be a good intern will remain. Interns serve a very specific purpose - be reliable, meticulous and detailed oriented so that every tiny aspect of the team's work is handled efficiently and appropriately in order to alleviate the burden of work and time from your more senior residents who are learning how to become technically outstanding surgeons. You understand that it is your priority and your focus, and you perform your tasks with pride and gratitude, because one day, someone will be taking on that role for you, and you will want them to own their role with as much dedication and sense of purpose. This does not mean that you ignore your technical development. In fact, if you are organized and efficient, you can end up in the OR by late morning to double scrub cases, scrub your own or simply watch others operate. You will utilize your medical knowledge, but the skills that are required to be an outstanding intern are actually ones that are necessities of any job - be resourceful and meticulous, communicate openly and honestly, be respectful of your teammates, respect the hierarchy, be decisive and purposeful, know when to rely on yourself and when to ask for help, and never make excuses. Get your work done. Do it right. Be perfect, and if you're not, learn your

mistakes, own up to them immediately and be perfect next time. When you can function in this capacity, you will complete your work quickly and will have extra time to read and operate.

In my first article for WTS called "Lessons Learned", I talked about "geeking out" which is something that happened to me throughout medical school whenever I was learning about surgery. It's the feeling that the thing you're doing satisfies some part of you in such a way that it doesn't feel like work. **It feels like joy.** I woke up every single day my first month as an intern feeling excited to go to work, but there was one afternoon in particular when I was scrubbed into a case, watching my chief in action, when it struck me - I get PAID to do this job. I wake up every single day with excitement and joy and enthusiasm and wonder. I love my team. I love this hospital. I love operating. I love the work. I am happy. Having that feeling as a medical student and wishing for your dreams to come true on match day? That's a big deal. **Realizing you're now living your dream to train and become a surgeon and you love it just as much, if not more, than you imagined? That's everything.**

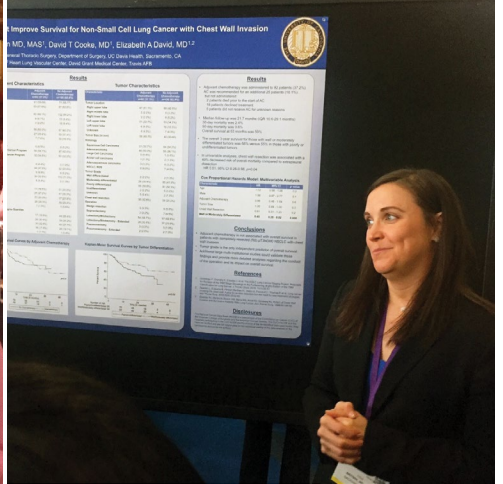
Photo Montage from the STS 2017



STS 2017



STS 2017



STS 2017



Editor's Editorial

Words from a (Partially) Reformed Work-Aholic

By: Erin Gillaspie

Hi I am Erin and I am a work-a-holic. Okay I said it...that is the first step after all isn't it? Perhaps I should explain a bit more.

I first dreamed of being a thoracic surgeon when I was 13 years old. My grandfather died of lung cancer leaving behind a metaphoric hole in my heart. I was inspired by the idea that I could help people with cancer and give other children the chance to know their grandparents, an opportunity I did not have enough of. It was the greatest gift I thought I could give.

I blazed through medical school and general surgery, on a mission to become a cardiothoracic surgeon. My training culminated with the chance to pursue my fellowship at Mayo Clinic – I could not have been more elated.

Fellowship was a tremendous, albeit rigorous experience filled with complex cases, challenging consults, exciting research opportunities and of course inspiring mentors. For me, it was like being at an all you can eat buffet and I kept going back for more.

As surgeons we are all "type-A," over-achievers by nature. We have a little Jiminy Cricket on our shoulder encouraging us to work harder, be better and go longer. As women in a highly male dominated field, the pressure is even greater to perform, to achieve, and to never appear weak.

Further adding to my workaholic tendencies is that I genuinely love my job. I am certain that all the women reading this do, otherwise we simply would not be here. We have the tremendous

privilege of caring for people, making an indelible mark on their lives and in turn they leave one in ours.

I woke up one morning towards the end of my training only to realize that I could not recall the last time I had squished my toes in the sand, the last time I had stayed up all night watching a movie marathon with friends, or the last time I had read a non-surgical textbook. I would not trade even one moment of my training experience, but I realized that if I remained on the same relentless path, I could potentially risk begrudging my dream and everything I had worked so hard for.

Admittedly I will never be "cured" of my desire to work hard or of my intense drive to help others and that's okay. Rather I have spent the last year re-organizing my time, finding a new balance, rediscovering old hobbies and forming new ones.

Here are a few things I have discovered along the way:

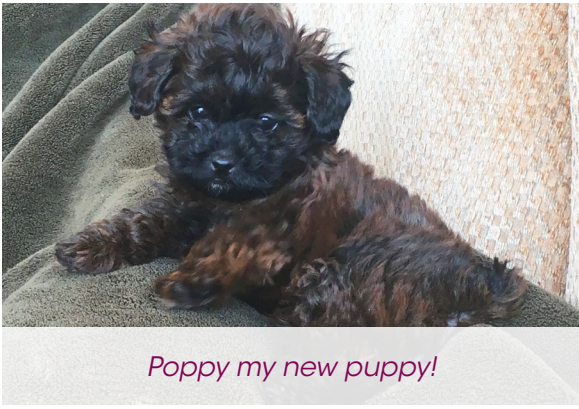
Work smarter.

I have learned to delegate tasks when appropriate. I minimize distractions to work efficiently and effectively. Every week I set realistic, directed goals and focus on achieving them.



Climbing mountains in Innsbruck, Austria

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Poppy my new puppy!

"If you want to be more productive, you need to become master of your minutes" ~ Crystal Paine

Set boundaries and limits.

I am often guilty of carrying my work home. My "work bag" had ballooned to epic proportions as I lugged piles of paperwork back and forth daily to ensure I could work on projects at all times. I realized that having a break from work gave me perspective and a renewed sense of purpose to achieve

better efficiency when I returned.

"The true price of anything you do is the amount of time you exchange for it"
~ Thoreau

Stop worrying.

Easier said than done right? For me this was the most difficult item to tackle. I had to learn to acknowledge how hard I was working and how much I was accomplishing, rather than worrying about how many more things I "could" be doing. There is always more work to be had...but it is essential for that work to be in line with my goals and expectations for life and career.

"If you worry, you suffer twice" ~ J K Rowling

Live in the moment.

I spent so much time planning the future, I sometimes forgot to look at all the wonderful people around me, and take pleasure in the opportunities in which I found myself. I now stop, breathe, listen, observe and delight in my surroundings. I take time to enjoy the work and life I am living.

"Forever is composed of nows" ~ Emily Dickinson

Cultivate hobbies.

I set time aside every week to enrich my life with music courtesy of the Nashville symphony, an elevated heart rate from the hilly races I run with the Vanderbilt running team, reading a book (yes a physical book) from the public library, cheering for

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Vanderbilt University Medical Center Robotics Team

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one of my local sports teams at a downtown arena or teaching my dog a new trick.

"A hobby a day keeps the doldrums away"

~ Phyllis McGinley

Untethering from technology.

I found myself being "plugged in" at all times. I was writing notes while eating my lunch, returning phone calls on my drive home and spending my evenings in front of a screen. I was continually bombarded by the light and noise of my I-pad, I-phone, computer or television. I have found great relief in the simplicity of silence, peace in the understanding that no email really needs to be answered in 30 seconds and joy in the only light being the reflection of the sunset in the Nashville skyline.

"Almost everything will work again if you unplug it for a few minutes...including you"

~ Anne Lamott

I will leave you with this thought: love what you do, work hard every day, but also take the time to climb that mountain, run the extra mile, go to that concert you have been dreaming of, eat an extra scoop of ice cream, laugh frequently and loudly and be good to yourself. I think this makes us better for our families, our patients and just as importantly ourselves.



Vanderbilt Commodores VS Florida Gators Game



First Half Marathon!

STS 54th Annual Meeting

SAVE THE DATE!

STS 54th Annual Meeting and STS/AATS Tech-Con 2018

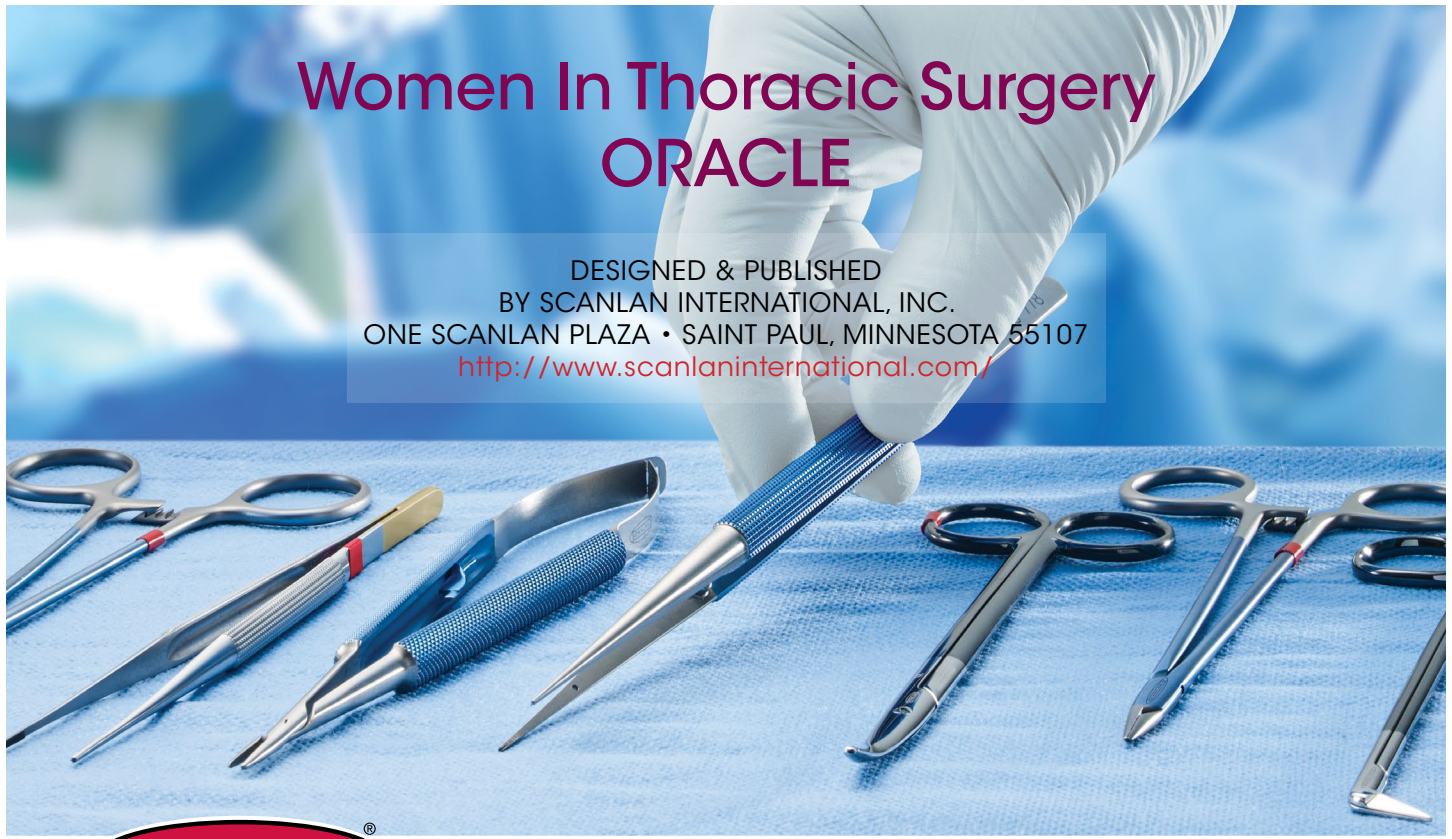
January 27-31, 2018
Broward County Convention Center
Fort Lauderdale, Florida

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



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<u>Duke University</u>	<u>The Ohio State University</u>
<u>Johns Hopkins Hospital</u>	<u>University of Rochester</u>
<u>Journal of Surgical Research</u>	<u>University of Texas Health Science Center, San Antonio</u>
<u>Loma Linda University</u>	<u>University of Texas MD Anderson Cancer Center</u>
<u>Massachusetts General Hospital</u>	<u>University of Texas Southwestern Medical Center</u>
<u>Mayo Clinic</u>	<u>University of Virginia</u>
<u>Medical University of South Carolina</u>	<u>University of Washington</u>
<u>New York University School of Medicine</u>	<u>Vanderbilt University</u>
<u>Northwestern University</u>	<u>Washington University in St. Louis</u>

Is your institution a member of the WTS? If not, [click here](#) for more information.

WTS Leadership 2017

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Vice President	Shanda Blackmon
Secretary/Treasurer	Lauren Kane

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Bylaws	Patty Thistlewaite
Scholarships	Lauren Kane and Jane Yanagawa
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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

wts@wtsnet.org • www.wtsnet.org

www.wtsnet.org

WTS Membership Application

Name: _____

Institution: _____

Address: _____

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)

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

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Women in
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Membership
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