



# ORACLE

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

## Fall 2018 Issue

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WTS ORACLE

Designed and Published by  
Scanlan International



## President's Corner



Shanda H. Blackmon,  
MD, MPH, FACS President,  
Women in Thoracic Surgery

On behalf of WTS, I would like to thank you all for supporting WTS and our specialty. As I prepared for the Oracle's publication, I reviewed our archives and had the opportunity to read the 6<sup>th</sup> Oracle Letter from the President written in September 1991 by Phyllis Edwards, MD who was the President of the WTS. She proudly reported the attendance of at least 18 women at their yearly meeting. The highlight of that year was a WTS luncheon

led by Dr. Nina Braunwald entitled "The Double-Edged Knife" which focused on the unique challenges women face balancing a career and family life. She supported greater flexibility to allow women to achieve their goals while at the same time attend to family and personal fulfillment. I would argue today all genders now seek this approach. This year, at our combined receptions at the STS and AATS we now have had approximately 200 people in attendance with both genders well represented.

It is an honor to serve as your president and advance the practice of thoracic surgery by including more women in the specialty. To do this, I have launched several programs with the tremendous help of the dedicated women in WTS leadership:

### 1. Sexual Harassment & Gender Bias Survey

The first of which is an initiative to utilize our new

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database and list serve to send out a combined WTS-STSTSR sexual harassment and gender bias survey. Dr. Mimi Ceppa and I worked with gender bias expert Sean Phelan, PhD and survey methodology expert Kathleen Yost, PhD The results of the survey will be available on the WTS website, and a manuscript will be submitted to *The Annals of Thoracic Surgery*. Additionally, we will launch several initiatives as a result of the survey, which include but are not limited to a webpage to educate and coach potential victims. The webpage will be available through both the STS and WTS.

### 2. Proactive Suggestions

A second initiative is to have WTS members submit a survey listing the organizations of which

they are members, their niche areas they are most comfortable speaking on, and their academic rank. The survey results list will be circulated to program chairs for as many meetings to be reviewed and available for more women speakers at events. We will also track the numbers of women included on panels, sessions, and moderators to compare the effect once the initiative is launched.

### 3. Where are women in thoracic surgery now?

A third project is what I like to call the Metric Graphic. An infographic (Figure 1) will be sent out via Twitter, Facebook, and other social media networks to show where women in cardiothoracic surgery are now compared to where they were. We will continue to update the infographic as time goes by and monitor

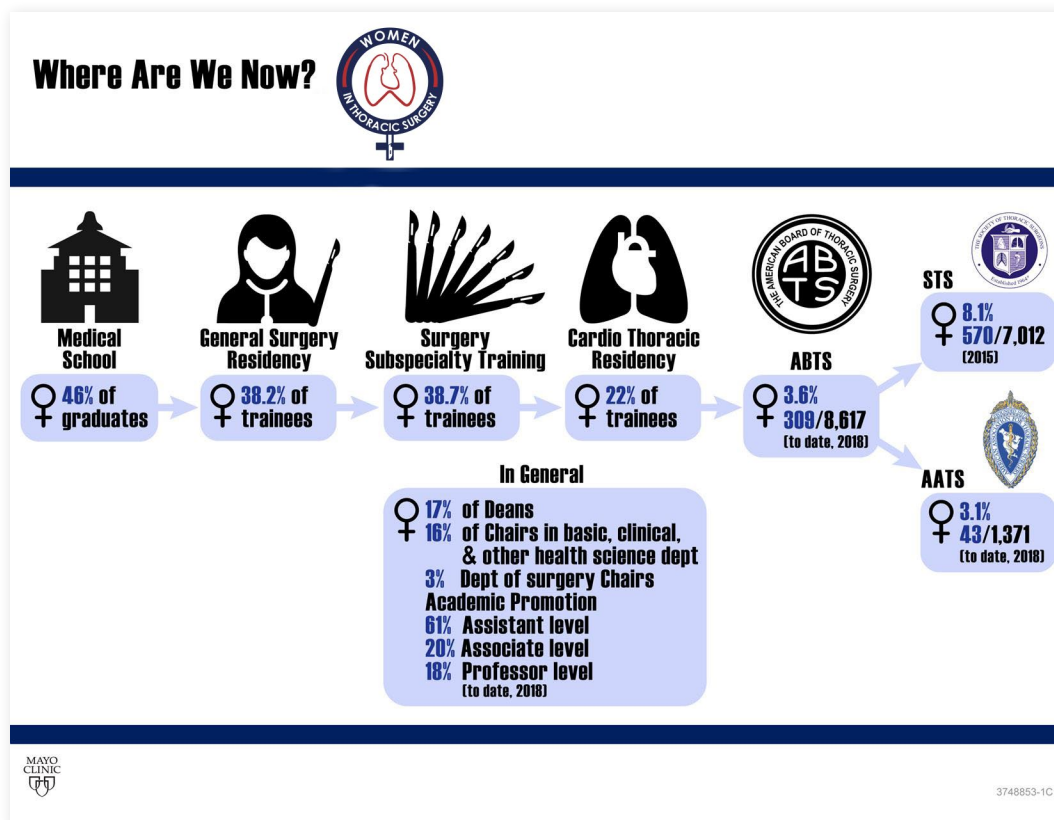
the numbers of women in AATS, STS, STSA, ABTS, general surgery, Chair Positions, full Professor positions, and other achievements for comparison. By keeping an eye on the pipeline (medical school and general surgery), we will have better knowledge of how our own specialty compares to others. The next project will be an infographic on "Where in the world are we?" including a depiction of women in thoracic surgery by percentages across the globe.

### 4. Industry & societies helping us to lead, network, and train

We have worked extensively to increase networking opportunities for women at meetings, to increase the numbers of advanced training scholarships, and enhance leadership training. Intuitive has graciously

agreed to fund five scholarships in 2018; two of which were announced at the 2018 STS Annual Meeting, and the additional three were announced at the 2018 AATS Annual Meeting. Ethicon graciously hosted our January 2018 reception at the STS Annual Meeting, and Medtronic graciously hosted our record-breaking attendance at the April 2018 reception

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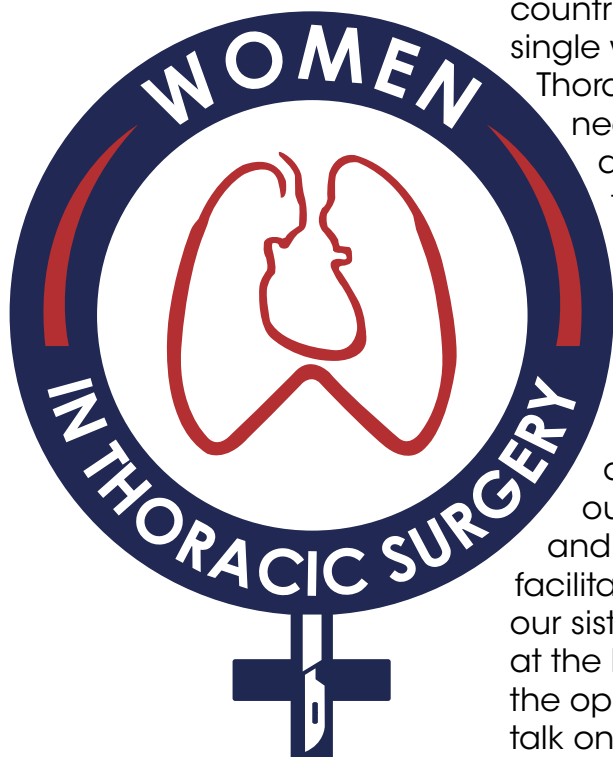


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at the AATS Annual Meeting. With standing room only at most of our receptions, with near equal numbers of men and women, I would say we are well on our way to making great strides towards acquiring opportunities for women surgeons to excel.

### 5. A polished appearance

I would like to thank Joanna Chikwe, MD for organizing a successful image coaching one-on-one seminar at the 2018 AATS Annual Meeting. The program was so successful; we plan on repeating the event at the STS Annual Meeting. By helping other women to present themselves professionally, we aim to reduce stress and increase positive visibility. We look forward to Joanna's help in creating a video series for the WTS website on how to



create a professional presentation. I can easily say she delivered one of the best talks at the AATS Annual Meeting this year and is a great example of a woman we all may strive to emulate. With that in mind, I would like to take this opportunity to encourage each of you to send notice to Erin Gillaspie, MD of any achievements so we can track your accomplishments and brag on your behalf too!

### 6. Women across the world

After presenting on behalf of WTS at the Masters of Minimally Invasive Surgery in Shanghai, China, the ESTS meeting in Ljubljana, Slovenia, and the ASCVTS meeting in Moscow, Russian Federation, I realized some countries do not have a single woman practicing Thoracic Surgery. The world needs an organized approach to facilitating the development of women in our field. With that in mind, WTS is now facilitating the development of a European WTS, which we will call eWTS. We are considering offering our website, structure, and experience to facilitate the development of our sister organization. While at the ESTS meeting, we had the opportunity to deliver a talk on "How to recruit more

### Top 10 Ways to Attract More Women Into Surgery

1. Allow them to Lead
2. Expose them to Role Models
3. Sponsorship
4. Flexibility with Family Issues
5. Rid the Workplace of Sexism
6. Support Networking
7. Ask for Their Opinion
8. Pay them the SAME
9. Teach them to negotiate
10. Fair Promotion



women into thoracic surgery" which has subsequently been tweeted and placed in video form on our webpage (Figure 2)

### 7. A New look

Our old Logo needed an update. Taking the input from all of the women over multiple calls, we were able to have a new logo crafted to represent Women in Thoracic Surgery (Figure 3). This symbol of a woman with a heart and lung outlined by a suture and a needle, with a scalpel in the stem is now both bold and clearly represents our focus.

### 8. Bylaws Revision

Thanks to Patricia Thistlethwaite, MD and Elizabeth David, MD, we now have a revised bylaws to refer to that is both updated and relevant to the increase in size of our organization.

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While STS continues to provide management services and a central office in Chicago, we continue to grow and develop into an organization that is both relevant and helpful to our membership. Having clear bylaws available on the web page will now help us stay consistent and dependable as we interact with industry, other organizations, and with one another.

### 9. Strategic retreat

Long overdue, our leadership has planned to take a strategic retreat to Chicago. This will enable us to focus on creating more opportunities for women in our specialty.

Additionally, I plan to have experts create video series on micro-aggression, managing bias, confronting sexual harassment, advocating for yourself, as well as a

bank of resources we can utilize as women when we are confronted with unique gender-specific issues. Our STS Special WTS Session will take place January 28<sup>th</sup>, 2019.

I would like to take a moment to thank the volunteer leadership, who organized the social media efforts, scholarships, and meeting logistics.

## Congratulations to the new ABTS Diplomates!

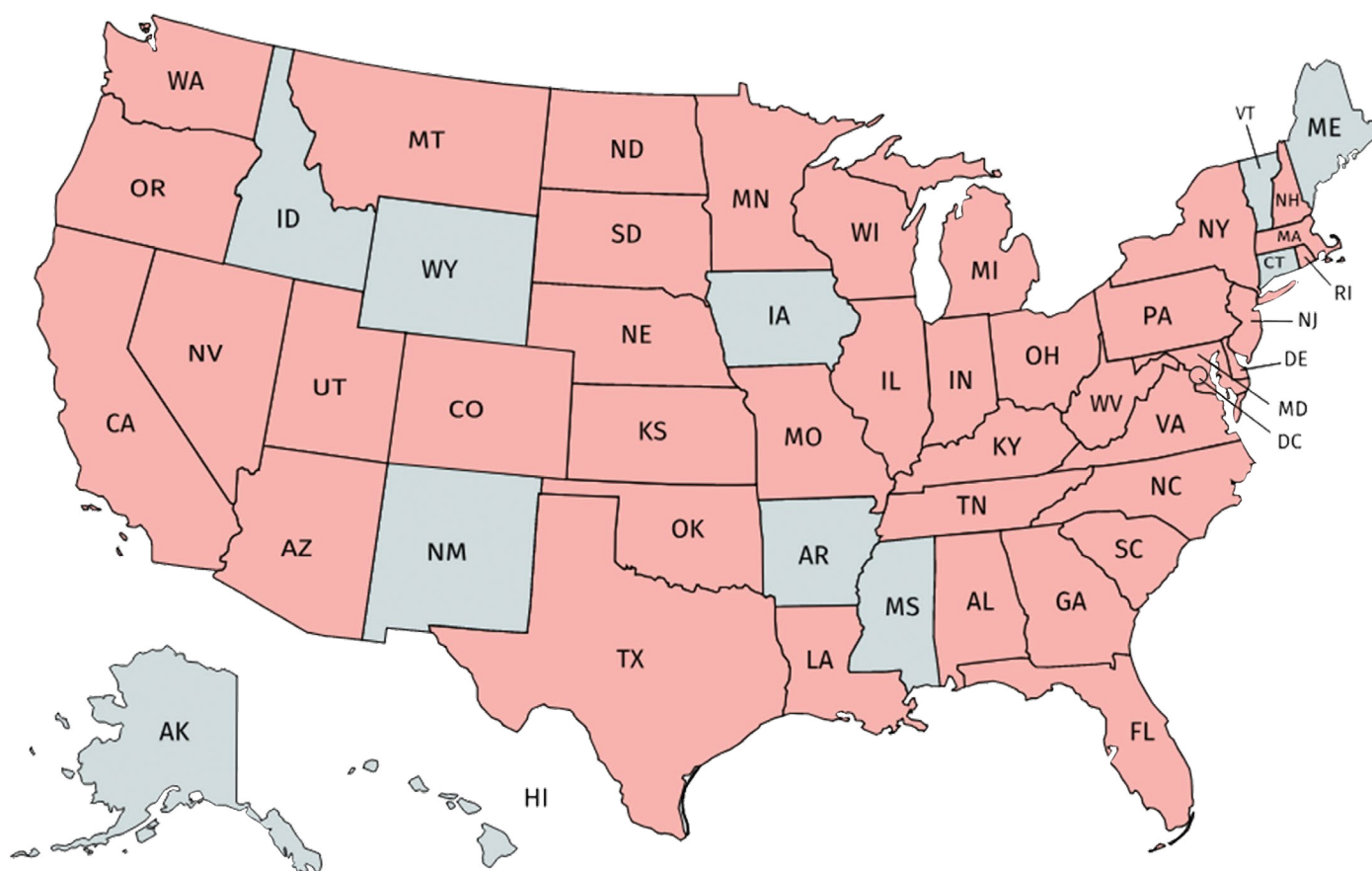
- |                      |                       |                         |
|----------------------|-----------------------|-------------------------|
| Shelly Bansal, MD    | Jessica Heimes, MD    | Janani Reisenauer, MD   |
| Marisa Cevalco, MD   | Fuyuki Hirashima, MD  | Jessica Rove, MD        |
| Giye Choe, MD        | Julissa Jurado, MD    | Kristen Sell-Dottin, MD |
| Mabelle Cohen, MD    | Puja Kachroo, MD      | Smarika Shrestha, MD    |
| Sarah Counts, MD     | Amie Kent, MD         | Smita Sihag, MD         |
| Amanda Eilers, MD    | Ambreen Laeeq, MD     | Danielle Smith, MD      |
| Crystal Erickson, MD | Melissa Levack, MD    | Mary Carolyn Vinson, MD |
| Rachel Hargrove, MD  | Christine Montesa, MD | Kelly Wanamaker, MD     |
| Rian Hasson, MD      | Anahita Parsee, MD    | Amelia Watkins, MD      |

*A record 27 women passed the boards this year!*

# Surpassing 300: Fun Facts about Women in Thoracic Surgery

It has been an incredible year for women in thoracic surgery with a record 27 women passing the boards in 2018. Congrats to all the Diplomates on a banner year. Here are a few more fun facts to share about women in thoracic surgery:

- The first woman to be admitted into the ABTS was Nina Braunwald in 1961.
- WTS was founded in 1986 with the first newsletter to be published 2 years later in 1988; so this year we celebrate 40 years of the Oracle!
- Women going into thoracic surgery are most likely to be named Jennifer – with a total of 13! This is followed closely by Mary with 9 (11 if you include Rosemary and Maryann) as well as Kathleen with 7.
- We know of women having practiced in 39 out of 50 states



- A total of 336 woman have passed the boards and become Diplomates of the American Board of Thoracic Surgery.
- 48 members of this incredible group have also been inducted into the AATS.



# Our Shining Light...

## Remembering Brigid Scanlan Eynck



The Scanlan Group remembers our Shining Light, Brigid Scanlan Eynck (8/2/51 - 8/23/18), Age 67, of Saint Paul and Lakeshore, who comfortably passed away at home in Saint Paul, Minnesota, surrounded by her loving Family after succumbing to complications of Myelofibrosis. Brigid married Dennis Jerome Eynck in 1971 and is survived by her two children, grandchildren, and countless family and friends.

Brigid was warm, caring, generous, humorous, intelligent, lively, energetic, loving and loved by everyone. Her love of travel, literature

and nature was fueled by her love of beauty in all forms. Brigid's battle with Myelofibrosis was private and courageous ... and she never let it shadow her lifelong passion to live life to its fullest and help everyone in need. She was a visionary, fierce and dedicated to her work at the Family Company Scanlan International which she joined in 1976. For over 42 years she worked hand-in-hand with industry leading Surgeons and OR professionals around the world to design and develop the highest quality, precision instrumentation for life saving surgical procedures. Brigid managed the Manufacturing of these instruments and worked closely with several instrument artisans to ensure each handmade instrument was

a statement of perfection. She also loved supporting hundreds of Surgeons who were performing compassion surgery around the globe ... where life saving surgeries were not an option. Donations of surgical instrumentation to these groups allowed everything from heart surgeries to reconstructive surgeries - helping countless adults and children lead happy, normal lives.

She also supported Surgeon & Nurse

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Brigid & Dennis Eynck at the 2016 Scanlan Group Holiday Party



Brigid & Tim Scanlan at the groundbreaking of Scanlan International in Saint Paul, MN

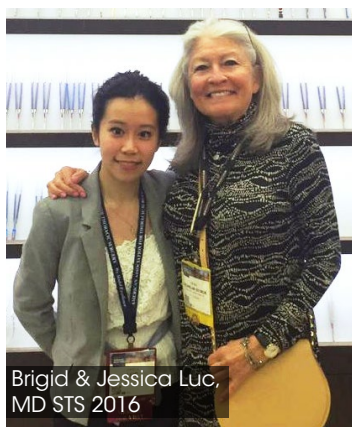


Tim Scanlan, Dennis Scanlan Jr., & Brigid Scanlan at STS 1990





Brigid & Dr. Nikki Stamp at STS 2016



Brigid & Jessica Luc, MD STS 2016



Dr. Betty Tong, Brigid, & Dr. Shanda Blackmon VATS training at the MITIE Lab in Houston, Texas.

Continued...

organizations through programs & scholarships to further education and help young medical students achieve their dreams. Her lifetime of love for helping others was apparent at every surgical meeting she attended. Every Surgeon and every Nurse knew and loved Brigid. She proudly represented her Grandfather's dream that began in 1921 ... to make the "Highest Quality Surgical Products" and was dedicated to teaching that passion to everyone she worked with.

Although Brigid has left us, her amazing spirit, zest for life, perpetual energy and amazing smile will live with us forever. Memorials may be directed to The Thoracic Surgery Foundation and the Carolyn E. Reed Traveling Fellowship, which Brigid helped to develop through a partnership between Women in Thoracic Surgery and Scanlan International.



STS 2016

**Quote from Ajay Carpenter:**

*Brigid has been a great friend of WTS and for me personally for many years. It is not an exaggeration to say that WTS would still be floundering and not the incredibly vibrant organization it is today but for the support of women in industry, and Brigid was absolutely tops in that line! Her commitment to our profession mirrors that of her family business. We will all miss her more than you can know.*



[www.scanlaninternational.com](http://www.scanlaninternational.com)



The Scanlan Family: Joe Brigid, Adam, Tim, Russ, Chenoa, & Ron



# Catching the Robotic Fever



Dr. Lana Schumacher proctoring Dr. Erin Gillaspie at Vanderbilt University Medical Center

The WTS-Intuitive Robotic Fellowship, albeit still in its early years, has been met with resounding success and continues to grow and have impact even beyond just the scholarship winners themselves.

### *From a past winner:*

I was fortunate enough to win one of the inaugural WTS - Intuitive robotic scholarships. As a new graduate in a program that did not have an existing thoracic surgical robotics program, this

scholarship was instrumental in providing the guidance and mentorship to help me to start a new program that continues to thrive one year later. I am eternally grateful to Dr. Schumacher and her team for their time and dedication.

Within the last year, our program has increased to three robotic thoracic surgeons and the volume, breadth and complexity of cases being performed continues to evolve. In addition, we have initiated

a multi-disciplinary robotic education program for our residents and fellows. I think we may have caught the "robot fever."

I am so grateful to the WTS and Intuitive for their support and this incredible opportunity for me and for other women in our field!

Erin Gillaspie, MD, MPH  
Vanderbilt University  
Medical Center

### *The Incredible Intuitive Support:*

Last year's training and mentoring program for women thoracic surgeons was such a resounding success that we increased our support this year. Intuitive's training and mentoring program serves to strengthen the cadre of female thoracic surgeons in the U.S. - something Intuitive is pleased to do.

Myriam Curet, MD  
Executive Vice President and  
Chief Medical Officer Intuitive

**Dr. Lana Schumacher has been instrumental in fostering the education, providing mentorship and guidance to the award winners and generously donating her time for education. She shares the experience from her perspective:**

As robotic technology advances particularly in thoracic surgery, so has the

*Continued...*

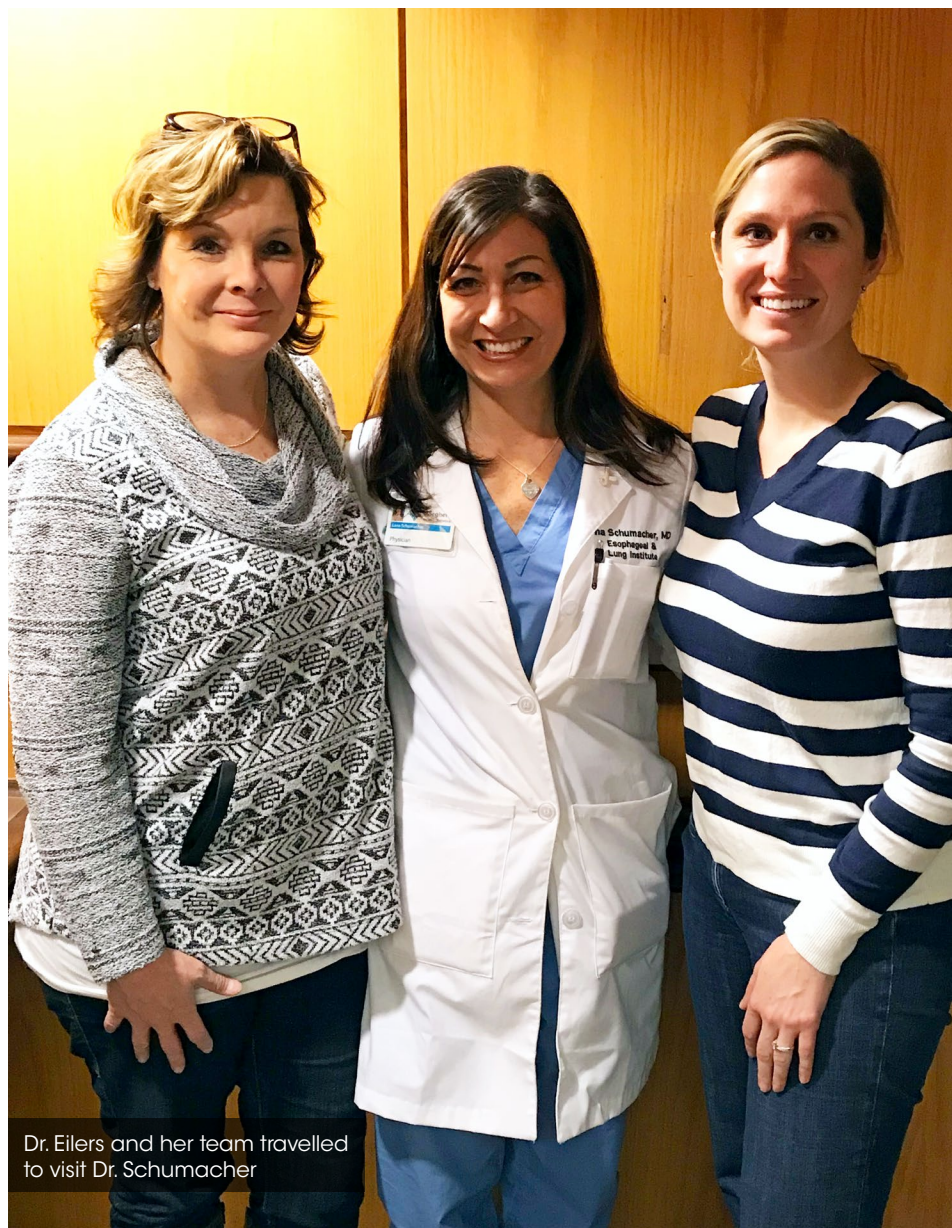


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interest. Women in Thoracic Surgery has always been supportive in providing opportunities to advance one's career and the collaboration with Intuitive Surgical provides such an opportunity. This initiative with WTS and Intuitive Surgical began over 2 years ago for which Intuitive sponsored scholarships for women thoracic surgeons to train and be mentored by a more senior robotic thoracic surgeon. Our goals in setting up this program were to create a mentor/mentee relationship through case observations and proctoring to allow success of the training surgeon to build their own robotic program.

The first year of this program, Dr. Erin Gillaspie was awarded the scholarship. It has been with great pleasure to see her successfully build the robotic program at Vanderbilt University and now further train her own colleagues in her department!

This past year has been extremely busy and gratifying to train 5 women thoracic surgeons who were awarded the scholarship! Drs. Elisabeth Dexter, Amanda Eilers, Shelby Stewart, Jennifer Worth and Alden Parsons were all excellent candidates for the program. Each recipient has come to our institution with their own robotic team, including their first assistant and scrub technicians, to learn the ins and outs of



Dr. Eilers and her team travelled to visit Dr. Schumacher

building a robotic thoracic program and observe a variety of cases. We have in turn traveled to their respective institutions to help them train and build their own respective program.

Fostering these relationships has been a very rewarding experience for me and I have been very excited to see the growth of these women surgeons in our field of robotic thoracic surgery! We are very thankful for Intuitive's support to allow the WTS to create such a

valuable opportunity to allow women to empower other women and look forward to the continued growth of this program.

Lana Schumacher, MD  
*Allegheny Health Network*

**Congratulations to all of this year's winners and good luck to all our newest applicants! We look forward to announcing the 2019 awardees at the STS Annual Meeting in January.**

# Exciting Opportunities from WTS

WTS has seen enormous growth in our scholarship programs. Please do not miss out on the incredible opportunity to apply for one of these scholarships and take advantage of incredible mentorship opportunities.



Dr. AJ Carpenter

## The WTS Carpenter Scholarship

We just completed another exciting application process for the 2018 Carpenter Scholarship. This award named for Dr. AJ 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 your 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!

## The Carolyn E. Reed Traveling Fellowship

The Carolyn E. Reed Traveling Fellowship applications will be reviewed in the coming weeks. Good luck to all applicants! 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.



Dr. Carolyn Elaine Reed



2016 Recipient, Dr. Kyla Joubert with Brigid Scanlan Eiyneck

## 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 about this scholarship.

**Applications open in November 2018.**

*Good luck to all applicants and congratulations to all our past winners!*



# Surgical Giants: The Early Years for Women in Thoracic Surgery

By: *Melanie Edwards, MD and Erin Gillaspie, MD*

The year 1961 was a key milestone in the history of cardiothoracic surgery as it marked the first time that women were certified by the American Board of Thoracic Surgery (ABTS), thirteen years after its inception in 1948. This was a remarkable accomplishment, but rather than mark the end, this year was in some way the beginning of a struggle for equity in cardiothoracic surgery, that continues to this day. Of the three women certified in 1961, Nina Starr Braunwald is best known and is an icon in the field of cardiothoracic surgery. Still, even though she performed the first successful prosthetic mitral valve replacement in a human, was a notably skilled surgeon and prolific researcher, she faced

significant barriers to the advancement of her surgical and academic career. Ann S. McKiel, the second female diplomate, was the first woman to complete a cardiothoracic surgery residency. Dr. McKiel eventually changed to radiology in 1976 due to challenges of balancing a practice with childrearing, a move that echoes many of the difficulties experienced by women in that era and today<sup>1,2</sup>.

The course of the third diplomate Dr. Nermin Tutunji, is a remarkable testament to the tenacity required by the early women pursuing thoracic surgery careers. Undeterred by several rejections from cardiothoracic surgery training programs after completing general surgery residency at the University of Alabama, she was accepted at Emory University where she was able to matriculate and achieve board certification in October of 1961. The subsequent years were difficult, and she was eventually deported to Lebanon and served in the Jordanian army before regaining entry into the United States where she

practiced for several years in South Bend, Indiana<sup>1</sup>.

Although many of the same roadblocks to entering and practicing cardiothoracic surgery no longer exist, nearly every contemporary female surgeon can list numerous obstacles that still need to be overcome. Among them are the continued prevalence of implicit and explicit gender bias, pay inequity, sexual harassment and the “leaky” academic pipeline outlined by recent former WTS president Jessica Donington in the last edition of the Oracle. Yet, how often do we stop to consider some of the benefits we have relative to those who struggled before us?

Davidai and Gilovich describe the availability bias<sup>3</sup> in which we are more aware of the challenges overcome (headwinds) and pay less attention to the often invisible forces (tailwinds) that also propel us along. Headwinds are front and center, needing to be dealt with in order to move forward, while we become accustomed to and eventually adapt to the gentle push from behind. However, acknowledging the tailwinds is also important. The women who broke down barriers before us, whether



Dr. Nina Starr Braunwald

Continued...

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at our local institutions or within the thoracic surgical specialty as a whole, have allowed us to push through just a bit farther. Mentors and sponsors who support our hopes and dreams make navigating our careers just a bit easier. Students and trainees keep us engaged and in touch with the youthful optimism so easily forgotten. Family and friends lift us up and provide a boost to help

us feel just a bit stronger. But the potentially strongest tailwind comes from each other. We each know the unique circumstances faced by female cardiothoracic surgeons better than anyone else and can provide support and understanding. **With the wind on our backs, we will continue to break barriers.**

1. Hartz RS. "The XX files": demographics of women cardiothoracic surgeons. *Ann Thorac Surg.* 71:S8-13.

2. Baptiste D, Fecher AM, Dolejs SC, Yoder J, Schmidt CM, Couch ME, et al. Gender differences in academic surgery, work-life balance, and satisfaction. *J Surg Res.* 2017 Oct;218:99-107.

3. Davidai S, Gilovich T. The headwinds/tailwinds asymmetry: An availability bias in assessments of barriers and blessings. *J Pers Soc Psychol.* 2016 Dec;111(6):835-51.

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

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



# Ask WTS:

## Tell us About One of Your Great Mentors



**Meena Nathan,**  
MD, MPH, FRCS

First is my mom. She was always calm and collected and approached every task and every person with a smile of welcome. She was able to see the good in everything and able to gain something out of even the worst situation. I hope I have inherited at least half of her composure in facing the

challenges at home and at work.

The second is a wonderful colleague at work. Her approachability and her vast clinical and research experience is a key factor in providing the supporting environment required for all faculty (and particularly women faculty) to advance their own clinical and research careers. She is always available to provide personal and career advice. She never hesitates to contact her peers to support the progress and development of her many protégés. She has a wide network of peers who greatly enjoy working/ collaborating with her. They trust her judgment and are willing to go out on a limb

to support and help young faculty even if they have not personally worked with them. In addition she has been a great advocate for women who wish to balance family with work. As a young attending she figured out how to raise two outstanding and accomplished children while still helping her career progress. She continues to model the importance of this balance. Now as a grandmother of two, she continues to prioritize family time as needed. This has made her a terrific role model for the younger staff who are working to find the same balance in their lives. In addition to being an excellent role model, she has helped individuals with one on one support.



**Katie Nason,**  
MD, MPH

Throughout the course of my career to date, I have been fortunate to have had a number of mentors who have helped me to become the physician, surgeon, and person that I am, but the one who stands out as having had the greatest influence on my professional formation is Dr. Hiram Polk. As chair of the department of surgery, Dr. Polk taught his residents

how to put our patients' needs first, how to interact professionally with referring physicians, consultants, nurses and families, and how to translate the knowledge base we had into excellent patient care. Thanks to Dr. Polk, I "grew up" from a good student into a competent and caring physician.



Betty Tong,  
MD, MHS, MS

Thomas A. D'Amico, MD: He has supported my career for nearly 20 years (and continues to do so!), with an understanding of the particular challenges I faced during my evolution from wide-eyed student to

surgeon/wife/mother. His passion for advancing the field of general thoracic surgery is infectious, and he holds not only himself, but his mentees to the highest standards, encouraging us all to be our best selves.



Lauren Kane,  
MD

Win Wells, MD was and continues to be one of my cherished mentors. He was instrumental in my training to be a congenital heart surgeon who believed in me and continues to be an advocate for me in life and professionally.

Cindy Herrington, MD is a mentor and dear friend that means the world to me.

She is a great role model, mentor and advisor. Most importantly, a friend that I cherish and look forward to knowing the rest of my life.

Two mentors that mean the world to me. Both are congenital heart surgeons at the Children's Hospital of Los Angeles/University of Southern California.



Erin Gillaspie,  
MD, MPH



Devin Gillaspie,  
MD

My dad has been my great coach, supporter and advisor my whole life.

I grew up knowing without a doubt that girls are tough, smart and could grow up to be anything they dreamed of. I never thought for one second that I couldn't achieve a goal as long as I

was willing to work hard enough for it. So much of who I am and what I have accomplished is a testament to my dad. Long before there was a #HeforShe hashtag he was the very embodiment of unrelenting support for women.

The result of growing up in such an environment? Two surgeons for daughters!



# Becoming A Mom



Mara Antonoff, MD,  
Surgeon, Mom and Mentor

I am a thoracic surgeon, and I am a mother of four. This sounds very much like a confession, and in some ways, it feels like one. By no means, however, do I intend to suggest that wearing those two hats simultaneously requires an apology. Perhaps, it just requires an acknowledgment that I carry both of those roles with me, wherever I go, for better or worse.

I've had plenty of people ask me how I manage to balance being a mom with being a surgeon, and the truth is that I really don't know it any other way. I had my first two children during my general surgery residency, and, after they miraculously survived my CT fellowship, we had two more children once I started working as a fully fledged thoracic surgeon.

I will readily admit that every success that I've had, I owe to the efforts of a team. I'd be a fool to believe that any good patient outcomes have been exclusively

consequent to my own skills and expertise alone; there are countless individuals (nurses, nurse practitioners, residents, respiratory therapists, anesthesiologists, etc.) who are involved in ensuring that every patient gets the best care possible at every step of their journey. I often tell patients and their primary caregivers that they are the most important people on that team - following our instructions, trusting us, and, for the family members, providing the patient with encouragement and support.

Likewise, there's no way that I could do this Mom thing without loads of assistance. I've been so fortunate to make terrific friends who will

readily lend a helping hand, to find outstanding childcare, and to have support from my colleagues at the times when my children have really needed me. Of course, the most important member of the team who helps me to be a mother is my co-parent - and in that regard, I struck the jackpot. I'm so fortunate that my husband has lovingly supported my career, while, at times, carrying the lion's share of the parenting duties (with a very busy career of his own). Now that I am an early career surgeon, no longer in training, our parental duties are split pretty evenly, but he is always at the mercy of my patient-care obligations, ready to help solve any dilemma, rock a

Continued...



Mara and Mike Antonoff, with children Eliana (10), Sam (9), Benjamin (2.5), and Adeline (6 months)





With the oldest 3 children, supporting the #LookLikeASurgeon movement



Eliana, Adeline, and Mara Antonoff - little women surgeons in training.

Continued...

baby to sleep, or chauffeur kids around town for their ten-million activities.

I don't believe that the title of Surgeon Mom is an oxymoron, nor that it is the ironic juxtaposition of two mutually exclusive jobs. Without a doubt, I am a better surgeon because I am a mom. Many of the skillsets and life lessons are transferable. My children make me a better human, and my patients have certainly benefited from the patience, compassion, and vulnerability that parenthood has brought me. And most certainly, while my kids have suffered at times because of my career, they have also had some occasional perks. Moreover, I do truly hope that I have inadvertently taught my kids what it means to work

hard toward a goal, to give of themselves to help others, and to try to leave a positive impact in this world. I have three take-home tips for those who want to be moms and thoracic surgeons:

1. Don't listen to those who tell you it's not possible. There are plenty of women doing it already, and there's a great support network available to you!
2. Pick your partners wisely - both your work partner(s) and your co-parent! They will be instrumental in

your success at home and at work, and their support means everything.

3. Accept that you are part of a team, and don't try to do it alone! Ask for help, and give credit where it is due.



Antonoff Family Holiday



# The Importance of Mentors



Erin Gillaspie,  
MD, MPH

*"We make a living by what we get, we make a life by what we give."*

~Winston Churchill

One of the joys of being able to write the Oracle and share my musings in my Editor's Editorial is that I allow my mind to wander... meander really as I ponder upon the various topics I can write about. Most recently I found myself reminiscing about all the people in my life who have so greatly influenced who I am as a person, a friend, a physician and as a member of society.

And so the theme of this issue of the Oracle evolved into "mentorship." In the "ASK WTS" section I shared with you the incredible mentors of esteemed colleagues. In our "Surgical Giants" we shared with you the struggles some of the pioneering women in thoracic surgery faced with a lack of mentorship and guidance.

Technologic advancements in the last two decades have occurred at an

exceptional rate. We can communicate with anyone in any time zone at any time. We are connected to each other in a way that is unprecedented and can afford the most unique and extraordinary collaboration; including mentorship opportunities continents apart.

There are thousands of articles espousing the importance of mentorship for successful careers in business, medicine and in particular surgery. The benefits are not limited to surgical success but also increased productivity, improved career satisfaction, higher levels of innovation and improved retention. Despite this, most departments do not have formal mentorship teams nor the structure to help physicians to create and maintain mentorship programs.

## A Few Simple Trends:

After reading dozens of research and opinion articles describing the "perfect" mentorship algorithms, a few common threads emerged:

1. You should have more than one mentor.
2. Each mentor will serve a different role and purpose.
3. Some mentor-mentee relationships will fail – do not stay in a bad relationship!
4. A mentor is going to push you and sometimes make you uncomfortable.

5. A mentor should not be your clone; they can be a different gender, age, and may come from a different specialty or profession.

## How Many is too Many?

Some articles recommend as few as three mentors, others recommend as many as nine. I am not certain there is really a perfect number, but just like any relationship, a mentorship relationship is something that develops with time spent together. The relationship requires dedication and commitment from both the mentor and mentee with clearly defined goals and expectations at the start of the relationship.

## Types of Mentors:

There are some essential characteristics that should be comprehended in a mentorship panel. Some mentors may fill several of these roles while others may serve one.

## The Teacher or Coach

Uniquely in surgery, this is a fellow surgeon who is willing to share their expertise. Teachers are important in all stages of a career – training in an apprenticeship type model and direct demonstration of skills, early career in tackling new and difficult cases and late career with the refinement of skills.

The role of a teacher or coach is not to rescue a mentee, but rather to help

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build the tools necessary to tackle or reason through a challenge.

### The Life Mentor

A life mentor provides emotional support, helps with personal growth and focuses on work-life balance.

### The Challenger

A challenger will push you to achieve more, give frank feedback about deficiencies while helping to reshape poorly developed ideas. A challenger mentor will ask tough questions and prompt self-reflection and analysis. While difficult, this mentor is crucial for growth.

### The Role Model and Sponsor

Someone with an accomplished career who can create opportunities, open doors and be honest about potential career pitfalls. These are some of the most important mentors to have and the most difficult in many cases to identify and establish.

These mentors provide advise on career advancement and derive satisfaction from your success and by helping you to make the connections to progress.

This relationship epitomizes the old adage "it's all about who you know"

### The Peer

A peer mentor is someone in the same stage of career, often faced with some of the same challenges. The peer

mentor is a sympathetic ear during times of struggle,

### The Cheerleader

*"Shout loudly with your optimism, and keep quiet with your cynicism."* Tjan<sup>4</sup>

Everyone needs an optimistic mentor who will be a giver of energy. This mentor will help you find ways to consider why or how an overly ambitious idea can work. Give the necessary motivation to keep going.

### The Enduring Influence of Parents.

For many of us, no list would be complete without our parents. They are our first coaches and cheerleaders. They teach us how to pick ourselves up when we fall and scrape our knees. Even as many of our careers have outgrown our parent's expertise, they never cease to serve as a sounding board, share the big picture perspective and share life advice and experience

Our parents help us without fanfare, without accolade, and too often without thanks.

### Final Thoughts

Importantly and lastly I would like to emphasize that mentors come in many shapes, colors, sizes, genders and each with a different purpose. Women do not have to have women mentors and likewise men do not have to have men. As a thoracic surgeon you may find outstanding mentorship

in a nephrologist, or people outside the medical field altogether.

Find a mentor...find more than one! Find mentors who shape you, influence you, guide you, inspire you, challenge and make an indelible mark on the pathway of your life.

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# STS Annual Meeting





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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 300 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 dozens of 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.



If you are interested in becoming a member, please [click here](#).

