



ORACLE

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



Spring 2019 Issue

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WTS ORACLE

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President's Corner



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

On behalf of WTS, I would like to thank you again for supporting WTS and our specialty. It is an honor to serve as your president and advance the practice of thoracic surgery by including more women in the specialty. This New Year's Oracle for 2019 will focus on the many ways WTS members have made our specialty better. This has been a learning year for me and I would like to share some of the many lessons I have written into my journal that have provided me with guidance.

Lesson #1: You cannot

control what people say or do to you; you can only control your reaction. Building a village that supports you in this specialty is very important. Making that group your sounding board when things happen to help you place things into context and respond appropriately. Time allows you to gain perspective. Avoid immediate amygdala-driven responses in times of crisis (unless of course it involves bleeding or loss of airway). Trusted friends who understand the complexity of your life can help to keep you grounded and make wise decisions. Regarding the recent sessions at STS on gender bias, microaggression and sexual harassment, remember this rule whenever you encounter such issues.

Lesson #2: Remember why we do this and how important it is. Carolyn Reed taught me something that has always stayed with me and it occurred to me that many of our younger women might not have had the

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honor of hearing her STSA Presidential Address. She focused on how she dealt with stress in times of trouble and how important it was to go to the box of cards and notes your patients write to you to remind you of what is important. At the end of the day, no matter how hard your day has been, remember what an honor it is to be a CT surgeon, that we are fortunate not to be the patient, and that we are only as strong as our teams. My box of cards has turned into a large plastic tub where I save pictures, notes, patient articles, and stories. I have labeled this "give to my kids when I die." Although it has been an honor to be your President, to have achieved the rank of Professor this year,

and to have leadership roles; the parts of my career that I want my children to know most about me lies within this box. We must always remember Carolyn's words.¹

Lesson #3: Start the year with intent. Make proactive decisions about your priorities and let that drive how you spend your time. Place a whiteboard with your goals and projects on it, including deadlines, members of your team, and track your progress. Daily, you will make better decisions when you keep your eye on the goal. Do not let activities drive your day but instead thoughtfully control your focus and make an impact. Dream big, but plan in detail. Practice grit. Be resilient.

Thank you for allowing

me to be your President. This group of women will drive us into a future where it will no longer matter if you are a woman or a man, tall or short, what country you came from, or what your skin color is. We strive for equal opportunity for all of those who might currently be under-represented. There is tremendous support from many of our leaders.

Best Regards,
Shanda H. Blackmon, MD,
MPH, FACS
Professor of Surgery, Mayo
Clinic Rochester

Reference:

1. Reed, C. Where has humanism gone? *Annals of Thoracic Surgery*. 2008;85:1511-4



The Untold Story of Egg Harvesting:

Planning for a Future (When You Aren't Quite Ready Yet)



By: **Melissa Levack, MD**

I remember the day distinctly eight years ago. I was having champagne brunch with one of my friends who had just turned 35. I was 32 at the time and a general surgery resident on my research block. My friend casually asked me if I had ever thought about egg harvesting – as she was in her mid-thirties, she now would have the dreaded label of “advanced maternal age.” At the time, I looked at her and shrugged my shoulders and said I had never considered it and didn’t really know anything about it. Besides, I was only 32 and was naïve enough to think that life would come together quickly and predictably; I would never need to worry about having children later in life.

Fast forward six years later and reality had set in. I was 38, still wanting children, and was no closer to having children than my 32 year

old self when I had that first fateful conversation.

I was in my cardiothoracic surgery fellowship and attended an institutional leadership course. By chance, I sat at a table filled with OB/GYN residents. As the topic of fertility and egg preservation had been on my mind a great deal, I thought it would be a great opportunity to inquire about the process – never expecting what I was about to hear. My new friends were only too happy to talk about the topic and wished more women in surgery and in medicine would inquire about it.

I learned several important things that day. First that it was a very common procedure for many OB/GYN residents to go through with when they start residency. These women were proud to share that it was a relatively safe procedure and many of them opted to have it done early on because of the benefits for child planning during a stressful and unpredictable time in their lives. Moreover, I was informed that there was a HUGE institutional discount for employees. The girls provided me the name of one of the attendings and congratulated me on being proactive.

I went home that evening and immediately drafted

an email to the Infertility Attending; explaining to her my chaotic schedule and my desire to learn more. Within minutes she wrote me back and we set up a phone call the next day to go over the process. My conversation with her convinced me that this was something that would be manageable and something that I needed to do. She described the process of injections, serial ultrasound imaging, and the eventual harvesting procedure, which all in all progresses over a roughly 2-3 week time period. We also discussed the financial discount and yearly storage fees. She was quick to share that she wished more female surgeons knew about the benefits of undergoing egg harvesting allowing them to know that they ARE in control and that your biological clock cannot control your fertility.

One point, which was most interesting to me, was that she said, that over half of women who are proactive and do this, go on to meet the right person in their lives and have kids naturally without ever needing to use the eggs. Oh the irony... Regardless, I hung up with her and convinced myself that this was something I needed to do to relieve my stress and take control of my future.

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The next phase of planning began - when was I going to be able to commit to two or maybe more weeks to have this done? As we all know, the demands of surgical training make it nearly impossible to get to a doctor's appointment let alone have qOD ultrasounds. And furthermore, I didn't want my male colleagues to know. I didn't want to tell them I had to leave for something which in retrospect I realize, was just as important to my personal life as them leaving to pick up their child for school. I committed though, and scheduled my consultation and baseline ultrasound and blood work on a post-call day. I planned to take a week of vacation at the end of May and decided to time the injection start so that the actual harvest and heavy ultrasound imaging would take place over my vacation.

The process was flawless and my weekly schedule is shared below:

Week 1:

The first week I started the

daily injections. I did these to myself, subcutaneously. Fortunately I did not need to worry about any blood work or imaging.

Week 2:

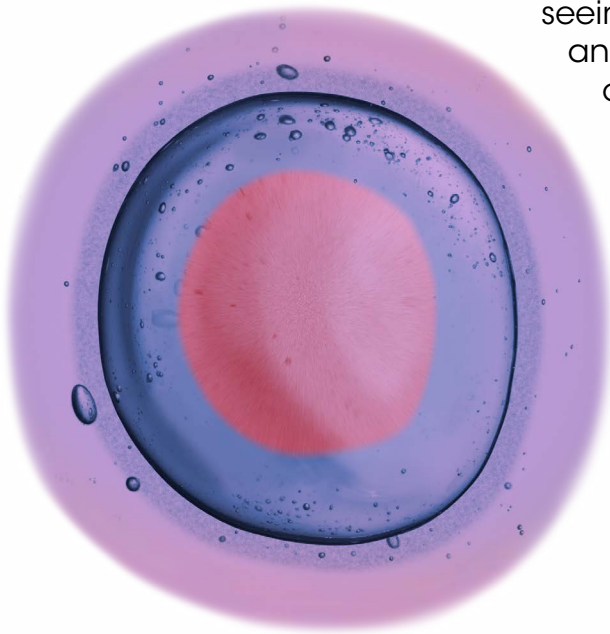
The second week, I only needed two blood draws and two ultrasounds, which I was able to coordinate with the IVF clinic at 7:30 am after morning huddle and before skin incision while anesthesia was getting ready. It was flawless really. By that Friday, I had taken the injections for about 1.5 weeks and was on vacation so I was able to relax and enjoy the remaining process without the feelings of work guilt or stress.

Closer to the harvesting time, the frequency of ultrasounds and blood work increases in order to track the number and size of the follicles and to determine when they are ready. Although my follicles were slow to grow, which delayed my surgery date by a few days, it was fascinating watching my follicles grow every appointment. I loved seeing how many there were and how my body was changing. I had no idea my body could do that. Up until this point, my life had been about cardiothoracic surgery and my career. For the first time, I was truly able to take pride in the early feelings of motherhood.

Extraction Day:

On the day of my extraction, my dog walker and good friend drove me to my appointment. She took pictures as I met with anesthesia and captured the moment of me taking steps to secure my future, to change my life and to take control of something that had plagued me with anxiety and sadness previously. It was such a happy day. When I recovered after it was all over, I was informed that they were able to harvest 26 eggs!! I couldn't believe it and I couldn't be more grateful or happy that I had this experience.

Two years later, I am now an attending and my life has begun to unfold as I had always wished. I met the right person and we are planning to have children at some point in the future. The timing is now right in my life to carry this forward. Whether that happens naturally or whether we undergo IVF will remain to be decided, but the bottom line is that I took away the fear of being unable to and empowered myself with the idea that all things are possible. In hindsight, I wish I had really understood, researched and known about the benefits of harvesting my eggs when the concept was first presented to me. My only regret is that I wish I had done it sooner and I hope that by sharing this experience I can enlighten more women in surgery and help them realize that there are many paths and options available.



Shining a Light on Men Supporting Women: #HeForShe



By: **Helen Mari Merritt, DO**

Despite a growing interest in our profession, women still make up a small minority of the ABTS delegates. It's obvious that CT surgery is a field that must garner support and activism from our male colleagues, and likewise, female surgeons should celebrate those colleagues who already support us, through acts both large and small.

Michael Moulton: Retired Lieutenant Colonel, talented surgeon, my boss, and all-around good guy. As a father of three girls (one of whom is pursuing her medical degree), he is uniquely positioned as an advocate for women. He is a man who leads by example, never asking a partner to do a job that he wouldn't do. In fact, he's usually doing the task himself already. He listens to each team member equally - regardless of rank, gender or experience - and celebrates our individual

talents while developing our personal niche. Our incentive configuration is structured in a fair manner which discourages competition between partners, focusing on team development rather than individual successes. This makes for a quite pleasant work environment.

On a more personal note, when my husband and I recently welcomed our second child a little earlier than expected, Mike happily did the case I was meant to do on my delivery day. He also showed up (after operating all day) and held our new baby just hours after my own parents. During my pregnancy, he covered all TAVRs and radiation cases, and additionally supported a full maternity leave - even though he knew that meant

working harder himself during my absence. With two kids at home now, I felt I needed time to focus on my other job as "mom." Mike worked out a plan where he and I would cover each other's patients for one day every other week. I'll take a day off to be at home, and Mike will focus on a big research project he's been developing. It works out both ways, but is definitely not a conventional academic cardiac surgeon situation, and I'm lucky to have such a supportive boss and partner.

I'm lucky because I actually have several great male colleagues in my life. My second partner I'd like to shine a positive light upon is Kim Duncan, our senior-most partner and congenital

[Continued...](#)



Happy Doctors' Day!!!

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surgeon extraordinaire. While dealing with some health issues of his own, Kim took the time to check in on me multiple times throughout my leave. Here is an excerpt of my one of my favorite text messages:

“You are an awfully good heart surgeon you know, but you look like a natural and very happy mum. You can do both- it just takes some work, and all of us in CTS want to help you do that. It’s very important for a parent to develop a strong relationship with a child. We can talk later and discuss rules to live by. In the end, we as CT surgeons touch and directly affect the lives of our patients and it’s quite an honor. But other surgeons can step in and

give good care too in our absence.

However, no one else is as committed or important to the lives of our children as a parent. It’s a hard job at times, definitely, but in the end the most rewarding you will ever have. The best way to make the world a better place is to make our kids better people. And all of us need to help you and all our young colleagues be successful in this regard.”

While we continue to address issues of pay and promotion on a larger level across our specialty, it’s nice to look around and



see the positive influences surrounding us day to day. I feel extremely lucky to have such kind and supportive partners.

Congratulations to the New AATS Diplomates!

Sandra L. Starnes

Aya Saito

Betty C. Tong

Daniela Molena

Diana Aicher

Lorraine Cornwell

Meena Nathan

The Carolyn E. Reed Traveling Fellowship Award: An Innovative Impact for Women CT Surgeons

By: Virginia R. Litle, MD
Chair, Carolyn E. Reed Traveling Fellowship Award Committee

Carolyn E. Reed, MD was a thoracic surgeon, an educator, and a successful researcher. On November 16, 2012, she died from a sudden illness that emerged only a few months earlier. She was an inspiration, a pioneer, a leader, and enormously respected among her peers. She held various leadership positions: Dr. Reed was the first woman Chair of the American Board of Thoracic Surgery (ABTS), Past President of the Southern Thoracic Surgical Association (STSA), Treasurer of Women in Thoracic Surgery (WTS), Treasurer of The Society of Thoracic Surgeons (STS), and she was even posthumously elected STS President.

In 2013, to honor the memory of Dr. Reed, and to

continue her commitment to the education of innovative thoracic surgeons, The Thoracic Surgery Foundation (TSF), in conjunction with Women in Thoracic Surgery (WTS), established the Carolyn E. Reed Traveling Fellowship. The purpose of this fellowship is to allow a woman thoracic or cardiac surgeon to travel to another institution for the purpose of learning a new technology, fostering collaboration between surgical investigators and providing a new innovation to her home institution.

TSF and WTS are pleased to report that since 2013, nine Carolyn E. Reed Traveling Fellowships have been awarded. For 2019, we had a record number



of applications. Award recipients were announced at the WTS Reception at The Society of Thoracic Surgeons 55th Annual Meeting in January in San Diego.

The experiences of our 2018 recipients are summarized in the following!



Stephanie Worrell, MD
Case Western University
Hospitals

This summer I spent two weeks in Portland, Oregon, with the Oregon Clinic foregut surgeons Drs. Steve DeMeester and Christy Dunst. They have a robust clinical and research practice focused on the outcomes of esophageal disease. I had finished a comprehensive fellowship at the University of Michigan and started my clinical practice in a well-supported academic program at Case Western

University Hospitals. The only piece missing from my prior training and practice is the ability to identify and aggressively treat Barrett's esophagus and early esophageal cancer. At the Oregon Clinic I learned about the multiple endoscopic diagnostic modalities available. I observed four cases with the Cellvizio and was able to learn how to identify different patterns and

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identify dysplasia. I also saw different treatment strategies, such as cryoablation and endoscopic mucosal resection. In regards to benign esophageal disease, I was also able to do portions of a per-oral endoscopic myotomy (POEM) in their animal lab. Dr. DeMeester also had a course on large paraesophageal hernias during a portion of the time I was in Oregon. I was able to see complex paraesophageal hernia repairs with diaphragm relaxing incisions, esophageal lengthening procedures, and hiatal reinforcement with mesh.

Overall I observed over ten laparoscopic cases, 15 endoscopic cases, and spent one day in the animal lab.

Beyond observing cases and learning clinical pearls I also participated in their weekly esophageal motility and research conference. During the esophageal motility conference we discussed complex patients and treatment options. Topics ranged from complex disease, including eosinophilic esophagitis and failed anti-reflux surgery. Also discussed were complex esophageal malignancy patients and when to give up on saving the esophagus.

The research conference highlighted the multitude of interesting projects that are actively being performed by the fellows, students, and surgeons.

This experience invigorated my enthusiasm to develop a complex esophageal practice and continue research in this area. At Case Western, I plan to perform endoscopic resections as part of staging for early stage esophageal cancer patients. In time, I hope to augment our Barrett's surveillance program by including the advanced imaging techniques I learned about in Oregon.



Natalie Lui, MD
Stanford University

In July I spent over a week with Dr. Lee Swanstrom and his partners, Drs. Christy Dunst, Steve DeMeester, Kevin Reavis and Daniel Bradley at

Providence Portland Medical Center in Portland, Oregon. I obtained limited Oregon license and privileges at the hospital so that I was able to participate in cases. I observed many advanced endoscopic techniques, such as radiofrequency ablation, Cellvizio, and EndoFlip as well as several advanced laparoscopic cases, such as Nissen, Toupet, and Dor funduplications. I also had the opportunity to attend their case conference and research conference, and a course on paraesophageal hernia repair.

In August, I returned for their formal POEM course, organized through the

Foundation for Surgical Innovation and Education. The first day included hands on experience with an explant lab and a live animal lab. The second day included case observations – two POEMs as well as a complex submucosal resection of three leiomyomas in the mid-esophagus. It was a fantastic course, and it was great to see the frontiers of endoscopic surgery.

Overall it was a wonderful educational experience that increased my understanding of foregut disease and improved my surgical and endoscopic skills.



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Please help us continue to honor the memory of Dr. Reed by contributing to the Carolyn E. Reed Traveling Fellowship fund today. The longevity and success of this award is dependent on your generosity. Donations can be made online at thoracicsurgeryfoundation.org/donate. You can also choose to send a check by mail to 633 North Saint Clair Street, Suite 2100, Chicago, IL 60611. Checks should be made payable to TSF, and "Reed" should be indicated on the memo portion of the check. We believe Dr. Reed would be pleased with their accomplishments, their newly developed skills, and this unique fellowship opportunity available for women cardiothoracic surgeons.

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

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|--|--|
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| Brigham and Women's Hospital | University of Michigan Medical School |
| Cleveland Clinic | University of Minnesota |
| Duke University | The Ohio State University |
| Johns Hopkins Hospital | University of Rochester |
| Loma Linda University | University of Texas Health Science Center, San Antonio |
| Massachusetts General Hospital | University of Texas MD Anderson Cancer Center |
| Mayo Clinic | University of Texas Southwestern Medical Center |
| Medical University of South Carolina | University of Virginia |
| New York University School of Medicine | University of Washington |
| University of Cincinnati | Vanderbilt University Medical Center |
| Northwestern University | Washington University in St. Louis |

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

Exciting Opportunities from WTS

WTS continues to grow its scholarship program. Do not miss out on the opportunity to apply for these incredible scholarships!

WTS-Intuitive Robotic Fellowship

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 overarching 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. [Click here](#) for additional information about this scholarship. Congratulations to all those who applied!



INTUITIVE™



2016 Recipient, Dr. Kyla Joubert with Brigid Scanlan Eynck



WTS Brigid Scanlan Traveling Mentorship Award

The WTS Brigid Scanlan 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.

Good luck to all applicants and congratulations to all our past Recipients!

The WTS Carpenter Scholarship

WTS 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.

Applications open: July, 2019



Dr. AJ Carpenter

Editor's Editorial:

Fun Facts About the New Year and Keys to Achieve Those Resolutions!



By: **Erin A Gillaspie, MD
MPH, FACS**

New Years is a time of rebirth, renewal and of course New Years resolutions!

Here are a Few Fun Facts about this great holiday: Auld Lang Syne was written by Scottish poet Robert Burns in 1788. The words Auld Lang Syne actually mean "times long past."

Ethiopia celebrates the New Year on September 11th. Their calendar began in the 8th year of the Common Era and their calendar is derived from the Egyptian calendars, which consisted of 13 months. – 12 months of 30 days and a 13th month lasting 5-6 days.

There are only 14 possible calendars.

In 2019 you can re-use calendars from these years: 1901, 1907, 1918, 1929, 1935, 1946, 1957, 1963, 1974, 1985, 1991, 2002 and 2013.

Americans drink close to 360 million glasses of champagne on New Year's Eve. Sparkling wine dates back to the 17th century when the cork was invented.

The first New Year's celebration dates back to Mesopotamia, approximately 2000 BC. The celebration being transitioned to the current dates is thanks to Julius Caesar. During his time as the emperor of Rome, he declared Jan 1st a holiday and named the month "Janus" after the roman god of doors and gates.

The first ball drop celebration atop One Times Square was held in 1907. The celebration was suspended in 1942 and 43 due to wartime and instead a minute of silence was shared followed by chimes ringing out.

12% of Americans fall asleep before midnight.

The average number of births on September 21st is 11,974 – 40 weeks after New Year's Eve.

Most traditions related to the New Year, across the globe, relate to good luck. In many cultures, eating pork is good luck. Spanish households scarf down 12 grapes in the first 12 seconds of the New Year. In Belarus, tradition is to prepare a meal of 12

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dishes – one for each month of the year. In Italy wearing red underwear is considered lucky. In Denmark it is tradition to smash dishes on the doors of friends. Finding a large pile of broken china is considered a sign of good luck. In the south of the US, it's customary to eat black eyed peas to ensure luck and prosperity, a tradition dating back to the civil war.

The traditional kiss at midnight is believed to have been rooted in English and German folklore. The belief was that the first person you encountered determined your fortunes for the year ahead.

Advice on Fulfilling New Year's Resolutions:

The history of New Year's resolutions actually dates back to the ancient Babylonians approximately 4000 years ago; they promised to their gods annually to return borrowed objects and repay debt during the spring festival.

Over the centuries, a variety of civilizations from the Romans to medieval knights engaged in making resolutions and this tradition has persisted into present day.

Today approximately 45% of Americans make New Year's resolutions. Unfortunately 25% of these resolutions have already been abandoned by mid-January.

So how can we maximize the chance of actually following through with plans



and goals?!?

After reading as many articles as I could find, a few common threads and recommendations emerged. I have summarized them in the following:

Choose something meaningful to you:

Many people fail because they choose resolutions that are trendy and common with the general population, rather than personally meaningful. Resolutions should resonate with you and enhance or enrich your life.

Start small:

Make a resolution that has an achievable unit in a reasonable time frame. Making a goal to lose 70 pounds, while achievable will take a long period of time and can feel overwhelming, leading to abandonment. Instead make a goal to lose 5 lbs. Once achieved, set a new goal to lose another 5

at that time, don't wait until the next New Year's eve!

Change one behavior at a time:

Bad behaviors take years to develop; so it only makes sense that breaking bad habits or forming new good ones will also take time. Don't try to change everything all at once in one day. Instead, work on incorporating new habits one at a time and once this is well incorporated into your routine, add another.

Create a comprehensive and realistic plan:

Don't wait until the last minute to make a resolution. Instead spend some time thinking about the things you would like to achieve and create a realistic plan for how to accomplish them. Understand your time and schedule limitations. Making a plan to go to the gym for 3 hours every day is unlikely to

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work within a lot of schedules.

Write the plan down and track your success!

Talk about it:

Share your goals with friends, family and join support groups. Having people to support you and who can understand the struggles, frustrations and hurdles will help you to manage these and continue going forward.

Don't beat yourself up

Do not let stumbles bring you down. You are going to have setbacks, don't give up!

My New Year's resolution this year? Well there are a couple. But perhaps my most prized is to *find joy in every day*. It's a goal that I renew every year.

While writing this article, one thing really struck me: in addition to finding joy in the things that I do, I would also like to prioritize the things that bring me the most joy, the things that may not always be a part of my daily routine.

Perhaps we should apply the advice of Marie Kondo in tidying up our homes as well as tidying up our lives?

Admittedly there are certain things I have to do that bring me very little joy – clinic notes...come on I know I am not the only one who feels this way – but when I think about all the parts of my day, there are a lot of things that I do out of routine, that are perhaps less necessary and less efficient that also bring very little joy. A simple re-organization or

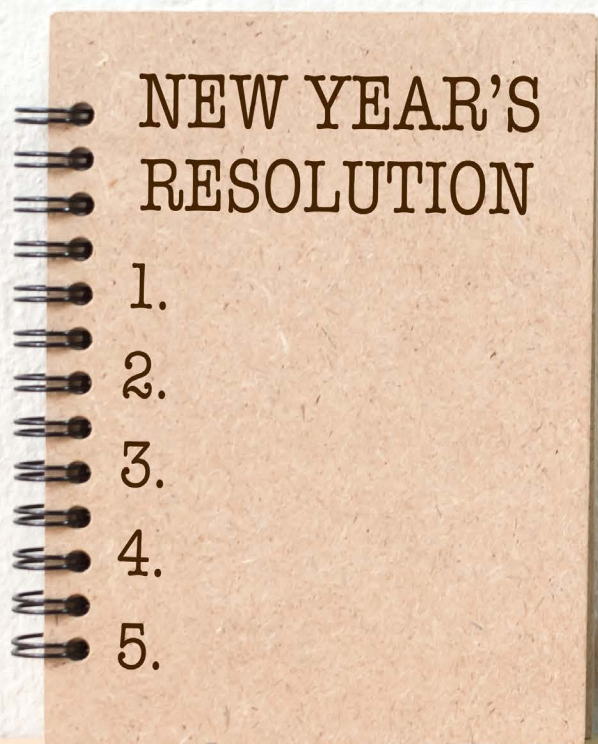
restructuring could help to "tidy up" these activities while allowing extra time for the things that I love.

To those of you who joined me in making resolutions, I wish you the best of luck. Be sure to reach out to a friend or even me if you need encouragement along the way.

We are three months into the new year. I hope everyone is finding great joy and success!

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Cherry K. "10 Great Tips for Keeping Your Resolutions This Year." Behavioral Psychology. Nov 12, 2018.
American Psychological Society. "Making Your New Year's Resolution Stick." APA Help Center.



Ask WTS: What is Your New Year's Resolution or Goal?

Here are a few from the Women in Thoracic Surgery!



Julia Swanson:

Read one primary paper every week day



Tara Karamlou:

To contribute to the success of our congenital heart program at the Cleveland Clinic by fostering collaboration and clinical and academic excellence.



Shanda Blackmon:

1. Train for a marathon
2. Try to operate with my residents and not guide them so much to help learn what they know
3. Launch the CONDUIT post-esophagectomy PROMS app
4. Read to my kids more



Erin Gillaspie:

1. Apply for a career development award
2. Spend more time with my family



Melanie Edwards:

To streamline and simplify my professional life so that I am tackling activities that I am truly passionate about and that serve my greater purpose. On the personal side, reading more books both for enrichment and fun.

Residents Corner

WTS Brigid Scanlan Traveling Mentorship Award Recipient



Jessica L. Hudson, MD MPH
General Surgery, PGY4
Washington University School
of Medicine

I was honored to be a 2018 WTS Brigid Scanlan Traveling Mentorship Award general surgery recipient. This enabled me to spend two weeks at Duke University in Durham, North Carolina where I was fortunate enough to be invited into Dr. Betty Tong's surgical practice, home, and family.

When I discovered my passion for thoracic surgery late in residency, I was alarmed that only 5% of cardiothoracic surgeons are women because my personal definition of success had always included balancing being a wife and mother. Even in more gender-balanced fields, nearly half of female surgical residents and faculty believe that having children would be a career barrier while only 5% of their male colleagues feel similarly burdened. As a pregnant surgical resident with a toddler at home, I

was worried. Through this mentorship opportunity, Dr. Tong proved to be a role model whose career and character I could emulate. I was able to see a realistic view of an academic surgeon as I followed her to the OR, clinic, inpatient wards, weekly conferences, and home. On operative days, I observed 2-port lobectomies, minimally invasive esophagectomies, complex chest wall resection/reconstruction, and many other fascinating surgeries. I had the opportunity to observe several of her partners operate as well. Her clinics provided a wealth of learning opportunities with the running joke being that eventually she would show me a straightforward patient. It was clear that her patients enjoyed and greatly respected her. One notable 5-year lung cancer survivor lovingly reported that she told her endocrine surgeon, "I know Betty Tong. You can't scare me with a thyroid!" Finally, she even arranged a relaxing happy hour with the clinic staff and a "girls' night out" for me and all the female cardiothoracic residents!

Without a doubt, though, my most treasured experiences occurred around the kitchen counter or over bedtime stories with her children. This nightly time outside of the hospital provided me with a much-

needed pragmatic look into my future as she openly discussed both her joys and guilt as a working mother and spouse. I also got to know her precious daughters who greatly respect the important work that their mother does, even at their young age. Their nanny spoke highly of the parental strategies to ensure family cohesion, a functional household, and good patient care. Finally, her husband reflected authentically on the challenges of balancing a two-surgeon household.

Dr. Tong's exceptional candor provided me incredible insight into how she built her thoracic surgery career to blend her work and home lives as I attempt to do the same.

I am so incredibly thankful for Scanlan International, WTS, Dr. Tong and her family, and the faculty and fellows at Duke University Division of Cardiothoracic Surgery for this wonderful, unique experience. It far surpassed my expectations.



STSA Annual Meeting



Photo Courtesy of Martin Allred



Photo Courtesy of Martin Allred



Photo Courtesy of Martin Allred



Photo Courtesy of Martin Allred



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STSA Annual Meeting



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