

# 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



Dr. Jennifer S. Lawton

By Jennifer S. Lawton, MD

I am delighted to begin my term as the President of the Women in Thoracic Surgery during an extremely exciting time for our specialty. The founders, leaders, and pioneers of our organization have worked tirelessly to build momentum and support for women in our specialty. We cannot just “ride the wave” and stand by and hope that more women will enter our field. We must continue to

build this momentum and support women medical students and residents.

It was not that long ago (2011 in fact) that we celebrated the 200<sup>th</sup> female cardiothoracic surgeon to be board certified by the ABTS. In the past year, the WTS sponsored five women with scholarships to attend the STS 50<sup>th</sup> Annual Meeting for networking and mentoring, helped establish the Carolyn Reed Traveling Fellowship to allow a female thoracic surgeon the opportunity to travel to acquire a new skill or technique, and awarded two women the new Scanlan/WTS Traveling Mentorship Award to travel to the location of an otherwise unavailable female mentor. The WTS reception at the STS Annual Meeting was well attended and positively received. “We have come a long way baby” - BUT we still have a long way to go.

Continued...

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I was delighted to view the STS Presidential Address given by Dr. Doug Wood and was invigorated by his theme for the future of embracing feminism in CT surgery. “Our future is dependent on the recruitment of brilliant and talented women into our specialty and promoting them into positions of leadership within our departments, our hospitals, and our specialty societies,” said Dr. Wood. He continued by noting that women provide “intellectual talent that will keep our specialty fresh, relevant, and progressive.”

He stressed how feminism and selfless leadership styles are intertwined. He stressed that in these changing times we rethink the leadership style typically attributed to cardiothoracic surgeons and adopt a more self-aware, humble, and authentic style. He noted that the traits of a good leader – courage, integrity, humility, selflessness, empathy, and collaboration – are more often female traits. Dr. Wood highlighted the “importance of increasing the number of women in cardiothoracic surgery” and urged attendees to “lead like women and

promote the women around you.” This level of support and enthusiasm given by the President of the STS at the STS 50<sup>th</sup> Annual Meeting was thrilling and welcomed.

We must strengthen our efforts to encourage, mentor, promote, and sponsor our female colleagues. We must provide role models for female students and residents who are interested in our exciting and tremendously rewarding specialty. We cannot simply just ride the wave.

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## Exciting Happenings in WTS!

### Leadership!

New Officers were elected at the 2014 STS Annual Meeting. Congratulations to our new leaders!

**President**

Dr. Jennifer Lawton

**Vice President**

Dr. Jessica Donington

**Members-at-Large**

Dr. Emily Farkas

Dr. Lauren Kane

Dr. Tara Karamlou

**Historian**

Dr. Melanie Edwards

## Membership!

Now is the perfect time to join WTS! We are a growing organization during a time that is exciting for women in thoracic surgery. With the increases in cost of our networking receptions and scholarship funds and the significant decrease in industry support, WTS leadership recently voted to increase the dues schedule as listed below. This represents the first dues increase for WTS members in five years. Please take this as an exciting opportunity to invest in yourself, your peers and your future, by supporting our efforts to support all women in thoracic surgery.

- Active & Associate Members – \$225
- Institutional Members – \$750
- Candidate Members – \$25
- International Members – \$75

Existing WTS members received their 2014 dues invoice in early March. New this year, you can pay your membership dues online at [www.wtsnet.org/paydues](http://www.wtsnet.org/paydues). E-mail WTS Headquarters at [wts@wtsnet.org](mailto:wts@wtsnet.org) to request a printable invoice.

If you are interested in joining WTS, visit [www.wtsnet.org/becomeamember](http://www.wtsnet.org/becomeamember) to download an application.

## Thank you!

WTS is honored to thank two outstanding women who have supported our organization in recent years. Thank you to Dr. Virginia R. Litle for her service, dedication and leadership as President for the past two years. And sincerest appreciation goes to Brigid Scanlan Eiyneck and her family for their ongoing support of our organization with aid to the Scanlan/WTS Traveling Mentorship Award, WTS Scholarship Program, and Oracle Newsletter.



Dr. Virginia R. Litle (left) and Brigid Scanlan Eiyneck were honored for their dedication and service to WTS at the January 27 Membership Meeting & Reception in Orlando, Fla.

# STS 50<sup>th</sup> Annual Meeting Highlights

The STS 50th Annual Meeting was held in Orlando, Florida Jan. 25-29, 2014. It was an exciting and inspiring meeting for all thoracic surgeons, but especially for women in thoracic surgery! Here are some of the highlights:

## Presidential Address:

Dr. Doug Wood completed his term as STS President with a motivating address focusing on the advancement of cardiothoracic surgery through leadership. He focused on the concept of servant leadership which embodies courage, integrity, humility, selflessness, empathy, and collaboration. He also stressed that modern leadership is about elevating those around you. Dr. Wood emphasized that women are geared to leadership as we display integrity and honesty with a natural ability to become selfless leaders. He urged the audience to “advance women in our specialty and make training programs more attractive to female applicants.” Dr. Wood suggested that in order to “take [our specialty] to the limit,” we need to “lead like women, promote women, and encourage women.”

For those who missed the address, it can be viewed [here](#) and at [www.sts.org](http://www.sts.org).

## WTS Reception:

The Annual WTS Membership Meeting & Reception was held on Jan. 27 and was well attended by both men and women! Many women were honored at this boisterous event.

- Dr. Linda Martin was honored as the first recipient of the Carolyn E. Reed Traveling Fellowship Award. She will use her award to study robotic thoracic surgery with Dr. Robert Cerfolio.

- Two Scanlan/WTS Traveling Mentorship Award recipients were named this year. The resident award

Figure 1



Dr. Meghan Halub receives her Scanlan/WTS Traveling Mentorship award from Scanlan International, Inc. Vice President, Surgical Instrumentation, Brigid Scanlan Eiyneck.

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recipient is Dr. Meghan Halub, and the medical student award recipient is Sarah Schubert. Meghan and Sarah will both travel to Washington University in St. Louis to be mentored by Dr. Jennifer Lawton. (Figure 1, Page 4).

- Five WTS Scholarships were awarded this year, please see page 16 and 17 for more information on these fabulous women and their winning essays.

WTS guest speaker, Dr. Bryan Vartabedian, topped off the evening with his talk titled “The Public Physician – The emerging role of the physician in a connected, always-on world.” Dr. Vartabedian stressed the importance of creating an online presence as physicians and taking advantage of what is available on social media. Learn more about Dr. Vartabedian by reading his blog “[33 Charts](#),” and by following [@Doctor\\_V](#) on Twitter.



Dr. Bryan Vartabedian

## WTS Early Riser Session: - Global Surgical Volunteerism

Drs. Emily Farkas, Ginny Litle, and Kathleen Fenton shared their varied experiences at the WTS Early Riser Session on Jan. 28. Each speaker emphasized the idea that surgical volunteerism incorporates teaching, operating providing care, and involves building sustainable programs. (Figure 2).

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Figure 2

WTS Member and cardiac surgeon, Dr. Emily Farkas delivered a talk on global volunteerism at the January, 28 WTS Early Riser Session in Orlando.

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Dr. Farkas provided the group with some thoughtful questions to consider before deciding whether or not to become a surgical volunteer:

Personal Questions	<ul style="list-style-type: none"> <li>• When is a good time in your career?</li> <li>• What are the resources available in the area and what will you need to bring?</li> <li>• How much time will you need from your practice?</li> <li>• What is your comfort level with the available security language and culture?</li> </ul>
Organizational Questions	<ul style="list-style-type: none"> <li>• Are you going with a new or established group?</li> <li>• What is the leadership structure of the group and the local organization?</li> <li>• What is the funding?</li> <li>• Where is the manpower coming from?</li> </ul>
Country Questions	<ul style="list-style-type: none"> <li>• Who is available as a surgical assistant?</li> <li>• What is the ability to teach the local surgeons?</li> <li>• Will you be starting a pilot program with the hopes of establishing a sustainable program?</li> <li>• Where is there a need that you can best fill?</li> </ul>

Dr. Litle shared her experiences as a volunteer in the Solomon Islands where she taught a course on endoscopy including endoscopy, bronchoscopy, and VATS. The course included a morning didactic session and an afternoon hands-on session. She shared that it is important to take nothing for granted. Dr. Litle and her team taught local physicians not only how to perform the procedures but also how to obtain an informed consent, perform a procedural timeout, and recover the patient. She was able to institute a pre/post test for local surgeons to measure the efficacy of her program.

Dr. Fenton lives and practices congenital cardiac surgery in Nicaragua and has been on both the volunteering and receiving end of surgical volunteerism. Worldwide more than 90% of children born with congenital heart disease have little or no access to surgical care, and there is a worldwide deficit of about 3700 congenital heart surgeons. She offered some suggestions to remember as a surgical volunteer:

- Remember that you are a guest in a foreign land.
- Be sensitive to the local cultural issues.
- Don't underestimate the local knowledge.
- Introduce the concept of morbidity and mortality conferences to improve communication and quality of care.
- Build a curriculum for local surgeons.
- Engage the local funding sources with your efforts.

If you are interested in surgical volunteerism, the slides from this session will be posted to [www.wtsnet.org](http://www.wtsnet.org). For more information, search for Operation Giving Back through the American College of Surgeons, Scanlan Life Programs® or #globalsurgery.

# Social Media Update

Have you liked us on Facebook?  
Are you linked in?

By Mara Antonoff, MD

Our social media presence has become an area of interest for WTS over the last 18 months, and a particular area of focus and growth over the last year. In the Spring of 2012, our only social media endeavor was a small [Facebook page](#), with infrequent updates and under 50 likes. Our social media campaign took off following the 2012 AATS Annual Meeting, with the official creation of a Social Media Director at the 2013 STS Annual Meeting. Since that time, efforts to build the Facebook community have soared, as has our number of Facebook friends (Figure 1, Page 8). By networking with other academic organizations, cardiothoracic societies, women's academic and leadership groups, and thoracic surgeons (current and budding) throughout the world, and sharing with them our frequent perspectives on opportunities, events, and important relevant issues in our discipline—our following has skyrocketed.

At this time, we have 566 Facebook friends. They



are incredibly diverse, originating from 45 countries and speaking 30 languages (Figures 2 and 3, Page 8). Our largest demographic group includes American women, aged 25-34, but these individuals still only constitute a minority of our diverse following (Figure 4, Page 9).

We have expanded our use of Facebook to include a closed group for medical students, residents, and fellows. This provides a safe and comfortable forum for collaboration and mentorship, and access to this private group has been a selling point for new candidate members. There are currently 20

individuals actively using this private group.

For a more formal approach to professional networking within our membership, we have developed a closed WTS Members LinkedIn Group. This was created to function as a database of our membership. By providing information about our individual skill sets and areas of expertise, we can each be easily identified as an expert when other members are looking for paper reviewers, moderators or speakers at national meetings, etc. We also hoped to foster collaboration for research

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projects and mentorship ideas. For example, if one of our members is looking to find a colleague who performs TAVRs in the Chicago area, or a thoracic surgeon who can give a talk about EBUS, she can now easily find a fellow member of WTS who meets those criteria. As a widely talented and experienced group of women, with a number of outstanding skills and achievements, we aimed to use the LinkedIn group to optimize our community

efforts for professional support and advancement. This LinkedIn connection allows us to locate one another for clinical referrals and academic opportunities. While we are using LinkedIn as a database to hold our contact information, no other individuals on LinkedIn can view your profile unless they are a member of our group, or if you specifically choose to accept an invitation from that individual on LinkedIn. Invitations have been sent to all existing and new WTS

members, and members have also received detailed instructions on how to create and maintain their LinkedIn profiles. This year, we also conducted a **webinar** in order to familiarize new users with the LinkedIn site.

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Figure 1

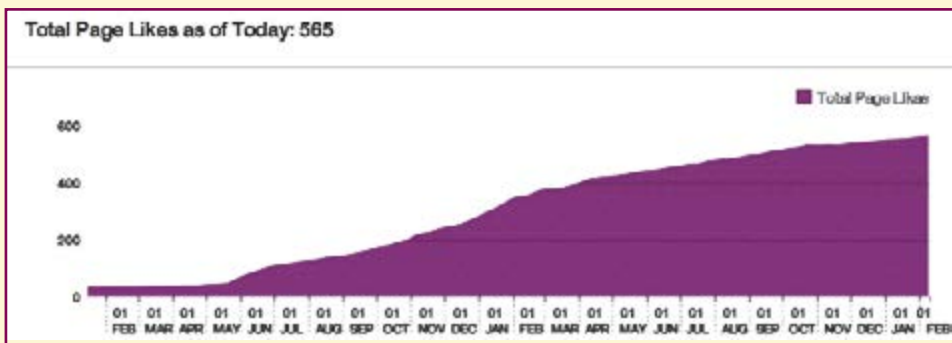


Figure 2

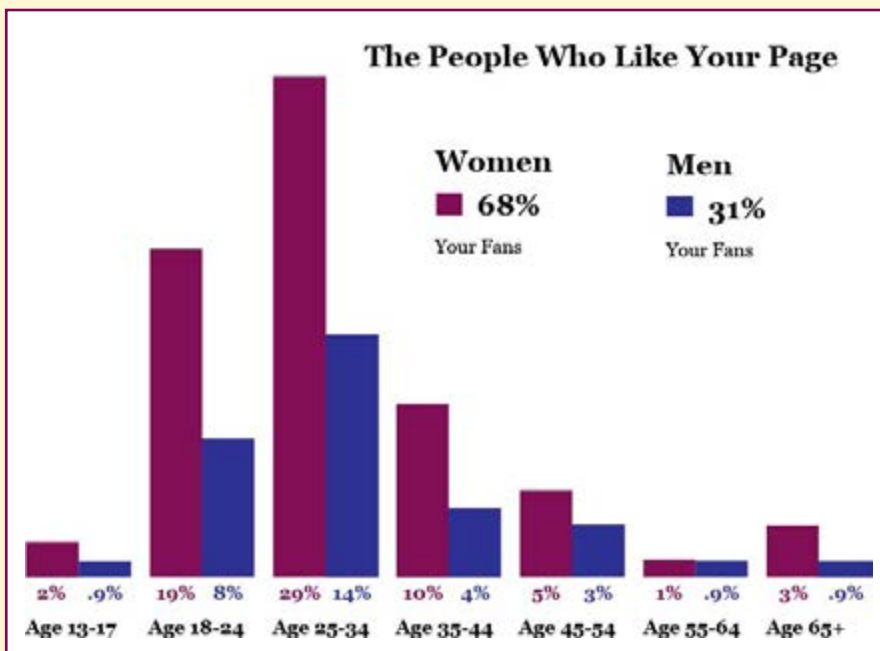


Figure 3

Country	Your Fans
United States of America	133
Egypt	91
Pakistan	26
India	21
Italy	20
Iraq	16
Libya	12
United Kingdom	12
Iran	11
Syria	10
Indonesia	10
Saudi Arabia	10
Jordan	9
Romania	8
China	8
Algeria	7
Mexico	7
Turkey	6
Ecuador	6
Australia	6
Bulgaria	5
Germany	5
Poland	5
Brazil	4
Greece	4
Vietnam	4
Macedonia	4
Tunisia	4
Argentina	3
Bangladesh	3
Nicaragua	3
United Arab Emirates	3
France	3
Canada	3
Philippines	3
Peru	3
Netherlands	3
Palestine	3
Yemen	3
Israel	3
Georgia	2
Nepal	2
Morocco	2
Austria	2
Sweden	2



**Continued...**

We presently have 48 WTS members engaged with the LinkedIn site, and we are eager to get more involved. We plan to provide further instruction on conducting searches for expertise within our group at the 2014 AATS Annual Meeting.

Over the last year, we have created a Twitter account (@WomenInThoracic), with 314 current followers. We have used the twitter account to provide automated parallel

tweets from our Facebook posts, as well as to promote events, philanthropies, notable quotes, and to engage in ongoing interactions with other thoracic surgical leaders and organizations. (Figure 5).

Finally, in the last year,

we have revamped our website ([www.wtsnet.org](http://www.wtsnet.org)). We have added a number of new sections and features, including the Perspectives section of interviews with outstanding female thoracic surgeons. We have notably added a Facebook banner to our website, allowing a continuously running update of real-time events to appear on the banner, as they are posted to Facebook (Figure 6).

In all, it has been a big year for social media growth and development, coming to a height with the outstanding talk at our WTS reception at STS, featuring Dr. Bryan Vartabedian, with his discussion on social media, technology, and the future of medicine. We have taken great strides, and we look forward to continuing to grow this aspect of WTS's global presence.

Figure 4

Language	Your Fans
English (US)	334
English (UK)	70
Arabic	40
Spanish	23
Italian	18
French (France)	16
German	9
Polish	5
Indonesian	5
Turkish	5
Portuguese (Brazil)	4
Spanish (Spain)	4
Russian	3
Vietnamese	3
Bulgarian	2
Persian	2
Macedonian	2
Greek	2
Latvian	1
Swedish	1
Bosnian	1
Japanese	1
Czech	1
Lithuanian	1
Danish	1
Thai	1
Calician	1
Romanian	1
Croatian	1
Korean	1

Figure 5



Figure 6



# Getting to Know You

## - Dr. Andrea J. Carpenter

By Elizabeth A. David, MD

Dr. Andrea J. Carpenter is a Professor of Thoracic Surgery at the University of Texas Health Science Center at San Antonio, Department of Cardiothoracic Surgery, in San Antonio TX with special interests in adult cardiac surgery and surgical education.



Dr. Andrea J. Carpenter

### How did you get the nickname Ajay?

I was named after my grandfather, Andrew Jesse, and he was called A.J. It's spelled out Ajay from my days at Girl Scout camp when a scout leader decided that my name couldn't be just initials so she spelled it out and it stuck.

### Where are you from originally?

I was born in Washington, DC, but grew up in Asheville, NC.

### How did you choose the training programs you attended?

Well there were a number of training programs along the way; it was really a path of discovery for me.

Growing up in the south in the 60's the prevalent attitude limited girls to very few life choices: wife and mother, nurse, or teacher. So I went off to college to become a music teacher, but I always felt there was something "else" I needed to discover. It certainly was not my plan to be a physician.

I was not talented as a musician and actually was dismissed from the Music School after two years. I received my undergraduate degree in Physical Education but clearly did not want to be a gym teacher. So, I moved to Alta, Utah to be a ski bum. That was a nice diversion that gave me plenty of time to think over my options. When ski bumming had run its course and it was time to get on with life, I chose to go to graduate school at the University of Utah to study exercise physiology. I really enjoyed the mechanics of doing research so I went to Penn State where I earned a PhD in Physiology. I intended to have a career as a research scientist.

I got a post-doctoral fellowship from the National Science Foundation working with Dr. Sally Nunneley at the USAF School of Aerospace Medicine in San Antonio, which was my first exposure to the Air Force. While there, I met and married Gary, an Air Force officer. He was transferred to Washington, so we lived in Maryland. I got a job as a Research Associate at Johns Hopkins, a very junior

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faculty appointment. Working with some really creative and brilliant scientists, I realized I honestly was not in that cadre. So with some encouragement from my department chair, Dr. Harold Menkes, I decided to go to medical school.

I enrolled at George Washington University in Washington, DC, and after writing my tuition check for first semester decided to take an Air Force Health Professions Scholarship to avoid the debt of medical school.

During my 3rd year of medical school, I discovered I was meant to be a surgeon: It was really the only epiphany I have experienced in life. I chose residency training at David Grant USAF Medical Center after doing a sub-internship in surgery there. I was really impressed by the quality and experience of the program.

I was selected for a sponsored Air Force training assignment to do a residency in thoracic surgery and matched at UC Davis where I had rotated during my surgery residency. The timing was such that I had a year between general surgery and thoracic residency, which was a challenge. At the time the AF was sending its active duty graduates overseas for one- to two-year tours. This meant I would go to Korea and be unable to return in time to start my thoracic residency. So, Dr. John Benfield arranged a research year for me, and I went directly from David Grant to UC Davis for three years.

### **What is your favorite past time?**

I enjoy almost anything involving the outdoors and athletics. I've been a runner and skier since college, and since returning to San Antonio, I took up tennis. I love tennis: it is very social and I have many girlfriends through tennis... I never really had that before.

I have started and finished eight marathons, most recently the Marine Corps in October,

which was on my bucket list of marathons and numerous half marathons. Running keeps me healthy and strong enough to keep up with the rigors of my work schedule. Running keeps me sane.

I go to the gym every morning on the way to the hospital and view that as “my time”. On weekends I get outdoors to run and play tennis. My residents know that's my time and they try not to bother me during those hours. I actually think they appreciate me setting that boundary because it shows them that it's ok to have priorities for personal and family life. I don't plan days off from my exercise regimen because work tends to interfere often enough with a transplant or an emergency case. Rarely, I find that I haven't taken a day off from working out for a long time, and I'll kick back for a day of rest.



Dr. Andrea J. Carpenter at the Marine Corps marathon in October 2013

### **What is your favorite case to do?**

I love aortic root and arch cases. They are a great puzzle. Despite preoperative studies and planning you just never know what you are going to find. Each case has its complexity and each one is different. You get it all taken apart and clean, and then you have to work out how to put it all back together. The great thing about valve work is that patients get so much better! Plus, aortic valve work is definitely easier on the back than a mitral!

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*Continued...***What is the most satisfying aspect of your job?**

Training residents. I am excited about the changes we are making in surgical training. We are finally acknowledging adult learning styles and defining competency-based education. This is a major change in surgical education, unlike anything we have seen in more than 100 years. I have played a significant role in curriculum change nationally through the JTCSE, and I have driven our curriculum development locally. As chair of the TSFRE Education Committee, I directed the planning of the “Envisioning Simulation Symposium” in 2007. That symposium brought together a large group of thoracic surgical education leaders to brainstorm about how simulation could enhance thoracic surgery education, and really set me on the path to commit myself to the education of residents. This is a very exciting time for surgical education as our specialty grows with new technology evolving yearly.

**What is the most frustrating aspect of your job?**

Coping with the administration of different hospital systems and payer mixes, while still trying to be efficient. The liberal in me believes that people are entitled to health care and we must make sure everyone gets high-quality care, while the conservative in me recognizes the reality of limited economic resources. It is very frustrating to try to balance the two concepts.

**If you could have dinner with any person dead or alive who would it be?**

Albert Einstein – What a creative, imaginative mind he was... I just think he would be great to talk with.

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

I am most proud of the integrated residency program that we have developed at UTHSCSA. It is a real accomplishment. I am proud of what we have built and the residents we are turning out. I think it is a great program.

**What are you most proud of outside of work?**

Living a joyful life without regrets. I feel really blessed to have discovered a life's work that gives me joy while still having diverse experiences outside my career. So few people are that lucky, and I know so many physicians who march through their careers just because it was so hard to get into the field that they can't imagine change.

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

Yes! I've had both men and women mentors. John Benfield helped me early on in my career. Leslie Kohman helped me get involved early in our national organizations and encouraged me to be president of WTS (2001-2002). Carolyn Reed appointed me to various educational committees and programs. Bill Baumgartner and Larry Cohn have encouraged me and helped me with some national positions and AATS membership as well as letters to support my academic promotions.

Looking over it, I realize that mentorship is not something you effectively seek, but something that grows from your relationships. It is important to keep yourself open. While it is helpful early on to ask someone you admire to mentor you, it is really people who find you and choose to help you that make the most effective mentor relationship.

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**What has the WTS meant to you as an organization?**

WTS has been an opportunity to support and encourage the growth of surgery as a profession to mature and improve. It is a great opportunity to help others at a grass roots level. It is a nice way to get to know people and encourage other women to move forward in their careers. It is great to enjoy the company of other women who have similar drives and interests to my own.

**What is the one piece of advice that you would give young residents and surgeons today?**

Cardiothoracic surgery is a wonderful specialty. It is challenging and never boring, but it is a field that will consume as much of you as you allow. You have to maintain balance to practice for a long time.

I didn't start life on a professional track. I grew up a poor kid in the mountains of NC who hung around stables and rode horses. No one, myself included, imagined that I would be a heart surgeon. It is important not to be hampered by society's expectations for your career. Keep searching until you find a work-life balance that brings you joy.

Thank you, Dr. Carpenter, for sharing a little piece of yourself with all of us!

# Women in Thoracic Surgery Book



*History of the WTS organization and women pioneers in thoracic surgery*

Cost: \$150.00

Please send check payable to Dr. Shanda H. Blackmon  
6550 Fannin Street, Smith Tower Suite 1661  
Houston, TX 77030

# STS 50<sup>th</sup> Annual Meeting



@WomeninThoracic

Be strong. Laugh. Avoid negative energy. Be open minded and humble. Learn from your experiences. Evolve. Model Carolyn Reed.



# STS 50<sup>th</sup> Annual Meeting



# 10<sup>th</sup> Annual WTS Scholarship Program



2014 WTS Scholarship Winners

Pictured right to left: Navjit Dharampal, Tessa Watt, Christina Saikus, Alison Ward, Kimberly Vogelsang

WTS is thrilled to be able to announce the 10th annual Women in Thoracic Surgery Scholarship Program for 2014. This year's topic: "Define an effective method of controlling health care costs without compromising outcomes."

The scholarship included meeting registration fees, hotel accommodations, \$500 in travel expenses, and provided the recipients with a dedicated mentor to help them navigate the STS 50th Annual Meeting in Orlando, Florida. The recipients were honored at the WTS Membership Meeting & Reception at the Annual Meeting where they had an opportunity to network with their mentor and many other members of our organization. Thank you to all the applicants and members for your active participation in an activity that helps not only the recipients, but our field by helping to recruit the best and brightest! Start thinking of a bright young woman to nominate for 2015!

Enjoy the winning essays! Congratulations to the future of the WTS!

## Essays

**Navjit Dharampal, MD**  
General Surgery Resident  
University of Calgary

**E**xpensive diagnostic tests and treatment modalities are the mainstay of medicine today. With innumerable tools at our fingertips, we frequently spend unnecessary healthcare dollars yet achieve a similar outcome. For example, recent research (JAMA 2013) shows 56% of MRIs for back pain were inappropriately performed. Not all back pain patients require MRIs and the development of evidence-based guidelines will allow patient prioritization and better access to a limited resource. Furthermore, a critical appraisal of our current practice pattern will identify areas of redundancy and inefficiency, serving as the impetus for improved health care spending.



Essays

**Christina Saikus, MD**

Integrated Thoracic Surgery Resident  
Emory University

**M**edicine must maintain its essential humanistic quality and attention to individual patient needs but also become a financially sustainable entity. Practices long used in other industries were historically resisted but slowly are being adopted to optimize cost-effective healthcare delivery. Lean strategies paired with evidence-based medicine can shape streamlined care pathways. Personnel operating at appropriate levels of responsibility and expertise improves care and may reduce salary expenditures. Information technology is reducing redundancies, improving continuity, and facilitating application of the latest knowledge. Finally, evaluations of new treatments must demonstrate improvements but also consider cost. If only 100 words could solve this challenge...

**Kimberly Vogelsang**

Medical Student  
University of Texas Health Science Center  
at San Antonio

**H**ealth care costs can be controlled by incentivising physicians to utilize preventative care, as illustrated by diabetes. Type II diabetes affects 26 million Americans and is a largely preventable disease. A study done by the Diabetes Prevention Program found that lifestyle intervention in diabetics saves just over \$4,000 per person in a ten-year period with significant improvement in quality of life compared to no intervention. By redistributing physician reimbursements in favor of spending more time with patients to counsel them about lifestyle, this benefits not just the physician but results in better patient outcomes and quality of life.

**Alison Ward, MD**

General Surgery Resident  
New York University

**H**ealth care costs have reached astronomical levels and yet patient outcomes haven't improved; if we don't shift our attention toward containing costs we risk bankrupting our system and hurting patients. Cutting superfluous laboratory tests and imaging is a simple method to contain costs. We must stratify our patients and use evidence based medicine to determine which tests and imaging are essential—instead of reflexively ordering all available laboratory tests and imaging modalities. In order to contain costs we should start with strategies that are simple to implement, remembering that excellent patient outcomes are the ultimate goal.

**Tessa Watt**

Medical Student  
University of Michigan

**O**ne method of controlling health care costs without compromising outcomes would be to make healthcare providers more cost-aware and cost-accountable by tracking the relationship between costs of services and outcomes. One way to approach this would be to make the prices of various healthcare tests and services clearly visible to ordering physicians, and after a period of time to provide physicians with feedback on the amount of money spent in conjunction with outcomes. Ideally improving cost awareness in the setting of monitored outcomes would incentivize physicians to reduce costs without compromising health outcomes.

## Elizabeth's Editorial

# The Possibilities are Endless so We Should Take it to the Limit!

By Elizabeth A. David, MD

Shortly before the STS Annual Meeting in 2014, I was inspired to read *Into Thin Air* by Jon Krakauer and started reading it on the flight from CA to FL. Instead of sleeping or working on the ten-hour journey, I was absolutely enthralled by the tale of individuals who pushed themselves physically to a physiologic breaking point. I looked out the window on the plane and thought wow, I am just slightly higher in this plane than those people are and they are braving the elements in the most extreme way possible. At 29,028 feet the oxygen content of atmospheric air is still 23%; however, due to changes in barometric pressure there is only 33% of oxygen available to us. So if you are lucky enough to make it to the summit of Mount Everest after spending 65 days acclimatizing, you have to climb to the top of the world but using only the oxygen from about one of every three breaths you take. Talk about "taking it to the limit."

A few days after I returned from the Annual Meeting,

my great friend and fellow adventure-seeker (who also happens to be a cardiac surgery PA), invited me to go with her to hear Melissa Arnot speak. I jumped at the opportunity to actually meet the women's world record holder for Mt. Everest summits (5). We made our way to her talk and we were not disappointed. Ms. Arnot is one of less than 100 women to climb to the top of the world and one of less than 50 American women. She first reached the summit of Mt. Everest when she was 24 years old. She decided to make her Everest attempt after conquering Aconcagua, the highest peak in South America at 22,811 feet and one of her peers told her "you have to go to Everest, you are really strong." That day she realized that sometimes you need a peer to tell you that they believe in you. (Figure 1, Page 19).

Ms. Arnot believes that "the possibilities are endless" for everyone and lives her life striving to find moments "when you feel more like yourself than any other moment" and for her those moments come when she

is challenging herself on a mountain. For Melissa, reaching the summit of Everest is one tiny moment, but working towards that goal is her actual life. She finds that she is a better version of herself when she is pursuing her dreams. Ms. Arnot describes herself as a woman among the dudes, and she is one of the only female mountain guides on Mt. Everest. She is grateful for the opportunity she has to help other people attain their goal of climbing to the top of the world. As you can imagine there is some ego in the world in which Melissa lives. Ms. Arnot wants to be the first to achieve something, she doesn't want to be the first woman to do it – she wants to be the first human.

Many things Ms. Arnot said that night resonated with me. She is 5'3" and 120 pounds and she described being always met with disbelief when she tells people what she does. I know that look of disbelief; I am the recipient of that look many times per week when I tell people

Continued...

*Continued...*

that I am a cardiothoracic surgeon. I am sure many of us know that look of disbelief. The comparisons between mountaineering and cardiothoracic surgery are easy to make. We push ourselves physically, emotionally, and intellectually on a daily basis to our limits and beyond as we help our patients achieve their goal of health and wellness. Mountaineering at an elite

level is not an individual sport, it takes a team to support each individual summit attempt. Surgery, as we all know, is very much a team effort. I think it is important to remember that although we are the captains of our team as the surgeon, it is crucial to have friends and peers who support us and tell us they believe in us.

Melissa's comment about wanting to be the first human to achieve something has

inspired me. I didn't go to medical school to be a great female doctor. I didn't push myself through surgical training to be a great female surgeon. I push myself on a daily basis to my limits to simply be a great surgeon and I hope you do too. I hope you find that moment when you feel more like yourself than any other moment!



Figure 1

## WTS Institutional Members

### We appreciate your support!

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

## Save the Date!

### 2014 WTS Networking Reception

In conjunction with the AATS Annual Meeting

Toronto, ON, Canada  
Sunday, April 27, 2014  
7:00-8:00 pm, ET



Additional information will be posted about the event as soon as it's available at [www.wtsnet.org/meetings](http://www.wtsnet.org/meetings)

## Women In Thoracic Surgery

### ORACLE

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### ADDITIONAL INFORMATION FOR CANDIDATE MEMBERS

Status:  Medical Student  General Surgery Resident  C1 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)

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Become a Member



Membership  
Guidelines &  
Application

# 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.

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

### **Women in Thoracic Surgery**

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