



ORACLE

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

President's Corner



WHATEVER YOU DO, DO IT PASSIONATELY!

By Virginia R. Litle, MD

Last month, rising 2nd-year medical student Jennine Putnick shadowed the thoracic surgery practice of my colleagues and me at the University of Rochester. During that time, I learned that Jennine, who is interested in a cardiothoracic surgery career, has extensive experience volunteering. Since high school and through her first year of medical school, she has participated in community service programs in health and science. Her

volunteer experience has ranged from working in the emergency department at her local community hospital to teaching younger students about medicine and science. Jennine is passionate about volunteering locally.

On July 27, I ventured off to the Solomon Islands to volunteer with the Solomon Islands Living Memorial Project (SILMP)! SILMP is led by Dr. Eileen Natuzzi, with whom I was a general surgery resident in San Francisco in the 1990's. Eileen currently practices vascular and general surgery in southern California; however she has become increasingly interested in public health. She is in the process of completing a Masters in Public Health at UC San Diego and travels to the South Pacific twice a year to provide in-country continuing medical education to the small coterie of Solomon Islands' physicians and surgeons at the National Referral Hospital on Guadalcanal. The goal is for the three or so resident surgeons to provide the best tertiary care possible to the 600,000 residents of the Islands, independently of foreign providers. Eileen is passionate about volunteering internationally.

For everyone who was able to attend the 2012 AATS Honored Guest Lecture entitled: "Medicine in Media" delivered by Dr. Mehmet C.Oz, you will have learned that he is not only successful at cardiac surgery but

also effusively passionate about preventive health care. With his public persona and a collaboration with the very public Oprah, Dr. Oz is fighting cardiovascular disease before it becomes an indication for an operation. In this issue of the *Oracle*, profiled thoracic surgeon Dr. Carolyn Dresler (Pg. 4) is so passionate about reducing mortality from tobacco use that she has transitioned her career to focus on anti-tobacco legislation and global tobacco control. Drs. Oz and Dresler are going to the core (and lungs!) of the matter to work to prevent cardiovascular and thoracic disease. The common thread among all these surgeons is their ability to evolve their respective careers into broader approaches to providing healthcare. As WTS members who care for the complications of tobacco abuse regularly, we can assist Dr. Dresler in her fight against tobacco use. As an organization we can support her letters to the House of Representatives, stating our opposition to amendments which may reduce funding or implementation to the Tobacco Control Act. As an individual you can share your anti-smoking efforts with the WTS community (and beyond). Do you have an effective smoking cessation program for your practice? How do you prevent smoking recidivism? What do you tell the patient who won't stop

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PRESIDENT'S CORNER continued...

smoking pre-op? Please share your stories and ideas on [Facebook](#) or [Twitter](#).

Whether you get excited about the intellectual satisfaction of clinical problem solving or the emotional joy of sharing a good prognosis with your cancer patient. Or perhaps it's delivering positive news to your patient's family postop. Whatever turns you on. Just appreciate what you love to do, be enthusiastic and a role model

for the younger generation who may be considering a CT surgery career!

The message of this newsletter issue is to be passionate! About volunteering during school like student Jennine Putnick, or volunteering as a career like Operation Giving Back Director Dr. Kathleen Casey (profiled on Pg. 6)! About research! Like past-president Yolonda Colson with her [innovative research technology](#) to treat lung cancer. According to Dr. Jessica Donington's WTS Report of Women in CT Surgery (Ann Thorac Surg 2012), more than a third of her poll respondents are actively

engaged in research. As an active clinician, you can't do funded research without passion! We hope you can attend the 2013 STS Breakfast Session: "Innovative Opportunities for Alternative Research Funding" to be held on January 29, 2013 in Los Angeles, CA. Speakers will be discussing research and alternative approaches to funding, including funding from private, industry, and new federal sources.

Surgeons of Excellence: Carolyn Elaine Reed, MD

By Davida A. Robinson, MD

Dr. Carolyn E. Reed is a great example of leadership in surgical education, research, and administration. In addition, Dr. Reed has long championed the advancement of women in the field of cardiothoracic surgery. Because of



Dr. Carolyn E. Reed

these great attributes and her selfless dedication, Dr. Reed has been chosen to represent the ideals of WTS as a Surgeon of Excellence.

Carolyn E. Reed was born and raised in Farmington, Maine, along with her fraternal twin sister. Born to her educator father and nurse mother, Dr. Reed credits her parents for being her greatest influences. Her father was a Professor of Education at the University of Maine, formally named Farmington State Teachers College, and her mother was a school nurse. After the illness and untimely death of her father from renal cell cancer at the age of 49, during her early college career, Dr. Reed solidified her decision to become a physician. However, Dr. Reed did not always believe that this decision was economically feasible. Dr. Reed shares that she was originally going to go into nursing because she knew that her

family could not afford the expense of medical school. However, as fate would have it, while driving down a back road in Maine with her mother, her mother pulled over and said, "You really don't want to be a nurse, do you?" She replied, "No, but I knew we could not afford [medical school]." Her mother replied, "Where there is a will, there is a way." Her mother became her greatest supporter and Dr. Reed states that she has never forgotten that moment, because it was the green light that she needed.

After obtaining a BA degree, with high honors, in chemistry at the University of Maine, Dr. Reed attended medical school at the University of Rochester. It was at the University of Rochester where she received her Doctor of Medicine degree with honors and distinction in research. Following

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Surgeons of Excellence: Carolyn Elaine Reed, MD

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medical school, she completed a surgical residency at the New York Hospital-Cornell Medical Center, followed by a surgical oncology fellowship at Memorial Sloan-Kettering Cancer Center in New York. Although originally interested in surgical oncology, Dr. Reed came to realize during her rotation on the thoracic service that a career path in thoracic surgery better suited her. With the assistance of her mentor Dr. Bill Gay, she was able to convert the second year of her oncology fellowship to the first year of CT surgery residency. Dr. Reed credits Dr. Gay, who remains a lifelong friend and mentor, in providing her with this opportunity. Upon completion of her CT surgical training, Dr. Reed moved to Charleston, South Carolina to build a thoracic oncology program at the Medical University of South Carolina. Presently, Dr. Reed remains at the Medical University of South Carolina, where she is Professor of Surgery; Chief, Section of General Thoracic Surgery; Deputy Director of Clinical Affairs, Hollings Cancer Center; and holds the Alice Ruth Reeves Folk Endowed Chair of Clinical Oncology. In addition to her clinical work, Dr. Reed is a leading clinical and basic science researcher in lung and esophageal cancer. Among her research interests are adjuvant lung cancer trials, adjuvant esophageal cancer trials, endosonographic staging of lung and esophageal cancer, and molecular markers of lung and esophageal cancer.

Dr. Reed is a member of numerous scientific and medical societies. In addition, she has provided dynamic leadership to numerous local, national, and international professional associations, including the first woman chair of the American Board of Thoracic Surgery (2005-2007), President of the Southern Thoracic Surgical Association (2006-2007), Treasurer of Women in Thoracic Surgery (1995-1997), and Executive Council Member and Treasurer of The Society of Thoracic Surgeons (2006-2011). In addition to her demonstrated leadership in numerous professional societies, Dr. Reed has also contributed to the body of medical literature through her numerous publications and work on various editorial boards. She has served nine years on the editorial board of the *Annals of Thoracic Surgery*, and she has also served on the editorial boards of *Surgical Laparoscopy and Endoscopy* and the *Journal of Clinical Oncology*. Currently, Dr. Reed serves on the editorial board of the American Cancer Society and is the coeditor of the Shields textbook, *General Thoracic Surgery*. In spite of these noteworthy accomplishments, Dr. Reed maintains that "[her] greatest accomplishment will always be helping [her] patients and families through some of the darkest days of their lives." It is also her hope that some of her work will make it easier for the young women in thoracic surgery.

So what's next for Dr. Reed? She plans to play a positive role in shaping the future of thoracic surgery education as it evolves during this

state of transition. She is also working on further expanding her interests outside of medicine, including playing the piano and violin, traveling, and joining a book club.

With this, I leave you with my top ten "Reedisms" taken from her 2006 Women in Thoracic Surgery 20th Anniversary, STS Address¹:

Thanks Dr. Reed for being a surgeon of excellence!

¹Women in Thoracic Surgery: Past Reflections, Present Advice, and Future Suggestions, ctsnet.org, Nov. 15, 2006

10. Never let the little things get you down.
9. Humor is an important part of residency and life in general.
8. Anger is a self-defeating emotion.
7. Always remember that you can learn from anyone.
6. Humility is always around the corner to prevent arrogance.
5. Mentors will change with time and as aspirations change.
4. One can learn a lot about how not to act or lead from a negative relationship.
3. Be willing to constantly grow and realize change is essential to self-renewal.
2. Learn how to play the game.
1. [Playing the game] does not mean that you have to be subsumed.

GETTING TOUGH ON TOBACCO CONTROL



However, despite progress that has been made in the United States regarding tobacco control, inconsistencies in U.S. policy have provided loopholes through which the tobacco industry has found a way to capitalize in markets outside of the U.S. Thus, the tobacco industry has exploited trade laws to trump public health law particularly in developing countries that trade with the U.S.

My passion is to have fewer people dying from tobacco! I work hard to educate colleagues about the audacity of and human rights abuses by the tobacco industry that has bought and negotiated its way into

international markets. We as a society, are not blameless if we continue to let them operate as business as usual... business as usual is killing too many people.

Carolyn Dresler, MD, MPA is trained as a thoracic surgical oncologist who now works full time in tobacco control, particularly as it intersects with clinical medicine and human rights. If you have questions or want additional information. Contact Dr. Dresler at: carolyn_dresler@ksg03.harvard.edu.

By Carolyn Dresler, MD, MPA

As physicians, we are all keenly aware of the deleterious effects of tobacco use. The tobacco epidemic, with its concomitant morbidity and mortality and unquantifiable toll of human suffering, is caused by the vector of the tobacco industry. Without the billions of dollars spent by just a few companies, the world would not be in the throes of an estimated six million deaths annually from tobacco use. As a result of greater transparency regarding the truth about the disease effects of tobacco products and some progress in the implementation of tobacco control legislation that has occurred in more developed economies resulting in decreased consumption of tobacco products, the majority of these approximately six million tobacco-related deaths (70% - 80%) now occur in developing countries, where the tobacco industry enjoys open, largely unrestricted markets.

Acknowledgements

WTS gratefully acknowledges the generous support of the following companies and institutions:

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EDITORIAL:

Words Have Power...Choose Carefully What You Listen To!

By Davida A. Robinson, MD

Much has been said about the growing open expression of discontent within the field of medicine. This is also true of cardiothoracic surgery, particularly when it is done in the presence of those impressionable, eager young minds of would-be future cardiothoracic surgeons. This was evident at a recent thoracic surgery meeting. At this meeting, yet another presidential address lamented about the vehement expressions of despair among some of the leaders in the field regarding the future of cardiothoracic surgery. In truth, words have power. Words have the power to discourage, dissuade, and to distort the truth. However, words also have the power to encourage, inspire, and to reveal the truth!

There in the midst of the raging storms of discontent, frustrations, and despair are beacons of light. The words of these individuals who celebrate the field and embrace all that it is (good and bad) resonate in the dark. There they stand, raging against the storms, boldly defying anyone or anything that would hinder them. Rather than becoming complacent or complaining, they use their words to

acknowledge the reality of the present, while informing on ways to move forward into a better future! Let's celebrate the words of these voices!

Challenges will always exist and negative comments and advice will always be free. But there will also be a light showing the way. It is not likely that any body politic will have enough influence to persuade or censor what its members say in the privacy of their own scrub sinks, locker rooms, or hospital corridors in terms of what they would consider to be "bad publicity" for the field. Thus, we are faced with a few alternatives. One, we can hide it away like some dark family secret and deny its existence. Two, we can be infected by it, and become paralyzed by fear. Thirdly, we can use our reasoning to analyze it and affect positive change. Take from it what you need to determine what the problem is. What remains of the constant barrage of negative chatter, with concentrated effort, will become indecipherable background noise. As necessity is the mother of invention, so too are these challenges the father of radical innovation and reinvention. The giants are out there, but we are well able to possess the land. Remember, words are powerful, choose carefully what you listen to. Better yet, find your own voice.

What's On Your Mind?

We want to hear from you! Don't forget to submit any questions or topics of interest that you want discussed in our newsletter.

Do you want to sit in the interviewer's chair?

Submit your question for the next multidisciplinary interview with a master late career cardiologist and CT surgeon.

Your question may be picked!

Please e-mail your questions and topics of interest to:
wts@wtsnet.org
subject heading: "WOYM".



Surgical Volunteerism:

THE ORACLE INTERVIEWS DR. CASEY



Dr. Kathleen M. Casey

Kathleen M. Casey, MD, FACS is the founding director of the Operation Giving Back program (www.operationgivingback.org) at the American College of Surgeons since 2004. Operation Giving Back reflects the humanitarian tenets central to the profession of surgery and was created to facilitate outreach to underserved surgical patients in both domestic and international arenas through education, training, service, and advocacy. Previously, Dr. Casey served eight years as a general surgeon in the U.S. Navy, achieving the rank of Commander. She was awarded the Humanitarian Service Medal for her contributions in Guatemala following the devastation of Hurricane Mitch. A Massachusetts native, she received a B.A. from the College of the Holy Cross in Worcester, MA, taught high school chemistry and physics, and worked at the Boston Museum of Science before matriculating to Dartmouth Medical School. She completed her general surgery training at Virginia Mason Medical Center in Seattle, WA. Dr. Casey has published articles, authored and co-authored chapters, and presented at national and international meetings on the importance of surgery in global health and the impact of surgical humanitarian outreach. Her contributions have been recognized by the AMA with the Nathan Davis International Award and by the International College of Surgeons with the Surgical Volunteerism and Humanitarian Award. As part of the WTS surgical volunteering initiative, Dr. Casey was interviewed by Dr. Virginia Litle.

VL: How did you become interested in surgical volunteering?

KC: I've always appreciated and enjoyed volunteering, as community service was really valued in my family. That was obviously a big influence on my interest in surgical volunteering. During medical school, I had an expectation that I'd be able to incorporate volunteer work into whatever path I chose.

The time I spent in Japan after residency also helped shape my interest in the more global aspects of surgery. I had a military scholarship for part of medical school, so after residency I spent two years in Japan and had the opportunity to interact with a local transplant surgeon, supporting his academic endeavors. As a result of our friendship, he invited me to several Japanese surgical meetings. I really enjoyed the professional and cultural experiences but also learned a lot about advocacy and the differences in systems. At that time, there was no legal definition of brain death in Japan, which greatly impacted transplant surgery. My perspective on a broader spectrum of transplant cases was sought after regularly – a very interesting experience for a young surgeon. When I returned to the U.S., despite wanting to volunteer, I had

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Makeshift clinic in Haiti following the 2010 earthquake.

Surgical Volunteerism:

THE ORACLE INTERVIEWS DR. CASEY

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trouble finding the right opportunities: many required a commitment of one to three months, which was a particular challenge. I wondered why it seemed so hard to find a place to volunteer as a surgeon? I thought a lot about such questions and explored the issues for several years. About the time I was getting out of the Navy, I read in the American College of Surgeons Bulletin about the Volunteerism and Giving Back Project led by Dr. Andrew Warshaw, Chair of the ACS Governor's Committee on Socioeconomic Issues. I was thrilled to learn that so many others shared this interest and wondered if I could help out with this initiative in any way. I met with Dr. Warshaw and shared my interest in volunteering and in making it easier for surgeons to participate in this work. Dr. Warshaw arranged for me to present my ideas on the subject to the American College of Surgeons Board of Governors. I am very grateful for the way things evolved from there and that I was asked to create the

Operation Giving Back Project for the ACS.

VL: What do you enjoy most about your job?

KC: I enjoy interacting with the surgeons involved in this work. They are such incredibly devoted, generous people! I also really enjoy traveling to other countries and meeting with international colleagues when I have the opportunity. The exchange of ideas is always invaluable.

VL: Do you operate? If not, do you miss operating?

KC: I no longer operate and I DO miss it very much! And I especially miss my patients. But there's a different satisfaction that comes from this approach to surgery – in trying to improve systems, access, and quality for those underserved populations. It's incredibly gratifying. And while I think I'll always miss operating, I wouldn't say that I regret the decision to go down this path.

VL: How can cardiothoracic surgeons get involved?

KC: There are several programs that we have on OGB that can accommodate cardiothoracic surgeons – such as CardioStart International and Children's HeartLink. But I love to hear about the programs and activities that our members have had experience working with. I would like to know where the gaps in volunteer efforts are!

VL: I am aware of a fair number of cardiac volunteer efforts including those of our International committee chair, Dr. Kathleen Fenton, but I don't know of many thoracic efforts so we will be reaching out to our members to find out what they are doing both cardiac and thoracic-wide. I suspect there is interest within our organization although I appreciate the biggest challenge is TIME! Not many surgeons can afford to take time off to volunteer. Perhaps there are local and regional volunteer opportunities which are more practical to participate in. Kathleen, I hope we can work together to build our interest and efforts for the good of all!



Dr. Casey with medical staff and volunteers in Haiti.

GETTING TO KNOW YOU:

The ORACLE INTERVIEWS with Dr. Heather Ross and Dr. Andrea “AJ” Carpenter

Heather Ross, MD is currently professor of medicine at the University of Toronto, where she also serves as a full member of the graduate faculty at the Institute of Medical Sciences and is the Rogers Chair in Heart Function at the University of Toronto. In addition, Dr. Ross is the deputy director for Multiorgan Transplant, Director of the Heart Failure Program, Director of Education University of Toronto Transplant Institute, Director of Education for MultiOrgan Transplant, and Medical Director of the Cardiac Transplant Program within the University Health Network, Toronto, Canada. She is also the course director for the training program in regenerative medicine at the Canadian Institutes of Health Research. Dr. Ross obtained her medical degree from the University of British Columbia, Canada, and completed her cardiology training at Dalhousie University in Canada. Dr. Ross completed her postdoctoral fellowship in cardiac transplantation at Stanford University, in Palo Alto, California, and earned her Master's Degree in Bioethics from the University of Toronto.



Dr. Heather Ross

Dr. Ross is the recipient of numerous regional and international awards for her both her clinical and research endeavors, as well as for excellence in teaching. She is also a member of numerous national and international professional societies, including the Canadian Society of Transplantation where she served as president in 2005, and the International Society for Heart & Lung Transplantation where she was past executive member and past Secretary/Treasurer for several years. Finally, Dr. Ross previously served on the editorial board of the *American Journal of Transplantation* and the *Journal of Heart & Lung Transplantation*, has been awarded numerous peer-reviewed research grants, and has authored over 200 publications.

Andrea “AJ” Carpenter, MD, PhD is a leader in thoracic surgery, thoracic surgical education, and administration. In addition, she is a former member of the United States Air Force having achieved the rank of Lieutenant Colonel and served as Chief of Cardiothoracic Surgery at Wilford Hall Medical Center at Lackland AFB, Texas, before leaving the Air force to join the faculty at the University of Texas Health Science Center San Antonio (UTHSCSA) in 2002. Dr. Carpenter attended Appalachian State University where she obtained a BS degree in Physical Education. She went on to the University of Utah earning a MS in Physical Education and then to Penn State earning a PhD in Physiology. A graduate of George Washington University School of Medicine, AJ did her general surgery residency at the David Grant USAF Medical Center and thoracic surgery residency at the University of California – Davis.



Dr. Andrea J. Carpenter

Dr. Carpenter is currently Professor of Thoracic Surgery and Simulation Director at UTHSCSA, and Director of Cardiothoracic Surgery for the University Health System in San Antonio. Her clinical interests include adult cardiac surgery, with a focus on aortic root reconstruction, operative therapy for heart failure, myocardial protection, and minimally invasive valve surgery. She has several awards for her clinical work, including the Meritorious Service Medal in 2002 and the Dare to Soar Air Force Award for Excellence in Patient Care.

Dr. Carpenter has a strong interest in thoracic surgical education. She is deeply involved in curriculum development for Integrated Thoracic Residency and is an active member of the JCTSE Simulation Committee. A past president of Women in Thoracic Surgery, Dr. Carpenter is currently director of the WTS Scholarship Committee. Dr. Carpenter has numerous publications on clinical research and surgical education and is a member of several surgical societies, including the AATS, ACS, STS, STSA, and WTS.

GETTING TO KNOW YOU:

The ORACLE INTERVIEWS with Dr. Heather Ross and Dr. Andrea “AJ” Carpenter

As a continuation of a series of multidisciplinary interviews in the “Getting to Know You” segment exploring topics of interest and issues that arise during early, mid, and late stage careers, the *Oracle* presents Part Two of this series from the perspectives of a cardiothoracic surgeon and a cardiologist. In this issue, the *Oracle* conducted interviews with mid-career Drs. Heather Ross and Andrea “AJ” Carpenter.

Oracle: How has your view of the specialty changed at this stage of your career compared to when you first started?

Dr. R: Cardiology is still the most interesting, humbling and exciting specialty I can imagine. However, the patients seem sicker with more comorbidities than when I started. The biggest change is information overload. Patients can go on to Google scholar and find out the latest studies, outcomes and complications of all the different treatments. I enjoy dealing with informed patients. But not all sites are reputable, and I think there is a risk of misinformation/misinterpretation on the web which can negatively impact patient's expectations and cause undue worry and stress. I try to direct patients to reputable websites such as ISHLT or HFSA to get their information.

Dr. C: This is a really exciting time in the field of CT surgery. New technology, such endovascular therapies for aortic disease, video-assisted thoracic surgery and robotics, offer great expansion in the opportunities in our specialty. Ours is a profession started by courageous pioneers who dared to do what so many said could not be done. The development of cardiopulmonary bypass permitted operations inside the heart, cardioplegia extended the limits of cardiac surgery and improved survival, advances in single lung ventilation afforded surgeons the ability to do more complex pulmonary resections with better outcomes. Then there was a fairly long period of stability that some might call stagnation. As we all know, there has recently been words of doom and gloom to suggest that ours is a dying profession. However, now I see a new energy reforming the scope of our practice and offering opportunities for growth and creativity again. The CT surgeon of tomorrow will need

a whole new set of skills and will again see possibilities limited only by their imagination.

Oracle: Which strategies have you found to be most/least effective in negotiating an increase in salary and promotion?

Dr. R: Mentorship has been critical both from within medicine and also from outside. I have senior mentors in the business community who have provided a great deal of insight into these types of negotiations, as they deal with them far more frequently than people within medicine do. It is important to know how to negotiate without seeming to be a complainer. These are not skill sets that we are taught. Making the appropriate ‘pitch’ and being able to substantiate and back-up your requests is important.

Dr. C: The key to progression in an academic career is twofold: Find strong mentors and understand the rules. Every institution has defined requirements for promotion to each rank and these requirements vary for “tenure” vs. “non-tenure” track. Learn the requirement in your institution and make an honest assessment of your own strengths and weaknesses. Then concentrate your efforts in the areas of your own strength. In my case that required recognizing that I am not the creative scientist I wanted to be, but that I have great drive as an educator. So my choice was to seek promotion on the non-tenure track and to concentrate on clinical and educational excellence.

As for finding a strong mentor, realize that need not necessarily be someone in your own leadership. It's really great if your own division or department chair takes a real interest in promoting your career, but don't expect it. Being a good mentor is a very challenging skill and relatively few CT surgeons have the patience for it. Find someone, woman or man, who has been successful within your institution. Talk with them honestly about your own goals and look for a sense that they want to help you achieve those goals. Finally, you need more than one mentor. When promotion packages

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GETTING TO KNOW YOU:

The ORACLE INTERVIEWS with Dr. Heather Ross and Dr. Andrea “AJ” Carpenter

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go in, you will need letters of support from within your department, from other departments in your institution and from outside your institution.

As for negotiating salary, that's a more challenging problem. Reimbursement in today's market has been driven well into the basement for our specialty. Whether a surgeon is in an academic practice, employed position or private practice, compensation is driven by the realities of reimbursement. Again, you need to understand the rules. Attending programs on nomenclature and coding can be invaluable, and you need to keep up with the annual rule changes. The goal is to optimize coding within the limits of compliance with regulations so that you don't leave any nickels on the table.

Oracle: What, if any, reassessment of personal and/or professional priorities have you made as you attained a more senior position?

Dr. R: I take a personal strategic retreat every year – a weekend with no cell phone, email or people. I go for long walks and think about where I am and where I want to go – this is on a personal and academic level. Then I strategize about how I will get there. Each year I revisit this. This sounds a bit structured but I started this after I had been on staff five years and I realized that time was whipping by and would soon disappear. I wanted to make sure that I focused on what I really wanted to do!

Dr. C: For me, the biggest challenge has been learning to give myself permission to attend to my personal life. The rigors of training became the norm for me after eight years of high intensity residency training. It literally took me years to unlearn that work ethic and understand that there is more to life than LIMA to LAD. Fortunately the younger generation already understands this, so I am taking lessons on this from my residents.

As I settle into the more senior part of my career I am more interested in the future of my profession. I am very excited by evolving paradigms in resident education and adult learning. I have a strong desire to be part of this

growth pattern and to assure that CT surgery remains at the forefront of medical innovation and excellence. This is in stark contrast to my earlier years when I just wanted to do more cases. I still love to operate and to care for patients, but I am more driven to help my residents progress with these skills.

Oracle: What is the best advice that you have received regarding how to attain positions of greater leadership and administrative roles?

Dr. R: Put your hand up, volunteer as opposed to being 'voluntold'. Once you are in a role then be proactive in that role. Make that position count. People know who the 'go to' people are. If you are someone who gets things done, that will be remembered. Mentorship is incredibly important here – let your mentor know you want to be more involved. And then exceed people's expectations.

Dr. C: I can't really remember any specific advice I've received along the way. The best advice I give to young women surgeons is to volunteer for committee work locally, regionally, and nationally that will interest you. If it does not interest you then you won't do it well. The real key is to do what you promise, so don't over extend beyond reasonable limits. Once you earn a reputation for fulfilling your commitments, more opportunities will open to you.

Oracle: How do you manage situations in which you have expressed an interest in volunteering to a senior person, yet are overlooked or repeatedly relegated to playing a lesser role in preference to a colleague?

Dr. R: This is a challenging situation. I don't think there are any easy solutions to this one.

Dr. C: I wish I could say I had not dealt with this problem, but I can say that it is not uniquely a problem for women. When this happens, I try to take a deep honest look at myself and not assume I am being treated unfairly. Sometimes I have found that I can do better.

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GETTING TO KNOW YOU:

The ORACLE INTERVIEWS with Dr. Heather Ross and Dr. Andrea “AJ” Carpenter

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The best solution I have found is to continue to volunteer, keep doing well and look for another senior person to offer your talents. It all goes back to finding good mentors, and knowing that a really good mentor may not always tell you what you want to hear.

Oracle: Many sources have often quoted the need to increase the number of women entering into the cardiothoracic surgery and cardiology specialties. However, significantly increasing these numbers will likely require a change in institutional and societal attitudes toward gender equality. How has the ability to exact change in your specialty evolved as you increase in tenure?

Dr. R: There are an increasing number of women in cardiology. Sometimes I think it is an issue of increasing numbers will beget increasing numbers. We have seen that with medical school enrollment. Women see role models in a specialty and start to gravitate towards that specialty. Then more women are in the specialty and so on and so on. My favorite quote that was said to me some years ago is that “you can have it all but maybe not at the same time”. This balance of work, family, kids, and academics is challenging, no doubt. But it can be done. Being able to demonstrate that you can have it all as a woman will help other women consider those specialties.

Dr. C: As an adolescent, I was fortunate to know a woman who was brilliant and successful in her own right. The best advice she ever gave me was to resist the temptation to have a “chip on my shoulder”. There is absolutely no reason that any individual woman cannot succeed as a CT surgeon if she chooses to make the commitment to do so.

I don't want to make light of gender inequality: there is certainly plenty of evidence for inequality in all walks of life. However, we are already seeing real change. More than half the medical school graduates are women. The leadership of our professional societies recognizes that we cannot sustain the very best quality by ignoring more than half the talent pool. I have seen real changes along these lines over the past two decades and I believe these changes will continue.

Oracle: In your experience, what do you think is the biggest cause for “burn out” among female cardiothoracic surgeons and cardiologists, and how would you recommend overcoming it?

Dr. R: Trying to balance work/life, especially those women with young/adolescent children. Wow this is a challenge! Finding an outlet, finding a sounding board – somewhere and someone who can listen/hear what you are saying.

Dr. C: The biggest cause of “burn out” is the same for men and women. Our profession is a cruel taskmistress and will consume of much of us as we will permit. In particular, as women, it is our nature to believe that we can and should do it all. We are not good at pacing ourselves.

That said, as I mentioned earlier, the younger generation is better at understanding the value of personal and family time. I'm taking lessons from you; so don't let me down by burning out early. Maintain balance in life to include a satisfying career and personal pursuits that take you completely away from the stresses of daily life as a CT surgeon.

Spotlight on WTS Institutional Members



birthplace of infant heart transplantation and as pioneers in heart transplantation for over 25 years.

The Thoracic Surgery Residency Program at LLUMC is the only training program at a Seventh-day Adventist institution and has a proven 42-year track record of training skilled competent professionals who are able to practice independently as cardiothoracic surgeons at the end of training. Since its inception in 1970, the program has had only five Program Directors who have provided stable leadership. The strong institutional support (financial, personnel, infrastructure, and resources) also contributes to the stability of the program. Loma Linda's goal is to provide our residents with broad-based and balanced training in cardiothoracic surgery. Loma Linda is committed to its residents' whole person development as respected professionals with good judgment and sound surgical skills. The training environment is a culture of caring based on the values of compassion, integrity, excellence, teamwork, and wholeness.

The diverse clinical and academic environment at Loma Linda University (over 100 nationalities are represented on campus) provides a balanced training for the residents. Another unique feature of our program is the universal bed model for adult patient care where the cardiothoracic surgery patient is recovered following surgery, then transitioned from ICU status to intermediate care, and then discharged home from the same unit. The management of all adult cardiothoracic surgery patients is provided directly by the residents under the supervision of cardiothoracic attendings. This allows residents to gain experience and develop skills necessary to care for critically ill patients.

In 1992 the program celebrated another milestone: the admission of its first female resident. That resident successfully completed the program in 1995. Since then, several other women have joined the program. Loma Linda is proud to support and encourage the development of women in thoracic surgery, and is honored to be the first member institution highlighted in the *Oracle*. Loma Linda looks forward to mentoring and training many more talented female cardiothoracic surgeons.

Loma Linda University Medical Center (LLUMC) and affiliated entities is a faith-based institution and is the flagship hospital for the Seventh-day Adventist church. It has a long standing dedication to global mission and service in the areas of healthcare and education. The institution has relationships and provides service or support to over 20 hospitals, approximately 70 clinics, and in over 30 countries around the world. Since 1963, the Loma Linda University overseas heart team has performed hundreds of cardiac operations in 17 countries including Nepal, China, Myanmar, and Egypt. Recent recognition by major health care providers has named Loma Linda as a center of excellence for cardiovascular care. In 2012, the Joint Commission certified LLUMC as a full-service Ventricular Assist Device (VAD) Center, which allows our institution to provide destination therapy for non-cardiac transplant eligible heart failure patients. Loma Linda cares for a diverse patient population with high incidence of heart disease in a service area that includes four counties (Mono, Inyo, San Bernardino, and Riverside) and surrounding states (Nevada and Arizona). The cardiac surgery program at Loma Linda has a storied history that includes notoriety as the

BEST WISHES KATIE!



Members of WTS extend their well wishes and sincere appreciation to Katie Bochenek for her years of dedicated service. Katie served as the Affiliate Coordinator for the STSA and WTS beginning in 2006. She was promoted to Affiliate Manager in June of 2009, and later named Executive Director of STSA and WTS on February 4, 2012. Katie recently resigned her position to spend more time with her new baby girl. Best wishes to Katie and her family!

Find Us On Facebook!



WTS is pleased to announce that we are now on Facebook!

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or search for Women in Thoracic Surgery Visit us today. Once you've experienced it, invite a friend!

Follow Us On Twitter!



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WTS Networking Reception



WTS Networking Reception



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Save the Date!

WTS Breakfast Session (in conjunction with the STS 49th Annual Meeting)
Innovative Opportunities for Alternative Research Funding
Tuesday, January 29, 2013
7:30 - 8:30 a.m.
Los Angeles, CA

Additional details will be posted on www.wtsnet.org in the coming weeks, or find us on [Facebook](#).

Women's Career and Leadership Development Conference

Registration is now open for the 2013 [Women's Career and Leadership Development Conference](#).

Attention Women Cardiac Surgeons!

The Thoracic Surgery Foundation for Research and Education (TSFRE) is now accepting applications for the Nina Starr Braunwald Research Grant and Fellowship Awards. The deadline for submissions is October 15, 2012. Please visit the [TSFRE Awards Page](#) to review eligibility requirements and download application forms.

WTS Seeks Website Editor

Women in Thoracic Surgery is seeking a member to join the WTS Leadership as Website Editor. This position provides an excellent opportunity to get more involved in WTS by contributing to the online presence of the organization. View the [WTS job description](#) for more information, or email wts@wtsnet.org.

Membership Update

Please watch for your recently mailed WTS membership dues invoice. It is through your support that we are able to continue our outreach efforts to women throughout the world who have chosen this specialty, along with influencing young women interested in cardiothoracic surgery through our scholarship program.

Please also encourage your non-member colleagues to learn more about WTS and consider applying for membership. A sample membership application is included in this edition of the *Oracle*. Applications are also available at www.wtsnet.org in the "Become a Member" section.

Women in Thoracic Surgery (WTS) is an international organization of thoracic surgeons whose purpose is to:

- Provide quality care to our patients;
- Mentor young women interested in pursuing careers in thoracic/cardiac surgery;
- Provide educational opportunities for our members;
- Educate the public, especially women, regarding cardiac and pulmonary health and disease.



WTS Membership Application

Name: _____
Institution: _____
Address: _____
City: _____ State: _____
Zip/Postal Code: _____ Country: _____
E-mail: _____ Phone: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION

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

WTS Membership Outreach WTS Education WTS Scholarships
WTS Newsletter WTS Mentoring Other (*please specify*): _____

DUES PAYMENT INFORMATION

U.S. Active - \$1 50 International - \$75 Residents/Students - No charge
Associate - \$1 50 *Institution Benefactor - \$500 *Corporate Benefactor - \$1 500

*For additional information regarding Benefactor membership benefits please contact WTS Headquarters at 312-202-5835

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

To pay by credit card: ___ Visa ___ MasterCard ___ American Express

Card number: _____ Exp date: _____

Card billing address: _____
Name as it appears on card: _____

Signature: _____

*Please note the credit card charge will show The Society of Thoracic Surgeons.
If you have questions, contact WTS Headquarters at 312.202.5835 or wts@wtsnet.org.*

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