



# ORACLE

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

## President's Corner



Jennifer S. Lawton, MD

### Improving the Perception of Our Specialty

By Jennifer S. Lawton, MD

I am honored to be the President of the WTS, and I am extremely excited about the many opportunities that the WTS provides for surgeons. The WTS offers mentoring, networking, and support in the form of WTS scholarships, the Scanlan / WTS traveling

mentorships, and a Carolyn Reed traveling fellowship. We wish to convey to anyone interested in Cardiothoracic surgery as a career that the field is very rewarding and fun. This perception of CT surgery may not always be clearly portrayed due to concerns of lack of work life balance.

In a survey of the 2014 recipients of the STS Looking to the Future Scholarships, 75% of medical students and 40% of general surgery residents expressed some form of concern regarding work life balance when asked about a career in CT surgery. Therefore, changing the perception of our specialty is paramount.

While I am not an expert on work life balance, I have managed to raise a family with a surgeon husband, establish an active adult cardiac surgery practice, and manage an NIH funded basic science laboratory while staying afloat (most of the time). As a disclosure, I may also possess generation

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bias as I trained before work hour restrictions; therefore, my vision of work life balance may be different from others. However, I can relay some of the tactics that have worked for me, keeping in mind that at any given moment, I may be any combination of a good/bad mother, a good/bad surgeon, or a good/bad scientist; but life is never dull. In the words of Sheryl Sandberg in *Lean In*, "... we inadvertently hold that discomfort against those who remind us of the path not taken 1".

### Establish Your Meaning of Success / Values / Priorities

Whether you wish to be the best technical surgeon, possess many material things, have fame, have an amazing legacy as a teacher or mentor, become a Nobel Laureate, or other aspirations, you must define your priorities. Define your 5 and 10 year goals. It does not matter what others think of your goals. As a tool for defining your success, consider eulogizing your life (as Timothy Sharp recommends in *100 Ways to Happiness*) and imagine what others will remember when you are gone 2. Then consider if you are living the life that fits with your goals and values? As Aristotle noted, "We are what we repeatedly do. Excellence, then, is not an act, but a habit".

## Flexibility

To be successful, you must be able to juggle simultaneous, overlapping roles at once. In other words, wear many hats and not get flustered. Prioritize your time and delegate all that you can. Reduce your expectations for your to-do list and don't let it bother you if it doesn't all get done 3. In the words of productivity expert Monaghan, "When we die, the email in-box will still be full. The to-do list will still be there. But you won't 4". Practice mindfulness and do your best to manage technology (turn your cell phone off) so that time with family or leisure is valuable and uninterrupted. Otherwise, it becomes "contaminated time 3". In your practice, say no to "lumpy tasks" that do not further your career or support your salary.

## Establish Good Support

Outsource and delegate everything you can. I have even used the internet to order groceries that are delivered to my house. Find an outstanding administrative assistant that will protect you and promote your career. Make sure that the person you chose to live with or marry has common goals, will support and share your visions for success, and will bring a fresh perspective to your woes.

Hire trustworthy and reliable child care providers and outsource all household tasks that you cannot do. Forget about having a clean house or even worrying about it. Evaluate your colleagues before taking a job for their potential to support you in a crisis and for their openmindedness.



## Time Changes All Things

Over time, your priorities will evolve and change. Unexpected things will happen - perhaps with your health or the health of those in your family - or other life disasters that cannot possibly be anticipated. Know that making deliberate choices does not guarantee complete control as noted by Groysberg and Abrahams at the Harvard

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Business School. Groysberg and Abrahams surveyed almost 4,000 executives regarding their visions of success and concluded that, “work life balance is at best an elusive ideal and at worst a complete myth 5.”

## Final Tips

- Take all of your vacation days
- Leave early to spend time with your family or friends
- Get a hobby – a career in CT surgery is tremendously stimulating and rewarding, but it cannot be your entire identity
- Find out what you enjoy most about weekends and holidays and how you can do this more in your normal working week (as recommended by Timothy Sharp in 100 Ways to Happiness)

As stated by Retired Brigadier General Becky Halstead,

**“Live a life with purpose, on purpose with no regrets.”**

In this way, we will portray CT surgeons who manage work life balance (and unbalance) while remaining rewarded, happy, and fulfilled.

## References

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2. Sharp TJ. 100 Ways to Happiness. A Guide for Busy People. MJF Books, New York, 2008.
3. Schulte B. Overwhelmed, Work, Love, and Play When No One has the Time. Sarah Crichton Books, Farrar, Straus, and Giroux, New York, 2014.
4. Monaghan T, in Schulte B. Overwhelmed, Work, Love, and Play When No One has the Time. Sarah Crichton Books, Farrar, Straus, and Giroux, New York, 2014, pg. 256.
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## Congratulations to the new female AATS members announced at the 2014 AATS Annual Meeting!

We congratulate you on your election into the AATS and the significant academic achievement that it represents. We are very proud of your contribution and commitment to advancing Thoracic Surgery on an international level.

The AATS currently has 31 female members out of 714. Dr. Lawton and Dr. Colson have both served on the AATS membership committee and are happy to provide mentorship advice regarding application for AATS membership for WTS members! For information on membership, please [click here](#).



Kristine Guleserian & Katrien Francois

### Congratulations to the new Diplomates of the American Board of Thoracic Surgery!

Elan Burton MD	Angela Mahan MD
Mei Chau MD	Seemal Mumtaz MD
Jennifer Cozart MD	Jennifer Nelson MD
Elizabeth David MD	Saila Pillai MD
Fariba Gharai MD	Shalini Reddy MD
Kendra Grubb MD	Jane Yanagawa MD
Katherine Harrington MD	Leora Yarboro MD
Fatuma Kromah MD	Pey-Jen Yu MD

We are so proud of you, ladies!

## WTS Leadership 2014

## Officers

President	Jennifer Lawton
Vice President	Jessica Donington
Secretary/Treasurer	Iva Smolens
Past President	Virginia Litle
Past President	Yolonda Colson
Director-at-Large	Betty Tong
Director-at-Large	Kristine Guleserian
Director-at-Large	Meena Nathan

## Committee Chairs

Mentoring	Shanda Blackmon
Web Site Editor/Social Media Director	Mara Antonoff
The Oracle Editor	Elizabeth David
Membership	Jessica Donington
Deputy Chair of Membership	Betty Tong
International Membership	Kathleen Fenton
Deputy Chair of International Membership	Daniela Molena
Historian	Melanie Edwards
Photo Archivist	Rebecca Wolfer
Bylaws	Vanessa Gibson
Scholarships	Andrea (A.J.) Carpenter
Resident Liason	Lisa Brown
Program Chair	Valerie Williams
Government Liason	Carolyn Dresler

## Resident's Forum

Lisa Brown  
 Marisa Cevasco  
 Hannah Copeland  
 Katie O'Keefe  
 Danielle Smith

## Members at Large

Leah Backhus  
 Vita McCabe  
 Emily Farkas  
 Tara Karamlou  
 Lauren Kane

# 10 Years of WTS Candidate Membership

By Jessica S. Donnington, MD

In 2004 the WTS amended its bylaws to create a membership group for women in medical school and surgical training with an interest in Cardiothoracic Surgery, but who had not yet achieved ABTS certification. This was originally the associate member group, but is now recognized as our candidate group. The WTS scholarship and mentoring programs serve as important portals, introducing students and trainees to the WTS, but the organization needed a way to continue to engage and include the growing cohort of young women interested in cardiothoracic surgery to its mission and activities. Since its inception the candidate group has grown steadily, and now comprises close to 100 women annually. There are two primary avenues to join the candidate group; by completing

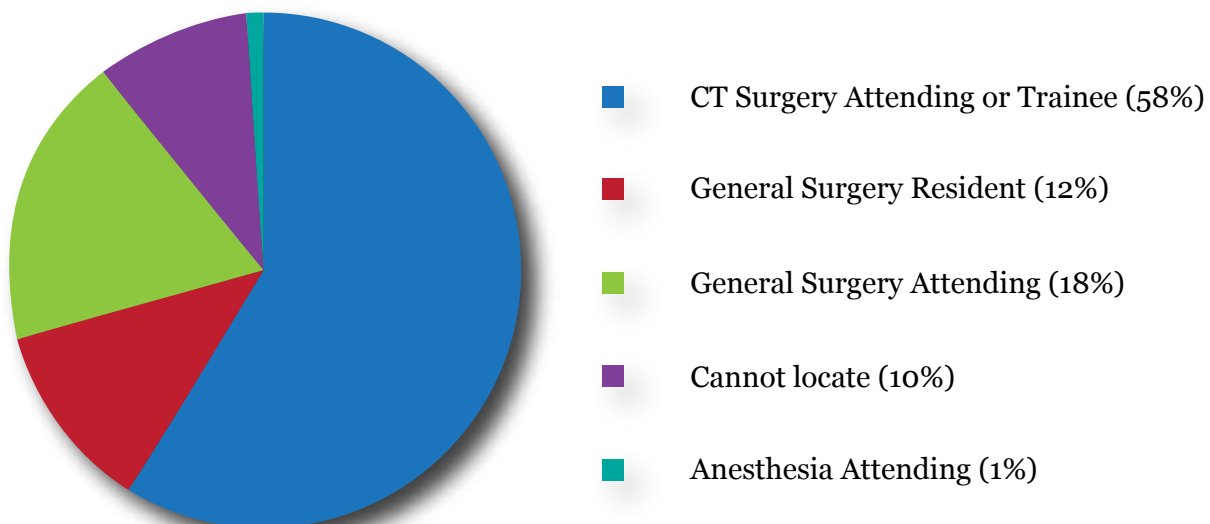
an on line application or through participation in the WTS's annual scholarship program. All women receiving scholarships are granted candidate membership.

Candidate members have all of the access, opportunities and duties of active WTS members, aside from voting and election as an officer. Candidate members play an active role within the leadership group and participate on numerous committees. For the first 10 years since inception WTS candidate membership has not required annual dues, but starting in 2014 a small fee of \$25 is requested to maintain candidate group membership. This is primarily due to the increased infrastructure needed to track and maintain contact as this group has grown and continually transitions as women complete training and take their first jobs.

In a brief snap shot, we looked back 5 years to see what has become of the WTS candidate members from 2009. The WTS had 93 candidate members in 2009; 54 of which are currently practicing as cardiothoracic surgeons or in cardiothoracic surgery training, 11 are still in general surgery training; 17 are practicing in general surgery or a surgical subspecialty; one is an anesthesiologist and 9 have been lost to follow up (the majority of which are from outside the US). (See Chart) This provides a convincing message that members of the WTS candidate group have a strong interest in cardiothoracic surgery and the time spent mentoring and fostering that interest has been well spent with the majority remaining within the specialty.

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WTS Candidate group 2009, where are they now?



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## Social Networking for Candidate Members

**Attention trainees:** Did you know that **WTS has a private Facebook group**, in addition to our main Facebook page?

- This group is for trainees only.
- Its purpose is to provide an informal way for cardiothoracic residents and fellows to interact.

The goals of this Facebook group are

- 1) To answer any questions that those embarking upon a career in cardiothoracic surgery may have about training and careers in cardiothoracic surgery
- 2) To serve as a network for interaction among cardiothoracic surgery residents.

This group is open to any medical students, general surgery residents, or cardiothoracic trainees who are WTS candidate members. If you are interested in joining the group, please send an email to [marantonoff@me.com](mailto:marantonoff@me.com).

The screenshot shows the Facebook interface for a private group titled "Women in Thoracic Surgery Trainee Private Group". The page header includes the group name, a search bar, and navigation icons for Home, Friends, Messages, and Events. The profile picture is a purple and white logo with the letters "WTS" and a stylized figure. The cover photo features a smiling woman with the text "Women in Thoracic Surgery" overlaid. Below the cover photo are navigation tabs for "Women in Thoracic Surg...", "Members", "Events", "Photos", and "Files", along with "Notifications", "Create Group", and search icons. The main content area shows a post by Mara Antonoff, posted 1 minute ago from Houston, TX. The post text reads: "Please feel free to use this forum to ask questions, seek guidance, share opportunities, and connect with one another!". The post has "Like" and "Comment" options. On the right side, the "ABOUT" section indicates 25 members, a "Secret Group" status, and a welcome message: "Welcome to the Women in Thoracic Surgery Trainee Private Group. This will serve as a forum for collaboration, networking, and mentoring for female students, residents, and fellows beginning careers in thoracic surgery." There are also options to "Edit", "Message", "Invite by Email", and "Add People to Group".

# Getting to know you

## – Dr. Jennifer S. Lawton, MD

By Elizabeth A. David, MD

**D**r. Lawton is a Professor of Surgery at the Washington University School of Medicine in St. Louis, MO with special interests in adult cardiac surgery, off-pump coronary revascularization, heart disease in women, and lead extraction.



Dr. Lawton operating with Dr. Meghan Halub during Dr. Halub's Scanlan Traveling Mentorship Award

**Why did you choose to go into medicine?**

I chose medicine because of exposure to sick family members. I originally thought I was going to be a pediatrician until I took anatomy and spent time in the OR and then I knew that I wanted to be a surgeon.

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

Well, I grew up in PA and went to college there and there were a lot of medical schools in PA so I ended up going to Hahnemann which is now Drexel. I wanted to do cardiothoracic surgery so I specifically looked at General

Surgery programs that had fellowships for CT surgery. When I applied, I met Andrew Wechsler at MCV and I wanted to train there with him and do two years of research and eventually do a fellowship there. I knew that I wanted to spend two years in the lab so I ended up going there.

During medical school there were no female mentors but the chief of cardiac surgery was very encouraging and invited me to come to the OR anytime, and that's how I got interested in the field.

**Why did you want to spend time in the lab during your training?**

I think at the time I was hoping it would help me get a fellowship and I had not done anything in medical school other than chart reviews. Now I am so happy that I did, otherwise I don't think I would have a basic science lab if I had not done that then. It was not always my plan to be a surgeon scientist, but the two years of research taught me that I liked the ability to ask a question and then answer it.

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**Is there a career experience that stands out to you for a special reason?**

There are lots of patient experiences that we all have that are very rewarding. One of the research things that I am extremely proud of is my RO1 grant, which will always hold a special place in my heart.

**What is your favorite case?**

I like all of them really. It's really fun to do an OPCAB when it goes well. It's fun to do all arterial grafting on a young patient because it is very rewarding. But sometimes dissections can be fun too. They all have the potential to be fun – as long as they go well of course!

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

Making patients better – especially when they come back to the clinic and tell you they feel better than they have in years. Or when you do an operation where you basically save the person's life because they weren't going to live unless they had the operation.

It is also extremely rewarding to have trained fellows and after they go into practice they call you and tell you that they did something the way you taught them or that they are so thankful for your teaching or mentorship. Just this Monday, I got a huge FedEx box from one of our fellows who finished

last year, and in it was an oil painting of a tree in the countryside of TX. She told me she wanted to find a painting that I could remember her by. And that is very rewarding because she thanked me for my teaching, mentorship, and friendship and it was very nice.

**If you could travel to any period in history and any region of the world where and when would it be?**

Wow, I am sort of a pessimist and there are a lot of times in history when we weren't very nice to other people and I wouldn't want to go back to one of those. I think that women have come a long way and if I went back in time things might be hard. So I guess I would say that I would go into the future where there are more women in surgery and the surgical persona is very different and we could encourage women to become surgeons. I think that might be a great time to visit.

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

I am extremely proud of being full professor with tenure at an academic institution which I had to work very hard to get and obtain.



**Dr. Lawton with Dr. Mara Antonoff and Dr. Lisa Brown**

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

My children. I have a son who is 12 years old and a daughter who is 8 years old. I am very proud of my family and my children.

And I am proud of some very big fish that I have caught. We go fishing twice a year as a family and we fish for sport fish and I have caught some really big ones that I am proud of.

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

There is a woman here at WUSTL, her name is Susan Mackinnon, she is the Chief of Plastic Surgery and she is married to Alec Patterson. She has been a tremendous mentor to me along with Dr. Patterson. He has furthered my career

**Continued...**

in ways that I could not have imagined. He has promoted me in ways that I did not even know about and she has always been there behind him doing the same thing.

One of my partners Michael Pasque is a wonderful mentor for people at all levels. I see him all the time and talk to him almost daily about all kinds of things. He mentors the students and faculty and he's well-rounded. You can ask him any question and he'll give you an honest answer.

**You have attended and been faculty at some leadership courses; do you think these are helpful?**

I absolutely think they are helpful. There is a leadership course that I attended at WUSTL that was just for women. I would highly encourage women to do that. This course was nice because the attendees were from all over St. Louis. They were from all walks of life, industry, business, law, and finance and if you can get a networking group with those people, but also realize how similar some of our difficulties are. If you can realize how different our leadership styles are from those of men it can be very rewarding and empowering.

Even if you attend a course that isn't just women I think they are very valuable as well. The AATS leadership academy is very valuable because you spend the entire day with

the faculty members and you get to meet people that can be mentors and network with those people so they are valuable in many ways.

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

The WTS has always been something that I look forward to attending and visiting friends. I think many of us feel very isolated in our work places. I am one of nine adult cardiac surgeons and I am the only woman – I think it's easy to feel isolated, but the WTS provides a place to find friends and colleagues who are in the same situation. It's wonderful networking and that fact that it grows every year and that we have more and more members and more and more women – it is very exciting!

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

For residents, I always tell them: No matter how bad it

gets, nobody can stop the clock and your two or three years will go by.

For junior faculty: There are so many things I could tell them. It's important to have a life outside the hospital. Try to pick only those tasks or committees that will further your career and not just take up time. I could go on and on about work life balance...

**What do you like to do outside of work?**

Fish, downhill ski, and I love to garden. I grow flowers, maybe some tomatoes and peppers, but mostly flowers and shrubs.

**Is there anything else you would like to say to the Oracle audience?**

I am always open and willing to be available for mentoring to anyone!

**Thank you, Dr. Lawton, for allowing all of us to get to know you!**

**Dr. Lawton holding a tarpon in the water off of Key West.**





# Social Media Update:

## WTS LinkedIn Private Group

By Mara Antonoff, MD

One year ago, we introduced the LinkedIn private group exclusively for members of WTS. Many of you have taken advantage of this exciting way to stay connected with our fellow female colleagues in cardiothoracic surgery. For those of you that have yet to join, here's a reminder of the features of this great benefit to WTS membership.

WTS has set up a private LinkedIn group for Women

in Thoracic Surgery members as a wonderful opportunity to collaborate and communicate within our organization. This LinkedIn group is entirely private (i.e., outsiders cannot access your information without your explicit permission), and it is able to function as a database of our membership. By providing information about your skill sets and areas of expertise, you can easily be identified as an expert when other members are looking for paper

reviewers, moderators or speakers at national meetings, etc. We also hope that the online connectivity will foster collaboration for research 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 easily find a fellow member of WTS who meets those criteria. We are such a widely talented and

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experienced group of women, with a number of outstanding skills and achievements, and it is critical that we optimize our community efforts for professional support and advancement. This LinkedIn connection allows us to locate one another for clinical referrals and academic opportunities.

Rest assured, your privacy is ensured. 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.

If you already use LinkedIn, all you need to do is accept the previously issued invitation to join the group. (If you are unable to locate that invitation, just send an email

to [marantonoff@me.com](mailto:marantonoff@me.com) in order to have the invitation reissued.) Even if you already use LinkedIn, please read on for ways that you can optimize your profile in order to provide the most useful information for our WTS professional database of members. If you do not yet use LinkedIn, there's no time like the present to get your profile started, and we are here to help!

The screenshot shows the LinkedIn interface for the 'Women in Thoracic Surgery' group. At the top, there is a search bar and navigation links for Home, Profile, Connections, Jobs, and Interests. Below the navigation is a banner for a webinar: 'Webinar: Free CE Aug 19th - CRE & Friends: What's the Problem and How to Detect...'. The group name 'Women in Thoracic Surgery' is prominently displayed with a lock icon, and navigation tabs for Discussions, Promotions, Jobs, Members, Search, and Manage are visible. The main content area features a post by Megan Wright Drumm, Executive Director of the Southern Thoracic Surgical Association & Women in Thoracic Surgery at the Society of Thoracic Surgeons. The post is titled 'WTS Networking Reception at AATS, April 27, 7-8 pm' and includes a profile picture of Megan and a '+Follow Megan' button. The text of the post invites members to a networking reception on Sunday, April 27, from 7-8 p.m. at the Intercontinental Hotel in Toronto, ON. Below the post, there are interaction options: Unlike, Comment (2), Follow, Reply Privately, and 4 months ago. At the bottom, a 'Comments' section shows that the user, Virginia Litle, and 1 other person like this post, with 2 comments.

Whether you already have a profile, or if you are just starting, there are a number of important fields which we suggest you might utilize in order to best gain exposure for your many strengths:

- **Location:** City, State
- **Summary Statement:** This is yours to make unique in whatever way you'd like, to whatever extent you'd like. Just be sure to include any key words that others might find useful in a search, such as "heart failure," or "LVRS," or "Berlin heart." (You get the drift.)
- **Skills and expertise:** Lots of room for interpretation here. Due to the nature of the way that we practice, we suggest that you break this up into 2 groups, Skills, where you list specific procedures which you perform, and Expertise, where you list specific disease processes or patient populations for which you care. You may also want to list research interests under expertise, if you consider yourself an expert in the area.
- **Education:** Self-explanatory, but be sure to include all formal training and fellowships. Save certifications for below.
- **Employment:** Again, self-explanatory. Put your leadership roles within institutions, committees, etc, under organizations, if appropriate.
- **Interests:** This can be research, or areas of clinical interest. Whatever you like. Again, we recommend a bullet point or list format for these sections so that others in our group can quickly scan your profile to see if you "fit the bill."
- **Projects:** Optional
- **Publications:** Self-explanatory. May be all-inclusive or selected for your greatest interests. For a quick and easy way to get your pubmed publications onto LinkedIn, [click here](#)
- **Organizations:** Include names of organizations, years in which you've been a member, and any leadership roles. AATS, STS, WTS, ISMICS, local organizations, etc.
- **Certifications:** Even those in general surgery, industry-sponsored certifications (such as for robotics, etc).
- **Honors/Awards and Volunteering:** Of course, include these if you'd like, in order to share your accomplishments and help others get to know you. However, they are less critical for the search functions.
- **Mentees:** If you would like to list individuals you currently mentor, that would be helpful information for all and we can also see how we can build on this network

Please consider taking advantage of this outstanding benefit to WTS membership. For any questions or concerns, contact Mara Antonoff, WTS Social Media Director, at [marantonoff@me.com](mailto:marantonoff@me.com).

## Highlights from the WTS Networking Reception at the AATS Annual Meeting

The WTS was well represented at the AATS Annual Meeting in Toronto, ON, Canada in April 2014. We celebrated two new female AATS members and heard inspiring talks throughout the meeting.



Dr. Ebtihal Mersal addresses the WTS at the WTS Networking reception in Toronto, ON, Canada

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## WTS Networking Reception:

The reception was held Sunday, April 27 and was very well attended by both women and men! (Please encourage your male colleagues to attend our events and support the WTS). There was plenty of opportunity to mingle and network, but the highlight of the evening was Dr. Ebtihal Mersal. Dr. Mersal shared her story in a talk entitled

“Surgery from the Eyes of a Libyan Female Surgeon.” She provided insight into her home country of Libya and the ways in which medicine is learned and practiced there. Dr. Mersal shared her education and career path with our group and stressed the role of mentorship in her education, which is largely an apprenticeship model. She also discussed the

importance of camaraderie with her fellow female medical colleagues in Libya. Thank you, Dr. Mersal for sharing your experiences with 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







## Elizabeth's Editorial

# There IS Crying in Cardiothoracic Surgery!

By Elizabeth A. David, MD

In the 1992 film, *A League of Their Own* Tom Hanks berated one of his female baseball players for making the wrong throw on a crucial play with the phrase, "There's no crying in baseball!" This phrase has been frequently quoted during many surgical training programs and has added to the notion that surgeons are cold.

All of us will be in the unfortunate position of losing a patient during our careers and each of us will undoubtedly have our own response. I was in this situation recently and spent a long 12 hours in the ICU at my patient's bedside. As the hours were passing by, I knew in my head that the patient was slipping away and despite our team's best efforts his medical issues were more than we could support. As a surgeon, I felt like a complete failure. As a human, I was overwhelmed, exhausted, and traumatized by the loss of my patient's life. When I made the decision to talk with the family about withdrawing care, I sat down in his room and cried. After a few minutes, I pulled myself together and went to

talk with his daughter and son-in-law. They knew what was coming, but they listened. His daughter cried and I cried gently with her. Afterwards she asked if she could hug me. I was very grateful for that hug and she was very appreciative of all the care we had given her father.

After the patient expired, I was in his room with his nurse who told me that the nurses in the unit appreciated the care I provided and that I showed that I cared. She told me that she had never seen a doctor cry. I was a little concerned when I heard that none of the other surgeons had cried when they had lost a patient. I thought that perhaps I had let my guard down and that I should not have shown my emotions. I was worried that I'd be known as the female CT surgeon who cries; not exactly the reputation that I want for my daily interactions. In my heart, I knew that the best thing for me was to cry, because I thought it was important to be human and express my emotions. My head still wasn't sure it was the right decision.

So I did what all surgeons do and I looked up "physicians who cry" on Google and PubMed; both searches yielded results, but neither a consensus. There are many good arguments on both sides of the issue of crying in front of patients. Some suggest that showing too much emotion as a physician can actually be draining and a sign that we are too attached. Others think it helps the physician and the patient accept a difficult situation. Not completely satisfied with my searches, I decided to ask one of my male partners if he thought it was ok to cry with patients/families. He told me "they need to see we feel with them. I think it helps them -- and us. They have to know how much it hurts us when things don't go well. Then they really know we do everything we can." I agree with his thoughts completely. I hope not to be in this situation again for a long, long time. But when I am I will listen to my feelings and allow myself to show the emotions that feel right. So for me, there is crying in cardiothoracic surgery!

# WTS Institutional Members

WTS would like to thank the following Institutional Members for their support:

Boston Children's Hospital	University of Michigan Medical School
Brigham and Women's Hospital	University of Minnesota
Cleveland Clinic	University of Mississippi Medical Center
Duke University	University of North Carolina at Chapel Hill
Loma Linda University	University of Pittsburgh Medical Center
Massachusetts General Hospital	The Ohio State University
Mayo Clinic	University of Rochester
Medical University of South Carolina	University of Texas Health Science Center, San Antonio
New York University School of Medicine	University of Texas MD Anderson Cancer Center
Northwestern University	University of Texas Southwestern Medical Center
Southern Illinois University	University of Virginia
University of Cincinnati	University of Washington
University of Colorado	Vanderbilt University
University of Louisville	Washington University in St. Louis

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

**Join us in San Diego in January!**

**Please Save the Date!**

## 2015 WTS Annual Membership Meeting and Reception

In conjunction with the STS Annual Meeting

San Diego, CA

Monday, January 26, 2015

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)

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**Women In Thoracic Surgery  
ORACLE**



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## WTS Membership Application

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### ADDITIONAL INFORMATION FOR CANDIDATE MEMBERS

Status:  Medical Student  General Surgery Resident  CT Surgery Resident

Anticipated Graduation Date: \_\_\_\_\_

### PLEASE PROVIDE THE FOLLOWING INFORMATION

Type of practice:  Academic  Private Practice  Other

Area of practice (select all that apply):  Adult Cardiac  Pediatric Cardiac  Thoracic  Other

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

WTS Membership Outreach  WTS Education  WTS Scholarships  WTS Newsletter  WTS Mentoring

### DUES PAYMENT INFORMATION (select one)

U.S. Active - \$225  International Active - \$75  Associate - \$225  Institutional - \$750

Candidate - \$25

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

To pay by credit card visit [www.wtsnet.org/paydues](http://www.wtsnet.org/paydues) or complete the bottom portion of this form and return it to WTS via fax (773.289.0871) or e-mail ([wts@wtsnet.org](mailto:wts@wtsnet.org))

Card number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

Card billing address: \_\_\_\_\_

Card billing city, state, zip code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

If you have questions, contact WTS Headquarters at 312.202.5864 or [wts@wtsnet.org](mailto:wts@wtsnet.org).

Become a Member



Women in  
Thoracic  
Surgery



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**

633 North St. Clair Street, Floor 23

Chicago, IL 60611

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wts@wtsnet.org • www.wtsnet.org

[www.wtsnet.org](http://www.wtsnet.org)