



ORACLE

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

President's Corner



By: Jennifer S. Lawton, MD

In 2016, Women in Thoracic Surgery will celebrate its 30th Anniversary.

There are so many exciting things planned at both the STS and AATS meetings in 2016! At the 52nd Annual meeting of the STS in Phoenix, we are fortunate to have Dr. Nora Burgess as the invited speaker at the WTS Reception. She will discuss the history of the WTS. The WTS Early Riser Session planned by Dr. Valerie Williams will focus on Patient - Centered Care and Research and include topics of survivorship, surveillance, and research

and funding. The WTS has also planned a session during the STS entitled, "30th Year Commemoration of the WTS: Innovations and Contributions of WTS and STS Members" with topics including: Changes in the Demographics of the ABTS Diplomates Since 1961, The Untapped Potential of Women as Leaders, Pioneers and Significant Contributions in the Last 30 years in Congenital Surgery, Pioneers and Significant Contributions in the Last 30 years in Adult Cardiac Surgery, Pioneers and Significant Contributions in the Last 30 years in Thoracic Surgery, Mentoring Female Surgeons, and Diversity in Cardiothoracic Surgery and the Future - What Will our Specialty Look Like? At the 96th Annual meeting of the AATS in Baltimore, the WTS also has a special session planned - more on this to come!

Members should be sure to stop by the Scanlan booth at

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the STS meeting. The Scanlan family has generously supported the WTS 30th year anniversary lapel pin (figure) that will be available to all WTS members at the Scanlan booth.

Dr. Leah Backhus and undergraduate student Alexa Lowe have worked very hard to create a video of WTS members and their families that will be displayed at the WTS reception at the STS. The very entertaining video portrays the spontaneous



responses of friends and family members to various questions regarding women cardiothoracic surgeons.

We also look forward to mentoring WTS scholarship winners at the STS meeting. Scholarship chair Dr. Lauren Kane has been working on the selection process and we look forward to welcoming

these lucky women to our reception and to the meeting.

Mentoring is vital and important to the future of our specialty. By mentoring and sponsoring students and residents and colleagues, we not only foster many wonderful careers, but we also guarantee a bright future for our specialty and for the WTS for many years to come.

I hope you will all join us at the 30th anniversary celebration in January at the STS!

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Resident's Forum

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

Kumari Adams
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Karen Meekyong Kim

Svetlana Kotova
Kathryn O'Keefe
Subhadra Shashidharan
Jennifer Sullivan
Nicole Sydow
Alexandra Tuluca
Jennifer Worth

Great work, Ladies! We are so proud of you!

Congratulations to the newly elected female members of the AATS announced at the 2015 AATS Annual Meeting!

Shanda H. Blackmon
Joanna Chikwe
Jessica Donington



Congenital Heart Surgery, Ethics, and Life in Central America Scanlan/WTS Traveling Mentorship Award 2015

By Dr. Laura Seese

Dr. Seese is in her first year of the I-6 training program at University of Pittsburgh Medical Center.

At almost every residency interview day, there is at least one interviewer who will ask the applicant to describe her dream job or perhaps where she sees herself in ten years. My dream job is to work as a congenital heart surgeon at an academic institution in the United States where I will be able to independently partner with international



Laura at work

organizations to operate on children who need but lack access to heart surgery. The only issue with this lofty goal is that I had previously not actually seen international congenital heart surgery and thus had no evidence that the international aspect of my dream job was feasible. In March of 2015, as a recipient of the Scanlan/Women in Thoracic Surgery Traveling Mentorship Award and under the mentorship of Dr. Kathleen Fenton, I had the pleasure of traveling to Tegucigalpa, Honduras and Managua, Nicaragua where I discovered the inherent struggles of operating in a foreign environment, the unwavering commitment required to treat each patient, and the ultimately the rewarding nature of international congenital heart surgery. My two week trip was sectioned into separate phases the first in Tegucigalpa, Honduras where I was able to work as part of a medical

brigade and the second in Managua, Nicaragua where I was integrated into Dr. Fenton's life as a full-time international congenital heart surgeon.

The first portion of the trip was spent in Tegucigalpa, Honduras at an old sanatorium that has since been converted into Instituto Nacional Cardiopulmonar "El Torax," an active hospital for multiple disciplines including pediatric cardiac surgery. Since "El Torax" is missing several of the key members required for a successful pediatric cardiac surgery team, the hospital relies on medical brigades to volunteer their services to help the children in Honduras as well as to help train the local medical personnel to provide care for patients with congenital heart defects. The first day of this two-week long brigade is the pre-operative clinic day where the brigade's cardiologists, surgeons, and anesthesiologist see the

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hundreds of patients who line up outside the hospital hoping to be chosen for one of the forty operative spots. After the patients had been selected, I spent time learning about each aspect of international congenital heart surgery, from the preoperative assessment, to the operative procedures, to the anesthetic considerations and monitoring, to the intraoperative and post-operative ECHO reads, and finally the post-operative intensive care period. The entire course of a patient's care is much different on an international stage. In place of the seemingly endless resources we utilize in United States, brigade-based international surgery is isolated to a very narrow window for recovery time and operates with limited resources, which makes this surgery environment even higher stakes emphasizing the importance of patient selection, surgeon skill, and a

*Laura and Dr. Fenton*

top-notch critical care team.

The next portion of the trip was based in Managua, Nicaragua where I was able to stay with Dr. Fenton and be fully integrated into her life as an international congenital heart surgeon. During my time in Managua, I scrubbed on an atrioventricular canal repair and took night call with Dr. Hernandez, a pediatric intensivist, post-operatively to see the full spectrum of our patient's care at Salud Integral, a private hospital in Managua. I was also able to explore the differences in the types of health care delivery systems (i.e. private hospitals versus public hospital systems) by operating with Dr. Fenton's colleagues at a nearby public hospital in Leon, Nicaragua. A very striking reality for me was that there are clear disparities in levels of care patients receive at the private and public systems in Nicaragua. The private or fee for service system is almost identical to the health care received in the United States with individual rooms, technologically advanced operating rooms, electronic medical records, and one-to-one nursing care in the intensive care unit. The public system, on the other hand, has post-operative patients sharing beds with each other in roach infested wards, outdated operating rooms with

*Laura and Dr. Harder*

non-functional anesthesia machines, and a single nurse for multiple wards of post-operative patients. Over time, I found myself disheartened by the inequality in levels of care between the private and public system but fortunately there are physicians, like Dr. Fenton and her colleagues in Asociacion Programa Corazon Abierto, whose professional desire is to provide private level care for children with congenital heart defects who would otherwise not have a way to financially access to heart surgery. In a country with a challenging political climate, running a non-profit organization, like Asociacion Programa Corazon Abierto, that provides free heart surgery is not an easy task for any of the team members involved and clearly requires a sacrificial attitude and an unwavering commitment to the children of Nicaragua.

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In addition to her work as a surgeon, Dr. Fenton is also an ethicist. Many of our casual conversations outside the operating room focused on ethical dilemmas in congenital heart surgery and the world of medicine at large. We discussed how to appropriately merge ethical implications with the clinical indications for patient selection in brigade-based surgery. We also explored how surgeons handle the pressure of knowing that one technical mistake could cost a child's life as well as how to eventually feel absolved following a bad outcome when associated with surgeon error. Considering how affected I was by the disparity between the two

health systems in Nicaragua, we further explored the ethical implications for those who profit from the private healthcare system but choose not to invest in improving the public health sector. We also discussed the ethical and patient safety issues that arise from working in country with a challenging political atmosphere where occasionally surgeons may be hired based on their political affiliations instead of their qualifications.

Lastly, since the Scanlan/WTS Traveling mentorship scholarship is sponsored in part by the Women in Thoracic Surgery organization, I made it a point to observe the way patients, colleagues, and communities treated female surgeons. Interestingly,

I came to these Latin American countries with the impression that "machismo" ideals would infiltrate and dominate the workplace. I could not have been more wrong. With the feminization of many words in Spanish, the idea of a "doctora" or a female physician is deeply engrained in the culture and the vocabulary as a separate but equally valuable member of the medical team. The female physicians, surgeons, and resident trainees who I worked with were treated with the utmost respect and without confusion as to their role on the health care team.

Overall, I am abundantly grateful to Women in Thoracic Surgery, Scanlan International, and Dr. Kathleen Fenton for the opportunity to travel to Nicaragua and Honduras to explore the international aspect of my future career in congenital heart surgery that I am now even more invested in making a reality. When starting my residency in integrated cardiothoracic surgery this summer, I know I will carry the lessons learned from Dr. Fenton, her colleagues, Central America, and of course every patient. I am so thankful for this opportunity to have traveled to Central America to unearth discoveries about myself, my desired career, and the world of congenital heart surgery beyond the shores of the United States.

*Private Hospital**Public Hospital*

Resident's Feature

Having a baby as a Resident The Holy Grail (mother, wife, & surgeon): It *Is* Possible

By Amanda L Eilers, DO

Dr. Eilers is a PGY5 in the Integrated Cardiothoracic Surgery training program at University of Texas Health Science Center at San Antonio.

Holy Grail: Something that you want very much but that is very hard to get or achieve (Merriam Webster)

When I was approached to write about having a baby during my cardiothoracic surgery residency I had several reactions and emotions: pride, honor, accomplishment, frustration, and surprise. Here is why.

For a little background, I grew up in rural Wisconsin, was a 4H kid, tomboy, athlete, and wanted to be a heart surgeon since I can remember. Having a family really wasn't a priority to me at that time. I met my husband the summer before starting college at age 18, and he was well aware of my aspirations. And to be honest I didn't think it was possible to be a mother and a surgeon...maybe it was the perceived unwritten "rule" or frequent comments I received from people I

crossed along my journey who either hinted to or frankly said things like "that's not a career for a woman" or "you will never be able to have children or a family." I didn't respond to their comments, charged full steam ahead, and didn't look back.

Fast forward to my second year in my cardiothoracic surgery residency, on a pediatric surgery rotation. I thought I would hate it - I never baby-sat, in fact my first job was at a horse-training facility at the age of 14 shoveling horse manure. However, there I was in the NICU gazing at all the beautiful babies, fascinated, in love with all the little

miracles, and it hit me: I wanted to have a baby. My husband didn't believe me. He thought it was phase, and only agreed to pursue pregnancy if I said I wanted to have a baby for 30 days straight. Further, we knew it would be a challenge with my training/career, along with his job where he worked late and on weekends as well. We would need help. We approached our parents, and asked if they would commit to helping us, particularly our mothers. They both agreed with enthusiasm.

I attended the STS 50th

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Annual Meeting in Orlando, FL in 2014. It was a great meeting, but what really hit home was Dr. Douglas Wood's presidential address. He spent a significant amount of time addressing the lack of women in our specialty, the benefit of women in our field, and to that end charging our society to recruit and support women in our specialty.

Shortly after my return home from this meeting, my husband and I found out we were expecting. Excitement was mixed with sheer fear: was I really prepared and ready for this?

Challenge is no stranger to me, or any other surgery resident for that matter. However, I underestimated the degree of difficulty associated with having a baby and becoming a mother. Thankfully my pregnancy was "easy;" I wasn't plagued with morning sickness or any other significant health issue. It wasn't until the last 2 months or so that it became more physically demanding, especially with our rigorous call schedule. Approximately 30 minutes after I put in a chest tube for a pneumothorax on a post-operative patient my water broke. Over 15 hours later we welcomed our son, Liam, into our lives. It was the best day of our lives. Now the real challenges came. If anyone ever tells you maternity leave



is a vacation, they never had a baby or are out of touch with reality. It was the hardest thing I have ever done (it was more demanding than taking call every other day at busy University Hospital). Recuperating from childbirth, trying to find a "routine" with a newborn, and providing nourishment for our child were overwhelming. It seemed like I didn't sleep for weeks straight, and before I knew it, it was time to head back to work. The saving grace on that first day back to work was that I left our son with my mother.

While back at work I found immediate acceptance into the "sisterhood" of mothers, particularly working mothers. Many of the nurses I work with on a daily basis became my biggest support group, and provided much needed wisdom for a new mother. As like many first time mothers, I became obsessed with providing nourishment for our son. Pumping is a labor of love, especially when you are a working mother,

much less a cardiothoracic surgery resident. Some days it would be 18 hours between pumping; it was a daily challenge. I was proud of myself for providing for my son for 6 months, however, at that point I could no longer keep up and had to stop.

I heard of the term "mommy guilt" before having a baby, but didn't quite appreciate the meaning of it until after having Liam. With my busy schedule there would be days that passed by that I wouldn't see my son, except a kiss goodbye in the morning when he was sleeping, and then another when I got home long after he went to bed. It broke my heart. The term should really be "parent guilt" as new dads (or any dad) I know have the same feelings as a working parent. Thank goodness for technology though! Each day my mother or mother-in-law send pictures or videos of Liam, and after a long case I look forward to

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opening up those precious messages. The saying "quality over quantity" is what I try to live by, and the days I have off I put aside work until after he goes to bed for the night. I am hopeful, however, that someday my son will admire the commitment I have to my patients, and that I care for them as if they are my own family...even if it means I miss a family dinner, a sporting event he may have, or a birthday celebration.

I am forever grateful for the love and support I received and continue to receive from my second family at UTHSCSA, including my fellow residents, the nurse practitioners, nurses, and all of my staff. I am even more thankful for the countless women who came before me, being the brave women breaking down the barriers of what it means to be a surgeon. And for those women who have already found the holy grail as being a mother, wife, and surgeon; they remain some of my closest mentors and friends. The real hero, however, in my journey toward motherhood has been my husband. He has also challenged the definition of what it means to be a father and a husband. Whether it is packing me a lunch during a hectic morning to get me off to work on time, getting up in the middle of the night to feed or change our son, or keeping up on the overflowing

laundry, he has been the foundation of our family.

While we have come along way, there is still a long way to go. For example, I recently saw a consult in the ER (at 2:30am). I was flattered when the ER staff told me I was "too nice to be a cardiothoracic surgeon." I smiled, felt a little spunky (even at 2:30 in the morning) and said "well, times are changing...I even had a baby 9 months ago." What surprised me was his response: "They let you have a baby?" I'm sure my mouth dropped in complete shock, did that really come out of his mouth? I was frustrated and surprised. I started to think, have any of my male colleagues ever received this type of response when they shared the news of the birth of their child? This is what we need to change. There can still be an unsupportive atmosphere at times regarding if and when women physicians should have children.

With approximately fifty percent of medical school graduating classes comprised of women we need to set a different tone. If we want to encourage

women to enter surgical fields we also need to support a woman's desire and decision to have children. As Dr. Wood shared in his presidential address we, as women, have a great deal to offer as surgeons. Although it is a daily challenge to find balance in my life as a mother, wife, and surgeon I wouldn't trade this experience and opportunity for anything. My outlook on life is somehow richer now, and I cannot put this into words. I look at the ups and downs of life in a different light now, and believe this makes me a better mother, wife, and surgeon.



Surgical Citizenship

Attendance and Participation in a Surgical Meeting

By Drs Elizabeth A David
and Yolonda Colson

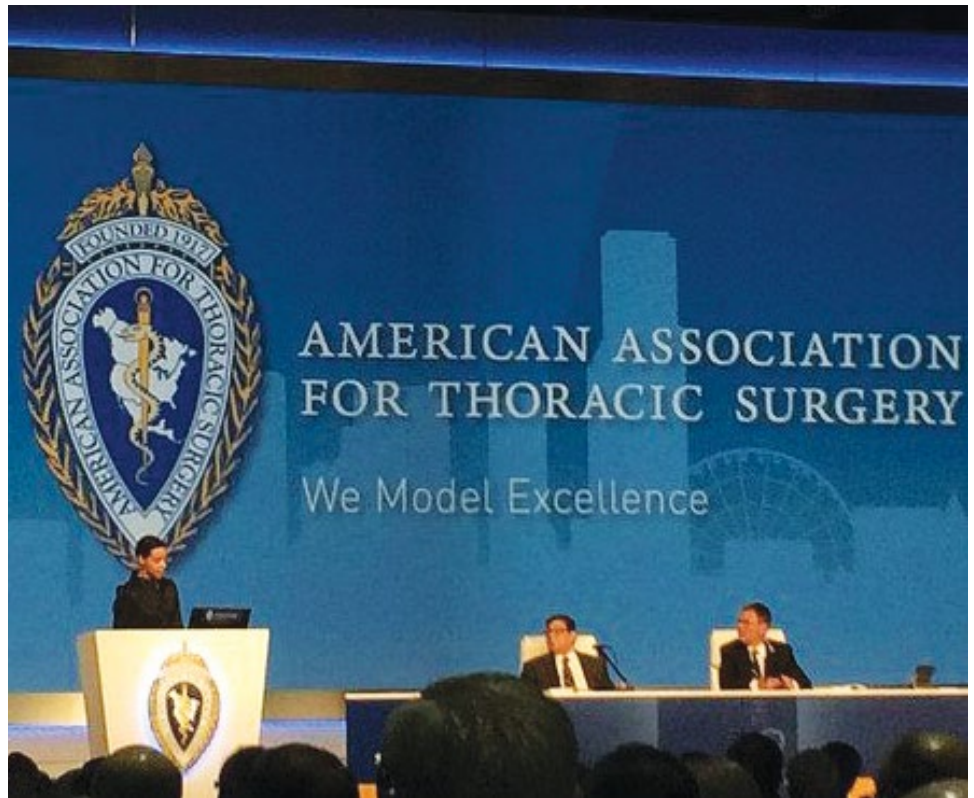
Many of us have attended national meetings before and many of us have felt intimidated at those meetings and wondered if it really mattered if we were there. The following are some questions that you may have asked yourself and some thoughts that you can consider the next time these questions pop into your head...

Why should I attend a meeting?

- Attending meetings is an excellent way to obtain CME credits and maintain your lifelong education.
- Meetings are opportunities to NETWORK with other surgeons.
- For those in small practices, they are a nice opportunity to REUNITE with old friends/peers and obtain comradery that you may not experience on a daily basis.

Why is asking a question in a session important?

- For many of us, going to the microphone to pose a question after a talk is very intimidating, but it is so important.
- Many journals now



include the discussions in publications and by asking questions we can increase our visibility and presence in our field.

- By getting up to the microphone, it shows people who you are! It shows people that **you** are the surgeon!

How can you prepare to ask questions?

- Read through the abstract book and prepare questions for sessions you know you will be attending.

- Prepare follow-up questions in case your original question is asked by someone else.
- Go the microphone quickly to avoid having your question scooped.

If I am in private practice, should I ask questions?

- YES!!!
- It is crucially important that non-academic perspectives are represented at national meetings.
- By asking questions,

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private practice physicians can help dispel the "ivory tower" and represent what happens in the "real world" between patients and surgeons.

If I am asked to discuss a paper or moderate a session, what should I do?

- Say yes! If you keep saying no, people will stop asking.
- If there is a legitimate reason that you cannot participate, suggest someone else (consider suggesting another woman).
- Don't say no because you have never done it

before or are intimidated, there are WTS members who are willing to help you prepare.

- Prepare 2-3 questions for each abstract in the session prior to the session, in case no one else has any questions.

If I am presenting in a session, what should I do?

- Arrive early at the session and stay for the entire session
- Introduce yourself to the moderators and other speakers, this is another opportunity to network
- If you have video in your talk, arrive early and make sure that it plays
- Be an active participant

in the entire session, by asking questions!

- If a manuscript is required finish it early and consider sending it to your moderators early to help generate discussion.

• Finally, have fun! Remember to smile, and look like you want to be there – you worked hard to get there!

The Oracle is starting a new recurring series which will focus on Surgical Citizenship with emphasis on how we can increase our contributions to our field. If you have ideas for topics or would like to contribute, please contact Dr. David (eadavid@ucdavis.edu).

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
200 First St SW
Rochester, MN 55905



Social Media Update: #ILookLikeASurgeon



By Mara B Antonoff, MD

For any of you who may have been on Facebook or Twitter in recent weeks, you might have noticed your friends, colleagues, and peers posting photographs of themselves, along with a tagline “#ILookLikeASurgeon.” What’s it all about, and how did it start?

Earlier this summer, a 22-year old female engineer named Isis Wenger appeared in an advertisement for her employer’s recruiting campaign, as the company was looking to recruit more engineers. The campaign came under much public

scrutiny, as critics suggested that the advertisements featuring Ms. Wenger were intended to appeal to male consumers, with a backlash of comments suggesting that “real” engineers don’t look like the woman in the billboard. Thus, to change the way that people think about engineers, Wenger created the hashtag

“#ILookLikeAnEngineer,” aiming to battle sexism in the world of technology. Her efforts were quickly supported by thousands of women who took to social media outlets, showing that they, too, look like engineers.

Heather Logghe, MD, a surgical research resident in

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Figure 1



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Chapel Hill, saw the trend, and she wondered if it may be time to show the surgical community (and the world at large) just how a surgeon might look (Figure 1). A new hashtag was born, and Dr. Logghe found immediate support for her claims that she Looks Like a Surgeon. #ILookLikeASurgeon has taken off, with more than 30,000 tweets in the month of August and over 100 million impressions, based on analytics from symplur.com (Figure 2). Twitter impressions are the number of accounts to which the message was delivered, essentially meaning that over 100 million Twitter users had the chance to see what a surgeon really might look like.

Logghe has gained massive exposure for starting this trend, and, in an interview with Today on August 12th, 2015, she explained, "It is hard to find role models that remind you of yourself as a woman in surgery. It's been so traditionally male and unfortunately so many of the female role models have had to conform to the male stereotypes to survive." Logghe has explained that her goal for the hashtag was to allow all types of surgeons to show the world how they look, incorporating diversity in terms of sex, race, age, and those with disabilities.

This phenomenal trend has been embraced by the Women in Thoracic Surgery,

with many of our members participating (Figure 3). For those of you who shared your photos with the world, we all owe thanks to you for representing our organization and our specialty so well. For those who haven't yet had the opportunity, it's not too late. Find your favorite snapshot—from

the OR, from your home life, from a national meeting, participating in your favorite hobby, or anything that characterizes you—and show the world how well you represent surgeons. Post your photo on Facebook or Twitter with the tag #ILookLikeASurgeon. Let's show the world who we are!

Figure 2

The Numbers

101,609,080 Impressions

31,959 Tweets

6,538 Participants

42 Avg Tweets/Hour

5 Avg Tweets/Participant

Figure 3



Getting to Know You

– Dr. Leslie Kohman

By: Melanie Edwards, MD

This is a profile of Dr. Leslie Kohman: Founder of the Women in Thoracic Surgery (WTS) and a leader in thoracic oncology.

The path to surgery

In 1985, Leslie Kohman's breakfast and lunch invitations to female surgeons she encountered at meetings coalesced into what is now Women in Thoracic Surgery. Her path to this pivotal role in our history began at the age of six with dreams of becoming a physician. In spite of this early interest in medicine, she entered the liberal arts program at Oberlin College focused on poetry until persuaded to take a science class during her sophomore year. This was an eye-opening study of evolution and from then on, Leslie was hooked, transferring to Boston College to pursue a more science-based curriculum. She initially planned to attend graduate school to study paleontology and the evolution of mammals, but in the process of deciding her life's path, her early interest in becoming a physician resurfaced and solidified into a clear goal. After working for a year in a lab at Tuff's

University, she was accepted into the 6th graduating class in the school of medicine at Pennsylvania State University in Hershey. At that time, the charter of the medical school was to train primary care practitioners who would serve the population in Pennsylvania. With her outgoing personality and knowing that she would "never be bored," primary care appeared to be the perfect fit until she met Dr. Jane Petrow, the chief resident during her surgery rotation. Jane clearly saw the potential surgeon and convinced her to pursue a career in surgery.

Early surgical career

Dr. Kohman never looked back, excelling in the general surgery program at the Guthrie Clinic where smaller residency classes allowed for individualized attention from the faculty. Intending to practice general surgery, she worked on lining up a job in rural Pennsylvania. Things seemed to be going well in the interview process, however after the second visit she was inexplicably not offered the job. The employer cited an economic downturn as the reason that he had



changed his mind and opted not to take on a new partner at that time. Later she would discover that a male surgeon had been hired instead. Undeterred, Dr. Kohman settled in Norwich, New York, took out a small business loan and started a solo practice. There, she was one of two surgeons in a small town where the general surgeons also did obstetrics, orthopedics, maxillofacial surgery, vascular and thoracic surgery and even primary care. Dr. Kohman enjoyed this variety, but drew the line at primary care.

The two years spent in Norwich proved to be quite the learning experience. There were the clinical challenges posed by working with a part-time anesthesiologist who was also the town's family doctor and so would leave the operating room in the middle of a case to deliver a baby. On the business side, an employee of hers

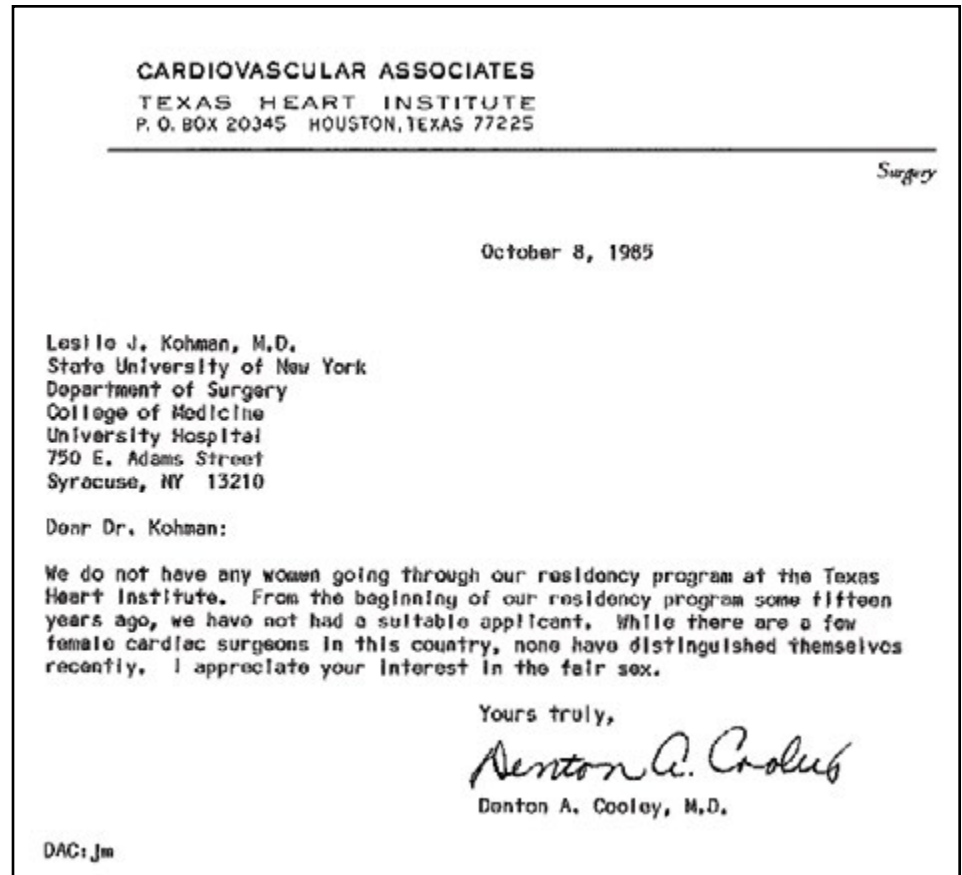
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was discovered embezzling funds and after two years, Dr. Kohman was ready for a more stable surgical practice. She had always enjoyed thoracic surgery, so when a PGY-6 opening occurred in the residency program at State University of New York (SUNY) in Syracuse, New York, she took the opportunity without hesitation.

Becoming a General Thoracic Surgeon

The initial training position offered Dr. Kohman no guarantees for the future, but she was able to secure a second year and, importantly, board eligibility, allowing her to become the 37th woman certified by the American Board of Thoracic Surgery. Dr. Kohman stayed on as cardiac surgery faculty in Syracuse and also engaged in basic science research, working with Dr. Ed Bove on the physiologic aspects of the Norwood



operation, in its infancy at the time. After seven years studying neonatal perfusion using rabbits, Dr. Kohman was asked to assume the clinical responsibilities of a general thoracic surgeon who was on sabbatical, and as a result, had less time for her laboratory commitments. She gradually took on more general thoracic cases until it comprised the majority of her practice, and cites two of her happiest days as when she stopped doing cardiac surgery and when she closed the rabbit lab.

Dr. Kohman went on to become a leader in lung cancer research and remains an active member of the Alliance for Clinical Trials in Oncology. Through her passionate work in

thoracic oncology she rose to become head of both the Thoracic Surgery and the Surgery sections of the CALGB. In Syracuse, she built a General Thoracic Surgery service and became the director of the thoracic surgery residency program, one of several leadership positions held. Currently, Dr. Kohman is the Medical Director of the Upstate Cancer Center where she recently spearheaded the building of a \$74 million state of the art facility that opened in 2014.

WTS - Inception and early years

It was in the early 1980s that Dr. Kohman was asked how many women there

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were in thoracic surgery at the time. She had no idea but embarked on a mission not only to find out the number, but also to bring these women together. Inspired by the work Dr. Patricia Nunann had done in founding the AWS, Dr. Kohman invited women she encountered at meetings to breakfast or lunch. She wrote letters to

program directors inquiring if they had women in their training programs. Dr. Cooley in responding indicated, "we have not had a suitable applicant." Notwithstanding, the quest to bring women together continued and through collaborations with other women, namely Margaret D. Allen, a heart transplant surgeon, the efforts bore fruit. Soon her persistence was rewarded as other female thoracic

surgeons joined the effort to organize. By sheer force of will these early pioneers who included Dr. Valerie Rusch, Dr. Jemi Olak and the late Dr. Carolyn Reed, were able to reach a critical mass and create the structure of what is known today as the WTS. These days the organization is large enough that Dr. Kohman finds it difficult to know everyone's name and she considers this a good problem.

WTS Scholarship Program

By Dr. Lauren Kane

The WTS Scholarship Program is embarking on its 12th year and we are looking forward to meeting the next group of accomplished young women who are medical students or surgical trainees interested in cardiothoracic surgery. The scholarship includes the Society of Thoracic Surgeons (STS) meeting registration fees, hotel accommodations, \$500 in travel expenses and probably most importantly, provides the recipients with a dedicated mentor to help them navigate and network at the STS 52nd Annual Meeting in Phoenix, Arizona January 23-27, 2016.

Applicants will write an essay discussing the following topic:

As health care costs are driven by more complex and expensive procedures and pharmacotherapy, how does society decide who gets them?

Essays are limited to 100 words. We will begin accepting applications in late September 2015. The deadline will be in early November. Winners will be highlighted on the WTS website as well as in the Oracle.

- Eligibility: Women medical students and resident physicians training in an accredited thoracic or general surgery program are eligible to apply. Please note that previous recipients of a WTS Scholarship or an

STS Looking to the Future Scholarship are ineligible, though previous applicants are encouraged to apply.

- Application

Requirements: Eligible applicants will be required to submit an online application, including a brief topical essay question.

Applications will also open soon for the WTS/Scanlan Traveling Fellowships – Stay Tuned to www.wtsnet.org/scholarship

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

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

AATS Networking reception 2015

Women in Thoracic Surgery Networking Reception

Featuring guest speaker,
Linda Martin, MD

Sunday, April 26, 2015
7:00pm - 8:00pm
Washington State Convention Center
Room 304



AATS Networking reception 2015



Elizabeth's Editorial

Why Should We Celebrate Anniversaries?

By: Elizabeth A David, MD

Anniversaries are synonymous with weddings, celebrations, and parties, but there is more to them than that. Why do we celebrate them and why should we celebrate them? For married couples the answers are obvious, not celebrating anniversaries is clearly linked to divorce rates. This is not to indicate that having a party is likely to keep you married. Anniversaries offer the opportunity to revisit happy memories from the past, to evaluate how you have grown and changed over the last year, and to think about what the future will hold for you as a couple. It is easy to see that these same principles are true for organizations who celebrate anniversaries like the Women in Thoracic Surgery.

In January, we will be celebrating the 30th Anniversary of the WTS. We will be honoring some pioneering women who broke through major barriers in our career field but also had the foresight to realize that we needed to come together as a group. As we celebrate this anniversary

together, it is important for all of us to understand our history as an organization. If you have not done so, it is important to read the Women in Thoracic Surgery: A Brief History by Nora Burgess, MD. In this issue of The Oracle, we have begun to highlight some of the events that will be taking place to celebrate our anniversary as well as profiling one of our founding members, Dr. Leslie Kohman. In addition to the events that will take place at the STS Annual Meeting in Phoenix in January, there will be a publication in the Annals of Thoracic Surgery highlighting our anniversary by celebrating our history as an organization.

As a busy cardiothoracic surgeon it is easy to lose sight of our organizational history, but personally as I have learned about our organization I have found it reassuring, enlightening and inspiring. It's amazing to realize that it took nearly 25 years for the first 200 women to achieve ABTS certification, but in the next 5 years, almost 100 more have been certified. How



long will it take us to reach 1000 women with ABTS certification? It is interesting to think that the original small breakfast and lunch gatherings have swelled to our WTS networking events at national meetings, which are frequently crowded and boisterous gatherings. These networking events allow for the development and expansion of the mentoring relationships that are common in the WTS. Additionally, our scholarship programs have been growing each year, giving young trainees an individual mentorship experience. The members of the WTS are dedicated to seeing

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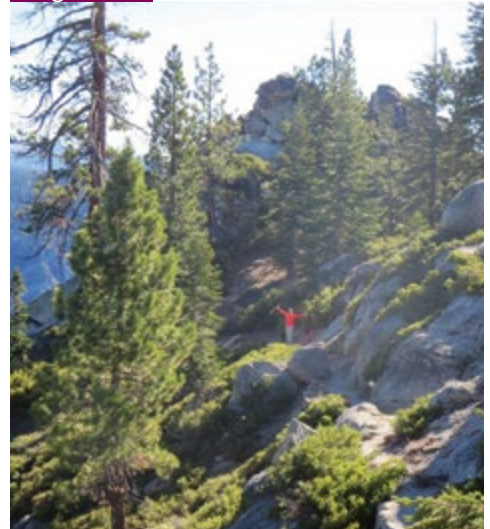
younger members succeed whether it is through formal mentorship relationships or an informal friendship and these relationships continue to grow which allows the WTS to continue to blossom.

I encourage each of you to take a little bit of time to reflect on the 30th anniversary of the WTS, what it means for the organization and what it means to you as a cardiothoracic surgeon. Where do you think we will be 30 years from now and how

are we going to get there? The WTS 30th anniversary is a great opportunity to remind each of us about the women who have blazed the trail for those of us currently on it and it's exciting to think about where that trail will take us! (figure 2)

Happy 30th Anniversary WTS!

Figure 2



WTS Member, Dr. Jenifer Marks blazes a trail in Yosemite National Park

Please join us for the
**WTS Networking Reception and
 30th Anniversary Celebration
 Arizona, January 25, 2016
 7:00-8:00pm**

in conjunction with the
 STS Annual Meeting in Phoenix, AZ

We hope to see you there!



Additional information will be posted about the event as soon as it's available at www.wtsnet.org/meetings

**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 or complete the bottom portion of this form and return it to WTS via fax (773.289.0871) or e-mail (wts@wtsnet.org)

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If you have questions, contact WTS Headquarters at 312.202.5864 or 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.

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

Phone: 312-202-5864 • Fax: 773-289-0871

wts@wtsnet.org • www.wtsnet.org

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