Women In Thoracic Surgery

ORACLE

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

Winter 2017 Issue

WTS ORACLE

Designed and Published by Scanlan International

SCANLAN

Letter from the President

By: Jessica Donington

I was recently asked to write an editorial on work from Baptiste et al. (J Surg Res. 2017 Oct; 218:99-107) that took a practical look at job satisfaction amongst male and female surgeons by examining their lives outside of work, and noted essential differences in household situations by gender. In a survey of faculty and residents from the Department of Surgery at Indiana University, 90% of females were married to professionals, more than twice that of males, and greater than 40% males had a stay-at-home spouse. This dramatic variance in spousal occupation was accompanied by a disproportion in domestic responsibilities, including child care, cooking, and shopping for female surgeons. Adding to the disparity in household circumstance is the fact that females more commonly delay child bearing, resulting in younger children at home as faculty. The authors concluded that perceptions of work-life balance are impacted by nature and magnitude of home and work responsibilities, and balancing a two-career household with young children contributes to dissatisfaction with work-life balance and a lag promotion for female surgeons. This manuscript caused me to ponder the significance of the "leaky pipeline" as a key factor in the underrepresentation of women in academic surgical leadership.

A 2016 analysis of data from the AAMC, Abelson et al. (Am J Surg. 2016 Oct;212(4):566-

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572) noted nearly half of graduating medical students and 38% of surgical residents are women, but less than 10% of full professors are women. They estimated that within the next ten years 50% of surgical trainees will be female, but at the current pace it will take 80-120 years for equal representation of women as full professors in surgery. Unfortunately, rates of female integration are even slower in thoracic surgery as a subspecialty.

The three main reasons cited for the paucity of women in surgical leadership include gender discrimination (the glass ceiling), lack of role models and mentors, and lifestyle concerns. The "leaky pipeline" refers to the loss of women faculty along the path or pipeline to advancement. Scarcity of mentors and role models contribute to the leak because no one wants to be the first, but the household differences outlined by Baptiste et al. are significant reason for slower and fewer promotions. While female surgeons view themselves as masters of multitasking, years of juggling divergent and often opposing responsibilities takes a toll. We need to acknowledge that it is easier to aggressively "lean in" professionally if a spouse is at home anchoring and maintaining your personal life. No nanny or housekeeper covers all the daily tasks of a stay-at home spouse. Recognition of this issue is a crucial step to better addressing job satisfaction and career advancement for females in surgery.

The WTS has partnered with the AATS to co-sponsor this year's AATS Leadership Academy, which is explicitly for women. The program covers general leadership topics along with some topics that are specific to women. Both sponsoring organizations recognize the importance of leadership development in helping to slow the leak of female talent in academic surgery.

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

Virginia R. Litle, MD
Chair Carolyn E Reed
Travelling Award Committee

In 2013, to honor the memory of Dr. Reed, and to continue her commitment to the education of innovative thoracic surgeons, The Thoracic Surgery Foundation (TSF), in conjunction with Women in Thoracic Surgery (WTS), established the Carolyn E. Reed Traveling Fellowship. The purpose of this fellowship is to allow a woman thoracic or cardiac surgeon to travel to another institution for the purpose of learning a new technology, fostering collaboration between surgical investigators and providing a new innovation to her home institution.

TSF and WTS are pleased to report that since 2013, seven Carolyn E. Traveling Fellowships have been awarded. I invited two early recipients to answer some questions and share with us how the Award impacted their practice. Drs. Jessica Donington's and Melanie Edwards's experiences are summarized below.

We believe Dr. Reed would be pleased with their accomplishments, their newly developed skills, and this unique fellowship opportunity available for women cardiothoracic surgeons.

Melanie A. Edwards, MD
at St Louis University

I was awarded the WTS/TSF Carolyn Reed Traveling Fellowship in 2015, which I used to learn robotic surgery. I spent three weeks with Robert Cerfolio, then at the University of Alabama Birmingham (UAB), who I selected because of the high volume of robotic cases and structured approach to robotic lobectomy. At the advice of the previous Reed Fellowship recipient, Dr. Linda Martin, I obtained an Alabama license and hospital credentials so that I could directly participate in the cases. This proved invaluable, as I was able to get hands-on experience in every aspect of robotic lobectomy procedures.

The Reed Traveling Fellowship had a tremendous effect on my practice as I was able to accelerate much farther along the robotic surgery learning curve than if I did not gain that experience. I was able to approach cases with more confidence but still a good amount of trepidation, having seen many of the intraoperative variances.

I encourage anyone seeking to expand their practice to apply for the Reed Traveling Fellowship and spend as much time as possible, at least 2, but preferably 3-4 weeks with the mentor. Having a well-defined practice area and identifying a mentor who performs a large volume of cases and who has teaching experience will be useful. If this is a procedure that you feel comfortable starting before the fellowship, having some cases done beforehand can help identify specific areas of potential improvement. This has been a great experience for me and I am grateful to Women in Thoracic Surgery and the Thoracic Surgery Foundation for the opportunity.

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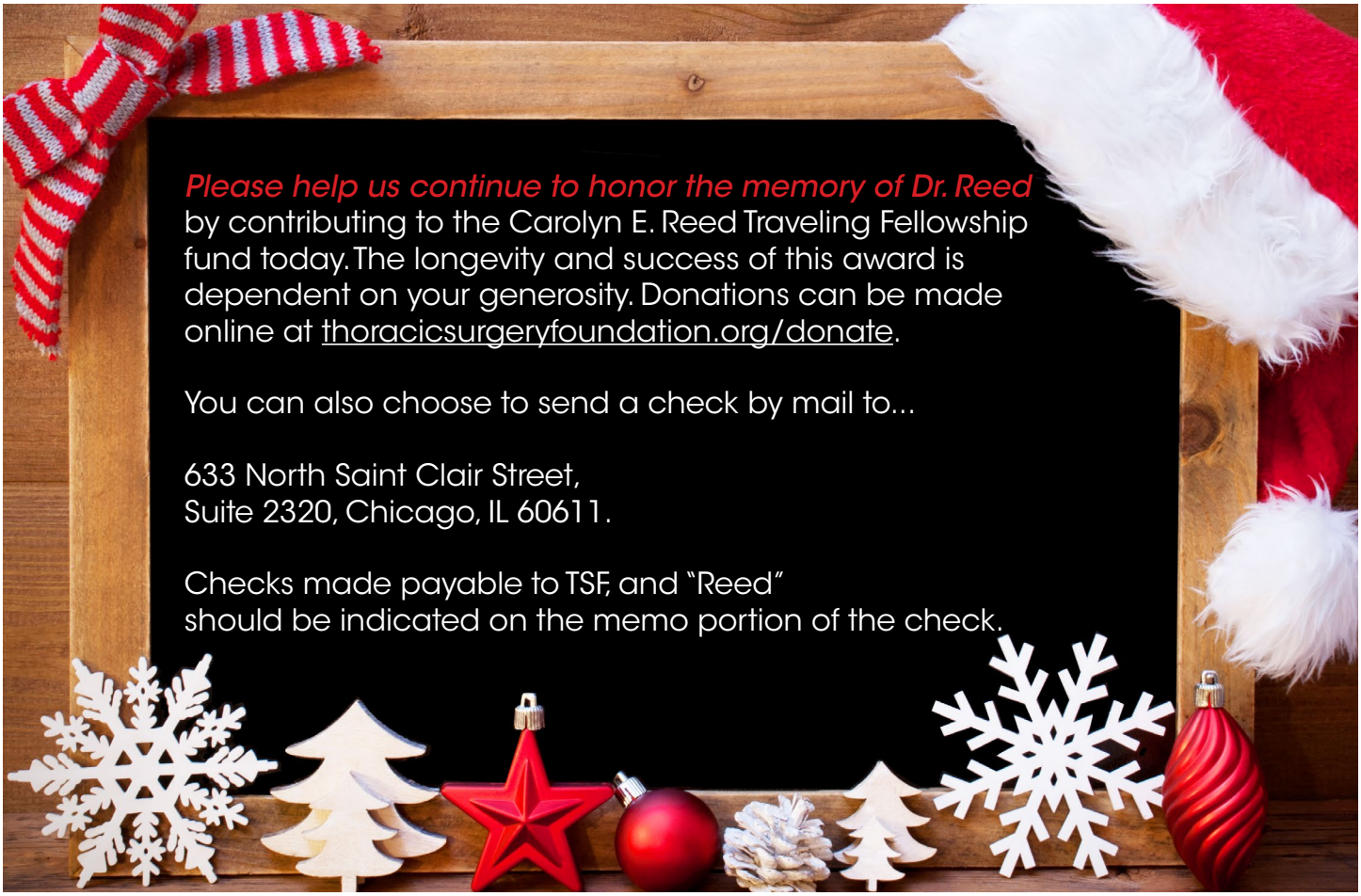
Jessica Donington, MD at New York University

I used the funds from the Carolyn E. Reed Award to spend two weeks at UAB with Robert Cerfolio learning robotic thoracic surgery. The knowledge gained on that visit helped me to establish a robotic thoracic surgery program at Bellevue Hospital in NYC. The extended time at UAB allowed me to study the technical aspects of robotic surgery from a master and more importantly permitted me the opportunity to learn from each member of the robotic team about their role and responsibilities. I came back confident that I had gained the skills and understood the resources and infrastructure required to establish a program in NY.

I think one of the best and most unique aspects of the Reed Award is that it allows for an extended and protected time period to focus on a new skill. This type of dedicated time is unusual once a surgeon is has busy practice, but invaluable when learning a novel skill set. Spending two weeks in Alabama allowed me to commit myself without interruption to learning all aspects of robotic surgery in a way that would not have been possible in a one or two day visit.

I am exceedingly grateful for the experience I gained through the Reed Award and would encourage others to make a similar time commitment to enrich their career. It is a sacrifice, but it was worth it. Cardiothoracic surgery is continuously evolving, with new tools, technologies, and products introduced regularly, and embracing these innovations is essential for us to both keep pace and move the field forward.



The Queen of Lung Cancer Surgery: Carolyn E Reed

By: Erin Gillaspie and Melanie Edwards

For those who were not fortunate enough to know Dr. Reed, we are delighted to once again share her story. For those of you who are, an opportunity to reminisce.

"My patients are my inspiration. You can fail at winning the battle and still be a healer."[1]

In her 2007 presidential address at the fifty fourth annual meeting of the Southern Thoracic Surgical Association (STSA) titled "Patient Versus Customer, Technology Versus Touch: Where has Humanism Gone?," Dr. Carolyn E. Reed fittingly challenged the audience to hold fast the humanism in surgery, and find ways to circumvent technological forces that would weaken the connection between surgeon and patient. Fittingly, because Dr. Reed's humanism was at the core of who she was and manifested through her genuine concern and ability to connect with individuals, endearing her as a compassionate healer, gentle teacher, respected leader and treasured friend. As the first woman president of the STSA, Dr. Reed maintained the courage of her convictions and freely acknowledged her emotions without regard to any perceived stereotypes held about women stating: "I believe too often we hide our emotion. I have promised myself that the day I no longer walk out of the hospital with tears in my eyes after the loss of a patient will be the day I quit medicine." [1]

Dr. Reed's rise to becoming one of the pre-eminent thoracic surgeons in the United States began on March 4, 1950 when she was born in Farmington, Maine as one of two twin girls. She excelled academically, completing undergraduate studies at the University of Maine in 1972 with Honors and was elected to the Phi Beta Kappa Honor Society. Her matriculation at the University of Rochester School of Medicine was similarly noteworthy and she was admitted to the Alpha Omega Alpha Honor Medical Society. Surgical training followed, with general surgery and subsequent cardiothoracic surgery residencies at Cornell University in New York with an intervening fellowship in surgical oncology at Memorial Sloan Kettering. Dr. Fred Crawford then recruited Dr. Reed to the Medical University of South Carolina where she would spend the rest of her career. He recalled the initial meeting at her visit to interview for the position when he had invited her to dinner at his house. Upon returning to the living room with a glass of wine for Dr. Reed, he found her sound asleep on the sofa, likely a result of the pre-80 hour workweek surgical schedule. Nonetheless, he was won over and hired her, beginning a close professional and personal relationship that ended entirely too soon.[2]

By means of her clinical excellence and unique personal touch, Dr. Reed became the surgeon to see for thoracic diseases in the state of South Carolina. Her colleagues describe the fierce loyalty held by her patients, demonstrated by an office consistently endowed with patient gifts of appreciation. She applied her passion and drive to several prominent national organizations where she was frequently the first woman to either serve or lead. Notably, she was the first woman elected to the American Board of Thoracic Surgery and served as chair in 2005. Within the Society of Thoracic Surgeons she held several leadership roles, culminating in her nomination to second vice president followed by posthumous election to president in 2013. Despite her prestige and accomplishments in clinical work, research and leadership, Dr. Reed remained an accessible and genuinely concerned mentor to her residents and other women in surgery.[2,3]

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Photo credit:
Brennan Wesley, MUSC Health

"Carolyn Reed was known in the cancer center, in South Carolina, and around the country as the 'queen of lung cancer surgery.' There was not a patient she cared for, a referring physician, or a colleague in academics who would argue with that lofty title. New patients from rural communities would invariably bring news from their small towns of others she had saved, had laughed with, and those she had grieved for.
To watch her work her magic and see how patients put their immediate trust in her was something to marvel at. They knew they were in skilled hands and had someone to fight the good fight with them. Long live the memory of our queen."
- Gerard Silvestri, colleague and friend[4]

Photo credit:
Brennan Wesley, MUSC Health

"Carolyn was a no-nonsense straight-talking very energetic with a slight pressure-of-speech kind of person who did not suffer fools lightly. She had a quick wit, and was direct and pointed when needed, yet engaged and thoughtful with complicated issues. She had a great and boisterous sense of humor (but probably not as great and boisterous as Keith Naunheim – who was also one to enjoy her company!). She was focused on her patients, and on her students and residents. Hypervigilant yes, and attentive to detail. She was glad to see others succeed. After I arrived at Vanderbilt, she was my first invited speaker at our Rollin Daniel Jr. Lecturer – our annual lecture and visiting professorship in cardiothoracic surgery. I do remember that she presented a great lecture on the multidisciplinary management of esophageal cancer and received a very nice acoustic guitar among other things as a remembrance of her trip!"
- Bill Putnam, colleague and friend[8]

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"While Carolyn is rightly recognized for her intellect, tenacity and clinical acumen, her most endearing quality was an impish and sometimes bawdy sense of humor. While she got the better of me on several occasions, the most memorable was the STSA President's Reception the year that an "informal and no neckties" decree was issued. As per habit I showed up with a necktie and Carolyn, in a very public display of bureaucratic enforcement, cut it clean in half with a large pair of shears and stuffed the remnant in my breast pocket in lieu of a handkerchief. It was a grandiose gesture undertaken with a mischievous grin and I like to remember Carolyn in just that way."
- Keith Naunheim, colleague and friend[7]

Photo credit:
WTS Photo Archive

Photo credit:
Brennan Wesley, MUSC Health

"First time I met Carolyn Reed she was laughing and joking with a colleague outside of a stuffy, boring meeting. 10 minutes later she was inside the meeting teaching all of us how to take better care of our patients. She had a unique blend that made life fun yet she was a world expert at communicating and improving the education of all of us. We will never have anybody quite like her again. Honestly, I miss her so frequently. But her legacy lives on in all of her students and in of all of her teachings."
- Robert Cerfolio, colleague and friend[6]

"What I admired most about her was her ability to persuade everyone to perform at the top of their game. She just made you feel good about yourself, your abilities and your potential. She walked that fine line between boss and friend gracefully."
- Meghana Helder, mentee[5]

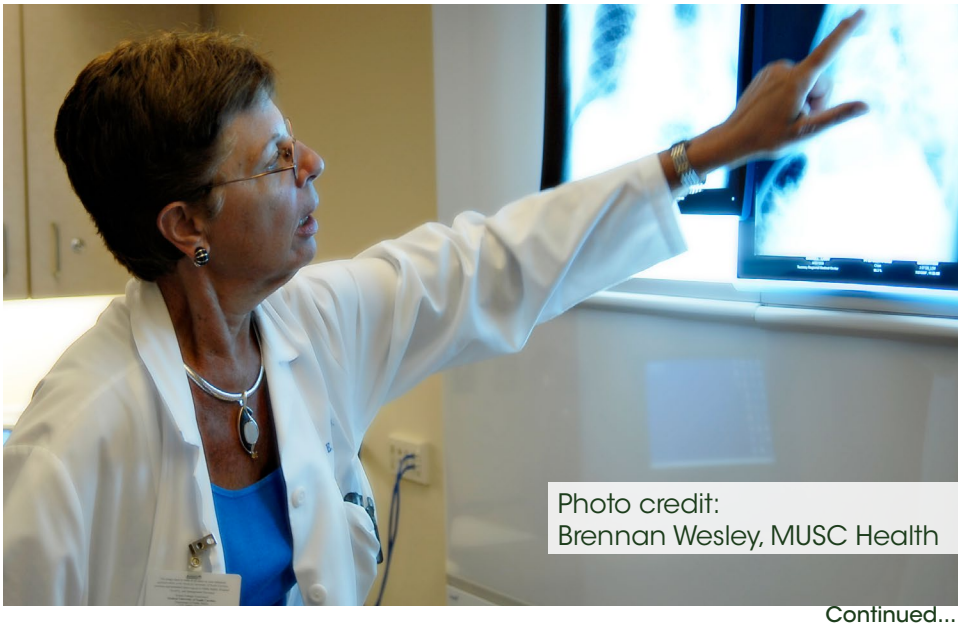

Photo credit:
Brennan Wesley, MUSC Health

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Photo credit: Medical University of South Carolina

"Carolyn's middle initial was E. Every Tuesday as I entered clinic in the cancer center I would make up a new word for the E. Like Carolyn E for Excellence Reed or Carolyn E. for effervescence, E for ethereal or when she was in a mood I might go with E for Egregious or E for Entitled. We would laugh and carry on. Now Carolyn was a formidable woman and not many folks (man or woman) could talk to her that way but she treated me like a kid brother. I used to tell her she was like the older sister I never wanted and then smile. I shared a few of those stories at her funeral and we all laughed and cried. I ended with this Carolyn E. Reed and the E now stands for Eternal."
- Gerard Silvestri (colleague)

Photo credit: WTS Photo Archive

In closing we would like to share a few life rules by Dr. Reed:[9]

1. *Never let the little things get you down; anger is a self-defeating emotion.*
2. *Humor is an important part of residency and life in general.*
3. *Humility is always around the corner to prevent arrogance.*
4. *Be willing to constantly grow and realize change is essential to self-renewal.*
5. *Always remember that you can learn from anyone.*

Photo credit: WTS Photo Archive

Photo credit: WTS Photo Archive
Drs. Reed and Olak

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Photo credit: WTS Photo Archive
Drs. Patricia McCormack, Carolyn Reed, Carolyn Dresler, Leslie Kohman and Jemi Olak

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WTS Photo Archive

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WTS Photo Archive

Photo credit: WTS Photo Archive
Dr. Carolyn Reed building the new MUSC cancer center 2006

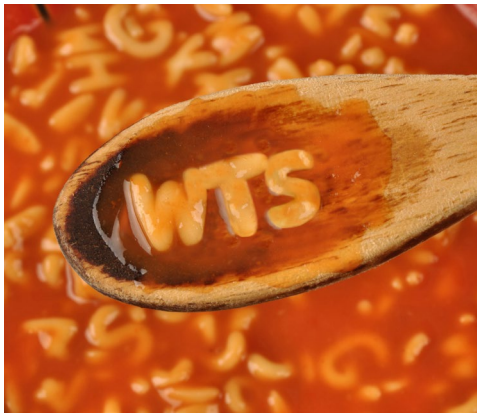
References:

1. Reed, Carolyn E. Patient Versus Customer, Technology Versus Touch: Where Has Humanism Gone? The Annals of Thoracic Surgery, 2008;85:1511-1514.
2. Personal communication, Dr. Fred Crawford.
3. Personal communication, Dr. John Ikonomidis.
4. Personal communication, Dr. Gerard Silvestri
5. Personal communication, Dr. Meghana Helder
6. Personal communication, Dr. Robert Cerfolio
7. Personal communication, Dr. Keith Naunheim
8. Personal communication, Dr. Bill Putnam
9. WTS Oracle Summer 2013

A special thank you to all who shared their wonderful memories and to the Medical University of South Carolina and Hollings Cancer Center for sharing their photos.

ASK WTS - The Alphabet Soup:

What do the WTS Women Think about Their Additional Degrees?



Perspective from an MSCR: Jessica Donington

MSCR is a Masters in Clinical Research. I obtained my Master's degree in a two program specifically for faculty which was sponsored by my institution's Clinical and Translational Science Institute. It provided formal training in statistics, epidemiology, trial design, ethics, and grant writing, but more importantly, afforded me the opportunity to meet and interact with influential researchers throughout the institution. The program gave essential structure to my early research years and introduced me to my institution's research community. My department funded my tuition, which was important on two fronts; 1) it demonstrated their commitment to my research career and 2) made it essential for me to carve out the necessary time from clinical work to complete the course work and thesis. *I would recommend a similar program to any surgeon with clinical research interests.*

Perspective from an MPH: Leak Backhus

The last thing I had in mind when I began my first job out of training was the pursuit of more training! I had just finished 7 years of general surgery and 2 years of traditional cardiothoracic surgery residency and wanted nothing more to do with training. Yet having landed my dream job as a newly minted assistant professor at a very academically oriented university program, research is a must to meet the expectations of promotion; and if I had learned nothing during my 2 years of expertly killing mice during my research years in general surgery, it was that basic science was not for me. What I hadn't yet realized was that I was woefully underprepared for immersing myself in the world of clinical research, specifically health services. Running gels and maintaining cell cultures were no longer of any use; but my own stubbornness was my worst enemy. It was two years of frustration before I realized the limits of my skillset and the necessity of additional education. So, 2 years into my new job, I was accepted into the Masters of Public Health Program (MPH) for Health Services and was awarded a KL2 grant through the Clinical and Translational Science Awards Program (CTSA) from my university. The opportunities were synergistic and pivotal to my success as a junior faculty by allowing me to gain the skills necessary to forge ahead in my new research path and laid the groundwork for a successful promotion.

The K award protected time and provided resources while the MPH's structured learning environment provided the tools to conduct research. Even now, the experiences continues to serve as the foundation upon which my research career evolves.

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My extra research initials to my surgical board certification – I have the requisite skills to do the work and the degree lends legitimacy to professional interactions, grant applications much in the same way my boards did when applying for clinical privileges.

The key is to make sure the letters truly align with what you want to do. Residents are uniquely able to pursue additional degrees often in the context of their core residency training and residents should be encouraged to take the time to explore their interests as early as possible. Certainly, if one has no desire to do research of any kind, it doesn't make sense to pursue advanced degrees in research methods, but there are plenty other options including education, engineering, health policy, health administration, or business. ***There truly is something out there for everyone.***

Perspective from a PhD, MBOE, MBA: Susan Moffatt-Bruce

I think it gets tricky when the number of letters that follow your name is greater than those in your name. One can lose sense of who you really are or what you stand for when your professional identify may be uncertain. For me, I made a very deliberate choice to pursue additional degrees at very specific points in my life. My PhD was an opportunity to study with the forefather of Transplantation, Sir Roy Calne, at the University of Cambridge in England. This I did whilst in the midst of my General Surgery residency so the timing was perfect and the opportunity was unparalleled. What was tricky was that I also got married during my PhD so not only did I collect more letters after my name, I also added more to my name and joined the world of the hyphenated.

Since that time, I have been referred to as SMB- rarely do I have my full name spelled out or annunciated. This is something I just live with.

I have two business degrees as well which added six additional letters. The first, the Masters of Business in Operational Excellence was a necessity in order to be successful as a health system Chief Quality and Patient Safety Officer. The Masters of Business Administration I just completed- and really has served me well to be recognized as an academic administrator. The MBA, in my eyes, opens doors to the world of Senior Leadership.

But going back to the tricky part and the identity someone has with so many letters. ***I think what grounds me most and resonates deeply is that when someone asks my young daughters what their mother does, they invariably respond, "Oh, our Mom is a Surgeon."***

If you have a question or topic you would like featured in the "Ask WTS" please email it to Erin Gillaspie at erin.a.gillaspie@vanderbilt.edu

Happy Reading!

Exciting Opportunities from the WTS

WTS has seen enormous growth in our scholarship programs in the last few years, do not miss out on the incredible opportunity to apply for these scholarships.

The AATS is collaborating with WTS for the 2018 Leadership Academy

The American Association for Thoracic Surgery is joining with WTS to expand the highly successful AATS Leadership Academy program to a broader audience. The collaboration will focus on developing future women leaders by exposing them to the administrative, interpersonal, and mentoring skills necessary to serve in leadership positions in the field of cardiothoracic surgery. *Click here for additional information about this amazing scholarship.*

Deadline:
December 22, 2017

WTS-Intuitive Robotic Fellowship

The Women in Thoracic Surgery (WTS) and Intuitive Surgical Inc. have partnered to create a unique opportunity in advanced robotic training for a female thoracic surgeon by a female thoracic surgeon. The overreaching goals are to establish a mentoring relationship for a new female robotic surgeon and assist her in successfully launching her robotic surgical practice. WTS encourages both recent graduates and established surgeons to consider this exceptional opportunity to enrich their surgical skill set. *Click here for additional information about this scholarship.*

Testimonial by Erin Gillaspie:

As a recipient of the award, I must say that the mentorship provided to me while I was building a new thoracic robotic program was invaluable. Thank you so much to Dr. Lana Schumacher for being such an outstanding mentor, surgeon and leader.

Good luck to all those who applied for the 2018 award!

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2016 Recipient, Dr. Kyla Joubert with Brigid Scanlan Eiynck

Scanlan/WTS Traveling Mentorship Award

The Scanlan/WTS Traveling Mentorship Award is made possible by Scanlan International, Inc. and provides support for medical students and general surgery residents to gain exposure to women cardiothoracic surgeon mentors by visiting a WTS member for an elective period. Awards include $2,500 towards travel-related expenses including room and board for the designated travel elective. *Click here for additional information about this scholarship.*

Deadline:
December 28, 2017

Scanlan/WTS Traveling Mentorship Award Recipient

By: Rosalie Sterner

Rosalie Sterner was the 2017 medical student recipient of the Scanlan/WTS Traveling Mentorship Award. Rosalie spent two weeks at Johns Hopkins with Dr. Jennifer Lawton in July/August 2017.

Here is how Rosalie summarized her experience;

I was very fortunate to have the honor of being chosen to be the 2017 Scanlan/WTS Traveling Mentorship Award medical student recipient. As such, I was able to work with Dr. Jennifer Lawton, MD, the Chief of Cardiac Surgery at Johns Hopkins.

Dr. Lawton's exceptional mentorship provided me an incredible experience and insight into cardiothoracic surgery. Through her mentorship, I observed operations such as CABGs, valve replacements, an aortic dissection repair, a lobectomy, and a double lung transplant. I also had the opportunity to see clinic patients as well as pre-op and post- op patients as I made rounds with Dr. Lawton. In addition, I was able to attend the morning "huddles" where everyone comes together each morning to discuss the current patients and the weekly case conference. I joined the fellows in the "wet labs" to learn more about the principles and techniques used in cardiothoracic surgery. I also participated in a simulation event that trained new members of the OR team in common cardiothoracic surgery emergencies.

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Dr. Lawton is a surgeon scientist who runs her own research lab. I was given the opportunity to work with her lab members, which provided me an insight into the research aspects of cardiothoracic surgery and knowledge about her research. Her post-doc also worked with me in the "wet lab," providing me the opportunity to practice some basic surgical skills and allowing me to try out my skills in a simulated CABG. Dr. Lawton arranged a meeting with Dr. William Baumgartner, MD, who has successfully maintained NIH funding for over 20 years in order for me to learn more about successful academic and research careers in cardiothoracic surgery.

Dr. Lawton took the time to diligently mentor me. She advised me on how to build a career in academia and research, sharing her career experiences in cardiac surgery and how she went about accomplishing her goals. She has been very successful in her career in academic cardiac surgery with her own research lab that has been NIH funded. She also has leadership experience in professional societies and is the Chief of Cardiac Surgery at Johns Hopkins. She is very devoted to mentorship and education and works well with students. Not only did Dr. Lawton take the time to mentor and advise me, but she was also an excellent host throughout my visit. I was fortunate to meet and go to dinner with her family, which was a lot of fun and a great experience.

Dr. Jennifer Lawton, MD (right) and 2017 Scanlan/WTS Medical Student Traveling Mentorship Award Recipient, Rosalie Sterner (left) Baltimore, August 2017 at Johns Hopkins in front of the portrait of Dr. Vincent Gott.

I would like to thank Scanlan International and the WTS for the generous mentorship award. I am incredibly grateful to Dr. Lawton and the faculty and staff of the Division of Cardiac Surgery and Division of Thoracic Surgery at Johns Hopkins for the outstanding experiences and hospitality. It was a phenomenal opportunity.

Thank you!

What is she really thinking:

Perspectives from a Resident and Attending During a VATS Lobe

By Jennifer Sullivan and Katy Marino

	Resident	Attending
Pre-Op	*Outline post-operative expectations, especially about ambulating!*	*Oh no…the resident said the lobectomy will take 30 min (Inside voice – please do not call into the room in 35 minutes and ask why I'm not done yet)?*
Check In with OR	*Do we have what we need?* *Don't forget to have the imaging on the screen to confirm side and look at vessels and nodes for difficulty.*	Peeking into room *I wonder why we are we not back in the room yet?*
Anesthesia	*Personally confirm double lumen tube placement (Its surgery, **TRUST NO ONE**).*	*I'm just going to wait out of the room while the new CRNA student is attempting their first double lumen – it's best not to watch some things.* *The majority of my EBL is on the floor from the A-line.* *So not confident the ET tube is the right place…show me - yeah that's actually the minor carina.*
Positioning	*Let's hope I got it right for this attending.*	*I think I'm the only one who ate my Wheaties this morning to lift the patient into position.* *I hope the bed is in the right direction so I can break at the hip and not their knees.*
Prep/ Drape	***TIME OUT - SIDE SIDE SIDE*** *Make sure it's in the right spot to convert to a thoracotomy.*	*Did I just see them wipe the chloraprep on the armpit and then rub back over where my incision will be?! My OCD germ self is having chest pain.* *Could these cords being any more tangled?*

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	Resident	Attending
Incisions	*"Incision y'all." Because it's never too early in your career to be superstitious.*	Incisions: *I know I like small incisions but how am I getting an instrument through that if my pinkie won't fit.*
	Camera port: Don't bovie the liver. Don't bovie the liver. Don't bovie the liver!	Camera port: *Please don't smudge the camera on the diaphragm on the way in.*
	Utility port: *Look for the vein.*	Utility port: *I wonder if this resident's left hand is functional, may I should sneak another instrument in to help them…suction dissection here I come!*
	Assistant port: *Oh gosh! How am I going to know where to make my assistant port in a few years if I have residents? I really should assist again one day.*	Assistant port: *Usually incisions go in the direction of the rib…this patient must have an inverted rib cage.*
Dissection	Vein: *Look for a common trunk (because, you've been a resident for a month and you've only seen one, but you're still convinced that it could happen again… today!...and what if I miss it!). Stay toward the hilum, it bleeds when you get too high... you gotta look good!*	Vein: *do they know there is a VERY big vein at the top of the inferior pulmonary ligament…the bovie is running right up to it now…phew stopped.*
		Sneak the suction in and get a little dissection done…looking great!
	Bronchus: *The back is dangerous, membranous AND artery is right behind there*	Artery: *please don't let there be a rush of blood…please don't let there be a rush of blood. Maybe if I hold my breath the dissection will be gentler. Yup that's a little vomit in the back of my throat.*
	Artery: *You are such a chicken. Buh-bye, bovie. Why is it always stuck to that node?!?*	Stapling: *I didn't know the stapler could shake that much…quickly grab the base! Again holding breath. Stapler pulled back, no bleeding – okay I can breathe again.*
	Fissure: *Where IS the fissure? Oh, right... "Yes, yes I need one more stapler…oh wait, and one more, please."*	Fissure: *8 staple loads, we are definitely keeping the stapler companies in business today*
	Specimen Extraction: *I should have made my incision bigger… this thing is never coming out of here.*	Specimen Extraction: *Yup I'm the only one who ate her Wheaties.*

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	Resident	Attending
Closure	**Nerve block:** *Great! Something I know how to do, wait did they just leave the room?*	**Chest tubes:** *hopefully they'll remember the way I like to stitch these in*
	Chest tubes: *Stay out of the fissure, good expansion, please get to suction ASAP*	**Incisions, dressing, dermabond:** *No my OCD self is not peaking over your shoulder to see if your closing pretty.*
	Close for no hernia	
	Incisions, dressing, dermabond: *Wet stuff, Dry stuff, Sticky stuff!*	
Post-op	*That was satisfying!*	*That went well. Okay now I need to run and talk to the family, round quickly between cases, call patients with path results, finish up that article, run over to clinic to quick see that follow-up and…*

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

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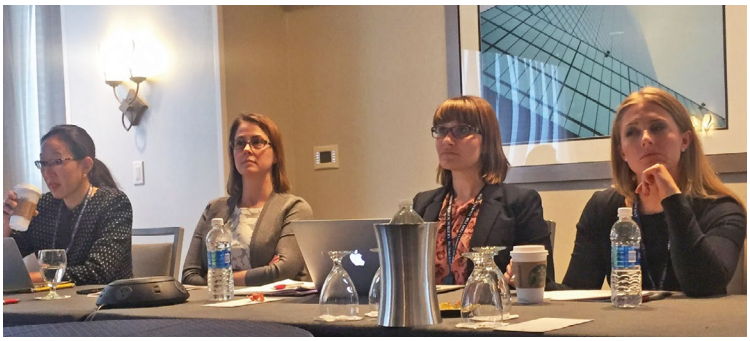
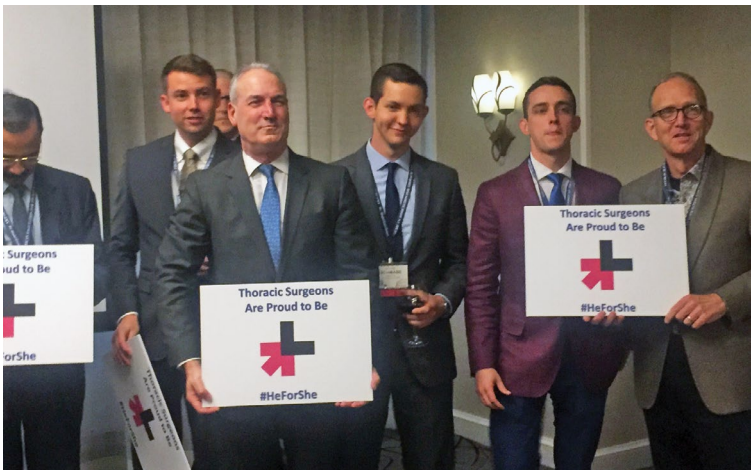
Photo Pages: AATS 2017





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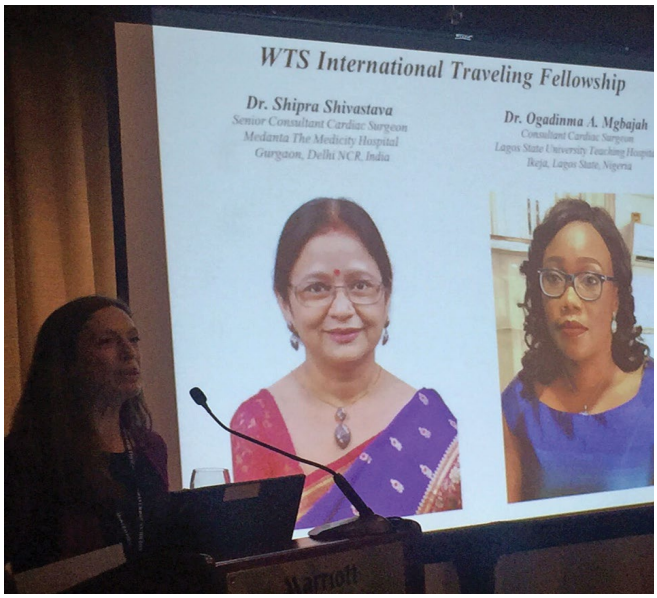
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Consultant Cardiac Surgeon
Lagos State University Teaching Hospital
Ikeja, Lagos State, Nigeria

Editor's Editorial: The Christmas Orphan

By: Erin Gillaspie

T'was the night before Christmas, my pager was a'light
I am never going to make it through this crazy night
The patients had been tucked into their beds with care
With the hope that I could sit down for 5 minutes in a chair

No sooner had my I slid my feet out of my shoes
I got a page that an incision has started to ooze
Mr. Sanford is complaining of severe constipation
and Rogers just flipped into atrial fibrillation

I started meds, titrated fluids and began diuresis
Then ran to the ER to perform a thoracentesis
My shift finally ended, I had performed at my best
And took myself home for some much needed rest

My residency was far from friends and family
And I had no time to put up some lights or a tree
But I wouldn't be spending this Christmas alone
I have been invited to dinner at my mentor's home

We had potatoes and stuffing; and the turkey was fried
And for dessert some pumpkin, apple and pecan pie
Our plates stuffed to the brim; we went back for more
There was warmth, lights, wine and laughter galore

Back home I relished the generosity of the day
For it is a kindness I hope sometime to repay
With a full stomach and heart I headed back to sleep
Knowing too soon I would awaken to a pager's beep

A special thank you to the Allens, the Blackmons, the Shens, and the Borgstroms for taking in this holiday orphan!

Shanda Blackmon playing Santa to the thoracic surgery team at Mayo Clinic. Pictured from left to right Kaleesha Schauer, Lisa Barnes, Shanda Blackmon, Erin Gillaspie, Karen Dickinson and Kelly Hangge.

STS 54th Annual Meeting

SAVE THE DATE!

STS 54th Annual Meeting and STS/ AATS Tech-Con 2018

January 27-31, 2018

Broward County Convention Center
Fort Lauderdale, Florida

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

Women In Thoracic Surgery ORACLE

DESIGNED & PUBLISHED
BY SCANLAN INTERNATIONAL, INC.
ONE SCANLAN PLAZA • SAINT PAUL, MINNESOTA 55107
http://www.scanlaninternational.com/

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