



ORACLE

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

PRESIDENT'S CORNER



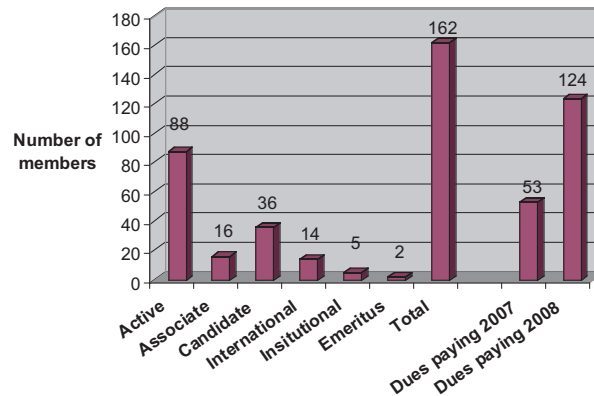
Nora Burgess, MD - WTS President

GOOD NEWS!

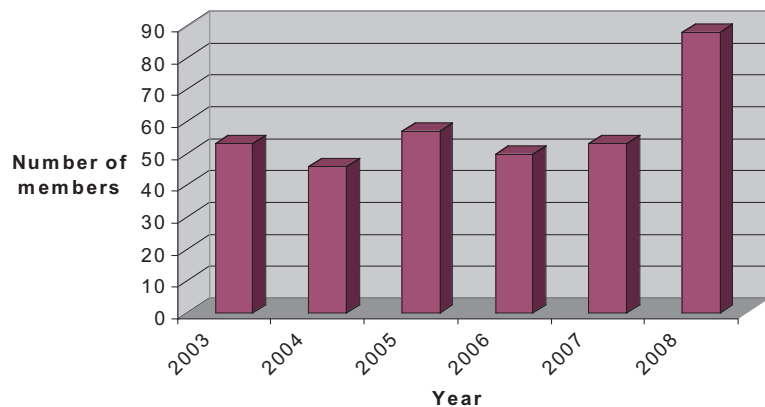
Welcome to the Oracle. There is much good news to report!

As an organization, Women in Thoracic Surgery is working to highlight the collective and individual voices of women interested in both patient and professional issues at a critical time in the history of our specialty. WTS is changing as it meets these goals, and I would like to profile who we are and what we are doing as we move into 2009.

Women in Thoracic Surgery Membership Profile, 2008



Women in Thoracic Surgery Active Membership



Women in Thoracic Surgery Membership Growth

Women in Thoracic Surgery enjoyed a very significant boost in membership during 2008!

WTS now has a total membership of 162 members of all backgrounds with 88 women surgeons who have

completed their training, an increase from 53 in 2007. Two new categories of membership were approved last year, Associates of Women in Thoracic Surgery and Institutional Benefactors. There are currently 16 Associate Members, many of whom are our male supporters, and five institutions who are Benefactors. WTS thanks all of these new members for their support,

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critical to developing better and new WTS programs.

This breakthrough growth is an indicator of even greater change to come as Women in Thoracic Surgery evolves into an engaged forum reaching out across generations of women aspiring to, and actively engaged in, the practice of cardiac and thoracic surgery.

Women in Thoracic Surgery: Trends & The Next Generation

WTS is frequently contacted by a wide range of young women including high school, college, and medical school students, along with residents who are considering cardiac and thoracic surgery, as well as women who are mid-career.

WTS saves these contacts, and also tracks the total numbers of the women boarded by the American Board of Thoracic Surgery over time.

Below is a comparison of these trends. If expressions of interest forecast well to future demographic trends in professional training, we are likely to see many more women in the field as the next decade unfolds.

As part of mentoring young women into cardiothoracic surgery, WTS has developed two new brochures in support of the WTS mentoring program. *Why Women Choose and Succeed in Cardiothoracic Surgery* and *Become a Member in WTS* are available at the WTS website – please take a look, and feel free to provide us with feedback on them at www.wtsnet.org - we need your help in making them even better.

Women in Thoracic Surgery Scholarship Awards, San Francisco January 2009

The WTS scholarship program has now awarded more than \$40,500 through 27 scholarships since 2005. In awarding this annual WTS scholarship, Women in Thoracic Surgery fulfills one of its stated missions “to enhance the education of women thoracic surgeons.” The scholarship is open to women medical students considering cardiac or thoracic surgery as a profession, and to women residents in accredited thoracic surgery or general surgery programs. International applicants in approved surgical training programs are also welcome

We are also especially pleased that Edwards Lifesciences helped support the 2009 scholarship program.

Women in Thoracic Surgery Meeting, San Francisco January 2009

Building on our successful turnout for the 2008 WTS meeting in San Diego, participation in the WTS meeting in San Francisco was simply spectacular. About 80 people attended a presentation on the topic of work life balance by Dr. Myriam Curet. Dr. Curet is an energetic, successful academic surgeon at Stanford University whose balancing act includes a thriving family as well as a highly regarded surgical practice.

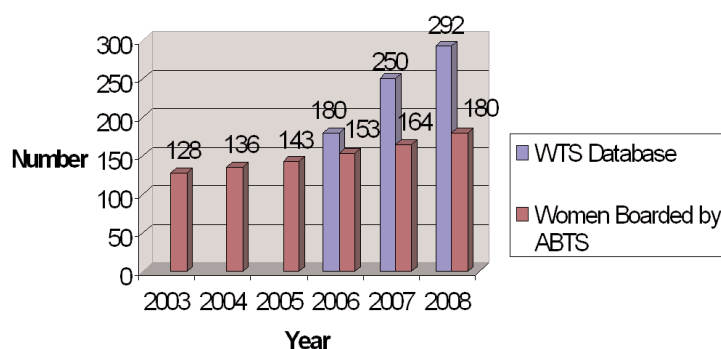
A summary of Dr. Curet’s wisdom and insights is posted at the WTS website, www.wtsnet.org, and a brief summary is included in this issue of the Oracle.

Women in Thoracic Surgery - 2009

Our greatest asset is you, our current and future members. Your dues help to underwrite the WTS scholarship program, mentoring efforts, and informal as well as formal support of career advancement for all present and future women engaged in this fascinating profession. Dues also allow WTS to hold its two annual general meetings and plan for future interim mentoring seminars.

Please continue to support these important efforts by joining us in 2009 !

Trends in WTS Database and ABTS Certification of Women



“BALANCING ACT – PROFESSIONAL VS. PERSONAL LIFE” BY DR. CURET



The WTS meeting in San Francisco was highlighted by a keynote address titled: “Balancing Act – Professional vs. Personal Life” by Dr. Myriam Curet, who is a professor of surgery at Stanford University. Dr. Curet is married and has a daughter, 14, whom she adopted prior to her marriage to an orthopedic surgeon nine years ago. She also has 18 month old twins.

In her presentation, Dr. Curet quoted some scary statistics. The average American spends five years waiting in line and eight months opening junk mail! Worse yet, married people have only, on average, four minutes each day of spouse-to-spouse time and less than five minutes per day with a child. How can we avoid being part of these statistics?

Stephen Covey’s book, *First Things First*, gives much insight. We need our lives to be guided more by the compass (our vision and values) and less by the clock (our schedule, with its interruptions). We need to focus more on effectiveness (accomplishing what is important) and less on efficiency (getting more done in less time). Most of us, as cardiothoracic surgeons, are “urgency addicts”

(Dr. Curet gave a quiz to prove it). Accomplishing urgent tasks gives us a sense of power and self worth, but tends to destroy our relationships.

All of our tasks can be classified into four categories:

I Urgent/Important e.g.: Emergency OR, Grant Deadline	II Not Urgent/ Important e.g.: Preparation, Relationships, Exercise
III Urgent/Not Important e.g.: Some Meetings, Reports	IV Not Urgent/Not Important e.g.: Busywork, TV

Most of us spend too much time in Categories III and IV, and not enough time in Category II. In order to refocus our lives on what is important, we have to schedule time in Category II. To do so, we begin by assessing our goals. What gives meaning to my life? Where do I want to be in 10 or 20 years? What would I do this week if I only had six months to live? These questions can help us identify our goals. Also, we can look at our different roles (surgeon, educator, wife, mother, etc.) and identify specific goals for each role. Category II also includes the time we need to maintain our own physical, psychological and spiritual health. Not paying attention to these things makes us feel run down, and leads to us ultimately spending too much time in Category IV.

Dr. Richard Swenson, in his book, *Margin*, defined a margin as that “space between ourselves and our limits.” He later stated: “The conditions of modern day living devour margin. If you are homeless, we direct you to a shelter. If you are

penniless, we offer you food stamps. If you are breathless, we connect the oxygen. But if you are marginless, we give you yet one more thing to do.” We need to preserve our own margin. We can do this by, among other things,

learning to say “no,” planning for free time, turning off the TV and focusing on those things which are in keeping with our long-term vision. Near the end of her talk, Dr. Curet listed the key elements to a balanced life:

- challenging and fulfilling work
- strong relationship with spouse, family and friends
- attention to health, fitness and well-being
- stress reducing hobbies
- interests outside of medicine
- incorporation of spirituality into life balance

We can each review this list, identify our strengths, and perhaps find one or two things in which we need to put a little more effort.

At the end of the talk, Dr. Curet gave us several pieces of specific advice. Look for family-friendly meetings, learn to say “no” and don’t feel guilty about it, and focus on long-term balance while realizing that in the short term (like the week you are on call) there may be no balance at all!

FROM THE EDITOR: WORK/LIFE BALANCE AND THE SINGLE SURGEON



Dr. Kathleen Fenton

At the age of 15, I volunteered in a local community hospital. The daughter of our next-door neighbor, who must have been in her early 20s, had been working in the

security department of the same hospital for several years. She was single at the time. When the schedule for December came out, she found that she had been scheduled to work on Christmas Day for the second year in a row. The chief of security indicated that it was best for her to work, since the other employees were married and wanted to spend the holiday with their families. I still remember how furious her mother was – and my mom was pretty annoyed, too!

This year, WTS had a record number of scholarship applicants, each and every one of whom wrote a terrific essay on the topic of work/life balance. The overwhelming majority of the essays focused on balancing family life, husbands, and children with work. This is appropriate, since most adults are called to give of themselves and at the same time find personal fulfillment in this setting. However, I think it is easy for all of us, and for our colleagues, to acquire the same mindset as that of the chief of security at the community hospital so long ago: to erroneously assume that a single woman does not or should not have a family or personal life. Often the surgeon herself is the first to make this assumption, as evidenced by the familiar expression “married to my job.” It is to correct this

pervasive belief that I am writing my first editorial for the *Oracle*. Although on the surface it may seem that the lives of married and single surgeons are vastly different, I will argue that this is not, or at least should not be, the case.

As long as surgeons are people rather than machines, the development of a surgeon will reflect her development as a person. As students rotating on the pediatric service, we learned that a baby needs not only food, clothing and shelter to develop and grow normally, but also needs human interaction. This need persists into our adult lives. In order to be happy and fulfilled, by our very nature we must share our lives with others, have relationships in which we give of ourselves. As surgeons, a large part of this (at least in terms of time) involves giving of ourselves for the benefit of our patients. Virtually all of us can honestly say that when we are up all night or come in on a holiday to take care of a sick patient, we are primarily doing it to benefit the patient, rather than for financial or professional gain. After all, there are easier ways to earn money and prestige! Aside from giving ourselves to our patients (or to others through our work in research or teaching), we need to have relationships and activities outside of work that help other aspects of our personalities to grow. Otherwise we become very one-dimensional. Married or single, to mature as surgeons rather than merely as technicians, we need to add or maintain another “dimension” in our lives.

Fast-forward a few years. Some of my most unpleasant interviews have been with women. For example, as a fourth

year medical student applying for my general surgery residency, I was asked what I liked to do in my spare time. I had anticipated this question and gave several examples, with the intention of providing the interviewer with a balanced picture of who I was as a person. It was then that the interview took what I still recall to be a rather nasty turn: “And what do you think will happen to all of that when you are a surgery resident?” Other interviewers, especially when I applied for CT residency, directly asked me what my future plans were regarding marriage and family life. I was never quite sure how to answer that question. I wanted to be completely dedicated to my work as a surgeon. I also wanted (and still want) the “personal” part of my life to make me a better surgeon, not a worse one. All those years ago, I told the interviewer that I guessed I would have to give up many of my extracurricular activities, but that I was sure I would find time to do what was important. In her address in San Francisco, Dr. Curet touched on this topic, encouraging us to focus as much time as possible on important activities, those which help us reach our goals. Now that we have reached the 21st century, perhaps we have learned that we cannot “have it all,” – however, it is true that we can have pretty much whatever we want.

A woman who has chosen to pair her profession with an active life as a single woman has not given up her personal life. Whereas a married woman, as Dr. Curet reminded us, needs to program time for activities that are important to her husband (and sometimes her children as well), a single woman needs to be able to

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From the Editor - Cont. from page 4

schedule activities with people who are important to her: dinner with a friend, a class she wants to take, a charitable activity in which she wants to participate. If a married woman does not make time for her husband, it is unlikely that her marriage will survive. A single woman who does not plan time with friends will soon have none. If she does not commit herself to do things outside of work, she will probably find herself without the time to do them. Sometimes we are at the hospital for many long hours because we are really needed, but at other times we may work late because we do not really have anything else scheduled, or we may allow ourselves to become “victimized” because somehow we don’t manage to find or negotiate the time to do things that are important to us. This necessarily includes the time required to make the place where we live truly a home, to take the time not only to provide but also to enjoy healthy meals (away from our desks), time to get appropriate exercise and rest. In addition, though, it includes

taking some weekend and vacation time off, and making use of it to do something that we do not do every day, and, of course, to spend as much of it as possible with loved ones, whether friends or family. This may sound difficult, but if we put even a small percentage of the effort we expend to plan our work into planning our lives, we will easily be able to use our time both efficiently and effectively, and our professional lives will be better for it.

A well-known 20th century philosopher, who happened to be a very busy man, was once asked by a reporter what he liked to do in his free time. Many of us would be tempted to laugh and then reply that we have little or no free time. Instead, he responded with an answer true to his profession: “All my time is free.” I think of that quote often when I am tempted to say or think that I don’t have time for something. Whatever I don’t have time to do, it’s because I chose to do something else. Whatever I want to do, then, is out there to be chosen!

CONGRATULATIONS!

WTS congratulates Cindy Herrington on her move to Children’s Hospital, Los Angeles. Below is an excerpt from the press release in LA.

Cardiac surgeon Cynthia Herrington, M.D., a staff physician, surgical director of pediatric heart transplant and surgical director of lung transplantation at the University of Minnesota Medical Center in Minneapolis, has joined the medical staff at Children’s Hospital Los Angeles, according to Vaughn A. Starnes, M.D., chief of the Division of Cardiothoracic Surgery at Children’s Hospital Los Angeles.

Dr. Herrington holds the Ryan Winston Family Chair in Transplant Cardiology at Children’s Hospital Los Angeles, and began her assignment as an associate professor of cardiothoracic surgery at Children’s Hospital Los Angeles in July of 2008.

MEMBERSHIP UPDATE

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

Institutions can join as Benefactor Members

WTS has added an Institutional Benefactor membership category for cardiothoracic surgery training programs interested in supporting our

Women in Thoracic Surgery mentoring and educational mission.

Five institutions have already become members and are now posted on wtsnet.org. This demonstrates their commitment to those young women who come visit our web site. Consider having your institution listed among those, along with receiving other benefits, by completing or passing along an application today. Applications are available at www.wtsnet.org. This link takes you to our Home Page, then click on “Become a Member” and then click on the “WTS Benefactor

Membership Application.” WTS would like to thank the following Benefactors for their support:

- University of Michigan Medical School
- Medical University of South Carolina
- Oregon Health & Science University
- The University of North Carolina at Chapel Hill
- University of Southern California Keck School of Medicine

GETTING TO KNOW WTS PRESIDENT NORA BURGESS



Nora Burgess, MD, completed her undergraduate training and medical school at Brown University, followed by a surgical internship at University of Texas in San Antonio and surgical residency at the University of Massachusetts/Berkshire Medical Center. Her cardiothoracic training was at Mount Sinai in New York. She has spent her entire career working at Kaiser Permanente in San Francisco, where she is now Medical Chief Financial Officer, the Assistant Physician in Chief, and an attending cardiothoracic surgeon.

Editor: Nora, we know you have a busy career, both in terms of clinical medicine and administration, and that

being president of WTS also keeps you very busy. First I would like to say, on behalf of all the readers as well: thanks so much!! The purpose of this interview is for us to get to know you a little more personally. So, let's start as far away from work as possible. Do you have a favorite vacation spot?

Dr. Burgess: I plead a tie - it is clearly a tough choice. A trip to Antarctica, retracing in reverse Shackleton's voyage, is one of my favorites and diving the Galapagos is the other. I don't know which was more wonderful.

On the Antarctica trip we spent five days sailing around the glaciers and

bays of the South Georgia Islands, the most magnificent place I had previously never heard of. I spent hours sitting on beaches in my thermal jumpsuit right next to all kinds of curious penguins who would come by to visit—they are brave, wonderful little fellows.

The other trip was scuba diving for several weeks around the Galapagos Islands. Again, the wildlife was spectacular. We dived in the mornings and hiked islands in the afternoons next to beautiful animals oblivious to humans. At Darwin's Arch, about a 36 hour sail north of the main island chain, we visited large seasonal populations of whale and hammerhead sharks. That was a sobering lesson in perspective! The whale sharks, up to 40 feet long, are very curious, gentle animals. It's neat to watch them do U-turns and come by to say hi.....

Editor: So you dive! Do you participate in any other sports?

Dr. Burgess: Absolutely not! Sweat is an intrusive, unpleasant side effect much to be avoided and I am an athletic accident waiting to happen. Hence, the scuba diving.

An important question since my husband is a congenital athlete and it took us two decades to find the right activity match.....and it turned out to be either hiking or scuba diving - no sweat is likely in either case.

Editor: And where did you go on vacation last year?

Dr. Burgess: My husband and I traveled to Egypt and Jordan, our first

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Getting to Know WTS President Nora Burgess - Cont. from page

trip to Africa and the Middle East. We walked all over Cairo, which gives new meaning to the term “teeming city”. We figured we could walk all over independently, but even our New York traffic skills were not enough to get us across some of the streets - a couple of times we actually had to hire a taxi just to get to the other side. Cairo is marvelous, with a lot of history and wonderful people. Other adventures were a camel trek into the Western Desert, arriving at the pyramids at dawn, sailing the Nile through the Agawan cataract, and hiking the back mountain of Petra and up Mt. Nebo in Jordan. We also flew down to Abu Simbel, close to the Sudan border, to see the Ramses Temple on the southern edge of Lake Nasser. All in all, it was a magnificent adventure.

Editor: That sounds fantastic! I have never been to Africa, but there is still time! So, you really like traveling. Do you speak any foreign languages?

Dr. Burgess: I speak some Spanish, although I was fluent in high school. Something I would like to buff up so that when I retire I can do volunteer work more effectively. My Emergency Department Spanish is still competent, however.

Editor: You mention your husband. Can I ask you how he felt about your decision to become a cardiothoracic surgeon?

Dr. Burgess: I have a family braced [in the very best sense of the word] by the constancy of a flexible husband who I met when I was still an undergraduate and it had not yet dawned on me that I would have a surgical career. As the

years passed and I began to consider surgery, many advised me to choose a different specialty. He wisely mentioned that all the intellectual analysis in the world was not going to matter if decades later I was going to look back and regret that I had not tried my hand at it. So I set aside all of my intellectual analyses, including my multi-page pro- and con- analysis (that I have to this day), and just jumped in. His point was you only have some opportunities once, and I am delighted now that I chose the more adventurous path.

I am frequently asked about the option of having a family including children. It is my sense that people cannot always have everything and frequently not everything simultaneously. The factors for balancing all of these very complex issues are often very personal and very unique—the range of solutions is wide. It is critical to recognize your own priorities, to be open to options including some that are not conventional, and allow enough time to develop a level of comfort with whatever turns out to be your personal best solutions.

I would be remiss if I did not mention that our household also has two marvelous little members, Springer Spaniels, one of whom is a puppy genius and the other of whom is.... well, much less so. They both help my husband and I enjoy our hours away from work tremendously.

Editor: You are an animal lover, then?

Dr. Burgess: I love animals!

We have done a lot of scuba diving around the Wallace Line in the areas of

Indonesia and Papua New Guinea, where there is rich underwater wildlife and great beautiful coral reefs in excellent shape.

As time has passed I have developed a real love of wild animals and a tremendous respect for their tenacity in the face of nature. One comes away with a deep respect for them even when their behavior is instinctual. My husband just gave me a fantastic book called *The Hedgehog's Dilemma* which I am enjoying right now. I love all animals, big or small, I think.

Editor: Finally, what is your favorite part of your clinical work?

Dr. Burgess: I always relish the recovery of what was a truly unstable, fragile patient who responds well to surgery and returns to their life safely. It has always amazed me how dramatic that turn around can be with a critically ill patient - and the extent to which we can change their lives in the process of reversing that crisis. To this day I read the letters I get from decades of patients commemorating the day that their lives changed for the better. I have saved all those cards and notes. What they did next, what choices many of them made in light of their new opportunities in life, is very inspiring.

The second thing is the craft of operating and performing surgery. I enjoy the pace of conducting a case, the texture of the tissue and using instruments, and the beauty of the anatomy in all its dimensions. It is a complete package – intellectually and technically- and makes the operating room feel like a home.

SCHOLARSHIP WINNERS

WTS Congratulates 2009 Scholarship Winners

We had a record (by more than double) number of scholarship applicants this year. The following young women wrote the winning essays on the topic of Work/Life Balance, which was the theme of our 2009 meeting, and were able to join us in San Francisco:

Sonam Shah

Elizabeth David

Elizabeth FitzSullivan

Lana Schumacher

Congratulations!

What is the single most important thing that the organization Women in Thoracic Surgery can do to better help women residents and medical students succeed in becoming excellent cardiothoracic surgeons with both job satisfaction and career balance?

This is the question that our scholarship applicants had to answer. Almost without exception the essays were excellent, and the WTS leadership has already spent quite a bit



The WTS scholarship winners, from left to right are: Elizabeth FitzSullivan, Sonam Shah, Elizabeth David, and Lana Schumacher.

of time discussing how to implement the many suggestions made by these wonderful young women. Reprinted below are the essays of the scholarship winners.

Sonam Shah Medical College of SC MS2

In a recent one-on-one evaluation meeting with my "Fundamentals of Patient Care" preceptor, he asked me what specialty I was planning to pursue. "Surgery" I replied without hesitation. His immediate and skeptical response: "Do you want to have a family?" as if it were inconceivable that a woman could go into the field of surgery and be able to have a husband and children.

Although this was one of the first encounters I would have with people

discouraging me from becoming a surgeon, I know it will not be the last. The scarcity of female surgeons in the United States lends itself to the belief that women and surgery do not mix. Even in this modern era of medicine where women make up nearly half of all medical students, surgery remains far behind the times, with women accounting for only 30% of the applicants for general surgery residencies, according to the AAMC. It seems that one of the primary reasons women either do not enter surgical residencies, or drop out, is the desire for a fulfilling family life in addition to a satisfying medical career.

Thus, as a medical student with a strong interest in pursuing cardiothoracic surgery, I think what

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Scholarship Winners - Cont. from page 8

would most help me succeed in this endeavor, and what Women in Thoracic Surgery can provide, is positive reinforcement. This encouragement could come in the form of women that are already cardiothoracic surgeons and successfully balance career and family, serving as examples, or in the form of scholarships, such as the AATS internship I was awarded this past summer, allowing me to experience cardiothoracic surgery firsthand. This internship was what coaxed my interest in cardiothoracic surgery, and I believe that if other female medical students with an interest in CT surgery were able to have the experience I had, they would be inclined to pursue CT surgery, as well.

After pursuing the WTS website, I realize now how much this organization is already doing to further women in cardiothoracic surgery. I can truly appreciate the mentoring program, as my own mentor, Dr. Carolyn Reed, has taught me so much about being a successful CT surgeon. Additionally, providing this scholarship to attend the STS conference would truly be encouraging to someone in my position because of the ability to interact with women (and even men!) in cardiothoracic surgery, and ask them the secrets to their success.

- *Sonam Shah*

Elizabeth David**Georgetown University GS PGY4**

The key to finding a balance between job satisfaction, career goals, and personal life is to understand what is important to you as an individual. As trainees in surgery, we must collect data on career options and lifestyles, in order

to make educated decisions that will lead to a life with a balance between career and personal life. Surgery residents today are often forced to decide on a career choice without adequate exposure; this is especially true with respect to cardiothoracic surgery.

It is well known that career choices are often influenced by personal experiences. Expanding the current WTS mentorship program could accomplish just that for cardiothoracic surgery. Providing an intimate exposure to the specialty will increase interest in cardiothoracic surgery. However, such an experience also has the ability to better ensure an educated decision about choosing to pursue CTS as a career.

The program could be expanded by organizing a one week visiting resident program, during which trainees could spend one week in the life of a cardiothoracic surgeon. The role of the WTS would be administrative (i.e., mentor recruitment, date planning), while the interested trainee would assume the responsibility of acquiring time off and travel arrangements. The shortage or lack of elective time certainly threatens the success of this proposal; however, responsibilities taken on by both the WTS and the trainee could ensure success. Most importantly, the commitment by the mentor to share his/her life (clinic, operating room, extracurricular activities, home life) with the trainee is prudent.

Although this type of mentoring program would be quite unique, I

believe it would be extremely beneficial to the student or resident interested in cardiothoracic surgery, as well as to the specialty. In an era when rotations on cardiothoracic surgery have been eliminated in the majority of training programs, exposure is almost nonexistent. I personally have benefited from close interactions with my attending physicians, as they willingly shared all aspects of their life – in and outside the hospital – with me. They undoubtedly had a significant influence on my decision to pursue a career in cardiothoracic surgery. I would gladly forego a week of vacation to participate in a program like this. By expanding exposure of young trainees to physicians currently in practice, I think the WTS can only presume to increase the number of satisfied CT surgeons who lead balanced lives.

-*Elizabeth David*

Elizabeth FitzSullivan**University of Washington GS PGY-4**

The single most important thing that the Women in Thoracic Surgery organization can do to ensure the success of women residents and students in becoming excellent cardiothoracic surgeons, is to provide strong and effective mentorship. As a woman resident pursuing a career in cardiothoracic surgery, I was surprised to learn of this organization and its existing mentor program during my fourth year of residency. I believe that WTS can enhance interest in cardiothoracic surgery, engender strength and confidence in women

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Scholarship Winners - Cont. from page 9

entering the field, and expand their success and satisfaction within the profession, and the foundation for this starts with mentorship. It is evident that WTS recognizes the importance of mentorship but perhaps the mentor program has not realized its full potential. Currently, listed mentors are limited to just half of the WTS members and Members at Large and interestingly, not all members of the Board of Directors and neither Membership Chairs are listed as active mentors. In navigating the website and researching the existing mentorship program, I identified several opportunities for improvement: (1) increase the number of members actively engaged in mentorship by emphasizing the critical role of mentorship in the development of their future colleagues as demonstrated by the role of mentorship, or lack thereof, in their own lives. (2) increase awareness of the WTS mentorship program through distribution of the existing newsletter to all general surgery programs and include in each newsletter an article highlighting the mentorship program and its impact on the life and career of a current general surgery resident/student, and (3) improve the website to include accurate contact information, practicing institution, and hobbies/interests to both demonstrate mentors' ability to balance personal and professional lives, and provide mentees with information to assist in choosing a mentor that they relate to both personally and professionally. These changes will assist WTS in accomplishing its goal of increasing the success, job satisfaction and career balance of future cardiothoracic surgeons. An approachable mentor,

who is strong, dedicated and demonstrates effective leadership will garner enthusiasm and respect in the resident mentee for cardiothoracic surgery and their guidance and assurance will help strengthen their resolve when doubts and discouragement arise. Strong and effective mentorship among practicing physicians and fellows/residents will provide a trickle down effect of enthusiasm for the profession and encourage mentees to become mentors for medical students, ensuring its continual growth and success.

-Elizabeth FitzSullivan

Lana Schumacher
University of Pittsburgh
CT program year 1

In a field that is composed of less than 5 percent women, we are very fortunate to have an organization, Women in Thoracic Surgery, that provides mentorship and career guidance. There are many questions women in such a demanding field may have. How do we create a balanced career and personal life? Is it possible to be a mother and a successful CT surgeon? How do we adjust to the societal biases for women? Some women believe we can achieve it all, many believe it to be impossible and shy away from such a career. One of the challenges I face daily in my cardiothoracic training is how to advance my career while still developing my personal life. Women face different time pressures than men. The essentials of a woman, the biological motherhood, are a timed issue that hits its peak during surgical training. Having a supportive organization with mentorship is a

magnificent start, but we could always augment that experience.

A valuable contribution by the Women in Thoracic Surgery would be to organize workshops for cardiothoracic surgeons in leadership, career/life balance and negotiating. Women leaders in medicine are by far the minority. Women have different skill sets than men, and many we can use to our advantage to be successful. In general, we are consensus-builders, have a more collaborative decision-making process, and can manage the interpersonal dimension of a problem in meaningful ways. In this day where attention is paid more to outcomes, patient safety, and high patient satisfaction, women offer leadership styles that will be particularly beneficial to hospitals and institutions.

We have the opportunity to learn how to utilize our unique talents to their full potential. Many workshops exist in the corporate world that teach women about their unique talents in leadership and how to apply those talents to become leaders their field. These workshops would encourage women surgeons to recognize and trust their own leadership styles in cardiothoracic surgery as well as in their personal life. Women, as a minority in cardiothoracic surgery, encounter many circumstances that differ from our male colleagues. By being part of the Women in Thoracic Surgery, I look forward to the thriving support, mentorship and friendship that will be generated.

-Lana Schumacher

WTS GENERAL MEETING AT STS IN SAN FRANCISCO – JANUARY 2009



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SCHOLARSHIP PROGRAM NEWS

Kudos to our scholarship winners and applicants. This year WTS had an incredible number of applicants for our scholarship offering.

Many of the applicants were medical students, several were in a general surgical residents and some were already in thoracic surgery programs. There were researchers in bioengineering and thoracic surgery. In addition to the United States, applicants came from Milan, Italy, Tokyo, Japan, Managua, Nicaragua and Istanbul, Turkey. What an

impressive group of women!

Each applicant was asked to write an essay addressing the question “What can WTS do for you?”

The responses all carried a very similar theme: meet with us, talk to us, share your experiences with us, help us along this path that we have chosen. Many great ideas will be implemented by WTS because of these essays. We wish we could have awarded every applicant a scholarship.

Since 2005, WTS has offered scholarships to women interested in a career in cardiothoracic surgery to cover the expenses incurred to attend The Society of Thoracic Surgeons meeting. The number of applicants has increased each year to a high of 47 this year. To date, 27 scholarships have been awarded, a total of \$40,500.

Thanks to those of you who read and ranked the essays.

Lorraine Rubis, MD
Scholarship Chair

NETWORKING, MENTORING, MEETINGS, AND THE WTS WEBSITE

As you may have gathered already, WTS leaders were very impressed this year, with not only the number of scholarship applicants, but also with the quality of the essays received. At the same time, we all feel humbled and challenged to strengthen our focus on networking and mentoring.

The first change we made was to add a mentoring opportunity for the scholarship winners. Each winner was hosted to dinner (or lunch) one-on-one with a WTS faculty member during the STS meeting. This proved to be a very valuable experience not only for the winners, but also for their hosts. Of her overall meeting experience, Meena Nathan wrote: “This year was particularly enjoyable because I had the opportunity to spend a couple of hours with one of the WTS scholarship winners, Sonam Shah. At our brunch she raised appropriate questions on what would be involved in following a career in surgery and cardiac surgery,

in particular both professionally and personally, and what the future holds for a career in academic surgery especially for women.” Sonam had a wonderful experience. Her words serve as encouragement to us to keep working hard for these young women: “I also really enjoyed attending the WTS meeting. It was so great to be surrounded by so many women from around the world who are so accomplished in such a demanding specialty! One of the most frustrating parts about considering CT surgery as a specialty is the inevitable negative reaction I get from most of my peers -- and even my own OB/GYN! It was wonderful to be encouraged in this goal for a change.”

Kathleen Fenton had a similar experience: “Elizabeth FitzSullivan and I had a wonderful visit over lunch, and I hope that I was able to give her a better feel for what it is really like to be a practicing CT surgeon. We have plans to keep

in touch.”

In order to respond to the questions raised by the applicants about what it is like to be a CT surgeon, we have also recently added bioprofiles to the website. Please check out the bioprofiles of your colleagues, and if you have not done so already, submit your own!

Finally, although we have a formal WTS meeting associated only with the STS meeting and an informal reception at the AATS, many of us obviously attend other meetings. The WTS faculty would like to make themselves available for meeting and networking with young women at other meetings as well. If you are planning to attend a meeting and would like to meet with a resident who may be attending the same meeting (or would like to network with peers), please post a message on the website message board!

Kathleen Fenton, MD

WTS MEMBER 2008 PUBLICATIONS

Below is a partial listing of publications by WTS members in 2008. Presentations, abstracts and awards are not included, because there are just too many! Please join the *Oracle* in congratulating the authors.

Biniwale RM, Weinstein S, Boulanger SC, Glick P. Chest Wall Deformities. eMedicine from WebMD. Updated January 08, 2009. Available at: <http://www.emedicine.com/ped/topic3039.htm>.

Blackmon S.H., Patel AR, Bruckner BA, Beyer EA, Rice DC, Vaporciyan AA, Wojciechowski Z, Correa AM, Reardon MJ. Cardiac Autotransplantation for malignant or complex primary left heart tumors. *Texas Heart Institute Journal*. 2008;35(3):296-300.

Blackmon, S.H., Patel, A., Reardon, M.J. Management of primary cardiac sarcomas. *Expert Rev Cardiovasc Ther*. 2008, Oct;6(9):1217-22.

McNiel, A., **Blackmon, S.** VATS lobectomy to treat early-stage non-small cell lung cancer. *JAAPA*. 2008 Sep;21(9):31-37.

Blackmon, S., Atlas of neoplastic pulmonary disease; pathology, cytology, radiology, and endoscopy, Springer, 2008.

Blackmon, S., Diagnostic Pulmonary Pathology, Second Edition, Springer, 2008.

Blackmon, S., Frozen Section Book, Springer, 2008.

Fenton KN. Fetal stress response to fetal cardiac surgery. Invited commentary.

Ann Thorac Surg. 2008 May;85(5):1727-8.

Stephens EH, Nguyen TC, Itoh A, Ingels NB, Miller CD, Grande-Allen KJ. The Effects of Hemodynamics of Regurgitation Alone are Sufficient for Mitral Valve Leaflet Remodeling. *Circulation*. 2008;118(11):S243-249.

Stephens EH, Chu C-K, Grande-Allen KJ. Valve Proteoglycan Content and Glycosaminoglycan Fine Structure are Unique to Microstructure, Mechanical Load and Age: Relevance to an Age-Specific Tissue-Engineered Heart Valve. *Acta Biomaterialia*. 2008;4(5):1148-1160.

Gupta V, Werdenberg JA, Lawrence BD, Mendez JS, **Stephens EH**, Grande-Allen KJ. Reversible Secretion of Glycosaminoglycans and Proteoglycans by Cyclically Stretched Valvular Cells in 3D Culture. *Annals of Biomedical Engineering*. 2008;36(7):1092-103.

Dr. Shanda Blackmon also had the video of the month on CTSnet.org!

MEMBER LIST

Promote Associate Membership in WTS

Last year, Women in Thoracic Surgery added a new Associate category to its membership. Associates membership is reserved for individuals of all backgrounds who wish to demonstrate their support and dedication to the WTS mission, including members of allied health professions. Please pass an application form along to those who might be interested in becoming a WTS Associate member go to www.wtsnet.org. This links you to our Home Page, then click on "Become a Member" and then click on the "WTS Associate Membership Application."

Below is a list of the new Associate members. WTS would like to thank these new members for their support.

Dr. James Luketich
Dr. Richard Anderson
Dr. Mark Allen
Dr. Peter Smith
Dr. Walter Merrill
Dr. Patrick McCarthy
Dr. Mark Katlic
Brigid Scanlan Eiyneck
Dr. Stephen Yang
Dr. John Ikonomidis
Dr. William Baumgartner
Dr. Pedro Del Nido
Dr. Douglas Wood
Dr. John Hammon
Dr. L. Henry Edmunds
Dr. Douglas Mathisen

Plan Now to Join WTS in Boston!

The WTS General Membership meeting preceding the AATS will be Sunday, May 10, 6:30-7:30pm. Please plan to join us! More details to follow.

2009 WTS Officers

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

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