

ORACLE

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

President's Message

As 2023 has come to an end, it is natural to remember our feelings at this time last year and to reflect on what we have accomplished, where we have come up short, and how we have changed with the passing of time. Last year at this time, I was about to take over the presidency of WTS, and I admit that I felt excited yet scared about this responsibility. I have worked with WTS for over 10 years and witnessed the evolution and growth of our society under the leadership of giants in cardiothoracic surgery. I looked up to our past presidents and admired their commitment to the specialty and their dedication to creating a culture of support and inclusion. The energy of WTS has inspired me and encouraged me to walk farther and to walk together with a group of women who I have no doubt can change the world.



Daniela Molena

Dr. Lauren Kane, our immediate past president, noted in the last edition of the Oracle that this is an unprecedented time, with "a record number of women holding or in line for the top leadership roles across major cardiothoracic surgical societies." The world of cardiothoracic surgery is already changing, and WTS's mission to optimize the advancement of women in this field continues to stand front and center. Allow me to celebrate Dr. Kane, who at the helm of WTS over the last three years and through a pandemic not only stayed

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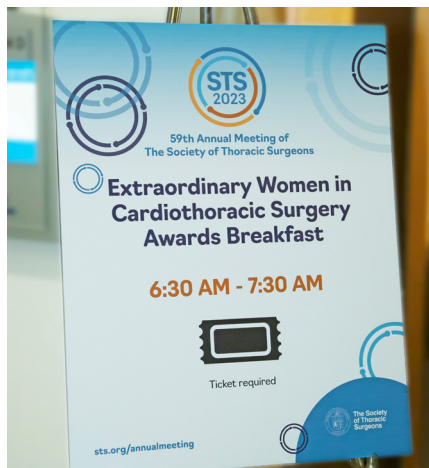
the course but advanced our organization to become bigger, more stable, and more powerful than ever. She strengthened relationships with other thoracic societies, improved our communication channels, led us to managerial and financial independence, and significantly increased the number of programs we can offer to the future generations of surgeons. She left big shoes to fill, but also a clear path forward. My fear at assuming the presidency was eased by her supportive smile and her open door for advice! I owe to Dr. Kane, the Executive Leadership, the Board, and the Leadership Team all that we have accomplished this year, and I feel grateful, fortunate, and inspired by all of the women who make this organization so special, including our managers, Allie Romero and Barbara Fleming.

There have been so many highlights in 2023 for me that I can mention only a few: the first, and sold-out, WTS- and STS-cosponsored Extraordinary Women in Cardiothoracic Surgery Award, our

past President Dr. Yolonda Colson's AATS Presidential Address, our bursting receptions at STS and AATS (thank you to all members and guests for the support!), our past President Dr. Jessica Donington's WTS Presidential Address, the ESTS WGTS and STEM Network Reception in Milan, and the Women of the Foregut Coffee Talk. These events are a reminder of the need to celebrate diversity, inclusion, collaboration, and equity in cardiothoracic surgery. I appreciate all of the national and international societies for their commitment to foster a culture of belonging—I have never felt as much a part of the cardiothoracic surgery community as I did in 2023. The future is bright, and we need to build upon the work that has already been done.

I would be remiss not to mention the first WTS Leadership Summit, sponsored with generosity by Medtronic. Leaders of WTS came together in Dallas on September 28 to 29, 2023, to talk about the barriers and biases that still hold us back and to

2023 WTS Extraordinary in CTS Awards Breakfast



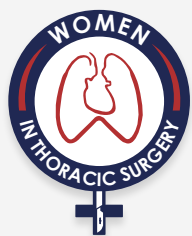
brainstorm the next intentional steps that WTS should take to fulfill our mission. The meeting generated so many excellent ideas that will keep us busy for a long time.

Finally, I want to congratulate all of the residents, students and faculty who have received WTS-sponsored awards (see names below) in 2023; meeting the future generation of cardiothoracic surgeons is uplifting and inspires optimism and

excitement. WTS could not have sponsored so many programs without the alliance of our sponsors, and we are very grateful for their support.

To all WTS members, friends, supporters, and partners, I wish you a 2024 filled with true belonging—to feel seen, connected, supported, and proud of contributing to the field of cardiothoracic surgery.

20
23



AWARDS

WTS/STS Extraordinary women in CT surgery

Leah M. Backhus, MD, MPH, • Jennifer L. Ellis, MD, MBA
Betty C. Tong, MD, MHS, MS

AATS-WTS Mid-career Investigator Award

Danielle Gottlieb Sen, MD • Smita Sihag, MD

WTS Terumo Aortic Fellowship

Nina Delavari

TSF Carolyn E. Reed Traveling Fellowship

Simran K. Randhawa, MBBS • Madhuri V. Rao, MD

Thistlethwaite Scholarship

Susan Fortich • Lye-Yeng Wong

Brigid Scanlan Traveling Mentorship Award

Kelley Benck • Sara Hill

Carpenter Scholarship

Busra Cangut • Paighton Miller

WTS-STS Scholarship Program

Nadia Bakir • Rebekh Boyd • Raphaëlle Chemtob • Alexis Chidi
Juliann Kosovec • Emily Larson • Miia Lehtinen • Catherine McGeoch
Sarah Nisivaco • Lee Ann Santore • Antonia Van Kampen

Farewell from EG hello from MS

Dear Readers,

Thank you for the privilege of your time and readership over these last 5 years. It has been such a joy to share stories of our incredible origins, celebrate giants in our field, share advice, laughs and our growing ranks of Women in Thoracic Surgery. I have delighted in sharing pages with so many brilliant authors who were willing to candidly write their stories, detailing successes and challenges.

I am so grateful to be passing future editions of this wonderful newsletter to my brilliant friend and colleague Monisha Sudarshan. I cannot wait to continue reading about all of you and celebrating more extraordinary milestones – we number more than 400 now!!

My parting words to you are these: be good to yourselves, be good to each other, let's continue to elevate and support on another, revel in the achievements of those ahead of us, and make more seats at the table for those behind us. We must continue to strive for ongoing diversity to the betterment of our specialty and for our patients.

I wish you all so much success, and above all else happiness!! Signing off for one last time as your ever grateful editor,

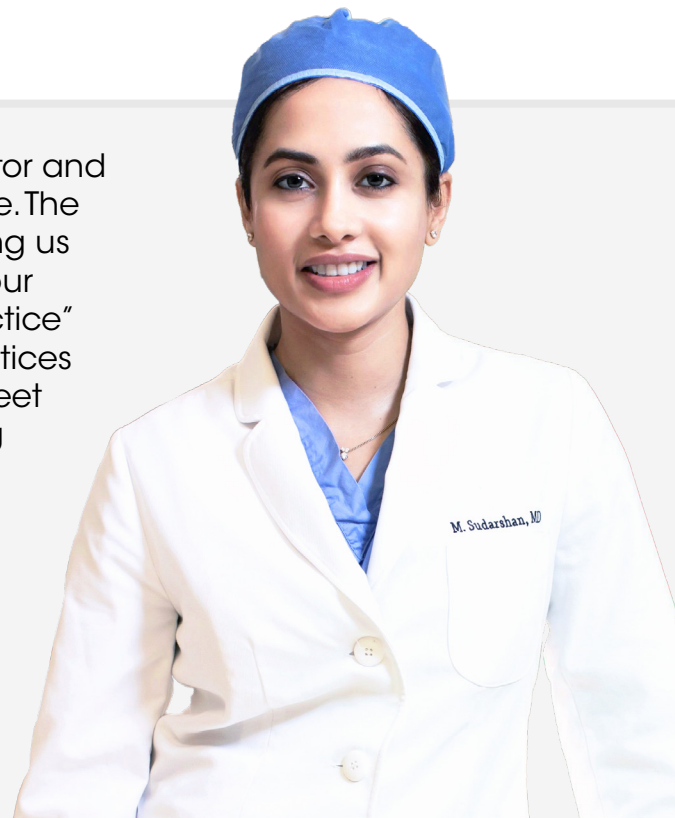
Erin



Erin Gillaspie

I am excitedly looking forward to being the Oracle editor and continuing the great work put forth by Dr. Erin Gillespie. The Oracle has been synonymous with WTS and in keeping us updated and informed about the happenings within our surgical society. Recent additions such as the "my practice" section provide us a unique glimpse in the varied practices of our colleagues. I look forward to introducing our "Meet the Coach" section with Dr. Sharon Stein which is going to be of great interest to trainees and experienced surgeons alike. Always free to reach out to me with ideas and suggestions!

Monisha Sudarshan, MD MPH
Thoracic Surgeon
Cleveland Clinic



Why I Love My Practice



Mara Antonoff

I love being an academic general thoracic surgeon. It is fulfilling in every possible way. My job entails components of clinical care, innovative research, education of trainees, and administrative roles. It is intellectually stimulating, exciting, challenging, technically complex, and rewarding beyond belief.

I began my research journey as a trainee for a number of reasons. I wanted to learn research methodology, techniques, strategy; I sought to understand processes such as human subjects protection, data collection, and statistical considerations. I wanted to gain insight into rationale for clinical decisions. And, of course, I really hoped to add to my CV, which I found helpful for applications, training positions, and eventual promotion. This ultimately allowed me to collaborate with others in diverse specialties and to network with other researchers, trainees, and faculty. In the end, my research journey as a trainee included 2 years of basic science research, 1 year of dedicated surgical education research, and years of clinical research using a diverse range of methodologies. My experiences as a trainee changed my career trajectory drastically, in

terms of my plans for specialization as well as areas of career niche such as surgical education. They enabled me to complete my clinical training with clear understanding of the literature – both for exams and patient care – and gave me a taste of the research that would motivate me, drive me, and push me for subsequent stages of my career.

Ultimately, as a faculty member, I choose to continue to be involved in research, for a number of reasons. As a specialty, research allows us to advance our field, to improve care for our patients, to understand the outcomes of our interventions, and to innovate safely. By being involved, I can contribute to all of these causes, helping my own colleagues and institution stay on the cutting edge and to enable our own patients opportunities to have access to novel treatment. Moreover, I would argue that non-clinical work responsibilities can add balance to our lives. It's a realm in which we have a bit more control of time, of tasks, and autonomy of our day—adding balance and enabling greater opportunities to consider our own wellness—which in turn leaves us poised to provide better care for our patients.

In general thoracic surgery, I get a chance to take care of oncologic diseases of the chest—to provide curative therapy in many cases. We provide a source of comfort and relief, enabling patients to put frightening diagnoses in the rear-view mirror. We get the chance to do technically exciting work, on the body's most vital organs, and to enable patients to get back to the lives that they love. Lung cancer is the number one cancer killer of men and women, yet we lack adequate research, funding, and social supports—and by serving as a resource to this deeply appreciative community of patients and their families, we can truly

make a huge difference in their lives.

Beyond these clinical opportunities, academic general thoracic surgery can include so much more! In addition to operating and providing perioperative care, we have the chance to continue to engage in research, to educate trainees, to mentor others, and to take on any number of academic administrative roles. For me, this balance includes not only the clinical, research, educational, and administrative roles, but also a phenomenally rewarding life outside of work, including a family with four children, a working spouse, and a life filled with joy and happiness.

Let’s be clear that every job is different. Generalizations are exactly that. And each of us has our own values—and what’s important to me might not be important to you. It can be a useful exercise to consider this rubric (Figure), and to identify what drives your happiness, as a surgeon and in life in general, and to think about these concepts both in the short and long term.

For me personally, I know what makes me happy. On a daily basis, I get gratification from favorable outcomes and satisfied patients, and I feel good when I’m

surrounded by people whom I like and respect. Decades from now, I’ll be happy knowing that I’ve impacted future surgeons and the way that they practice, and by serving as a positive role model for my kids. Many of these things can be accomplished in a variety of practice settings, but I believe that my long-term goals are most readily reached via academic thoracic surgery.

There are lots of touted benefits of academics—but how much of it is reality? All of it! By conducting trials to evaluate novel therapies and sharing our findings at national meetings and in peer-reviewed publications, academic surgeons can change practice. We have the privilege of interacting with leaders in our field and others. We often do the most complex cases—which can be a blessing and a curse. We have extensive resources and support. We have a wonderful reciprocal relationships with residents and students—it takes a lot of time and effort to teach residents, but they also save us time in many ways, provide a valuable resource for our patients—and it’s incredibly rewarding for me to develop these relationships with trainees as they become our eventual colleagues

	Day-to-Day	40 Years from Now
As a Surgeon	<ul style="list-style-type: none"> • Giving good news to families in the OR waiting room • Thank you notes from patients 	<ul style="list-style-type: none"> • Having trained future surgeons who will shape our field • Leaving an impact in the way we treat patients
As a Human	<ul style="list-style-type: none"> • Spending time with family and friends • Working in an environment of collegiality and respect 	<ul style="list-style-type: none"> • Teaching my kids that they can make an impact on others by working hard toward a goal

and members of our workforce. We get to engage in continued growth and mentoring of others.

The historic academic surgeon bears little resemblance to the modern academic surgeon. In the past, academic surgeons worried about achieving success as a triple threat – a clinician, educator, and researcher. Part of that definition as a researcher was to be a basic science investigator; and in the modern era, we struggle with additional pressures to be productive, efficient, and save money, all while our outcomes are closely monitored. But it's also true that the modern surgeon can be academically successful beyond basic science, by attaining expertise in clinical research and outcomes, education, global health – and many other areas, as scholarly activity continues to be redefined.

For me, there was only one clear choice. The job that I always envisioned included: operating, teaching, innovating, writing, and collaborating. For me, the best option was academics. And academic general thoracic surgery allows us to do exhilarating cases, while operating on vital organs, with the chance to impact so many people, to alleviate so much suffering, and to provide hope to so many.



STS 2023 - WTS Reception Photos

San Diego, CA



next page...





Interview with Dr. David Cooke



Dr. David Cooke

Dr. Cooke is the professor and founding chief of the UC Davis Medical Center. He is the Vice Chair for Faculty Development & Wellness and the STS DEI chair.

Dr. Cooke specializes in complex general thoracic surgery, thoracic oncology with a special interest in Lung Cancer and Esophageal Cancer. Dr. Cooke's philosophy of care motto is "Equality of Great Quality." He has authored over 100 scholarly products, including peer-reviewed manuscripts and text-book chapters.

In this interview, we learn about DEI, initiatives we can take in our own practice and institutions and others avenues of involvement.

Thank you Dr. Cooke for sharing your insights with us. Can you start by elaborating on the terms Diversity, Equity, and Inclusion or DEI. How is each component different yet independently critical?

Diversity is the ability to bring different thoughts, heuristics and viewpoints to a team or endeavor to ensure effective and critical thinking. In the context of healthcare, diversity includes developing a care team that reflects the communities it serves. Equity is the quality of being fair and impartial. In

the context of health care, equity includes fair access to not just innovative care, but also standard care. Inclusion is the action of including or of being included within a group or structure. It is not enough to achieve diversity if that diversity is only for appearance purposes. All team members should have a voice in the direction of the team or organization. Belonging is a word that is gaining traction in this space, and it is another way to look at inclusion. All voices are heard, even the voices that may not be aligned with most points of views.

What are the top impediments to expanding the diversity of our workforce?

The top impediment is the narrative behind DEI. Some people view inclusion as a block of cheese. "The more people you bring in, who do not look like me, the less cheese I get." We learned in our STS climate survey, that there is a prevailing myth about diversity, that diversity is antithetical to meritocracy (Backhus LM, et al. An Exploration of Myths, Barriers, and Strategies for Improving Diversity Among STS Members. *Ann Thorac Surg.* 2019 Dec;108(6):1617-1624). We saw this trope in the 2023 STS Presidential Address, and this focus on "anti-wokeism." The reality is far from this false narrative. The reason for DEI initiatives is qualified, meritorious individuals are often not provided a fair opportunity to enter healthcare. And once they do enter, there is often no environment for belonging, and retention is poor. Statistically the same Black males are accepted to medical school today as the 1980's, despite statistically more Black American males receiving college degrees. Less Black Americans are accepted to medical school per applicant compared to White, Asian, Hispanic/Latino and Native American applicants. Once

accepted, Black Americans and Hispanic/Latino Americans are more likely to go unmatched to residency than their White and Asian counterparts. If matched, > 20% of residents dismissed from surgical residency are Black Americans, despite representing < 10% of the surgical resident population. When much more data do we need before we understand that this is an issue of unfairness.

Tell us a bit more about the work being done by the STS workforce?

The STS is doing many things, including a mentorship program for trainees and early career faculty, a longitudinal leadership academy for early career faculty, the Looking to the Future Program for medical students and general surgery residents, partnerships with groups like the WTS and the Association of Black Cardiovascular and Thoracic Surgeons, and plenary talks at the Annual Meeting such as the Vivien Thomas Distinguished Lecture, and the Vivien Thomas Symposium. In addition, the Thoracic Surgery Foundation offers several awards that fund health equity research and career professional development. There are also numerous efforts on the advocacy front. These are just a few things.

What do you think are the barriers for equity in patient care? What is being done to improve that?

One barrier is access to standard of care medicine. Black Americans are more likely to be diagnosed at later stages of lung cancer, more likely to die from lung cancer, less likely to be screened for lung cancer, less likely to receive surgery for early stage, and less likely to receive any treatment for lung cancer ([ALA](#)). However, when Black Americans are screened for lung cancer, if diagnosed, their mortality is the same as their White counterparts. So, the disparity is wiped out, just by receiving standard of care.

There are other examples. The mere participation in lung cancer clinical trials reduces mortality ([ascopost.com](#)) likely a result of combined effects of the therapeutic intervention arm, and the standard of

care therapies in the control arm. Again, many marginalized groups do not have fair access to standard of care. There should be thoughtful trial design for fair access of underserved groups to clinical trials ([virology-tech-europe](#))

How do you think we should integrate DEI teaching in medical schools and residency programs?

There should be thoughtful education on fair access to care, what are social determinants of health, and the ability to develop cultural dexterity. Cultural dexterity is cultural competence of many cultures, but the ability to take the lessons learned from interacting with one group and applying it to perform effective care of another group you have no experience with.

How can the average physician/surgeon make a difference in DEI initiatives?

Don't think of it as DEI. As that might be a chore for some. Especially those who are at public institutions that are in states with legislatures that have "declared war" on DEI. Think of it as fair access and belonging. Are you providing your patients standard of care medicine? Don't assume a patient wouldn't be interested in a clinical trial or innovative treatment. Ask. Are you including minority and/or women students in the discussions on rounds? Do you "see" those students, keep them from being invisible, ask them questions, give them opportunities to shine and show their fund of knowledge. Let students shadow you. Offer them opportunities to do research with you. Get to know your patients and trainees. Learn about their backgrounds, just as you would patients and trainees who look like you and are from similar backgrounds.

How can we inform ourselves and keep updated on key issues surrounding DEI? What resources you recommend?

The STS, AATS are leading the way in cardiothoracic surgery. The ACS in the house of surgery. Remember, it is not about a fixed wheel of cheese. It's about Fair Access and Belonging.



Carolyn E. Reed Award

By Dr. Virginia Litle

The Women in Thoracic Surgery Foundation sponsors the Carolyn E. Reed Traveling Fellowship Awards annually. Carolyn E. Reed, MD was a thoracic surgeon, an educator and successful researcher, who died early while still in her prime. She served as the first female Chair of the ABTS and was also President of the STSA and posthumously President of the STS. The award in her name provides support of up to \$10,000 for a clinically-established woman cardiothoracic surgeon, or woman resident in her last year of cardiothoracic surgery residency, to travel to another institution for the purpose of learning a new skill or technology. Thoracic, adult cardiac, congenital and transplant women surgeons are eligible. One of our recent recipients was Dr. Natalie Lui. Here is a summary of her productive experience.

In July 2022, Reed Award recipient and Stanford thoracic surgeon, Dr. Natalie Lui, traveled to observe Dr. Richard Lazzaro perform a robotic TBP at Monmouth Medical Center in New Jersey. He shared what he had learned over more than 140 robotic TBP, by far the largest series of any surgeon. Dr. Lui was then able to perform two robotic TBP back at Stanford over the next few months. In December, Dr. Lui traveled to observe Dr. Sidhu Gangadharan at Beth Israel Deaconess Hospital in Boston. His team of thoracic surgeons and interventional pulmonologists run the largest TBM program in the world. Dr. Lui observed both open and robotic TBP, learning advantages and disadvantages of each technique, as well as tips and tricks to use in my own practice. She also participated in their multidisciplinary clinics and attended a research meeting, where she learned about clinical and basic science projects and discussed potential future collaborations.

The Award was created ten years ago by the Women in Thoracic Surgery and with the assistance of Dr. Ajay Carpenter, a past president of WTS. The Thoracic Surgery Foundation (then TSFRE) now manages the application process, however, the Award Committee continues to be composed of WTS leaders. The application process opens July and closes in September (<https://thoracicsurgeryfoundation.org/awards/>). Any questions, email Virginia Litle, Reed Award Committee Chair, at vlittle@gmail.com



Dr. Lui and Dr. Lazzaro

In October, I traveled to Pittsburgh to learn from Dr. Sarkaria and Dr. Luketich. I have been working to implement a robotic esophagectomy program at my home institution in Boise, ID; the team at UPMC was graciously able to schedule two esophagectomies, an esophageal diverticulum resection, and giant paraesophageal hernia repair during my week there, as well as assorted other robotic cases. During the week, my physician assistant and I learned multiple new techniques that we were immediately able to apply at home – we scheduled a robotic esophagectomy for our first week back! Dr. Sarkaria has also been available by phone since our trip for advice regarding complex patients, and help with troubleshooting difficult clinical problems. The fellowship was absolutely an experience I would recommend to other candidates, both for the insights gained during the case observation sessions, as well as the networking and relationships built which have allowed my patients to benefit from the immense experience of the UPMC team.

Sincerely,

Ashley Morgan, MD



I am very grateful and honored to have received the Carolyn E. Reed award. This award funded a 2-week observership under the tutelage of Dr. Hans-Joachim Schäfers in Homberg, Germany which culminated in my attendance to and participation in the European Association for Cardiothoracic Surgery Aortic Valve Repair Summit. During my intensive, I scrubbed around 30 aortic valve repair surgeries of various pathologies in addition to multiple Ross procedures, root remodeling operations, and even several thoracoabdominal aneurysm repairs among others. I was also able to purchase of Dr. Schäfers's digital aortic valve repair atlas which I studied before, during and after the immersive experience to further hone my newly acquired skills. Overall, the experience imbued me with the confidence to begin aortic valve repairs and other advanced root repair techniques as a young, new cardiac surgeon.

Sincerely,



Sasha A. Still MD
Assistant Professor, Division of
Cardiothoracic Surgery
University of Alabama at Birmingham



2023 Carolyn E. Reed Award Recipients

2023 Recipient:

Maddy Rao

I am greatly honored to be a recipient of this prestigious fellowship and I am looking forward to utilizing the learning opportunity with Dr. Elliot Servias who is an expert at performing complex robotic operations including complex segmentectomies. I am confident that this experience will make a positive difference to my practice and the patients I care for.



2023 Recipient:

Simran Randhawa

Through this fellowship, I would like to establish the knowledge and skill required to perform robotic foregut surgeries, as well as gain the fundamentals and foundation needed to establish and expand a solid foregut practice. I am so grateful for the opportunity to visit Dr. Lana Schumacher who has a very busy robotic foregut surgical practice and performs over a 100 foregut surgeries annually.



WTS SCHOLARSHIP OPPORTUNITIES

The WTS Carpenter Scholarship

This award named for Dr. AJ Carpenter, the 63rd president of the Southern Thoracic Surgical Association (STSA), a national leader in education and a tremendous mentor to a growing cohort of young surgeons nationwide. The award allows young women in medical school or surgical training interested in cardiothoracic surgery the opportunity to attend the STSA Annual Meeting and be mentored throughout.

[Click here](#) for additional information.



The Carolyn E. Reed Traveling Fellowship

The Carolyn E Reed Traveling Fellowship was established to honor Dr. Reed's innumerable contributions to our field, the lives of patients and the lives of all who knew her. The annual award allows a clinically established woman thoracic surgeon to travel to another institution for the purpose of learning a new skill or technology. [Click here](#) for additional information.

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 mid-career female thoracic surgeons. The overarching goals are to establish a mentoring relationship for a female robotic surgeon and assist her in growing her robotic surgical practice. WTS encourages mid-career surgeons to consider this exceptional opportunity to enrich their surgical skill set.

[Click here](#) for additional information about this scholarship.



INTUITIVE™

WTS SCHOLARSHIP OPPORTUNITIES



WTS Brigid Scanlan Traveling Mentorship Award



The WTS Brigid Scanlan 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 \$3,500 towards travel-related expenses including room and board for the designated travel elective. [Click here](#) for additional information about this scholarship. Good luck to all applicants and congratulations to all our past recipients!

WTS Thistlethwaite Scholarship

This award named for Dr. Patricia Thistlethwaite, 43rd President of the Western Thoracic Surgical Association (WTSA) and former leader with Women in Thoracic Surgery (WTS). Dr. Thistlethwaite is a nationally-recognized cardiothoracic surgeon who conducts clinical research and has led major national trials to treat lung cancer. In addition, Dr. Thistlethwaite plays a significant role in training future cardiothoracic surgeons. This award was conceived to allow young women in medical school, surgical training and women postdoctoral candidates in a research or other gap year who have graduated medical school who are committed to cardiothoracic surgery the opportunity to attend the WTSA Annual Meeting, and to be mentored throughout the meeting by a WTS/WTSA member. [Click here](#) for additional information about this scholarship. The 2020 WTS Annual Meeting was canceled due to the COVID-19 pandemic and this year's award will not be offered.



WHAT IS A COACH AND WHY SHOULD I HAVE ONE?



Sharon L. Stein, MD

Sharon L. Stein, MD is a colorectal surgeon and past president of Association of Women Surgeons. She leads professional development programming and leadership coaching at theintentionalsurgeon.com and TheSurgeonsLounge.org. Dr. Stein will be addressing a coaching issue in each issue of the oracle. If you have a particular issue to address, please email me at sudarsm2@ccf.org

A coach gives you feedback on what you are doing to allow you to improve. Think Serena Williams playing tennis. Of course, she has a coach! Her coach provides Serena with *perspective* and *knowledge* to elevate her game. The coach can see things that Serena doesn't see because the viewpoint is different. The coach understands the game and goals and gives *feedback* on performance that allows Serena to improve. There are many options for coaches: a stroke coach, a strategy coach, a strength coach, a nutrition coach – depending on what part of Serena's game needs help.

The same is true in surgery. There are many types of coaches for surgeons: a technical coach, a business coach, a leadership coach. The coach you choose depends on where your career needs feedback and improvement. Ideally, the learning you have in one section improves other aspects of your "game" as well, but the emphasis is different.

For women in surgery, coaching can be a strategic advantage. Unlike our male colleagues, we don't always instinctively understand the "game" and the rules may be different for us. A coach's job is to "pregame" prior to high stakes interactions, and analyze post game what went right, what went wrong, and next steps. Imagine how much more effective you could be, if you had a team helping you navigate your trouble spots.

If we think about the importance of surgery versus tennis or any other sport, it is amazing that we don't use coaches more often. Our goal is to build a team that helps us achieve our best and coaching can be a valuable tool in our success.

2023 WTS Leadership

COMMITTEE CHAIRS

Resident Liaison	Christine Alvarado
Member-at-Large	Lauren Barron
Mentoring Chair	Alicia Bonanno
Member-at-Large	Elan Burton
Website/Social Media Co-Chair	Busra Cangut
Program Chair	Stephanie Chang
Resident Liaison	Jenalee Coster
Industry Liaison	Amy Fiedler
Historian	Erin Gillaspie
Membership Co-Chair	Fuyuki Hirashima
Membership Co-Chair	Karen Kim
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International Affairs Co-Chair	Lorena Montes
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Awards & Scholarships Co-Chair	Sara Pereira
Industry Liaison	Ourania Preventza
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Awards & Scholarships Co-Chair	Smita Sihag
International Affairs Co-Chair	Monisha Sudarshan
Oracle Editor	Monisha Sudarshan
Member-at-Large	Paula Ugalde Figueora
Member-at-Large	Fatima Wilder

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Vice President (President-Elect)	Mara Antonoff
Secretary	Stephanie Worrell
Treasurer	Hannah Copeland
Immediate Past President	Lauren Kane
Past President (non-voting)	Shanda Blackmon

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Director-at-Large	Leah Backhus
Director-at-Large	Mimi Ceppa
Director-at-Large	Ginny Little
Director-at-Large	Lana Schumacher

WTS REPRESENTATION:

Representative, Advisory Council for Cardiothoracic Surgery of ACS	Hannah Copeland
Representative, STS Task Force on Diversity and Inclusion	Rian Hasson
Representative, Congenital Cardiac Surgery	Stephanie Fuller
Representative, Adult Cardiac Surgery	Ourania Preventza
Representative, General Thoracic Surgery	Betty Tong



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Scanlan International, Inc.
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 University of Texas MD Anderson Cancer Center
 University of Utah
 University of Virginia
 UT Southwestern Medical Center
 Vanderbilt University Medical Center
 Washington University School of Medicine

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