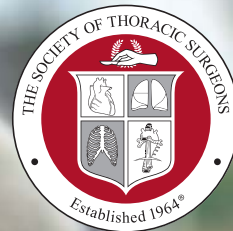


STS | News



Wellness First

Perspectives and Strategies on Surgeon Wellbeing

This year ushered in a new era of member wellness at The Society of Thoracic Surgeons. Members are calling for a focus on wellbeing and resources that support them holistically. What's driving this change? A slew of unprecedented professional and personal challenges in an ever-changing, fast-paced specialty.

The *New England Journal of Medicine* points out the worst. Physicians have a higher rate of suicide than other professions with roughly one doctor dying every day, nearly double the rate of the general population. Some experts attribute the high rate of physician suicide to the pandemic and its aftermath, including isolation, economic stress, and extreme workloads. For health professionals, this warrants particular attention.

That's why STS is prioritizing surgeon wellness, making wellbeing – both physical and emotional – a top priority at the organization. STS understands that the health of our member surgeons and the health of their patients are inseparable, and that, over the long-term, a healthy, thriving CT surgery specialty needs healthy, high-performing surgeons.

Here, we examine wellness risks and resources for positive change.

▶ CONTINUED ON PAGE 6

▶ Dr. Stephanie Fuller, Children's Hospital of Philadelphia, finds a moment with her horse to relax and enjoy life.



The Society's mission is to advance cardiothoracic surgeons' delivery of the highest quality patient care through collaboration, education, research, and advocacy.

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Member Wellness

To take care of others you need to take care of yourself. Here's a look at what your peers are doing to enhance their wellbeing.



Virginia Little, MD, chief of thoracic surgery, St. Elizabeth's Medical Center, Regional Thoracic Lead Steward Health: "Being outdoors and active exemplifies the field of environmental psychology for me. Hiking a trail or gliding quietly through backcountry snow elevates my mental health with concomitant positive cardiovascular and physical effects."

STS Past President **Joseph Dearani, MD**, director of pediatric and adult congenital heart surgery at the Mayo Clinic: "Cardiac surgery is stressful and requires a great deal of focus and attention to detail. Balance in life is essential for professional satisfaction and happiness. Music is a wonderful way to balance work."



Dr. Elizabeth Stephens, Mayo Clinic, and her therapy dog offer comfort and cheer to medical staff and patients.

Member News



Dr. Pelletier Named Professor at Case Western Reserve University School of Medicine

Marc Pelletier, MD, FRCSC, chief of the division of cardiac surgery, University Hospitals Health System, and director of the Heart Surgery Center for University Hospitals Harrington Heart & Vascular Institute, was appointed as the Jay L. Ankeney MD Professor of Cardiothoracic Surgery at Case Western Reserve University School of Medicine in Cleveland, Ohio.



Dr. Wood Is First CT Surgeon to Receive Rodger Winn Award

Douglas Wood, MD, University of Washington School of Medicine, was the first cardiothoracic surgeon named as a Rodger Winn Award recipient by NCCN for improving the lives of cancer patients. "I am truly honored and humbled by this recognition."



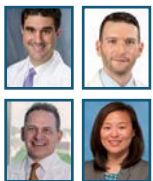
Dr. Sarwal to Lead Cardiovascular and Thoracic Surgery at IVY Hospital

Virendar Sarwal, MD, MCh, has been named director of cardiovascular and thoracic surgery at IVY Hospital and its network of hospitals in North India.



Dr. Howington Appointed President of the American College of Chest Physicians

John Howington, MD, MBA, was selected as the President of the American College of Chest Physicians for 2025 and recently opened a new thoracic surgery practice with Virginia Mason Franciscan Health at the Saint Michael Medical Center in Silverdale, Washington. Previously, he served as Chief of Oncology Services and Chair of Thoracic Surgery with Ascension Saint Thomas Health and a professor at the Department of Clinical Medical Education at the University of Tennessee Health Sciences Center.



UT Health Welcomes New Surgeons

UT Health Austin and Dell Medical School welcomed **George Arnaoutakis, MD, Joshua Grimm, MD, William Kessler, MD, and Karen Kim, MD**, to a newly created Division of Cardiothoracic and Vascular Surgery.



Dr. Backhus Promoted to Professor at Stanford University

Leah Backhus, MD, MPH, promoted to professor of cardiothoracic surgery at Stanford University.



Dr. Comas Completed the TSF Robotic Cardiac Surgery Fellowship

George Comas, MD, assistant professor of cardiac surgery at West Virginia University Heart and Vascular Institute, completed The Thoracic Surgery Foundation's Robotic Cardiac Surgery Fellowship and received his certificate this year.



Dr. Ceppa Named J.E.D.I. Vice Chair at Indiana University School of Medicine

DuyKhanh Ceppa, MD, was appointed the vice chair for Justice. Equity. Diversity. Inclusion (J.E.D.I.) at the Indiana University School of Medicine, Department of Surgery. This is a critical role for the hospital as they seek to weave DEI best practices into all areas of their surgery department.



Drs. Brown and Godoy Recognized as Outstanding Faculty Leaders at UC Davis

Two STS members received UC Davis Department of Surgery Awards honoring outstanding faculty for their commitment to education: **Lisa Brown, MD, MAS**, associate professor of thoracic surgery, was named CT Integrated Program Faculty of the Year; and **Luis Armando Godoy, MD**, assistant professor, general thoracic surgery, was named Outstanding CT Faculty.



Dr. Woo Honored for Promoting a More Inclusive Culture in Medicine

Y. Joseph Woo, MD, professor of cardiothoracic surgery, Stanford University, received the Faculty Women's Forum Outstanding Leader Award for his exemplary record of developing a culture of inclusion and promotion of women faculty through allyship, leadership, and sponsorship.



Dr. David Selected as the 2023 Ray C. Fish Award Recipient for Modern Surgical Practices

Tirone David, MD, cardiovascular surgeon and professor of surgery at the University of Toronto, was named the 2023 Ray C. Fish Award recipient for leading modern surgical practice. During the past four decades, Dr. David has developed several operative procedures for treating patients with heart valve disease, complications of myocardial infarction, and thoracic aortic aneurysms. He is most well-known for introducing the eponymous David procedure—an aortic valve-sparing operation for patients with aortic incompetence and aneurysm of the ascending aorta. Dr. David has contributed to advancements in ventricular septal defect repair after myocardial infarction, mitral valve repair, and the Ross procedure, and has played a key role in developing the stentless aortic prosthesis.



Send news about yourself or a colleague to stsnews@sts.org. Submissions will be printed based on content, membership status, and space available.



President's Column

What Have You Done for Me Lately?

Thomas E. MacGillivray, MD

Happy summer! I hope everyone has been able to find time to escape the record-breaking heat while spending quality time with family and friends. Recently, while driving to the beach with my family and thinking about what to write for this column, I was surfing the satellite radio channels and was inspired by the title of the 1986 Janet Jackson song, "What Have You Done for Me Lately?" My mission for my day at the beach was clear: Update STS members on the Society's exciting accomplishments, ongoing projects, and future plans that will directly benefit each one.

Strengthening The STS National Database

In the last President's Column, I talked about the power of STS Databases and their impact on the specialty. Combined, the four registries of the STS National Database – adult cardiac surgery,

general thoracic surgery, congenital heart surgery, and STS-Intermacs – have accurate, patient-level data on nearly 10 million cardiothoracic surgery operations. STS data along with research trials have been used to develop numerous clinical practice guidelines. Risk calculators are available to help assess the suitability for surgery in patients. Over the last three decades, risk-adjusted data has improved the safety of care and 30-day outcomes of countless patients.

We now have the ability and opportunity to link our vast data with the National Death Index and with Medicare claims data to demonstrate long-term efficacy, comparative effectiveness, and value-based care compared with other interventional treatments. Over the coming months, we will publish sentinel papers with long-term outcomes on hundreds of thousands of patients

demonstrating the efficacy of surgery on specific topics of adult cardiac surgery, general thoracic surgery, congenital heart surgery, and Intermacs. The first sentinel manuscript, which includes over one million coronary artery bypass grafting patients from our Database, demonstrates the long-term survival benefit of multi-arterial grafting and has been submitted to a high-impact journal.

That said, the STS Database is not perfect. Our users have helped to identify gaps and shortcomings as the Database has evolved from its original purpose to provide individual surgeons with tools to benchmark their program's quality assessment and performance improvement.

Members have asked if the purpose of the Database has changed to one of research for the benefit of some academic surgeons rather

than serving as a patient care and quality assurance tool for all surgeons. Some members have noted that data collection is too labor intensive because of the many data elements. Others have complained about the added expense due to abstractors, data coordinators and third-party vendors needed to manage the data. In addition, there are questions about risk modeling and the relevance of the reported index cases given the rapidly evolving surgical practices related to the increase in transcatheter, endovascular, and endoscopic procedures and novel drug therapies.

" The STS recently launched a next-generation Operative Risk Calculator to assess the risk of adult cardiac surgery operations."

STS has been listening to this valuable member input, and we have made numerous changes to decrease data entry burden, lower the expenses, and improve the efficiency of data reporting and return. We recently changed the data warehousing from Duke Clinical Research Institute (DCRI) to IQVIA. We moved most of the data analytics from DCRI to the STS Research and Analytic Center, which will improve the efficiency, analysis, and return of program data. More than 10% of programs are now using direct data entry to IQVIA, which allows these programs to bypass the added layer (and the cost) for third-party data vendors.

Moreover, we are modifying our Database platform to make it more intuitive and user-friendly. Our goal is to encourage further engagement among surgeons and data coordinators and our STS staff are available to help train more people in direct data entry.

The STS Next Generation Risk Calculator

The STS recently launched a next-generation Operative Risk Calculator to assess the risk of adult cardiac surgery operations. This improved bedside patient care tool includes current risk model adjustment calibrated every three months to ensure up-to-date risk assessment for patients. In addition to the risk of mortality, the risk calculator also provides procedure-specific risk of individual complications associated with index operations (CABG, AVR, MVR, MV repair including one specifically for repair of primary MR, AVR-CABG, MVR-CABG, and MV repair-CABG), as well as the soon to be reported multi-valve and aortic procedures.

The new risk calculator includes recently added risk factors, such as liver disease, concomitant tricuspid valve procedure, NYHA class, and others not previously included. In addition to providing the calculated risks of individual complications and mortality, the risk calculator also updates and records the impact of each specific risk factor responsible for the composite risk scores to facilitate patient discussions, pre-operative optimization, and medical record charting. A summary page can be easily copied into the electronic medical record. The user-friendly risk calculator is viewable on an intuitively easy-to-use single computer screen and is available on most mobile devices.

With all the new changes, one constant remains: STS's commitment to ensure that the Database exists for all CT surgeons, not just selected large academic centers. The STS Database captures 97% of all cardiac surgery operations performed in the United States, allowing every program of every size to benchmark data with the outcomes of "like institutions," as well as the entire STS cohort.

We have been collecting and analyzing data on the evolving practice of cardiac surgery and will soon be reporting outcomes of multiple-valve operations with and without coronary artery surgery, as well as proximal aortic surgery, including aortic root procedures.

2024 Strategy and Planning

The STS Board of Directors, Council Chairs, and senior staff recently completed a strategic planning process. In this post-COVID world, much has changed in our profession, our specialty, and our membership. A new strategic plan is essential to reaffirm our mission and to set the STS's top priorities and objectives for the next five years.

As you know, the STS is committed to championing the value and impact of the specialty through education, quality and research initiatives, advocacy, and strategic partnership. We also are steadfast in our commitment to advance the health, well-being, and inclusion of all CT surgeons from medical school through retirement. But we can't do it alone. We must do it together.

As part of the 2024 planning process, STS commissioned a survey to collect member feedback, ideas, and insights that will help us explore new ways to enhance membership value, advocate for the specialty and deliver quality educational experiences.

Based on your feedback, we have initiated efforts to address concerns regarding inclusion, selection of STS leaders, and surgeon compensation disparities.

We hired an external consultant to evaluate STS's DEI policies. I created two new Presidential Task Forces: The Nominating Committee Advisory Task Force to review and improve the current process for identifying, mentoring, and nominating senior STS leaders; and The Surgeon Compensation Task Force to create an annual cardiothoracic surgeon survey to help us better understand workplace-related compensation issues and negotiation matters. The regional, subspecialty, and practice-type specific salary/benefits data will be available to better equip cardiothoracic surgeons to advocate for themselves during contracting and salary negotiations.

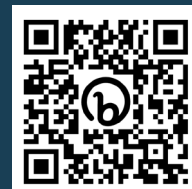
STS's Reach is Extraordinary!

STS is everywhere we need it to be to help advance this specialty. The Annals of Thoracic Surgery is the most widely read CT surgery journal in the world. The Thoracic Surgery Foundation, STS's philanthropic arm, has awarded \$1 million in educational, research, and outreach grants in the past year. STS Advocacy is making unprecedented progress to represent your voice in Washington, DC.

"STS is everywhere we need it to be to help advance this specialty."

As president of the STS, I recently was invited to testify on the value of medical registries at the U.S. House of Representatives' Energy and Commerce Subcommittee on Health regarding Medicare coverage pathways for innovative drugs, medical devices, and technology. Of all the witnesses testifying at this hearing, the STS was one of only two medical specialty societies invited. The impact of our Database and the effectiveness of our advocacy efforts literally give the STS a seat at the table in Washington, DC.

After spending the afternoon at the beach, my family and I packed up the car and started to drive back to our hotel. It was a great day at the beach. As luck would have it, the 1974 Bachman-Turner Overdrive song "You Ain't Seen Nothin' Yet" came on the radio as we pulled out of the beach parking lot. In one day, two classic rock song titles have proven to be an inspiration to help me write this article. What an exciting time to be a CT surgeon and a member of the STS!



► Follow this QR code to the new Risk Calculator

Wellness First

► CONTINUED FROM COVER

Burnout

Surgeon burnout is not new, but it has intensified to the point where it's now pervasive. Five years ago, cardiothoracic surgeons weren't talking openly about burnout and the importance of self-care. Now, they're seeking personal wellness strategies.

Several factors are colliding: seasoned surgeons who have been pushed too far too many times; early career surgeons facing a higher frequency of work-home conflicts; increased depersonalization of patient care; healthcare organizations driven by revenue and bureaucracy; and the harrowing pandemic that made healthcare providers rethink their careers.

More than half of US cardiothoracic surgeons are hospital employees and may have less autonomy in that situation, compared to private practice. The increasing number of employed surgeons highlights a need to foster work-life balance that enables cardiothoracic surgeons to maintain mental and physical health.



► "Cooking has always been a love language in my family. It gives me joy," says Dr. Olugbenga Okusanya, Jefferson Health.

"It is really important to understand that you are not going to win the game if you work harder. Patient demand will always be there, so it's not like you are going to 'finish,'" says Armin Kiankhooy, MD, a cardiothoracic surgeon at Cedars-Sinai Huntington Health in Pasadena, CA. "Don't overdo it because if you play the game really quickly and really hard, you are just going to drown."

Wellness means different things for different surgeons and may include physical, economic, psychological, sociological, spiritual, and other elements. No matter how wellness is achieved, surgeons who have it preserve a sense of satisfaction with their careers and personal lives.

Focus on what you can change

Cardiothoracic surgeons are accustomed to being the experts with their patients and staff, but solving their own struggles can be daunting. The underpinnings of physician burnout are complex and deep-rooted in the demands of health systems, and the very high expectations surgeons have for themselves.

Challenges surgeons face, such as time-consuming electronic health records, litigation, clinical productivity, long days and nights, prolonged stooping in the operating room, and tough outcomes will never go away completely. Challenges will be different at different career stages. Ross Bremner, MD, PhD, Chair of the Department of Thoracic Disease at St. Joseph's Hospital and Medical Center in Phoenix, emphasizes what many physicians may not realize: 20-30% of factors that can potentially lead to burnout are within their control. Dr. Bremner, who also volunteers as the chief wellness officer at his hospital, says, "I think that during our careers, there are going to be times when we are burned out and times when we are not. We just really need to know how to manage our career trajectories. I think that there is opportunity in chaos, as they say, and we have learned a lot through the pandemic."

The cornerstone of all wellness and the first steps that must be conquered are proper nutrition, exercise, and adequate sleep. Surgeons need to be rested and physically healthy before they can start working on their mental health. STS offers resources and STS member surgeons share advice as further guidance on wellness:

1) Recognize when you are mentally depleted and not functioning at your best. Rudeness, medical errors, disruption in the



► For Dr. Douglas Wood, UW Medicine, cycling helps beat stress.

operating room, depersonalization from patients, lack of motivation and depression are clear signals.

- 2) Cultivate supporters inside and outside the hospital who will truly give you a reality check on your wellness. It may be a peer surgeon, mentor, family member, friend or other trusted source of objectivity and caring. Dr. Kiankhooy notes that his wife is his best sounding board as well as close friends.
- 3) Take advantage of sabbaticals, if offered, to recalibrate and redefine career goals and reflect on what will be important to you when you return.
- 4) Exercise your creativity and imagination in activities outside of work that bring happiness. It could be as simple as spending time outdoors, playing guitar or painting to re-energize creative minds.
- 5) Set reasonable expectations for daily accomplishments instead of trying to conquer too much, especially during those inevitable days that don't go as planned.
- 6) Absorb gratitude from patients and truly feel the profound impact you had on them and their families. Rediscover why you chose to be a cardiothoracic surgeon.
- 7) Carve out white space on your calendar. Use this time to think about what is

bothering you, how you can sort it all out, and address these difficulties. Self-help resources include:

- The STS Taskforce on Wellness, created to help members build and maintain resilience, reduce burnout, and achieve optimal performance, develops wellness tools, resources, and activities for every career stage.
- STS's Wellness Resources page, including thought leadership blogs on managing careers through the lens of wellness and *The Annals of Thoracic Surgery* peer-reviewed articles on overcoming burnout.
- STS's "The Resilient Surgeon" podcast series that aims to inspire cardiothoracic surgeons to be their best selves. In each episode, host Michael Maddaus, MD, talks to game changers in the high-performance and wellness space who share real-world strategies for building and maintaining resiliency.

Dr. Maddaus, who chairs the STS Taskforce on Wellness, has been highly successful at using meditation to reduce stress and restore energy. In the beginning, he found the practice of meditation awkward, strange, and uncomfortable. "The most I could do on a good day was two minutes without starting to think and get drawn into yet another story or concern in my mind. I nearly gave up," explains Dr. Maddaus. He now uses the *Waking Up* app by Sam Harris to help manage his breath work, which research shows helps to reduce anxiety, sharpen memory, treat symptoms of depression, and promote more restful sleep.

Dr. Maddaus adds, "I have found that meditation is not immediately rewarding, causing many to give up too early. But by sticking with meditation, just 10 minutes a day over the course of several months, you can see a profound shift in an understanding of one's mind and achieve greater equanimity, focus, and presence, which is transformational."

Psychotherapy or counseling is another legitimate method to return to or maintain wellness. But as Dr. Bremner notes, going to therapy is hard for surgeons, for several reasons. The concept of engaging a qualified executive coach is less stigmatized, more palatable, and just as helpful. It's something that he hopes will be offered by more hospitals.

"I hired an executive coach, and she helped me from a psychological standpoint as well as



► Dr. Shanda Blackmon, Mayo Clinic, enjoys the great outdoors with her family.

from a professional standpoint about what I should be doing, how to prioritize things in my life, and how to re-energize myself to be the doctor that I really wanted to be. A lot of my personal burnout was self-inflicted. I just drove myself harder and harder and lost more and more sleep, and no one ever told me not to," Dr. Bremner says.

After much self-reflection and assistance from his trusted people, Dr. Kiankhooy realized that he needed to leave his full-time faculty position and go into private practice. Since then, he has returned to academia in a part-time clinical role. "It took me six months to flush out the toxicity and recalibrate who I was as a person and for the professional side of me that I also valued so much. I was 'born again' as a physician," he says.

Look after each other

Peers taking care of peers may be easier said than done at a time when everyone is feeling stressed. However, Dr. Bremner notes that we are all hardwired for human connection and without it, feelings of disconnection set in. "Clearly we have recognized the value of connectedness, but perhaps there is more that we can do," he offers.

Taking on a few cases when your tired colleague needs a break, taking a colleague aside to ask how they are doing, or maintaining friendships outside of work can go a long way to avert burnout. Especially for early career surgeons, who may hesitate to ask for help.

After those 20-30% of burnout factors within your control are optimized, the rest is determined by your institution. Across the

country, there is wide variation in the attention hospitals devote to physician wellness and the related resources they provide.

Stretched further, the definition of looking after each other also means partnering with hospital administration. Dr. Bremner notes the common disconnect between surgeons and hospital administrators, who frequently don't know the extent of physician burnout. Surgeons need to bring this issue of wellness to the executive level to create sustainable solutions in the hospital system and resources to back them up. Executives need to be educated on why physician wellness is important to patient satisfaction and the consequences of surgeon turnover, which can cost up to \$1 million per year in lost billing, recruiting, and onboarding time, not to mention potential damage to the hospital's reputation, according to the *Journal of Hospital Medicine*.

"In order to have patient satisfaction, you must have physician wellness. A well physician is going to be able to provide good care and your patients will be satisfied. An exhausted, ticked-off physician is going to have unsatisfied patients. It's as simple as that." Dr. Bremner says. "Many of us have or can have a voice at the table to drive this sort of organizational change." ■



► Follow this QR code to more STS wellness resources, including relevant articles in *The Annals*.

Resident Wellness:

Managing Stress and Fatigue Early On



► Dr. Sara Pereira, University of Utah, shares a smile with resident Lauren Levy in a cardiac simulation lab.

Exhaustion from long hours and rigorous training has long been an expectation for anyone in a cardiothoracic surgery residency. Rigorous training to become a full-fledged CT surgeon can last up to 11 years post-medical school, depending on fellowship and subspecialty choices. That's a long time to manage stress and fatigue.

Surveys conducted before the COVID-19 pandemic and published in *The Annals of Thoracic Surgery* indicated high rates of burnout, regret, and depression for residents. The pandemic intensified these experiences for residents as the healthcare system went through harrowing times. Responding to surgeon and resident input, The Society of Thoracic Surgeons is making it a priority to promote wellness among CT surgery residents.

"When you are a trainee being rated on every little thing you do, how do you show weakness?" asks Brian A. Mitzman, MD, MS, Associate Program Director for the General Surgery Residency at the University of Utah Huntsman Cancer Institute and member of the STS Workforce

on Career Development. He adds that feeling uncomfortable is normal, but it's important for residents to identify when stress levels become unhealthy. Trouble sleeping, low performance, depression, and dreading going to work are signs that it's time for attention to wellness.

Relief and respite are different for everyone, but self-help strategies may include:

- 1) Doing enjoyable non-medical activities on a regular basis, even 30 minutes a day. This could include athletics/exercise, hobbies, time outdoors, or visiting friends.
- 2) Spending time with family, especially children. Eating dinner together, putting kids to bed, and attending their school and social events help preserve the joy of parenthood.
- 3) Finding an ally to talk to and confide in, either a faculty member or outside of work. Ideally, every resident should have a faculty confidant. Reaching out to wellness committee members at surgical associations may also be beneficial.
- 4) Asking for help when you need it, even though it's difficult. Ignoring the problem will not make it go away.

Amy G. Fiedler, MD, Assistant Professor of Clinical Surgery at the University of California San Francisco and member of the STS Task force on Wellness and STS Workforce on Career Development, and Dr. Mitzman understand the totality of the problem across the country and the broader implications that cardiothoracic surgery resident wellness has for the future of the specialty.

"You should never be afraid to go to your director or associate director or anyone on your faculty with any personal wellness concerns. We all care about the trainees as cardiothoracic surgeons, as well as human beings, and if you are feeling burnt out, stressed out, or unwell, please bring that to our attention because I can assure you that people care about you and want you to feel whole, and we will do what we can to help you," says Dr. Fiedler, who is a go-to person at her hospital.

Dr. Mitzman reframes the goal for residents as "work-life integration" rather than "work-life balance." He believes that a distinct divide between work life and personal life is extremely difficult to achieve as a surgical trainee. And that it is far easier to attain wellbeing by integrating the two so that they can co-exist peacefully.

Ask for help, let go of the guilt

Physicians encourage patients to share concerns about depression, anxiety, or other mental health conditions, yet are less likely to seek help themselves due to stigma. Why? They fear this type of medical care might adversely impact their careers. Cardiothoracic surgeons feel the

pressure of performing at superstar levels. Being invincible. Residents don't want to show weakness.

Dr. Mitzman, who is five years into practice, adds that it is difficult for residents to speak up because they are being rated on absolutely everything they do. "But asking for help is not weakness, it is being normal. Nobody is superhuman."

For him and others, it comes down to taking care of each other. Residents have increased responsibilities compared to medical students. If a resident needs some personal time, others may have to take on extra work, but they should not be deterred. "One day, your colleague is going to need some time off and they will need you. It all comes full circle," Dr. Mitzman says.

For many residents, self-help may be the first step to take. STS provides these resources and points to other available assistance:

- STS's *The Resilient Surgeon* podcast, conducted by physician life coach Michael Maddaus, MD, spotlighting high performers in the wellness industry who speak candidly about their own struggles
- STS's Strategies for Surgeons to Prevent Burnout video to help physicians create fulfilling personal time outside the hospital
- STS's Aspiring CT Surgeons blog where residents discuss mental and physical challenges of training and how to ask for help
- A new STS social media campaign aimed at sharing images and quotes from members that define wellness and show how they practice it to inspire others
- Employee Assistance Programs, operated by hospitals to help staff find therapeutic resources, including mental health providers who can be easily accessed

Faculty have huge impact

Medical schools throughout the US have begun to address medical student and resident burnout. Faculty realize it's difficult for trainees to speak up, but self-regulating habits are not always enough. Being proactive, offering inquiry and personalized support for medical students and residents, even when they don't ask, can help address and manage training demands.

At the University of California, San Francisco, residents receive personal days off. "We recognize the importance of monitoring trainee work schedules and not just paying lip service," Dr. Fiedler says. She adds that her department treats trainees as "whole" individuals with personal and professional interests and includes them in faculty gatherings to foster feelings that they are truly part of the team. The University of Utah gives residents a half day each month when they can do whatever they want and take a break from their clinical or educational responsibilities.

New leaders in surgery are deepening the call for medical student and resident wellness and implementing steps to make this a reality. Early career surgeons who trained under work restrictions realize the difference between their programs and practically living in the hospitals as their mentors did. As past trainees who are now in practice, they are becoming decision-makers for cardiothoracic residency programs. As an early career cardiothoracic surgeon, Dr. Mitzman has joined this bandwagon.

"The well resident has good work-life integration and they are enthusiastic and excited. The hours may be long and there will be tough days, but waking up in the morning and looking forward to the day ahead is a sign of wellness," he says. ■



Understanding and Addressing Physician Wellbeing

Q&A with Dr. Gaurava Agarwal,
Chief Wellness Executive, Northwestern Medicine



Surgeon wellness is top-of-mind for Chief Wellness Executive Gaurava Agarwal, MD, at Northwestern Medicine, an 11-hospital system across the Chicago metro area, including Northwestern Memorial Hospital in downtown Chicago. He created the award-winning Scholars of Wellness in 2019, a program aimed at addressing organizational drivers of physician burnout.

STS talked with Dr. Agarwal about how the pandemic impacted physician wellness and how surgeons can safeguard their mental and physical wellbeing moving forward.

STS: There is a lot of discussion on physician wellness and in particular, burnout. What challenges to professional wellbeing have you seen at Northwestern Medicine and across the field?

Dr. Agarwal: Burnout is a fairly broad term. It has been said that there are two groups of people that fall under the umbrella term “burned out”: worn out and fed up. The pandemic led to a major challenge for large groups of healthcare workers. One challenge is managing staff who are worn out due to increased demands at home and at work. As the pandemic resolves, we are finally seeing some of the “worn out” people be able to rest and recover. The other group, the “fed up” group, continues to seek solutions for wellbeing in health care that are sustainable long term.

STS: What root causes of burnout most impact surgeons?

Dr. Agarwal: Our flagship program at Northwestern Medicine is called the Scholars of Wellness (SOW) and was published by the American Medical Association’s STEPS Forward® program. We learned that our surgical SOW participants have many of the same root causes and drivers of burnout as other healthcare professionals but also some unique root causes. In the operating room, these include ergonomics that can result in significant physical pain, inefficient workflows and scheduling, and suboptimal communication. In addition, some surgeons feel lower psychological safety due to the hierarchical structure. Underrepresented minorities in medicine and female surgeons also feel biases and pressures internally and from patients. Work-life integration issues can be challenging and impact all surgeons.

STS: What role does stigma play?

Dr. Agarwal: I served as a psychiatrist and wellbeing content expert for the SECOND Trial research team to improve the wellbeing of residents. I was struck by how stigma about mental health and expectations about “being tough” seemed to play an even larger role among surgeons than other healthcare professionals. I am hopeful that this culture is changing and that Dr. Carrie Cunningham’s February 2023 disclosure of her mental health journey during her Presidential Address at the Association for Academic Surgery Conference will continue to reduce stigma and barriers for surgeons to seek and receive the health care they deserve.

STS: What guidance do you give a surgeon who needs to rediscover personal satisfaction in the profession?

Dr. Agarwal: In addition to being a psychiatrist to healthcare professionals, I also serve as a certified coach to professionals in other industries. I agree with Dr. Atul Gawande and others who have noted the benefit of coaching for surgeons to more intentionally craft a career

that is fulfilling and sustainable. Coaches also assist in building careers with opportunities for continued professional growth and improvement of skills, and help to clarify meaning, purpose, and balance in surgeons’ lives.

STS: How can surgeons begin to think about changing their workloads or work systems around them to avoid burnout?

Dr. Agarwal: Each of us has the ability and responsibility to play an active role in removing “the pebbles in the shoes” that grate on us day in and day out. These annoyances or inconveniences add up, but are usually relatively simple to address if we constructively partner with leadership and administrators to address them. For larger organizational issues that require learning skills such as change management, process improvement methodology, and wellness science, leadership partners such as chairs, department administrators, chief wellness officers, chief medical officers, and others can begin to tackle these issues within their circles of control and influence.

STS: What wellness resources does Northwestern Medicine offer their staff?

Dr. Agarwal: In addition to the SOW Program that addresses work systems issues, we recognize that people have various needs across the wellbeing continuum. We provide a peer support program for staff dealing with stress and distress due to occupational hazards such as litigation, medical errors, adverse events, and discrimination and bias from patients and visitors. We also offer a program called IGNITE, which decreases professional isolation and builds community amongst our teams. Finally, for staff who are ill or impaired, we offer high-quality mental health treatment resources.

STS: What resources can a surgeon or any healthcare worker pursue for help if their hospital does not have a well-developed staff wellness program?

Dr. Agarwal: As wellbeing and burnout receive greater national attention, healthcare workers who do not have local access to wellness resources can look to national resources for support. Resources that are particularly helpful are available through the National Academy of Medicine’s Action Collaborative on Clinical Wellbeing and Resilience, the AMA’s STEPS Forward program, the American Hospital Association’s Clinical Well-being Playbook, and surgical societies and associations. ■

STS Members Share Opinions on Diversity and Inclusion at Town Hall

STS President Thomas E. MacGillivray, MD, recently hosted a Town Hall to get member input on how the Society can advance a more inclusive and welcoming community of cardiothoracic surgeons.

Facilitated by DEI Consultant James Pogue, PhD, the Town Hall focused on understanding member perceptions of where individuals, the specialty, and the Society are today with respect to DEI.

“This work is about you, our members. We want your perspectives on the role that DEI should play in our specialty and our Society,” said Dr. MacGillivray. “This is your opportunity to speak up and have your voices heard.”

Key themes that emerged were the need for data to understand members’ general knowledge of DEI; a call to action for members to engage in real, meaningful conversations that result in tangible change; and developing a culture that elevates empathy, listening, kindness, and grace throughout this journey.

Dr. MacGillivray said he has listened to a wide range of opinions over the past five months, and he sees STS members at different levels of DEI understanding and engagement.

“The more we talk about things, the more we can learn. I hope all of us who are trained in science, data, and evidence take the

knowledge gained from this journey and use it to help us build a better future for all,” he added.

Leading up to the Town Hall, Dr. Pogue conducted one-on-one discussions with key stakeholders and a deep-dive DEI session with the STS Board of Directors. Next up is a member survey and focus groups. Dr. Pogue will use data and insights from this work to develop recommendations on the path forward for STS. ■

NEW SEASON NOW AVAILABLE!



Available on iTunes, iHeart Radio, Spotify and at [STS.org/podcasts](https://www.sts.org/podcasts)

PODCAST GUESTS INCLUDE:

- **Satchin Panda, PhD**
a leading expert in the field of circadian rhythm research
- **Anna Lembke, MD**
psychiatrist, medical director of addiction medicine at Stanford University
- **Todd Rose**
cofounder and president of The Center for Individual Opportunity
- **Fred Luskin**
director of the Stanford University Forgiveness Projects
- **Carrie Cunningham, MD, MPH**
associate professor of surgery at Harvard Medical School

How-To Achieve WELLNESS Through MINDFULNESS

According to a recent issue of Frontiers in Psychology, physician burnout has reached distressing levels. Emotional exhaustion, depersonalization, and reduced personal accomplishment are threatening the effective delivery of healthcare. These issues can potentially be mitigated by mindfulness practice, which has shown promising results in reducing burnout, restoring compassion, and preventing moral injury in physicians.

In this article, Diana Winston, director of mindfulness education at UCLA's Mindful Awareness Research Center, author of The Little Book of Being: Practices and Guidance for Uncovering Your Natural Awareness, and recent guest on the STS Resilient Surgeon podcast, explains how to use the tools of mindfulness to work with negative patterns like shame, guilt, and self-criticism that stand in the way of caring for and liking yourself.



Mindfulness: The Power of Awareness

By Diana Winston

We all can get caught in a painful cycle of self-blame, guilt, and judgment. We suffer from a challenging complex of thoughts and emotions that show up from time to time: self-judgment, self-criticism, guilt, and shame. These emotions seem to be at epidemic levels in society today.

Because I've been meditating now for 30 years, I have tools at my disposal that I can deploy

to work with difficult emotions and thoughts, which I'd like to share with you.

Here is a simple guide to working through your own painful thoughts and emotions when they arise.

How to get off the train of thoughts

The simple mindfulness practice of returning our wandering mind to the present moment is the foundation. When we get submerged in shame, self-hatred, and guilt, we can train ourselves to come back to the present moment and find relief. It's helpful to develop a regular meditation practice so that we have some understanding and experience with mindfulness in advance. Then we have the tools to apply it on the spot when the going gets rough.

The critical voices inside us take on myriad disguises, and mindfulness excels here. We learn to see those thoughts merely as thoughts—not to be taken as reality. One of my favorite bumper stickers is “Don't believe everything you think.”

Thoughts, while potentially amazing, profound, and brilliant, are also the source of enormous suffering. We all have our

top 10 suffering thoughts—worry, judging, comparing, and for most of us, guilt, shame, and self-criticism. We can learn to bring a mindful approach to these thoughts.

I find a couple of analogies helpful.

Thoughts are like snowballs. We start out with a tiny bit of snow and if we're not mindful, it can grow into a giant snowball that overwhelms us. It's important to catch the thoughts when they're tiny to not let them escalate.

Thoughts are like trains. We get on a train (I blew it today at work...) and it leaves the station. The next thing we know we're 20 miles down the track—20 minutes into disturbing, predictive, globalizing, or catastrophic ruminations (so I'll probably be fired...).

With mindfulness we have some choices. When we realize we're on the train, we can get off—it doesn't matter how long we've been ruminating. Or we can never get on the train in the first place—a thought arises, we see it as a thought, and we stay on the platform while the train passes.

How do we do this? Sometimes simply the power of noticing our thoughts in the moment is enough to help relieve them. Often, we harangue ourselves without really noticing we are doing it, so this recognition is key. One more analogy: You know those thought bubbles that cartoon characters have over their heads? Imagine your critical thought is in a thought bubble. Now you can take the pin of mindfulness and pop it. Ah, sweet relief.

When meditators catch a thought with their awareness, the thought may just dissolve at that moment—they've “popped it” or “gotten off the train.” This is wonderful when it happens, but it may be best case scenario. So,

I recommend that people also “note” thoughts: put soft mental labels on them like “self-criticism,” “judgment,” “worrying,” “blaming,” etc. Sometimes naming the thought can allow it to “pop.” This strategy is often called “name it to tame it.”

Now let’s say that just labeling thought doesn’t do much—we find ourselves still ruminating, acting like a dog with a bone. Then it’s time to bring our attention to our body to notice if there is an emotion fueling the repetitive thought pattern.

How to mindfully hold challenging emotions

Study after study shows the benefit of using mindfulness to regulate challenging emotions. We can be mindful of thoughts and emotions together, or we can focus on a strong emotion alone.

Mindfully holding our emotions starts with recognition—labeling and recognizing what has taken you down: fear, grief, shame, guilt, and so on. We can label emotions in the same way we label thoughts. Often just recognizing, naming, and letting them be there without trying to alter them may be enough.

Or we can shift to investigating the emotion in real-time, in our body. What’s happening at this moment? For example, a clenched stomach, tight jaw or constricted feeling in your chest.

“Don’t believe everything you think.”

One skillful approach is not to force ourselves to stay solely with the emotion, especially when it feels big and painful. It’s helpful to have a pleasant or neutral part of our body that we can move our attention to, and then return to the challenging emotions/sensations in our body when we’re ready. (If you don’t have an easeful area in your body, you can imagine a nurturing time or place.) Moving our attention back and forth allows for a bit of rest, prevents us from getting overwhelmed, and helps to integrate the challenging emotion. It helps build up our mindfulness capacity to hold difficult emotion.

As we attend to our emotions mindfully, we track them as they ebb and flow, move and shift, and intensify or dissipate. There are very specific sensations we can attend to: pulsing,

pounding, contracting, vibrating, tightness, and so on. Sometimes, mindfully being with them allows them to pass through, like weather patterns. Sometimes they don’t pass through, but we can hold them in our awareness and we are not disturbed by them. Sometimes they don’t pass, and we feel overwhelmed, but a little voice inside us knows we’re okay, even in the midst of strong, challenging feelings.

The key to the mindful approach is what’s typically called “disidentification.” This is the moment of recognition that we are not our thoughts or emotions. We go from “This is my thought or emotion that I’m entirely caught in,” to “This thought is moving through me.” “My thought” becomes “the thought.” “Being the thought” is now “being with the thought.”

This way we become disentangled from our painful thoughts and feelings, but we still have them. We’re not trying to use mindfulness to become mindful zombies with no effect. With disidentification, we are present with and fully embodying our experience. Yet we have some space, some witnessing, and I daresay, some freedom.

When we get disidentification, so much freedom arises.

How to enlist your wisdom mind

Traditional Buddhist mindfulness approaches are strict: mindfulness is not intended to explore our psychological material and we must avoid analyzing the content of our thoughts and emotions at all costs. However, my experience is that in practice it is much more nuanced than that. Using simple investigative processes that are rooted in mindfulness, we can explore the nature and history of our patterns, reactivity, and repetitive thoughts in helpful ways.

First of all, when we are mindful of a thought or emotion, psychological understanding and insight may emerge quite spontaneously. We are sitting with our grief and then a memory of our childhood arises. As we hold that memory in kindness and awareness, we realize that this may be why our present-day grief seems so enormous in comparison to the actual trigger.

We can be proactive too. When our mind is concentrated, stable, and aware, a well-placed question can help us find some ease and understanding. For example, with strong, repetitive emotions like shame or self-judgment, we might ask ourselves: “What might be the wisdom within this judgment? Can I separate out the wisdom from the reactivity?” Or “Is there a deeper need I am trying to fulfill? Can I meet this need in other ways?”

“When we get disidentification, so much freedom arises.”

Questioning in this way is very different from ruminating. It is also different from psychotherapy. Instead, it’s making space for our wisdom to emerge by dropping a question into our minds. It’s like dropping a pebble into a pond—we look for the reverberations.

Other skillful uses of thinking during self-judgment include asking ourselves, Is this really true? What part of this is true, and what part is the worst-case scenario? Am I globalizing here? Catastrophizing? Also helpful are simple reminders: This too shall pass. I will get through this.

I call these practices “enlisting the wisdom mind.” Even during our neuroses, there is buried wisdom in us that we can learn to trust, listen to, and ultimately cultivate more fully, even when we’re utterly miserable.

How to use your mindfulness toolbox

We can work with all of the mindfulness-based tools I have described, one by one, or in combination. Some of them will work for you at different times. Some you will feel more drawn to; some will feel less useful. You can use them in meditation, or on the spot in daily life. Together, they form a comprehensive approach to mindfully holding challenging emotions. But remember to be gentle and kind to yourself in the process.

Will these techniques free you entirely from self-criticism, shame, and guilt? Probably not, but sustained practice will give you significantly more freedom from them, especially when supplemented with self-compassion practices and recognition of your inner goodness.

Personally, I have found that much of my core suffering has been transformed over time. I have significantly less self-hatred than I used to. I attribute that to my mindfulness practice (and other modalities like therapy). ■

STS Leaders Meet with Policymakers to Advocate for the Specialty

During the past months, STS Advocacy has steadfastly focused on improving patient access to care, physician reimbursement, non-compete agreements, physician wellness, health equity, and the recent debt ceiling law's impact on healthcare. One highlight of these efforts was a day of action on Capitol Hill with STS President Thomas E. MacGillivray, MD, and other STS leaders.

During the 10-hour marathon of meetings with key policymakers, including several physician Members of Congress, STS leaders shared the 2023 advocacy agenda priorities to benefit the cardiothoracic surgery community and patients. Key focus areas include the long-term viability of physician practices, workforce shortages, healthcare disparities, enhanced patient access to lung cancer screenings and treatment, and maximizing the impact of the STS National Database.

The day of action led by Dr. MacGillivray is already making an impact.

For example, STS met with the staff of Rep. Michael Burgess, MD (R-TX), an OBGYN member of Congress and Vice Chairman of the House Rules Committee. Dr. MacGillivray talked about the STS National Database as a critical resource for strengthening the field. As a result, Rep. Burgess highlighted the importance of the STS National Database during a June 22 public hearing on reforming physician payments.

Other recent meetings with federal policymakers included:

Chair Joseph Cleveland Jr., MD, met with the Centers for Medicaid & Medicare Services staff to discuss the Inpatient Prospective Payment System (IPPS) final rule. The IPPS categorizes cases into diagnosis-related groups that are weighted based on resources used to treat Medicare beneficiaries. STS is advocating for new diagnosis-related group codes for surgical ablation based on disease severity.

STS First Vice President Jennifer C. Romano, MD, MS, Workforce on Diversity, Equity, and Inclusion Chair David Tom Cooke, MD, and Workforce on Health Policy, Reform, and Advocacy Chair Keith A. Horvath, MD, met with key staff for Health Education Labor and Pensions Chair Bernie Sanders (D-VT) to discuss access to care and the current crisis of the healthcare workforce. ■



► Professional staff from the House Energy and Commerce Committee with Dr. Tom MacGillivray and Dr. Kelth Horvath (Right)



► Dr. Tom MacGillivray talking with Rep. Ron Estes (R-KS)



► Dr. Tom MacGillivray talking with staff for Rep. Michael Burgess, MD (R-TX)

STS Events & Education



The Inaugural Latin America Thoracic Surgery Conference

STS, European Association for Cardio-Thoracic Surgery (EACTS), and the European Society of Thoracic Surgeons (ESTS) are pleased to announce the inaugural STS/EACTS/ESTS Latin America Thoracic Surgery Conference taking place December 1–2, 2023, in Rio de Janeiro, Brazil.

The program will cover the latest advances in neoadjuvant and adjuvant immunotherapy for resectable lung cancer, robotic surgery, sublobar anatomic lung resection, surgery for advanced thoracic malignancies, new technologies in thoracic surgery, interventional bronchoscopy, chest trauma, and more.

Visit sts.org/latamthoracic for more.

2023 Advocacy Conference

Be the voice of the cardiothoracic surgery specialty in Washington, DC, by participating in the 2023 STS Advocacy Conference, October 17-18, 2023. It's your opportunity to meet with members of Congress and their staff to help influence healthcare policy and champion causes important to cardiothoracic surgeons and their patients. Attendees will receive training for their meetings and opportunities to engage with STS leadership.

Coronary Conference Highlights

On June 3 in Miami Beach, Florida, cardiothoracic surgeons from around the world convened for the second annual STS Coronary Conference. Distinguished speakers and luminary surgeons painted a modern, ever-changing landscape of coronary surgery with new technologies, such as medical robotics, increasingly integrated into the specialty daily. Attendees experienced game-changing ideas, back-to-the-basics techniques, and ground-breaking science in diagnostic and therapeutic approaches to heart disease.

"The meeting brought together international leaders in the treatment of coronary artery disease and focused on the fundamentals and advanced therapies for coronary artery disease, including medical management, arterial conduits, and minimally invasive surgical revascularization," said Joseph F. Sabik III, MD, surgeon-in-chief and vice president for surgical operations at University Hospitals Cleveland Medical Center, and a course director of the conference. "The conversations were engaging and the atmosphere was electric."

Sessions covered a wide range of topics, including heart team patient selection and approaches; conduit selection and harvest; non-invasive and invasive preoperative workups; and postoperative medical therapy.





Mark Your Calendars for the 2024 STS Annual Meeting

Plans are underway for the 60th STS Annual Meeting taking place January 27-29, 2024, in San Antonio, Texas. The premier annual conference in the specialty showcases never-before-seen science, techniques, and technologies advancing the cardiothoracic specialty and offers a forum to build lasting connections with colleagues. Activities planned so far include:

- The 2024 Lung Transplant Symposium: Surgical and Medical Insights for Transplant Assessment

and Management, a pre-conference activity on Friday, January 26, offering best practices for surgical and medical care of lung transplant patients, from assessment as candidates through post-surgical care as recipients.

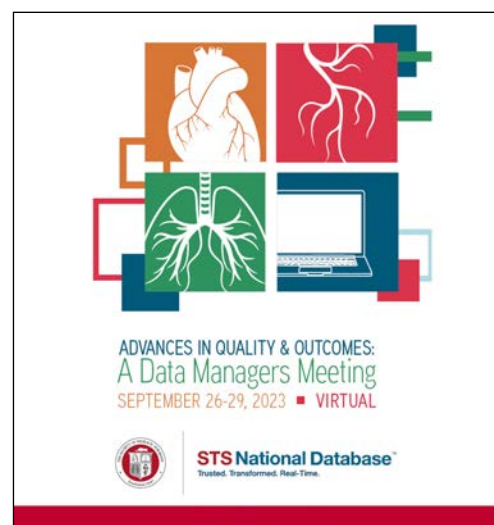
- The CT Surgery Resident Showdown: It will be the final round of competition between CT surgery resident teams testing their knowledge in five categories: cardiac, congenital, thoracic, history of the specialty, and decision-making. A North American champion team will face off against the winning European team during the final showdown at the annual meeting.

Advances in Quality & Outcomes: A Data Managers Meeting

On September 26 – 29, 2023, surgeon leaders and data managers will gather – virtually – to share valuable research and important clinical findings with the goal of improving data collection and patient outcomes. Each day is dedicated entirely to one registry.

- Tuesday, September 26 – Intermacs/Pedimacs
- Wednesday, September 27 – General Thoracic
- Thursday, September 28 – Adult Cardiac
- Friday, September 29 – Congenital

Learn more and register at sts.org/AQO.



Must-See Webinar

Robotic Aortic Valve Replacement (RAVR): A New Alternative for Aortic Valve Disease

Expert panelists presented a global update on a potential new alternative approach to the surgical management of aortic valve disease: robotic aortic valve replacement. As well as shedding light on why a robotic approach might be beneficial, discussions also focused on how aortic valve disease is managed via transcatheter or surgical aortic valve replacement. Find the recording on the STS YouTube channel.



The 2023 STS Boot Camp

The STS Boot Camp provides an experiential foundation and hands-on practice in basic cardiothoracic operating skills. Resident participants receive expert instruction and use state-of-the-art simulators to enhance the learning experience by replicating real-world cases and emergency scenarios.

Resident attendees will meet their 20-hour

simulation requirement mandated by the American Board of Thoracic Surgery. Other benefits include:

- Exposure to a simulated OR environment for cardiac and general thoracic surgery procedures facilitated by CT surgery leaders
- Extensive one-on-one interaction with CT surgery leaders from around the country

The Thoracic Surgery Foundation Celebrates 2023 Award Recipients

Generous donors to The Thoracic Surgery Foundation gathered recently in Los Angeles to celebrate the winners of the 2023 TSF Awards. Nearly 150 people honored the more than 35 award recipients in the areas of research, education, leadership, and international surgical outreach.

As the charitable arm of The Society of Thoracic Surgeons, TSF funds awards for surgeons at all stages of their careers, distributing more than \$1 million annually to strengthen the specialty.

TSF is now accepting applications for its 2024 awards.

The application portal is open from July 1 – September 15, 2023. Visit the TSF website at thoracicsurgeryfoundation.org/awards to learn more and start your application today. ■



► TFS Board Members and donors celebrate with 2023 TSF Award recipients.



► TFS President Joseph A. Dearani, MD, announces the 2023 TFS Award winners.



► STS President Thomas E. MacGillivray, MD, congratulates members of the 2023 TFS Award winners' cohort.



► TFS Board members accept a generous donation from Charles S. Roberts, MD, of The Roberts Foundation



► Elaine E. Tseng, MD, congratulates the 2023 Nina Starr Braunwald Award winners.

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Mark Your Calendar

Upcoming STS Educational Events

▶ STS Boot Camp

Chicago, Illinois • August 24 – 27, 2023

▶ Advances in Quality & Outcomes: A Data Managers Meeting

Virtual • September 26 – 29, 2023

▶ STS Advocacy Conference

Washington, D.C. • October 17 – 18, 2023

▶ STS/EACTS/ESTS Latin America Thoracic Surgery Conference

Rio de Janeiro, Brazil • December 1-2, 2023

▶ STS 60th Annual Meeting

San Antonio, Texas • January 27 – 29, 2024

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