

Building a **surgical career**

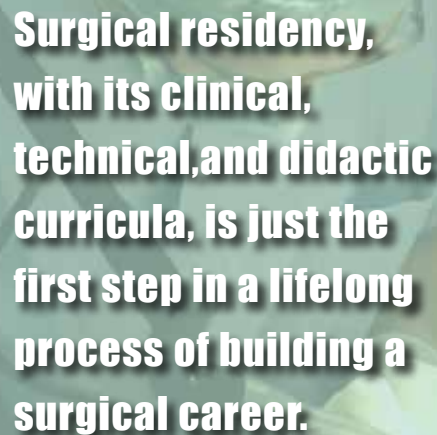
by **Carlos M. Mery, MD, MPH; and Heena P. Santry, MD**



Every summer, the Resident and Associate Society of the American College of Surgeons (RAS-ACS) has the privilege of contributing to an issue of the *Bulletin* that will uniquely reflect the vantage point of a new generation of surgeons. In the past, we have written at length about the most defining features of our lives as surgeons so far, namely surgical training and the future of surgery. These previous efforts have been mainly focused on how we learn to *be* surgeons rather than on how we *become* surgeons. The former is reflected in our technical challenges in the operating room, our frustrations with learning the scientific basis of surgery, and our fears that we may never develop sound clinical judgment. We have mused that finding the right role models in surgery would help us alleviate these concerns. However, amid these concerns floats an even larger sense of insecurity that we will never become surgeons who are able to function outside of the relatively sheltered world guarded by our attendings and governed by a preordained hierarchical structure of attaining surgical skills and knowledge.

Surgical residency, with its clinical, technical, and didactic curricula, is just the first step in a lifelong process of building a surgical career. And as all veteran surgeons can attest, building a surgical career is far more complex than mastery of these curricula. Surprisingly, surgeons haphazardly learn to market their attributes, manage complex finances, master career goals, and make time for themselves. These most critical skills required to become a surgeon are not taught or openly discussed in surgical training. Furthermore, recent changes inside and outside of the surgical field such as work hour reform, trends toward increased subspecialization, decreased reimbursement, greater diversity in the field, a desire for an adequate work-life balance, and cuts in research funding, among others, have significantly affected the foundation and structural paradigms of a surgical career.

The RAS-ACS contributions to this issue of the *Bulletin* will begin with an essay by our current Chair, Jacob Moalem, MD, who has recently entered practice at the University of Rochester. He will reflect on his years of training and his transition to his current faculty position and



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highlight important problems with the current structure of surgical residency. His reflections will suggest alternatives to and improvements in the current format of surgical training that may better prepare us for becoming surgeons.

Undoubtedly, the acquisition of surgical knowledge, clinical judgment, and technical skills during residency will remain the bedrock of our careers as surgeons. However, in this issue of the *Bulletin*, members of the RAS-ACS Communications Committee have written four articles that will explore the less tangible aspects of becoming a good surgeon—qualities that can and should be fostered throughout a surgical career. The articles reach beyond the clinical boundaries of surgery and explore in a very practical way some of the subtleties encountered by surgeons as they construct and live their surgical careers. The objective of this series of topics, geared toward surgeons of all ages and at all stages in their careers, is to explore the process of becoming a surgeon outside of the operating room, the wards, and the clinics. We will explore how to build and maintain a surgical practice, how to negotiate a contract, how to succeed as a surgeon-scientist, and how to achieve an adequate work-life balance.

Surgeons and policymakers have been increasingly worried in recent years about the challenges in meeting surgical workforce needs.


The article on negotiation will be of interest to young surgeons in need of work, established surgeons in need of partners, and chairs seeking to fill their academic ranks. To find meaningful positions in our areas of interest and interesting people to share in our work, we must understand how we become contractually bound to perform our duties as surgeons. Solutions to a surgical workforce crisis will rise out of knowledge of how job opportunities are marketed, sought, and formalized.

The number of bureaucratic hurdles that must be overcome to successfully run a surgical practice are another chief concern across all generations of surgeons. Surgeons who are just entering practice likely have learned little in their training programs about billing, credentialing, and maintaining overhead. Surgeons who have learned along the way as they have built their own practices are likely confounded by recent changes in the health care landscape that profoundly affect our ability to offer the best care and services to our patients while remaining profitable. The article about bureaucracy will attempt to delineate how best to build or maintain a surgical practice by sifting through the rules and regulations imposed by our modern health care system.

An academic career is fraught with a series of obstacles that can be overwhelming for someone trying to enter the academic surgical field. The article on becoming a surgeon-scientist will discuss various fields of research that are salient to surgical practice today. The authors analyze some of the options that surgeons have to incorporate an academic focus into their career and give some suggestions as to how to start building a fruitful research portfolio, obtain research funding, and establish oneself as a candidate for tenure.

All of these work-related challenges on top of the rigors of a busy clinical and operative schedule bring with them a tension with one's personal life. Another article explores the elusiveness of work-life balance in surgery. The authors examine the history of surgeons' attitudes and beliefs about work and life, current trends in work-life balance, and the possibility that more work-life balance will actually make the work of surgeons better.

The final article in this section is sponsored by the RAS-ACS Issues Committee. Each year, this committee picks a bellwether topic that will also be the theme of the RAS-ACS Symposium at the upcoming Clinical Congress. This year, the Issues Committee's article discusses how the scope of the different clinical specialties has been changing, as specialization has become more common among surgical residents. It will explore some of the factors that are leading surgical residents to seek further specialization and the effects that this change will have in the future of health care.

The RAS-ACS hopes that this special section of the *Bulletin* will provide some insight on all these issues and help surgical residents, young surgeons, and older surgeons alike in building and maintaining a surgical career. 

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