



On the importance of role models: The views of a senior surgeon

by Ivan Shulman, MD, FACS

Editor's note: *The Bulletin has published a number of articles related to younger surgeons and their role models/mentors. The following offers the perspective of an experienced surgeon as he looks back at the individuals who influenced his career and accomplishments.*

In a recent issue of *General Surgery News* was an article about the “eternal fellow,” an autobiographical description of one resident’s journey to surgical completeness in order to fulfill his dreams of surgical excellence.* I admired his determination and willingness to follow his intellectual and technical curiosity, as well as the patience of his wife and children to bear him through the consequences of his choices.

Mostly, however, I heard the importance to this young surgeon of several role models and mentors who he encountered in his training experience. One may quibble as to the difference between a role model and a mentor, but for purposes of this brief observation, I will consider them almost as equals, for the result in this case appears to be the same.

When we complete our training and begin our formal careers as surgeons, no matter if it is in an academic setting or a private group practice, like it or not, we are subject to observation and evaluation—sometimes with consequences that are unexpected. A surgeon is like an athlete or a performer on stage. We have a special room where we change into unique operating uniforms, we enter the operating theatre amid a cast of other performers, we turn on special lights, we do our work on a field, and occasionally in the audience we find younger individuals who may be either students or residents. And, whether we realize it or not, our performances are closely observed and internally graded by the next generation of “could-be” surgeons.

I refer to this group as could-be surgeons because, if current trends in surgery continue, there will not be enough new surgeons trained to take our place, and to be there when we need surgical

care ourselves. One of the reasons for this impending crisis in surgery is that we, as practicing surgeons, fail to be good role models for the next generation. Too often, our performance as human beings in the operating room and in the hospital leaves much to be desired. We may think that it is sufficient to be technically deft and to wield a scalpel or laparoscopic instrument better than anyone else around, and to expect recognition for our expertise. But even if the patient does well, we may not have succeeded in the important area of providing those around us with a model of who a surgeon can be.

Recently, the daughter of a surgical colleague of mine, a bright, dedicated, and observant medical student, began her first clinical rotation on a general surgical service at a large teaching hospital. She had grown up with exposure to surgeons who were, for the most part, kind, careful, generous, intellectually curious, and patient people with families, who seemed to be able to balance the pressures of modern life with some degree of equanimity. And so on the first day of her first clinical rotation, when she encountered surgeons speaking disrespectfully and acting out to nurses, other physicians, operating room staff members, and to the medical students, she was not only shocked at this kind of behavior, but, at the same time, very impressed by it. Impressed, you say? Yes, impressed to the degree that discussions with her father, with me, and with other surgeons she knew could not dissuade her from concluding that surgeons were not the kind of people who she wanted to work with professionally every day, and that a career in surgery was not for her. I believe that this kind of event is surgery’s loss, and is something that we can ill afford.

I was fortunate enough in my younger years to have had several important physician role models who helped to shape my life as a surgeon. Charles Wood was my pediatrician, and it was his kindly, yet professorial demeanor that caused me, after my check-up as a 10-year-old, to turn to my parents that very day and say that I wanted to be a doctor just like Dr. Wood.

Henry Bahnson, chief of surgery at the Uni-

*Diwan T. The eternal fellow. *Gen Surg News*. 2009;36(2)10.

versity of Pittsburgh, was my next role model, having completed the first cardiac transplant in the state of Pennsylvania—a feat I heard about on the radio as I drove to medical school for the first time. And two days later, as our class sat together in our initial meeting, a tall, elegant man in a long white coat entered the back of the lecture hall and quietly slid into a seat behind me. He took time away from what I would have thought were much more important matters to attend to than the induction of a new class of medical students. For months after, that I would observe surgery in the dome above Dr. Bahnson’s operating room, and I never failed to be amazed, and in admiration of, what he and other surgeons were able to do.

Kenneth Rogers, another pediatrician and public health specialist, provided me with the tools to begin to explore the service aspects of our profession, to expand for me what we as physicians can do in the best of medical traditions.

And lastly, Jack Porvaznik, a master surgeon of the old school who could do everything, was my role model and mentor for two years when I served in the Indian Health Service in Arizona. Jack had decided to make his entire professional career in service to those who lived in rural and isolated settings, and, as such, showed me a wonderful diversity of surgical skills, from orthopaedics to urology to gynecology to neurosurgery and anesthesia. Jack’s incredible devotion to his patients and his ability to see the big picture when evaluating a surgical case has never left me. I would like to think that I have been successful if I have been even half as good as he has been in the service to others.

I do not believe that any of these physicians purposely set out to impress me or shape me, nor do I think these individuals specifically set out to be role models for who I might become as a surgeon. They all succeeded at being role models simply by being themselves, by being the kind of physicians and surgeons that we should all strive to be. They did not act differently as physicians because I, or any one else, was around. It was because that was who they really were.

It is obvious that our “eternal fellow” has been the beneficiary of similar outstanding role models, and it is to all of their credit that he has been encouraged to act on his skills and abilities, and to realize his aspirations as a surgeon. On the other hand, I feel badly for my colleague’s daughter, whose surgical role models were individuals who did not seem to understand or care about the effect that their actions and words had on a could-be surgeon. I look back at the difficult people that I encountered during my training, and came away from those episodes vowing that I would not do what was done to me by senior staff. I hope I have been true to my vow.

While, ideally, it should come as second nature to us, it is important that as surgeons, no matter how concerned and occupied we might be at a given time, we must take time to realize that, willingly or not, we are always serving as role models for the next generation of surgeons. It is not likely that we will succeed every day in our quest to put a good foot forward, but we must always be aware of the influence that we have on others, not just our patients. It is incumbent upon us, through a creative use of all the means available, to do better than we have done before in encouraging and welcoming that next generation of could-be surgeons. If we do not do so, indeed, we will have only ourselves to ask, “Who will be there to care for us?” □

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