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ACS Clinical Congress Reflection

Even before arriving in San Francisco for Clinic Congress, Twitter had already given me a glimpse of what was to come. Fellow surgical residents discussing their upcoming research. Several faculty members creating buzz about their podium presentations. Leaders in the surgical field foreshadowing upcoming debates and panels. For myself, I was excited about involvement in the Advocacy and Issues Committee leading up to the meeting and the thought-provoking programming arranged by this and other committees in the Resident and Associate Society.

Attending Clinical Congress proved to be a 5-day rush of meetings, networking, and importantly, learning. As an intern five months into surgical training, it was easy to be overwhelmed. Plenary sessions in general surgery, surgical education, health services research, trauma, and critical care all appeared fascinating, yet with so limited time. Thus, I found it beneficial to have a resident track with focused programming. What can otherwise be an overwhelming experience was improved by having the resident sessions to facilitate meeting other in similar stages of training and serving as a launch pad for further exploring surgical interests.

I still remember Dr. Leigh Neumayer, program chair of the resident session, and her encouragement to “bloom where you are planted” as our surgical careers begin. Dr. Craig Baker’s financial presentation served as a eye-opening reminder that it is never too early to begin saving for retirement—especially given the long educational paths physicians take. A session on implicit bias by Dr. Dana Telem emphasized the many ways gender biases can affect faculty development and patient care alike. Quick-fire town hall topics consisted of discussions as diverse as seeking effective mentorship to leveraging social media. The resident symposium, hosted by the Advocacy and Issues Committee, tackled contemporary issues in medicine. This year, the topic was shift work surgery, with thoughtful pro and con arguments between residents and faculty. Lively debate between Drs. Sharmila Dissanaikie and Kenneth Mattox ensued, with crucial points made with regard to continuity of care, physician wellness, and taking accountability for patients we treat.

Business sessions revealed the behind-the-scenes work that makes Clinical Congress and the American College of Surgeons run. The dedicated work of members in the Resident and Associate Society prove that young surgeons seek out every opportunity to be at the table where decisions about surgical training and the future of surgery are made. Individual committees continually seek to elevate programming and ensure that ACS meetings remain relevant to residents, fellows, and early-career surgeons. For example, the Education Committee hosted a skills competition, “So You Think You Can Operate,” that combined competitive spirit with exposure to cutting edge surgical technology. Within the Advocacy and Issues Committee, I had the opportunity to assist on a podcast episode interviewing leaders in trauma surgery and firearm injury prevention on their diverse approaches to addressing this prevalent form of trauma. For those seeking to become more involved, there seemed to be a committee or group to fit any interest.

At the end of the day, I find that national meetings such as Clinical Congress stimulate the field of surgery by melding together surgeons of diverse interests, practice settings, and geography. Through sharing of ideas and dissemination of knowledge, the hope is to solve clinical problems and improve patient outcomes. Encouragingly, I found that we also utilize this opportunity to diligently seek out creative ways to improve surgical education, the training environment, and ultimately physician wellbeing.