

SURGERY Synopsis



Summer is wrapping up – in many ways it is the busiest time of year in an academic medicine department. July marks the start of a new academic year– we bring on our new resident classes; many of our new faculty, whom we’ve recruited and prepared for over the preceding months, come on board during the summer; graduating Residents and Fellows transition to new roles and jobs; and some of our faculty depart: some to exciting new chapters in their professional life, and some to enjoy the pleasures of retirement. This is the normal rhythm of the Department of Surgery.

The summer of activities, of comings and goings and all the events associated, inspired focus on the “Community” of the Department of Surgery. Thinking about our community – what makes it happen, how it thrives and endures – first requires that we develop a shared understanding of what it means. Authors McMillan and Chavis note some important attributes of Community in their 1986 article “Sense of community: A definition and theory”: a sense of belonging and identification, a feeling of influence, group cohesiveness and boundaries, emotional safety, shared values and personal investment in the community.¹

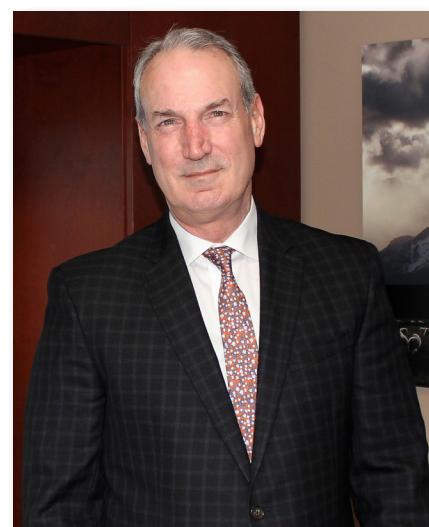
These attributes resonate with my sense of community within the Department of Surgery. I am proud and grateful the Department of Surgery has a strong sense of community that we continue to

build and expand. I was powerfully reminded of this at our first annual summer all-faculty, staff, and trainees “Pellegrini Day,” picnic held on July 14, 2019. Not only was it a community-building event which was well attended by all segments of our Department and their families, but we also had opportunity to hear from Dr. Pellegrini. He reflected on the Department and noted that with the benefit of time since leaving his post as Chair, he realizes how unique the sense of community in the Department of Surgery is. We get along, there is a sense of camaraderie and belonging, shared values, mutual respect and personal investment. He noted that while there certainly are other Departments of Surgery that have strong community, we are unique in the strength of our relationships and the resilience of our shared purpose. Reading back through the tribute to Carlos upon his stepping down after 20 years as Chair in 2012, the testimonials tell us how much he had to do with building our Community. *“He treats everyone like family.” “From him I learned how to be a better clinician, educator and surgeon, but also a better person.” “He taught me that we are not separate pieces: work life and home life, but a woven cloth of values and passions.”*

We are good and have a solid foundation, but I would propose we are not yet great. I want us to be GREAT!

I have learned from many of you of the gaps and weaknesses in our community.

CHAIR’S MESSAGE



**Douglas E. Wood, MD,
FACS, FRCSEd (ad hom)**
*The Henry N. Harkins
Professor and Chair*

Many have heard me discuss this over the past months. I especially want to thank the residents for speaking up and helping us identify areas for improvement, with the goal of continuing to change and improve our culture. A key point is that we are ALL responsible for culture and community. It is my stated goal and highest priority to continue and grow our Department of Surgery Community, but I can’t do it myself, nor can just the faculty. Every one of us is responsible and has a role in positively influencing the culture and community that we all live and work in.

¹McMillan, D.W., & Chavis, D.M. (1986). Sense of community: A definition and theory. American Journal of Community Psychology, 14(1), 6-23.