

SURGERY

Synopsis



CHAIR'S MESSAGE



Douglas E. Wood, MD, FACS,
FRCSed (*ad hom*)

The Henry N. Harkins Professor and Chair

This issue of Surgery Synopsis is our Education issue, in which we celebrate our residents and fellows who have completed their training and welcome our new trainees. Over the course of the last year we've featured a number of adaptations and changes in the way we have conducted resident interviews, as well as changes that we made to our residency training program in order to keep training our residents to the highest standards. It was necessary, though not easy. The challenges were met with extraordinary innovation and grace. I want to again express my gratitude to all the faculty, staff and most of all, our residents and fellows.

Throughout this issue you will read about our departing trainees who are moving to the next stage of their career. We will highlight the research of our residents currently in their **2021-23 research training years**, as well as resident honors and awards. Finally, we welcome our **new residents**. We are excited to have them join us this summer and they are now already actively involved in the ORs and clinics. I encourage you to read all of the issue to fully appreciate the breadth, depth and extraordinary quality embedded in our training programs.

For the majority of this column I want to focus on education in two different ways. First, what we are doing in policy and structure at the national and department front to change the training experience in ways that increase effectiveness for all of our trainees. Second, I want to focus on what the Department is doing to effect change in some deeply embedded structures that have perpetuated disparities and inequities within surgery. These actions have a direct impact upon our trainees as well.

The American College of Surgeons (ACS) has placed increasing emphasis on what can be done to lessen residency time without sacrificing quality training. The Cardiothoracic and Vascular Surgery Integrated models are being further explored for repetition in other specialties. Continued effort and sustained attention are being given to the balance between independence and efficiency, autonomy and supervision. For example, increased proctoring time in surgery may be good for skills training, but must be balanced against the importance of developing independence and autonomy by the trainee

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in the OR. And with trainee time in the OR at a premium, we keep innovating and working to build skills in the most efficient way. As example, the Department General Surgery Residency (under the leadership of Dr. Andy Wright) is actively redesigning the technical skills curriculum to increase efficiency of learning basic surgical skills.

As a Regent of the ACS Board of Regents, I am involved in finding ways for trainees to become active in professional societies early in their career. I believe this to be an important aspect of our residents' career development, and preparation for a rich professional life of engagement and lifelong learning. At the ACS, we look for opportunities to increase resident involvement, such as a dues structure that is better aligned with trainee resources. It is my conviction that early involvement in professional societies not only promotes important networking, but provides opportunities for presenting research, participating on panels and forums, and is a training ground for future involvement in committees that move the practice of Surgery forward. For some time, the Department has actively promoted residents' involvement in professional societies in several ways including scholarships for attendance.

Another way the Department is promoting professional growth is through sponsorship. Sponsoring a colleague is not new and has been happening unofficially and randomly. But sponsorship is a targeted and organized effort to boost professional growth for junior faculty, residents and fellows, and as one method to mitigate the impact of longstanding gender and racial bias. In spite of good intent, in surgery we have been slow to change the power structures to become more equitable.

What is sponsorship? Sponsorship involves faculty with well-established careers and connections, as well as those in positions of leadership, talking about, promoting, and nominating residents and junior faculty for leadership positions, committees, research projects, and awards. Sponsorship is about actively seeking opportunities for a more junior colleague. As example, faculty surgeon X suggests to an ACS Committee Chair that faculty trainee Y (their sponsee) would be an excellent choice for participation on a panel or a particular presentation, and you'd like for them to be given the opportunity, followed by introductions, and assistance in working through any barriers. I am happy to say that the Department, led by the Women's Council, is deeply involved in launching a formal structure to enhance sponsorship within our Department.

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The Women's Council, led by Dr. Kris Calhoun, Professor in the Division of General Surgery is also making impressive inroads on better understanding and recommending changes to address the persistent issues that face women surgeons, as well as their male counterparts. One of their first successful projects resulted in the creation and adoption of the Pregnancy and Leave Policy for faculty and residents by the Department of Surgery. This policy, which addresses issues encountered during pregnancy, leave and while lactating, has proven to be a template for a similar policy written by the ACS. The Faculty Women's Council and the companion Resident Women's Council are engaged in a number of projects and initiatives that continue to address the systems and policies that have led to gender disparity, discrimination and exclusion in Surgery. Subgroups have investigated grading in the General Surgery clerkship to see if there is gender bias as a means to identify why high number of women medical students fail to translate into high numbers of women faculty, whether there are ACGME milestone rating evaluation differences between men and women at the resident level, and are next planning to study whether summative comments vary between the genders. All of these projects are designed to erase disparities for our students, residents, fellows and faculty as a whole.

Dr. Calhoun reports that the Resident Women's Council has a number of additional initiatives and projects they are actively working on. Residents have launched a mentor pairs program for medical students who have expressed interest in exploring surgery as a future career. The Resident Women's Council has also set up Zoom meet and greets and Q&A Sessions for Medical Students as they are making decisions about residency. I am proud and grateful for the work of these groups.

Gender inequity has been persistent in all of surgery and has been true within our Department as well. I have come to deeply believe in and champion changes that will move us closer to gender equity. At the same time, we have many examples of strong women faculty in our Department. I want to especially recognize Dr. Nicole Gibran, Professor Emeritus. Nicole retired in July of this year. She's left a lasting legacy in our Department, in the specialty of Burn Surgery and Burn Research. Her many accomplishments and retrospective of her career are highlighted on [page 21](#).

Finally, I want to say that as a white, male surgical Chair, I have come to understand that to be effective in leading our department to become a more equitable and inclusive Department, I must be willing to recognize my own privilege, biases and shortcomings, to listen openly and learn from my mistakes. I can become a better ally to our

women colleagues by ensuring equal leadership opportunities. I can work to create a climate that is inclusive, ensuring all have a voice. I want to acknowledge my male colleagues who have displayed these characteristic and have been great partners, mentors, sponsors, and allies to their female colleagues. Our department is becoming better as we learn and grow together.

I hope you enjoy reading this issue of Surgery Synopsis.

Sincerely,

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