

## The North Pacific Surgical Association

# Presidential address: Lessons learned from 25 years as a surgery residency program director

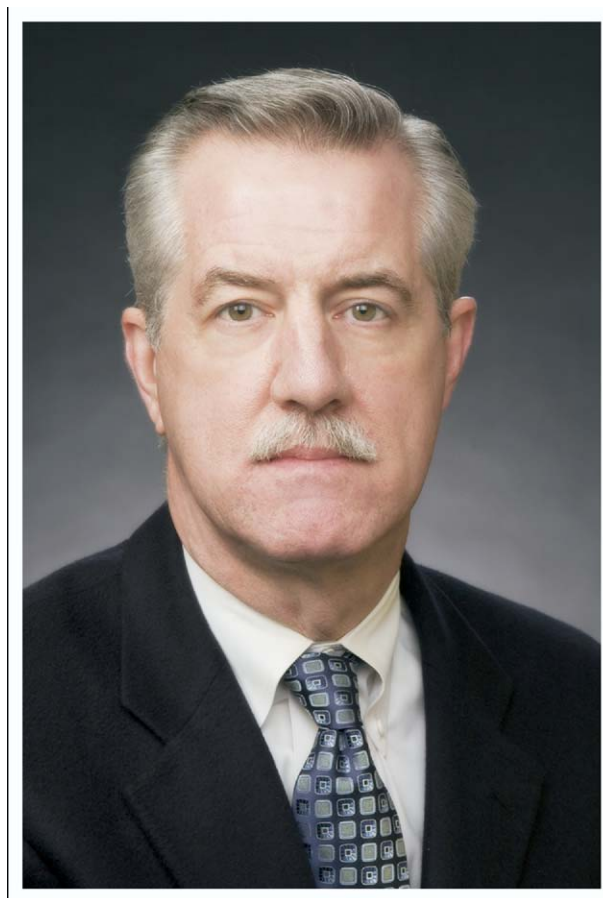
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*It's an odd thing when you come to think about it. The opportunities for abuse are just about everywhere. There's no requirements in the Texas State Constitution for being a sheriff. Not a one. There is no such thing as a county law. You think about a job where you have pretty much the same authority as God and there is no requirements put upon you and you are charged with preserving nonexistent laws and you tell me if that's peculiar or not. Because I say that it is. Does it work? Yes. Ninety percent of the time. It takes very little to govern good people. Very little. And bad people can't be governed at all. Or if they could I never heard of it.*

Cormac McCarthy, from *No Country for Old Men*

You are probably wondering why I would begin a talk on surgery residency training with a quote from Cormac McCarthy's thriller novel about drug dealing in South Texas. But it is because when I took on the job of surgery residency program director 25 years ago in 1983, the role of program director was similar to that described by Sheriff Ed Tom Bell in this fascinating novel. There were no rules, no guidelines; and although you might not have had the authority of God, you did have pretty much the same authority as some minor deity. You knew what you were supposed to accomplish at the end of the day or at the end of 5 years, and it did work 90% of the time because the people were good, in fact really good. The other 10% were not bad people but you could never quite figure out how to make them into really good surgeons.



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The career path to directing a surgery residency program is quite unusual. There was certainly never a Eureka moment when I said to myself, "That's it, I am going to be a surgery residency program director."

*It is the mark of an inexperienced man not to believe in luck.*

Joseph Conrad

I took on this job all those years ago under less than optimal circumstances. The program director at Swedish Medical Center/Seattle died suddenly of a cardiac event. I apparently was the right person in the right place at the right time, and the job was mine. This sort of transition, however, does not make for an orderly transfer of knowledge and authority, and is critically lacking in mentorship, on-the-job advice, and appropriate training. It also did not help that the residency program had just emerged from a probationary status with the Surgery Residency Review Committee and now had a brand new rookie program director. It was not at all clear to me nor, I suspect, to anyone else at Swedish Medical Center that I had the appropriate knowledge of the residency program or the administrative skills necessary to be successful at this rather daunting task.

*Luck is all about what you do with it when it shows up.*

Judith Nihei, writer/director

I began my on-the-job training by studying the literature available on residency training and carefully reading the Residency Review Committee for Surgery requirements for a surgery residency program. At that time, these requirements were surprisingly vague and, unfortunately for me, gave very little direction for what I was really supposed to accomplish in this job. I had thought that if I learned every detail of the job requirements and followed them carefully that I could somehow make the program successful.

*All my life I've always wanted to be somebody, now I wish that I had been more specific.*

Lily Tomlin, *In Search of Signs of Intelligent Life in the Universe*

It rapidly became clear that I was going to have to be far more specific. No two training programs are exactly alike, nor are the institutions in which they exist. To be successful it would be necessary to take advantage of the unique setting of the Swedish Medical Center and its coterie of talented but totally voluntary surgical faculty. The first thing that was apparent was that these surgeons were organized according to their practice groups and did not fit well into the standard academic teaching model of a hierarchical resident team with a supervising faculty attending. It made much greater sense to organize the program into an apprenticeship/mentor model in which the residents were assigned as individuals to work with small groups of surgical faculty and were individually responsible for admitting and caring for their attending surgeons' patients and going to the operating room with them for all their cases. This is what we did and it fortunately had immediate benefits.

*We think in generalities, but we live in details.*

Alfred North Whitehead

First and foremost, this model markedly increased the level of one-on-one tutorial-style teaching in which the attending surgeon taught directly to the residents, particularly at the R1 level. Second, it rapidly enhanced the collegial relationship between the attending surgeon and the resident, and fostered an attitude of shared patient care, while introducing the resident to the model of patient care that most nonacademic surgeons practice on a daily basis. Third, this model allowed the residents the opportunity to get into the operating room and begin to develop technical skills right from day 1 in the residency program.

*Even if you are on the right track, you will get run over if you just sit there.*

Will Rogers

General surgery has changed markedly over the past 25 years. In 1983, at the Swedish Medical Center, we had about 25 general surgeons practicing the entire broad range of surgery and teaching residents who completed roughly a thousand surgical cases during their 5 years of training. In 2008, we have far fewer general surgeons but we have multiple small groups of highly specialized general subspecialists, including colorectal, vascular, transplant, thoracic/foregut, pediatric, and bariatric surgeons. Fortunately, the educational model we first developed has proved to be both durable and flexible. It has allowed residents to be assigned to rotations individually on each of these services and to gain enhanced expertise in each of these specialized areas, while completing more than 1,300 surgical cases across the entire range of surgery.

*In times of great joy, the Irish are comforted by the sure knowledge that tragedy is just around the corner.*

William Butler Yeats

I am Irish and I learned early on that being a program director brings with it a certain degree of paranoia. But in this case the agent generating the paranoia was the Residency Review Committee for Surgery. I am not trying to say that the Residency Review Committee for Surgery is arbitrary or that the rule changes lack significance for the training of future general surgeons. I believe the members of the Residency Review Committee for Surgery are extraordinarily dedicated and work very hard to set appropriate standards, while at the same time allowing individual program directors to create their own models and experiences within their programs. However, the rules, the essentials for surgical training, do change distressingly frequently and there is clearly no role for complacency within any residency program.

*It must be a budget, it has a lot of numbers in it.*

George W. Bush

I also learned that budgetary restrictions placed on a program director by the institution should be considered as one of the Ten Suggestions, rather than one of the Ten Commandments. And, at

least at my institution, the amount of funding from CMS as the indirect funding of the residency program is either an inscrutable figure or a carefully guarded secret. From my perspective, it makes far more sense to budget and spend what is needed for the program, and justify the expense in retrospect.

*Success is the ability to go from failure to failure without losing your enthusiasm.*

Winston Churchill

I also learned early on that enacting one's vision was a slow and at times frustrating process that required optimism and persistence. And I learned that it could take an awfully long time to achieve what one might call success, whether that success was in creating curriculum change, improving the quality of a surgical lecture series, attracting better applicants to the program, or improving the first-time pass rate for the American Board of Surgery examinations. But it was important to keep moving forward and not be discouraged.

*There go my people. I must find out where they are going so that I can lead them.*

Alexandre Ledru-Rollin

Fortunately a program director does not have to create every new idea and direction for his program. He does, however, have to recognize the good ideas no matter where they arise, shape them into a useable form, create the framework within which they can be integrated into the program, and get the needed buy-in both from the faculty and the residents. Fortunately, a lot of the good ideas come from the residents, so half the buy-in is already there.

*Traditional wisdom can be long on tradition and short on wisdom.*

Warren Buffett

Surgery of course has a long and proud tradition and this is an important part of the heritage we pass on to our surgical trainees. It is equally important to be open to new approaches and to teach our residents that they will be learning and acquiring new ideas and techniques throughout their careers and that they must keep open minds in evaluating and integrating these opportunities into their practices.

*Perfection of means and confusion of goals are characteristics of our times.*

Albert Einstein

Part of that open mind is the critical evaluation of what is valuable for our patients and will advance and improve their care, not just add to the cost and complexity with minimal incremental gain in quality. We should not all be first adopters.

*Any sufficiently advanced technology is indistinguishable from magic*

Arthur C. Clarke

Likewise, when we introduce new technology, we must be sure that it is sufficiently mature that it will work without the continued need for troubleshooting and that the operating room staff can set it up without extraordinary delay and correct any problems that might arise. The operating surgeon does a poor job if he must also be the operating room handy man, IT expert, and troubleshooter.

*Example is not the main thing in influencing others, it's the only thing.*

Albert Schweitzer

As surgeons teaching residents, we are all aware that we are mentors. Our residents continuously observe and evaluate our surgical knowledge, technical skills, and clinical judgment, and form critical attitudinal adjustments to their own professional development from these observations. These observations clearly include our attitude and dedication to our patients, our daily interaction with hospital and operating room personnel, and our interaction with our medical colleagues. We are influencing our residents at all times and we must be constantly aware of that responsibility.

*I would rather have a guide on the side than a sage on the stage.*

Jesse Jackson

Our teaching/mentoring role is not of course just the transfer of knowledge. We must teach in a way that allows our residents to assume ever-increasing responsibility and gain increasing self-confidence both in the operating room and on the surgical floor. Our goal is to produce the independent surgeon, not a technically accomplished assistant.

*A surgeon is a doctor who knows how to operate and when not to.*

Theodor Kocher

This is perhaps the hardest part of the job. Surgical judgment must be acquired by our trainees; we must show it daily when we exercise our judgment in evaluating patients, choosing their surgical or nonsurgical care modalities, performing the right surgery at the right time in the right way, and carefully guiding our patients through their postoperative care. We must not only model surgical judgment but explain and reinforce it in our residents.

*There are no limits. There are plateaus, but you must not stay there, you must go beyond them. A man must constantly exceed his level.*

Bruce Lee

We must as well instill in our residents the drive to excel, not merely succeed. Surgical training is not just an intellectual and technical exercise. It is also a physical exercise and requires the development of stamina, endurance, and mental discipline. This drive to excel must be developed in resi-

dency because it clearly will be required for the remainder of one's surgical career.

*Just remember, Ginger Rogers did everything Fred Astaire did, but she did it backwards and in high heels.*

Adrian Whittesley

The first woman to complete the Swedish Medical Center surgical residency did so in 1992. At present, the program is 35% female, consistent with the national average of 30%. Women in surgery have clearly shown that they can cut it, both figuratively and technically.

*Everyone has a photographic memory. Some don't have film.*

Steven Wright

I would be remiss to not include discussion of the problem resident in this address. Clearly, the issue is not native intelligence and appropriate education. Candidates for our residency programs must have high USLME scores, increased class ranking, and excellent letters of recommendation. So why do not all of our surgery residents succeed? Can we blame their medical school education? In part, yes, medical school clinical rotations, even on surgical services, do not prepare students adequately for the rigors and demands of surgical residency or a career in surgery. Likewise, the fourth year of medical school is frequently a succession of elective experiences or traveling subinternships, which could be better spent on rigorous rotations that demand that the student assume frontline responsibility for patient care, rotations that realistically would prepare him or her for day one of a surgical residency.

*Motivation can't take you very far if you don't have the legs.*

Lance Armstrong

All residents are motivated, but not all are capable of successfully completing a surgical residency. The surgeon must gather and analyze a large amount of data, track all the details but at the same time hone in on the essential bits of data that will allow him or her to make critical decisions, execute the requirements of that decision as flawlessly as possible, and then expend a great deal of time and energy shepherding the recipient of this process to a successful outcome. Becoming a surgeon requires a particular mind-set capable of this prioritization process, self-confidence, mental and physical stamina, superior hand-eye coordination, continued self-discipline, a large measure of intellectual curiosity, and the ability to apply recently acquired knowledge constructively. Do all our residents have these capabilities? I doubt it. Can they be taught and shaped to acquire

these attributes? Probably not. So we must expect that there will always be a small percentage of our residents who will not succeed in our programs. The real trick is to identify them at an early stage in training and redirect them into areas of medicine where their talents are better utilized.

*I have the Irish version of Alzheimer's; I've forgotten everything except the grudges.*

Late Night Catechism

We must, however, give each resident a fair chance to prove him or herself. Judging a resident on one brief interaction is unfair and the resultant Hawthorne effect is highly detrimental to our ability to critically analyze the resident's progress. Likewise, we must give our residents the chance to mature and grow in the training process. They cannot all progress at the same pace. The resident who started out the R1 year looking clueless might be a star by the end of the R2 year. It is essential to remember the wisdom of *Forgive and Remember*.<sup>1</sup> And that might be the hardest lesson to learn as a program director.

*When you have disciplined people, you don't need hierarchy. When you have disciplined thought, you don't need bureaucracy. When you have disciplined action, you don't need excessive controls.*

Jim Collins, *Built to Last: Successful Habits of Visionary Companies*

These 3 sentences represent, I believe, the ultimate expression of what we are striving to accomplish as directors of surgical residency training programs. If we can identify and recruit the right people and place them in a nurturing environment in which they can achieve the unique goals of surgical residency training, there should be little need for formal bureaucratic controls. I am not sure how close I have come to achieving these goals. I do know that I will keep trying.

Let me close here by leaving you the most practical lesson that I have learned as a surgery residency program director.

*The key to successful team management is to keep the five guys who hate you separate from the five who are undecided.*

Casey Stengel

## Reference

1. Bosk CL. *Forgive and Remember: Managing Medical Failure*. 2nd ed. Chicago, IL: University of Chicago Press; 2003.