2013 EAST Oriens Award – This is Why I want a Career in Trauma
Winning Essay
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Over 5 years I compiled 36 thoughts: **"The Things I Learned During General Surgery Residency."** These are not concepts found in a textbook like how to expose the aorta through a Mattox maneuver or how to grade a splenic laceration. These are lessons I learned from my patients and attendings. Through these lessons, I discovered why I want a career in trauma. The following is a sampling of my thoughts.

Patients give you the gift of learning from them. You give patients the gift of your time, energy and hard work. This is a unique and binding agreement, so honor it.

It was the first month of my second year of residency. An 18 year old man presented after being stabbed in the subxiphoid region. He was diaphoretic and tachycardic. My FAST exam showed hemopericardium. I told my attending "We need to go to the OR." In a very deep, wise, preacher-like voice, he asked "How confident are you in your FAST skills?" I sheepishly replied "Confident enough." On the elevator to the OR, my attending asked "Are you going to do a median sternotomy or thoracotomy?" "Median sternotomy, sir," I replied. He said "I hope you're right. Just be prepared to justify that answer in M & M on Friday." The saying goes "Better lucky than good", and that night, fortune was on my side. We repaired the laceration to his right ventricle through my median sternotomy. While closing, I thought to myself that this young man's life lies in my hands and my ability to correctly choose which incision to best expose his injury. Patients give us the gift of learning from them, and on them. This is true of all patients, but trauma patients are special. Trauma patients usually don't plan on getting stabbed or getting into a motor vehicle accident. Neither I nor the patient gets to choose one another. The patient offers me the balance of life and death and, in return, requires the full extent of my skill, intellect, and compassion – even in the context of learning. This binding agreement is unique to trauma, and the responsibility inspires me to be a better doctor.

When you make a mistake: stand tall, don't lie, say what you learned and what you will do differently next time. Most importantly, remain humble and move on. Your next patient needs your full attention.

There is something very unique about Trauma M & M. Perhaps it's the personality of the typical trauma surgeon; regardless, it's a defining moment for the young surgeon in training. Standing in front of my mentors and admitting that the air knot I threw caused the patient to bleed or that it was on my clock that the intern placed the feeding tube in the lung instead of the stomach is a humbling experience. Trauma proves that life is unpredictable and mistakes occur. I've learned that the true test of mettle isn't the unexpected outcome; rather, that we are called to acknowledge and integrate mistakes with humility and an eye for improvement.

It's ok to pat a patient's shoulder, hold their hand, or just sit next to them. Patients are real people, not a diagnosis or your 'next big case'.

The patient was a 43 year old man shot once in the chest. EMT reported CPR in progress during transport. The shock room was full of fury- the intern pulling a 36 Fr chest tube from the cart, the chief resident opening the thoracotomy tray, and the ER resident at the head of the bed with the Glidescope and endotracheal tube. The shock room was full of doctors preparing for procedures, but not necessarily thinking about the person: a young man, married for 10 years, a son to a mother, a brother to 3 sisters, and a father to 2 young children. He arrived in the trauma bay in asystole. No one got to do their 'next big case.' The time of death was announced without even knowing his real name. Later, I went to the waiting room to talk with his family. As the words came out of my mouth, the room filled with cries and wails. I put my hand on his mother's shoulder and waited for her to speak next. She thanked me for our hard work. I told her I was very sorry for her loss. Her son wasn't a "guy with a gunshot wound" - he was a real person. In trauma, we work with patients and families at a very critical and intimate time in their lives. While our job is intriguing and fascinating, I remain struck by the privilege of accompanying my patients and their loved ones through the joy of recovery, as well as the pain of loss. Our work is a human business, where compassion is essential for the continuance and betterment of healthcare.

Listen to your attendings. Ask them to tell you stories. Once they retire, all that history goes with them.

The field of trauma is full of tradition; we stand on the shoulders of giants. How a certain diagnosis was reached before the widespread use of the CT, or why DeBakey forceps were created, is the basis of what we do today. As I listen to my mentors speak, I am amazed by the history in their stories. Our roots run deep in these stories, and knowing the stories so that we too can pass them on is part of our job as a trauma surgeon.

So, "Why trauma?" It is because our patients usually don't choose to present to our shock rooms. When they do arrive, it is often under the worst of circumstances. Their vulnerability obligates us to excellence in healthcare and to learn from them to further our knowledge, skill and the field of acute care surgery. We provide patients with the best of our mind and abilities. We stand tall in life, knowing that our successes, and mistakes, have made us better. We have a commitment to our patients and their loved ones to provide compassionate care. The secret to our future lies in our past, so we learn from all the trauma surgeons who came before us by listening to their stories, and passing on history and tradition. Above all, we do this job because we can't imagine doing anything else.