

MAR

Title: The Making of a Surgeon

Date of Observation: January 2004

Narration:

At Surgery ER at around 7pm, patient came in with a 6cms laceration on his forehead, he was profusely bleeding and needed immediate treatment. I attended to him to suture his head. While doing the suturing, another one came in for a stab wound on the chest, penetrating. My co resident had to rush to put a CT. then beside me is a patient complaining of a leg pain probably due to a fracture sustained from a VA. While attending to them I noticed the flow of patients at the ER, from medico legal cases to trauma and surgery. Then a medical clerk approached me for a referral. It was already 2 am when we cleared the ER. When we are about to rest, I heard the sound of the stretcher coming towards TRAUMA. Patient was assessed and diagnosed to have strangulated IIH and we have to operate on the patient. He was directed to OR and I assisted. At around 6am we found ourselves fully exhausted. Still, we have to do the morning rounds, after which we have to do the elective OR. It was already 5pm time to go home. What a tiring day.

Insight

Being a surgeon, residency at that, entails not only a lot of work but also more of sacrifice. Much of the time, during tour of duty, you'll find yourself awake, either in the operating room, attending to patients at the ER or answering referrals. Even how tiring our duty is, we find satisfaction, for unexplained reasons. These cases we see during wee hours of the night prepare us to be a competent surgeon.

The central lesson of this narration is that the best surgery residents are those that get up at night and actually see patients. It should be made clear that surgery residency was primarily a matter of attention, compassion, and work. Not brilliance, not political connections, not a long family history in medicine.