[THE STUDENTS] REALLY ONLY SEE THE SURGICAL RESIDENTS' LIFE, AND THEY DON'T UNDERSTAND WHAT IT IS LIKE ONCE YOU FINISH TRAINING. SO I THINK IT'S IMPORTANT THAT THEY MEET SOMEONE WHO IS A PRACTICING SURGEON AND FIND OUT THAT THIS IS A VIABLE CAREER OPTION BEFORE THEY FORM NEGATIVE OPINIONS.

## An Informed Decision

Surgical Interest Group is the opportunity of a lifetime

F YOU'RE A MEDICAL STUDENT who is thinking about a career in surgery, it only makes sense that you would want to have a chance to meet practicing surgeons and ask them questions—all sorts of questions, including ones you're not have a life outside of work?"

To Merril Dayton, MD, chair of the Department of Surgery, genuine inquiries such as this are music to his ears.

Throughout his career, Dayton has been a national leader in surgical education and is the coauthor of a bestselling core textbook for medical students, titled The Essentials of General Surgery (see related article on page 12).

One of his goals when he came to UB four years ago was to increase the

number of medical students at the school who choose to train in surgery.

"The year I arrived here [in 2003], in a class of 135 students, two decided to go into surgery, which is just abysmal," he says. by giving it the financial support and

While a Surgical Interest Group was in place at UB at the time, Dayton comes to the first or second meeting sure you should be asking, like, "Do you explored ways to infuse it with new life, and the results were immediate: In 2004, a total of 24 UB medical students the whole department a lot more chose to train in surgery, and since then the number has averaged 17.

> "The success of the group has had a huge impact," says Dayton, who adds that the Department of Surgery has benefited as well "because some of the best and brightest students we take in our surgery residency program are UB students."

Fourth-year student Ashley Stewart has been involved with the Surgical Interest Group since entering medical school, and in 2006 she served as its president.

"It's a wonderful program, and Dr. Dayton is doing awesome things boost it needed," she says. "He always of the year and introduces himself and the department. He just makes approachable. We owe him a lot."

For the last five years, Celeste Hollands, MD, provided faculty leadership for the group. This summer, after Hollands accepted a position as chief of pediatric surgery at the University of South Alabama, her alma mater, Kelli Bullard Dunn, MD, a colorectal surgeon, stepped in to lead the program.

"Since the big push began to get peo-

ple to go into primary care specialties, surgeons no longer see first- and secondyear students," says Hollands. "There's no exposure to us at the medical school level except for our reaching out to them and having the Surgical Interest Group.

"As a result, [the students] really only see the surgical residents' life, and they don't understand what it is like once you finish training. So I think it's important that they meet someone who is a practicing surgeon and find out that this is a viable career option before they form negative opinions."

Bullard Dunn, who led a Surgical Interest Group at the University of Minnesota for four years prior to coming to UB, concurs with Hollands. "Medical students get the majority of their information from their peers,"

she says, "and they often have many misconceptions about surgery."

A graduate of Harvard Medical School, Bullard Dunn is unabashed about admitting that as a medical student, she too held such misconceptions. In fact, she says she was so certain she would never become a surgeon, she went so far as to ask that her surgical rotation come first so she could "get it out of the way."

"I swore I would never become a surgeon," she recalls with a laugh. "I thought that surgeons were technicians. I thought they were insensitive. I harbored all of the same stereotypes that many of the student do. As it turns out, by poor, dumb luck I ended up at Massachusetts General Hospital. It was reputedly the harshest, most difficult rotation—and I absolutely loved it.

"I found that the surgeons were some of the most compassionate physicians with whom I had ever worked," she says. "They were intellectually and technically outstanding, and there was an esprit de corps that was really unparalleled. So I spent the rest of my third year desperately trying to like anything else as much as I liked surgery."

## **Talking Shop**

N ITS CURRENT FORMAT, the Surgical Interest Group meets one evening a month on the South Campus in the Lippshutz Room. On average, 30 to 60 students attend, most of whom are in their first or second years. A meal, free of charge, is catered to all attendees, including participating faculty and speakers.



Buffalo Physician Autumn 2007 Autumn 2007 Buffalo Physician



Jonathan Stone, Class of 2010

OR EACH MEETING, two or three surgeons from various specialties are invited to talk to the group about why they chose their specialty, what their training involved, what their work life is like, and how their career impacts their home and family life.

Following the talk, students have an opportunity to ask questions.

The current format for the meetings was determined by unexpected input from students, according to Hollands.

She explains that at a meeting several years ago, she announced that a special "women's night" would be held once a year so that female surgeons from different specialties could come and talk to the women in the group about family issues and how they have found ways to have a "normal life" as a surgeon.

"After I announced this plan," recalls Hollands, "the guys started quietly coming up to me, one on one, and asking, 'Could I come to that meeting?— I'd really like to know about those things, too.' So we finally decided that we would ask all speakers to talk about how they are able to maintain a balanced lifestyle because we were seeing that this is very big area of concern for all the students, not just the women."

"I wouldn't say that the meetings are informal," explains Jonathan Stone, Class of 2010, current president of the group, "but the students get the feeling that they can ask the physicians anything they want—things which, if you were in a hospital, you wouldn't necessarily

ask—which is great because people have all these questions on their mind and we provide a forum to give them answers."

Ashley Stewart—a native of Buffalo who earned her undergraduate degree at Brandeis University—says that when she entered medical school at UB, she thought surgery might be something she would want to pursue as a career because she likes working with her hands and likes being active. She knew, however, that she couldn't make such a big decision based on those factors alone, yet she didn't want to wait until her third year of medical school to explore this career option, so the Surgical Interest Group provided her with a perfect opportunity to test her inclination.

"I'm the type of person who likes to see results and see them quickly—at times I've maybe even been embarrassed about that because it could be labeled 'impatient,'" she says, laughing. "But when I started attending the [Surgical Interest Group] meetings and heard the surgeons speak, I really felt like I was with like-minded individuals; I felt like I was home, because I could take these qualities about myself and turn them into a useful thing!"

Bullard Dunn points out that the Surgical Interest Group also gives students a chance to connect in a meaningful way with each other.

"It's a nice opportunity for them to interact with peers who are also interested in surgery at all levels, because the group includes not only first- and THE STUDENTS GET THE FEELING
THAT THEY CAN ASK THE PHYSICIANS ANYTHING THEY WANT—
THINGS WHICH, IF YOU WERE
IN A HOSPITAL, YOU WOULDN'T
NECESSARILY ASK—WHICH IS
GREAT BECAUSE PEOPLE HAVE
ALL THESE QUESTIONS ON THEIR
MIND AND WE PROVIDE A FORUM
TO GIVE THEM ANSWERS.

second-year students, but also thirdand four-year students, when they're available on the wards," she says.

## Networking, Mentoring

NOTHER FUNCTION of the Surgical Interest Group is to provide its members with opportunities to shadow physicians.

At the start of each year, students in the group are provided with a list of surgeons who have agreed to provide such opportunities. Currently about 30 surgeons in a wide array of specialties are participating, and students are encouraged to initiate contact via email.

For Stone—a native of Rockland, New York, who attended Drew University, where he majored in neuroscience—this is a particularly exciting aspect of the program. Over the summer between his first and second years, he says he spent "a good amount of time" at Millard Fillmore Gates and Women and Children's Hospital of Buffalo, shadowing pediatric neurosurgeon Curtis Rozzelle, MD, when he performed such procedures as craniotomies, arteriovenous malformation repair and removal of a seizure focus for intractable epilepsy.

"All of this was amazing," says Stone. "Dr. Rozzelle actually let me scrub in on a couple of cases and I got to hold the suction and do some other



Ashley Stewart, Class of 2008

things, so not only was I watching, but I was involved with the case."

In addition, Stone is working with Rozzelle on a research project that involves studying a condition called "tethered spinal cord," which is a common dysfunction in children with spina bifida.

Stewart emphasizes that the shadowing program connects students both with surgeons who work in the community and in academia. "This is important," she says, "because they are very different [career paths] and this is definitely a big part of how people decide what they want to do with their lives."

During her first year of medical school, Stewart met Hollands, and in addition to shadowing her, she worked with her to conduct research on laparoscopic appendectomies in the pediatric population.

Currently, Stewart is in the process of applying to general surgery residency programs, and UB is one of her top choices. She feels her experience with the Surgical Interest Group and her one-on-one contact with Hollands have been integral to her preparation for this next phase in her education and training.

"When I began shadowing Dr. Hollands, there was a moment in the OR when I said to myself, 'This is what I want to do,'" Stewart recalls. "I didn't tell anybody because they would say, 'Oh, yeah, you still have a year and a half before you get to your third year,' but, really, in the OR that day, my heart started pounding and I got so excited—I just knew that I wanted to do surgery."

The connections students make through the group and its shadowing program often segue into informal mentoring and networking opportunities, notes Stewart.

"If you are really passionate about what you saw [while shadowing], the surgeons are pretty good about taking you under their wings and giving you the advice you need," she explains. "I can honestly say that, from my experience, if the students sign up for the shadowing program, the surgeons they work with are going to become their mentors; it's a natural progression."

## Tying the Knot

N ADDITION TO SPONSORING the dinner meetings and shadowing opportunities throughout the academic year, the Surgical Interest Group also organizes a Skills Clinic each spring whereby students can participate in what Stone calls a "mini version" of the skills lab offered as par of the third-year surgical clerkship.

"This is where the students can learn how to tie knots, practice suturing and train in intubation," he explains. "It's a time for 'hands-on' training, in addition to the introductory training we get through the Clinical Practice of Medicine courses our first and second years."

The clinic is held in a lab dedicated to this type of training, located on the South Campus in the Biomedical Research Building. During the clinic, students are assisted not only by surgeons, but by other health professionals such as surgical nurses and technicians.

Although not all of the students who participate in the Surgical Interest Group decide to pursue a career in surgery, the group devotes time during the second semester of each year to providing students with information they will need should they wish to prepare for a match in surgery.

"Dr. James Hassett, director of the residency program, presents a session in January on how to apply for and obtain a surgical residency," explains Bullard Dunn. "This is a very pragmatic overview that covers such things as when to fill out your applications, what sort of letters of recommendation you need and what types of programs to apply to—all of which is very useful for fourth-year students."

Toward the end of the academic year, the group also hosts a panel of residents and a panel of fourth-year students who have matched in surgery.

These closing sessions bring full circle an exploratory process that is well guided and structured, from start to finish.

In summing up what his experience with the Surgical Interest Group means to him, Stone reflects an attitude that is translating into more and more UB students choosing to enter surgery, many of whom, if given the opportunity, would like to stay and train in Buffalo.

"Although I have just barely scratched the surface of surgery," he says, "I already want to dive more deeply into it with my whole heart, and I also want others to be able to see what [the field] can offer."

Students or faculty who are interested in participating in the Surgical Interest Group can contact Kelli Bullard Dunn, MD, via e-mail at Kelli.BullardDunn@RoswellPark.org or by phone at (716) 845-4191; or Jonathan Stone, Class of 2010, at jjstone@buffalo.edu.

20 Buffalo Physician Autumn 2007 Buffalo Physician 21