Michigan Surgery Sessions Identity Podcast

Featuring: Laura Mazer, MD, MS; Gurjit Sandhu, PhD; Amy Suwanabol, MD

Narrator:

Welcome to Michigan Surgery Sessions, where we discuss the latest in clinical care, education and surgery culture with faculty, residents and medical students.

Gurjit Sandhu:

Welcome. This is Michigan Surgery Sessions at the Michigan Medicine Department of Surgery in Ann Arbor. I'm your host Gurjit Sandhu. The field of surgery is a dynamic arena that continues to evolve based on illness, therapies, technologies, and the structure of training, to name a few. However, one area of change that is not frequently discussed is around surgeon identity, that of the individual and of the group. Here to help us learn more about surgeon identity is Dr. Laura Mazer. Dr. Mazer is a Minimally Invasive Surgeon with Michigan Medicine. Her clinical practice focuses on benign foregut and abdominal wall reconstruction. She's passionate about medical education and her research focuses on improving clinical teaching and learning. Laura, welcome to Surgery Sessions.

Laura Mazer:

Thanks so much for having me.

Gurjit Sandhu:

Also with us is Dr. Amy Suwanabol. Dr. Suwanabol is a Colorectal Surgeon at Michigan Medicine with the Clinical Practice at the Ann Arbor VA. Her research focuses on palliative and end-of-life care with older adults, which encompasses compassion fatigue and burnout among surgeons. Her most recent work examines how surgeons experience and cope with post-operative complications. Amy, welcome to the program.

Amy Suwanabol:

Thank you, Gurjit. I'm excited about participating today.

Gurjit Sandhu:

Laura, could you help us set the stage for our listeners? What is identity?

Laura Mazer:

There's a lot of definitions of identity in the social science and psychology literature, kind of as an amalgamation of all the things that make you who you are. Your experiences, your values, the roles that you play or that you see for yourself. But I think in terms of identity as a surgeon, and when we talk about identity in this space, the two things that are really important is distinguishing between personal identity and professional identity, and I spend a lot of my time thinking about the process of professional identity formation. The process by which our students and our trainees kind of come into their own with their professional identity, and I think identity really changes over the course of your training. Surgeon identity was something that felt like a role you had to play or something you had to

gain access to, and you felt like your identity was something very personal and very individualized, and over the course of your career, now as a surgeon looking back, my identity as a surgeon is so core and fundamental to who I am, that I've really done almost a 180.

Laura Mazer:

I can remember as a student looking at the identity of surgeon, as something I wasn't sure I could ever become. Something I wasn't sure I could ever deserve, and then I had a very clear vision of what that role looked like. We spend a lot of time thinking about what should our students be in order to gain that role? And I spent a lot of time worried that I didn't have those traits. It's almost hard to get back into that mindset now as a surgeon because so much of who I am, is the last decade I spent training to become a surgeon, and that's that professional identity component that now my identity as surgeon is core to my personal identity of who I am. And so I think as we explore identity specifically in a professional, and in this case, a surgical space, really it's an interaction between your personal identity and your developing or developed professional identity as surgeon qua surgeon.

Gurjit Sandhu:

That actually leads me to my question to Dr. Suwanabol. Amy, you've been doing a lot of qualitative interviews with surgeons. What have you learned about the surgeon identity?

Amy Suwanabol:

We have done a lot of qualitative interviews with both practicing surgeons and resident surgeons. What we've found is that the formation of surgeon identity is quite complex and there's a lot of different factors that are involved with it. I would definitely agree with Dr. Mazer saying that we have to distinguish between personal identity and professional occupational identity, but certainly there's overlap, and in a lot of cases, I think what happens is over time, people start to feel or believe that some of that professional or surgeon identity is becoming a core component of who they are. It's really difficult for me, myself, to distinguish myself between my personal identity and from being a surgeon. It's not that I see everything through the lens of being a surgeon but it's really difficult for me to say, "Well, I'm Amy and I'm..." I don't even know how to say who I am other than saying that I'm a surgeon and it really bleeds into a lot of facets of my life.

Amy Suwanabol:

Some of the interviews that we've done with the surgeons across Michigan and across the country, when we first started asking them, "What made you want to become a surgeon?" That really opened up their thoughts about how they felt like they were a surgeon, how they formed this surgeon identity and some of it started in medical school when they started doing their surgical clerkships, and it really starts to develop during residency when they're surrounded by surgeons and mentors and people who they want to be like. I think you had asked what are the components of being a surgeon, essentially I think about it as, how do they think like a surgeon, how do they act like a surgeon and how do they feel like a surgeon.

Gurjit Sandhu:

Laura, could you expand on that? What does it take to be a surgeon? Is this something that folks develop into, or is there a particular characteristic or personality that draws one to this profession?

Laura Mazer:

Like anything, there are certain characteristics or traits that make you more likely to thrive in a surgical field. I tend personally to stick umbrage with most of the stereotypical ones. I joke that I have a foolproof way of determining if medical students are going to go into surgery or not, and I tell them, "Picture yourself in a kitchen, you're cooking, and the person cooking with you is struggling to open a jar of sauce, and they're stronger than you, and they've opened more jars in their lives, but they're having trouble getting the lid off. Put yourself in that perspective, do you have to take the jar away from them?" I have never met a surgeon who doesn't respond with a visceral, "I need to open the jar," and I've had many medical students who were like, "No, I have no idea what you're talking about.

Laura Mazer:

I have no interest in sealing a jar from someone who seems perfectly qualified to open it." Those people generally don't go into surgery, and whether that means that we're all in love with trying to open things, trying to solve physical problems, or we're all control freaks, I don't know, so far I've batted 1000. I have 100% accuracy with that question. But it's sort of a joke in kind of a more serious answer to, are surgeons born or are they made? I think whatever you go into, it's a process, and speaking of identity, that's why it's a process of professional identity formation. The identity isn't something you come into the field with. It's something you gain through time in the field. You have to, while there are certainly traits that will make you successful, those are traits that would make you successful at anything, so being hardworking, being dedicated, being caring, being very detail oriented.

Laura Mazer:

But all of those things would lead to success in any field, and so I think it's deciding to apply yourself in your unique skillset to surgery because it's something you love and something you value and it's an identity that you want to have. It's who you want to be. But there are definitely certain traits that make it more likely that you will be satisfied with a career, with the certain elements of surgery, technical expertise, working with your hands, immediate kind of satisfaction, but also the potential for high costs and high risks.

Gurjit Sandhu:

We understand identities are in part, influenced by our environments. How does this surgical environment impact one's identity? Amy, could you expand on that?

Amy Suwanabol:

You learn the behaviors in your environment, but they can be a not productive environment or a less supportive environment. Those that choose to do surgery, there may be particular traits I think, or things about an individual that they would choose to pursue a career in surgery. But I agree with Dr. Mazer, that its certain traits that allow people to thrive and drive overall satisfaction with pursuing this career or continuing on with this career. The environment, I think plays a huge role in that in the development of this identity, one has to feel that this is a space that they feel safe in belonging, that they feel included in. When you have a space that you aren't able to thrive in that you're not being supported, I think it becomes a little bit more challenging and I think that's what draws people away from the field of surgery. I think it's important that the setting is appropriate for each individual, the

culture of a department or an institution is important and the type of practice setting that you have, the relationships that you have in the work environment is important.

Laura Mazer:

I definitely agree with Dr. Suwanabol, the environment is super important. I think one element is just the people around you, especially when you're trying to decide if surgery is the field for you, you're asking yourself the question, what is a surgeon? What does it mean to be a surgeon and the way you are most likely to answer that question is by the examples you have, looking around and seeing a group of people who support each other and who call for help when they're in a tough case and who are welcoming and including. That gives you a very different view of the identity of surgeon than if you're in a very hierarchical department where everybody's very aggressive and nobody's going to talk to you as the medical students. The examples you have of the people ahead of you in the profession are very key to helping you define what that professional identity means.

Amy Suwanabol:

You have people who you want to be like, right? That's how you end up picking surgery first. I mean, I remember there was a trauma surgeon who I really admired and I thought I was going to do family practice. I was like, "I'm going to work with underserved populations. I'm going to be a family practice doctor." I did surgery as my first rotation just because I just wanted it out of the way and there was a trauma surgeon I really admired and he saw that I was really enjoying the environment that I was working in. I felt like it fit with my personality type and what I wanted to achieve. I liked the high-risk nature of it and I liked also the immediate rewards.

Amy Suwanabol:

I kind of saw myself as, "Oh, this is somebody I could be like," and throughout my entire training period, I kept seeing these mentors, "Oh, I want to be like this person," and I came in thinking, "Okay, I'm going to do Surgical Oncology," and what happened was that I had a bunch of colorectal mentors who I felt like I really wanted to be like these people. If you have people who are kind of bringing you along and saying, "Hey, this is what your life could be like," and you'd really admire these people and how they interact within their system and with our patients. I think that really helps. That inclusion, that bringing you along and having mentors and sponsors really has allowed me to feel like, "Yeah, I want to be a colorectal surgeon."

Gurjit Sandhu:

What you've described challenges some of those stereotypes that we hear about surgeons and sort of how they orient themselves in the field, so thinking about that and thinking about your own experiences as a surgeon and as a researcher of surgeon identity, what changes have you noticed in the field? Dr. Mazer, we'll start with you.

Laura Mazer:

The field is changing. I'm still very early in my career, but even looking back to when I started residency, the things that were acceptable in the OR would get you fired today. Sometimes I tell stories, which I'm not going to repeat on this podcast, and people think I'm kidding, because it just doesn't happen today. The culture has changed. What's acceptable has changed. The face of surgery has changed, who becomes a surgeon has changed and what it means to be a surgeon has changed too. It's funny to Dr.

Suwanabol's point that you think about the field because you see somebody you want to be like, is very true but the converse is true as well. I've heard a lot of incredible mentors and they've had a massive impact on who I am and where I am. But my very early experiences in surgery were a little different.

Laura Mazer:

I didn't think I was going to go into surgery and so I traded with a friend for a rotation initially that nobody wanted to do, because it was rumored to be a fairly malignant rotation because I was like, "I'm not going into surgery anyway." It doesn't really matter. You go on the rotation where you get all the good letters, I'll just hang out and just work. I was stunned to realize that I loved it. I still remember it was a distal panc spleen was my first open abdominal case. I still remember because I'd read the anatomy textbook the night before, and they had described the splenic artery on its torturous course towards the spleen. I was like, "That's the weirdest description ever," and then we get into the abdomen and damn it, isn't on a tortuous course to the spleen.

Laura Mazer:

I thought it was the most beautiful thing I'd ever seen and they let me hold the spleen as it's coming out and I was done. I was in love. I thought the open abdomen was the most beautiful thing I'd ever seen. I spent the four hours of that case getting screamed at, and I spent most of the month getting screamed at. Back in those days, we were in the hospital at 3:00, we left at 10:00. I was exhausted. My residents were so angry because they were exhausted, and so I was really conflicted because I loved the field and was very scared that if I went into it, it meant that was who I had to be. I spent a lot of time trying to figure out if I could carve my own identity in a field that demanded something I didn't think was in me and didn't really want to develop.

Laura Mazer:

It's a challenge, and it wasn't until I started doing, I did some additional rotations in surgery and met some incredible people who were very different vision of surgeon and who were scholars and gentlemen and just all around wonderful human beings, and so reassured me that you could be a good person and a surgeon. But I think that stereotype of the surgeon as, I don't know, a PG way of saying it, in the operating room, is changing and it's less and less acceptable. It's just not the dominant personality type anymore. It's not the dominant identity anymore and that's being driven just by different people getting into the field. But it's both bottom up and it's top-down. Different personality types are coming in and the leadership aren't tolerating it anymore, in part because of, frankly research that shows it's not just bad for us, it's bad for our patients. Aggressive and disruptive personalities in the operating room have worse outcomes.

Gurjit Sandhu:

Dr. Suwanabol, I'd love to hear from you on the changing field and how that affects surgeon identity.

Amy Suwanabol:

Things are changing. The face of surgery is changing. There are much more women coming into surgery and realizing that there is a path. I think a lot of people get turned off by the idea of surgery because there are stereotypes within society about what being a surgeon means, and I had believed those same stereotypes until I started doing my surgery rotations, and maybe I'm spoiled and I came from a place that there were very few malignant personalities. Every single person almost that I'd met with, I admired

in some way. I thought it was such a positive experience. This is my crew. These are the people I do want to be like. You would hear stories about surgeons throwing scalpels in the operating room or instruments in the operating room or demonstrating abusive behavior.

Amy Suwanabol:

But when I was in my training, I rarely saw that. But I do think overall, people are starting to recognize that those behaviors are unacceptable, that that's not a good learning environment or training environment, and it's definitely not good for patient care, because it distracts from what's important which is that patient on the operating room table or in the post-op area, or when you're in the prep clinic making decisions about whether or not to proceed with surgery. There's definitely much more of a focus about a more balanced life. We're not living in the hospital for 120 hours a week anymore. We are now recognizing that our wellness is important for patient care as well.

Amy Suwanabol:

I think that there's definitely more of a push for us to be better in terms of recognizing that you can only provide as good of care as you are providing for yourself. As a medical student, one of our instructors said, "There's no way that you can fill another vessel if you've not filled your own." In other words, put your own oxygen mask on before you put on others. There's just no way that we can provide good compassionate care to others if we're not compassionate to ourselves and to our fellow surgeons and the people that we work with.

Gurjit Sandhu:

It sounds to me that there's still sort of this incomplete understanding of the surgeon identity, and as an education researcher, I often run up against that when I share with my colleagues that I work with surgeons and they invariably say, "Oh, my. What's that like?" With a very negative connotation. I have to be honest, I get a lot of yeses when I ask people to collaborate. I get a lot of yeses when I ask people to think about education research and think outside the box. I think that those old stereotypes have continued to linger while the actual identity of the surgeon has changed considerably. One area that I've seen change is, this greater focus on the complete entity, wellness, the whole surgeon in the hospital and outside of the hospital. Dr. Mazer, I'd love for you to pick up on that. Tell me a little bit more about how wellness features into the research identity?

Laura Mazer:

You were saying that you kind of get shutters when you tell people you work with surgeons. I was just going to comment on that briefly. We're a group of people who've trained a long time to gain entry into this world. I think we do take a lot of pride in that identity. I know I do. I take a lot of pride in what it took to get here. We're kind of proud of some of those character traits, right? We like to look at ourselves and say, "Yeah, we're stereotypical surgeons. We get things done. We work faster than most people. We're willing to work harder." There's a way in which that's good and especially I see it in the residents and there's a way in which I love it because it's them owning the really wonderful traits that have led them to succeed in a tough environment.

Laura Mazer:

Part of what's led to a transition and then the identity or what I hope to continue seeing as being able to continue to have pride in those elements, while shedding some of the less useful ones. The transition

that I'm seeing, which I think is really great, is being able to bring in more elements of our personal identity of who we are, because that surgeon identity isn't a cookie cutter anymore, right? You are a mom or a dad or a marathon runner. You're a poet or an artist. You're a nice person who likes cats and holds your patient's hand, but you still take pride in being that no nonsense hammerhead, willing to work hard and long and as much as possible and get things done, surgeon.

Laura Mazer:

That's the interesting kind of progress that I'm seeing now, it's being able to hold to the positives of our identity in our field, while still incorporating a more diverse kind of personal identity.

Amy Suwanabol:

I think it's super important for us to make sure that we don't forget what brought us to where we are today, whether or not you're a surgeon, appreciating what we call individual differences or diversity, is important because we all bring different experiences to the table, which is beneficial.

Amy Suwanabol:

I think there is a way of having this, just like what Dr. Mazer was saying, holding onto some aspects of the surgeon identity, the decisiveness, the certainty, the confidence of being able to operate on your patients, the willingness to accept a poor outcome, the ability to recover from having poor outcomes. I think all of those things are necessary in order to thrive in the field of surgery. But I also think that it's important that we celebrate the fact that we are not all the same. We come from a bunch of different backgrounds and training, and I think it enhances each other in our work.

Gurjit Sandhu:

What I'm hearing from both of you is the inclusion of cognitive diversity, experiential diversity, and all of the other ways that we think about differences in diversity into the surgeon identity. It's no longer just sort of this homogenous set of characteristics. That's really encouraging for medical students. What advice would you give a medical student considering going into surgery? Dr. Mazer I'll turn that to you?

Laura Mazer:

There's a couple of things I would say to somebody considering surgery, and none of them are the things that were said to me when I first started saying I was interested in this field. The first thing I'll say is, it's the best job in the world. If Gurjit has me back, I'll talk for an hour about why it's the best job and the best field and the best thing you can imagine. But it's not for everyone, and so I guess the two pieces of advice I would give, the first is, you got to do it for you and you got to continually reconfirm that you're doing it for you. It can't be because you want to fit into the shoes or the role of surgeon as somebody has described it to you. You have to kind of decide that the field and the work is something you love.

Laura Mazer:

That's something that you're continually deciding as you go through. I told that story of falling in love with the OR as though it's a one and done, it's love at first sight. But it's not really just like a relationship, is not love at first sight. You're continually working on your relationship with your career and figuring out if it's still works for you and it's still what you want to do. The last thing I'll say, just how do you do that is, stay introspective. I tell all my medical students to journal. Your third and fourth year of med

school are so overwhelming, cognitively, emotionally, psychologically, that you can't remember what affected you and in what way and so you got to keep a record for yourself, so you can continually look back and say, "Yeah. That was the rotation where I was happiest. That was where I felt the most satisfied. I loved going in, in the morning and even though I was there for 14 hours and exhausted, at the end of the day, I was ready to go back the next day." This is an amazing field, if it's what you want.

Gurjit Sandhu:

Dr. Suwanabol, what advice would you give medical students considering a career in surgery?

Amy Suwanabol:

I love my job. I think its huge privilege to be able to care for and operate on individuals. I am just as passionate about my job. The first day that I walked into the operating room and passed out with an orthopedic surgery procedure until now, I absolutely love my job. There's so much joy in being an academic surgeon and being able to be a role model and a mentor to the medical students and residents and to have an impact on my veteran patients' lives and their families. It's a true privilege. I tell all my medical students who are interested in it, we all have the capacity to be surgeons. It's not like we have some special super power that you don't have the skills to be a surgeon. We all have the ability to be surgeons, and it's just a matter of whether or not you're going to thrive in this environment.

Amy Suwanabol:

The thing that I tell students though is, it's hard. There's a lot of different challenges that are unique to being a surgeon and so, if there is something else that you think you could be happy with, maybe surgery isn't the thing for you. But if you know that nothing is going to make you happier than being a surgeon, then that's what you should pursue and you should put all your efforts into doing this. If you decide you don't want to be a surgeon anymore, that's fine. We don't like having attrition in surgery, but it's also not something that you feel like, "Oh, I find a way my life contract and now it could be a surgeon for the rest of my life." I know plenty of people who realized later on, "This isn't really what I want to do," and that's okay.

Amy Suwanabol:

The other thing I would like to say is that there's not one phenotype for being a surgeon, right? There are a lot of different people who are doing a lot of different things. I'm studying something that's not super common now it's becoming more and more, people are studying palliative care and surgery. But at the time that I was doing this, they were very few people who were studying this. What this department has allowed me to do, this institution has allowed me to do is, take my passion and run with it. They give me the resources and the support to say, "You know what, we think that this is valuable, and we think that you should study this."

Amy Suwanabol:

We're not all the triple fat. We all have different skills and things that we can bring that are valuable to our institutions. One of the big things frequently, because my husband is a surgeon is, how do you do it as a dual career, and can you be a mama or parent in surgery? I would say, "Yes and yes. Some of my best role models and my more supportive people, are people who are in dual professions, who are parents in surgery. My friends and colleagues who do it, and they do an incredible job and they're incredibly happy.

Gurjit Sandhu:

Thank you for helping us better understand the dynamic and diversity of surgeon identity. That's Dr. Laura Mazer, Minimally Invasive Surgeon with Michigan Medicine. Laura, thank you for being with us.

Laura Mazer:

Thank you, Gurjit.

Gurjit Sandhu:

Dr. Amy Suwanabol, Colorectal Surgeon with Michigan Medicine. Amy, thank you for being with us as well.

Amy Suwanabol:

Thanks so much for having me. This was very fun.

Gurjit Sandhu:

You've been listening to Michigan Surgery Sessions and I'm Gurjit Sandhu. Thank you for tuning in.

Narrator:

Thanks for listening to the Michigan Surgery Sessions podcast. To learn more about the Department of Surgery at Michigan Medicine, our people and our programs, and to find more podcasts, visit our website at medicine.umich.edu/dept/surgery.