



PAYING IT BACK

Katie Huber, MD



How does one become a plastic surgeon? I first pondered this question as a junior medical student having enjoyed a one-week career exploration in the specialty, mostly out of curiosity. I quickly learned that solely based on statistics, getting a residency spot would be profoundly competitive. Moreover, attaining the knowledge and skills needed to impress a potential

future employer would be difficult, especially because my medical school did not include plastic surgery in the basic surgery clerkship curriculum. I would have to seek out my own opportunities and arrange my own elective schedule. There would be no required or even recommended reading list, no written tests, no convenient, near-finished research projects to which to add my name. There was no ready access to integrated plastics residents who had matched through the same process and could give advice. As three of my classmates and I endeavored to match into a plastic surgery residency, we knew a challenge lay ahead. It would certainly be almost impossible to achieve without one crucial resource to which students at other schools may have lacked access: great mentors.

I have always wanted to be a surgeon, but never considered specializing before third year. In college, I had the fortune of shadowing a jack-of-all-trades general surgeon in my hometown and consider him my first great mentor. Even though hospital rules prohibited me from scrubbing, I tailed him to the OR nearly every day for a month. Watching him work was an early lesson in sterile technique and technical proficiency. The crisp, concise movement of his hands inspired me even though at the time I had little idea what was happening beneath them. I didn't just watch. I listened. He divulged a wealth of information, managed to teach at my level and shared the practical knowledge gained over the course of a career. He told me that you have to love what you do, no matter how much or how little money you make. He said don't let "the man" dictate what you can and can't provide for your patients. This sentiment still resonates with me today, despite how challenging the practice environment of today seems.

As a second-year medical student, I signed up for a "suture clinic" hosted at the house of a seasoned surgeon and geared toward teaching interested students proper technique. This would be my first exposure to learning operative skills as well as my first meeting with my second great mentor. On my first Sunday in Dr. K's basement, I learned he had been well-trained in a disciplined military program and had specialized in plastic surgery and surgery of

the hand. Initially he presented himself as tough, regimented and terse almost, but with a clear glimmer of kindness beneath. As he demystified the intricate dance displayed by fingers tying knots, his words, along with the actions, were succinct and intense. One moment he preached economy of movement, and the next, respect for all members of the operative team, including the secretaries. After four Sundays with him and my initial suture training done, I left with the advice that I could always return to practice. When I decided to pursue plastic surgery, I spent countless Sunday mornings in his basement, practicing my skills and learning as much as I could from the master surgeon.

One cannot become a good surgeon by reading a textbook alone. Surgery is not a profession based simply on memorizing facts, solving problems and writing down recommendations. Surgeons are also required to "do," to operate. In order to learn this, a student must be allowed to watch and to practice in the exact medium with which he or she will one day be working: the live human body. It's not always easy convincing an experienced professional, operating on a paying customer, to allow an inexperienced student to "practice." This is precisely why I was elated to find myself in the operating room with Dr. L during my third-year career exploration. He is a surgeon who is confident enough in himself and his practice to take these risks on behalf of my education, to offer opportunities to learn without me having to beg for them. More than once, he began a case by showing me a complicated tool and asking me if I was familiar with how to use it. Before I could stammer out a "no," he confidently asserted, "Well, today you're going to use it." He taught me not as if I were a mere medical student, but instead as a future plastic surgeon.

From the very beginning, Dr. L began to cultivate in me the creative nature necessary of a good plastic surgeon. Often, he presented a patient's medical condition to me and instead of immediately telling me his operative plan, he would ask me what *our* options were and what *I* thought we should do. By no means was I always right, but his questioning instilled in me the power to formulate a plan and make a decision. Instead of blazing the trail for me, he graciously held the light as I found the way down my own winding path to the answer. His trust in me allowed me to trust in myself. This gift of self-assurance is one of the greatest a mentor can give, and it has been invaluable in my path to becoming a plastic surgeon.

Dr. L's mentorship was not relegated to the operating room. As soon as I decided to pursue plastic surgery, he set me up with the chief of the Division of Plastic Surgery. At my first meeting, Dr. W

described the laundry list of accomplishments required of a successful plastic surgery candidate. An impressive CV, published research, first-rate letters of recommendation and excellent performance on away rotations at other universities were all required. As daunting as this list seemed, I began to tackle each task with his help and guidance over the next several months. He edited my CV, set me up with research projects of publishable quality, offered to write me a letter of recommendation and counseled me on where to spend my all-important away rotations. A hard-working and incredibly busy individual, Dr. W had no tangible reason to give up his time and energy, but as great mentors do, he invested in me. I embarked on away rotations and entered interview season at ease with his keen advice in my mind and advocacy on my side.

Early in the fall of fourth year, the hours of preparation, studying and skills training were put to the ultimate test – away rotations. For months I lived out of suitcases and slept infrequently, showing up early to work and staying late to impress those wielding the keys to the gates of residency. Trying always to live up to the advice and training of my mentors, I worked alongside students from other institutions who had received formal training in the field. Though at first I envied them and the plastic surgery curriculum they had experienced, I soon realized I had something much better. I had Sundays at Dr. K's, late nights in the operating room with Dr. L, research ideas and projects aided by Dr. W. I had mentors. Little of what I knew about the field had come from a book or a required class. The tenets of the specialty that allowed me to excel on my rotations were those I'd heard straight from the mouths of my mentors. The skills I'd been taught in suture clinic and in the OR had me sewing circles around my peers from other institutions. By the end of away rotations and interviews, I realized my success was in large part due to the profound and invaluable gifts given to me by this extraordinary set of mentors.

Upon returning to Louisville after months away on rotations and interviews, I wanted nothing more than to spend time with these mentors. I grabbed lunch with Dr. K, gleaned advice from Dr. W and caught up with Dr. L in the OR. The numerous texts and calls from the plastics attendings and residents as Match Day drew near assured me that no matter what the contents of that envelope read, I'd been welcomed into a family.

In the 2013 National Residency Matching Program, there were 116 integrated Plastic and Reconstructive Surgery residency spots in the nation. With great relief, I secured one of those spots. More impressive is that including myself, the University of Louisville School of Medicine matched an unprecedented four out of four applicants into these highly coveted spots. Only Dartmouth, with five matched applicants, had more. This amazing success is a testament to the sound guidance and mentorship of this handful of exceptional individuals.

Becoming a surgeon requires so much more than can be learned in a textbook alone. The evolution requires teaching, guidance and above all good mentorship. This mentorship is not simply about volunteerism or fulfilling an academic job description. Although these mentors are undoubtedly paying it forward, they are also paying it *back* to each of the great surgeons of the previous generation who invested time and energy in them when they were young surgeons. As the beneficiary of such largesse, I look forward to the time in my career when I can help guide the next generation of talented students, while also paying respect to the family of mentors who have helped me along the way. **LM**

Note: Dr. Huber is a 2013 graduate of the University of Louisville School of Medicine. She is a resident in Plastic Surgery at the University of South Florida Morsani College of Medicine.