What works, what doesn't

Our plastic surgery training changed us. We started as physicians – generalists and tyro diagnosticians, imbued with sympathetic generalities – and sought plastic surgical reality. We chose plastic surgery because we saw surgical results that were immediate. We chose plastic surgery because we saw in ourselves something we seldom admit: we feel a discomfort with people who are ill. This realization made some of us question our initial choice of medicine as a career, and gave us a reason to examine our motives. If the unexamined life is not worth living, the unexamined profession is not worth practicing. Imagine the youthful joy in discovering that one could remain in medicine and specialize in plastic surgery. Imagine the enthusiasm in realizing that one could see how geometric operations could be visualized by understanding the procedure in stages and diagrams – truly surgical engineering or architecture. We were to learn how to repair what nature or fortune had damaged to restore function and appearance.

How did our teachers do this?

They taught us to be quiet and watch surgery, helping where we could. They taught us to use our hands, eyes, ears and minds, and we learned to anticipate the next step in the operation. As we saw the operation progress, we wondered what would happen if stage 3 was done instead of stage 2. We started seeing surgery in three dimensions, and to see how everything went together. We saw that if the preliminary steps were not done a certain way, it would not fit together, so we learned to anticipate.

We learned how to be real students even though we already had university degrees. We had to teach ourselves, and we learned never to ask a question we had not already worked on. "Spoken like a true empirical doctor" was an expression of pity for those who memorized without understanding. We learned you could be a physician and still be unable to have the courage to diagnose and be wrong, or worse, not be a self-educating student.

"Carry through with your golf swing" was another favourite expression. It meant, "yes, and...what comes next?" It meant,

patiently, do not stop there, complete your thought. We learned to trust our gut feeling and not to quote the experience of others. We learned to treat cookie-cutter operations with disdain and to improvise upon a theme like surgical jazz.

We learned how to speak to our patients simply, and how to give hope. We learned how to reassure and how to tell the truth kindly. We learned how to say we would find out when we did not know. We learned how to be unimpressed by our successes and undaunted by our failures. We learned a personal style and we learned how to listen. We learned how to save sarcasm and irony for private occasions and how to ask potent questions blandly and without criticism.

Our exams were tough but directed toward safe practice. Once we realized this, and remembered we had been drilled every day by the masters, we knew we were going to pass and achieve our Fellowship.

Starting practice gave us a whole new set of problems to solve, but we did. We also learned never to apply our analytical approach to personal issues.

Our training taught us the impossibility of understanding politicians. How could rational analyzers understand people who promise things they know they can not deliver?

Our surgical training gave us more than a career. It changed us. It gave us a liberation that affected our lives.

We thank our teachers for this.

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