

Making of a Surgeon

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It all began with Paracelsus at the University of Basel in Switzerland who insisted that he would teach not in the Latin the language of the scholars [1], but in the language of his hearers and laid stress on personal observation and research in surgical education. This opened the way to modern surgery and making of the surgeon.

The story begins when you decide to take the path of becoming a surgeon during your undergraduate days. One starts the journey from the basic science to applied surgical science. The common influencers are your surgical teacher, friend's father who is a surgeon or an accomplished renowned surgeon whom you met socially. With lots of hard work and competition one manages to start a surgical career and complete the residency training program shifting through a plethora of surgical mentors and repeatedly observing the golden rules of surgery.

I wonder whether our surgical training system today caters to train us in the soft skills apart from the psychomotor skills, or is it just a byproduct of working with a good balanced surgeon whom you mirror for the rest of your life. The classical example of surgical stalwarts are Theoder Kocher, Joseph Lister, Victor Horsley etc. who presented evidence to demonstrate that it's a combination of efficiency, mercy and altruism which marks the beginning of your surgical career. The surgical residency program trains you to develop an analytic mind, patient psychology and medical ethics which go a long way in making of a surgeon. One has to spend the first few years of your surgical career in a high volume center to bridge the gap between theoretical knowledge and practical application. The modern day surgeon needs to develop a habit to stay calm, and be empathetic, which helps

build a strong foundation for the doctor-patient relationship in addition to helping reach an early clinical diagnosis. One has to identify a good mentor earlier on in your career who not only sharpens your skills but teaches you the non-surgical nuances early in the surgical career. A surgeon always feels the adrenaline rush when he is in his surgical field, but with the experience of a few thousand procedures, I can assure you that if you go slow you will reach fast, and have safer clinical outcomes. A harmonious sensorimotor coordination between the surgeon's lumbricals and higher cortex lays the foundation for masterful surgical craftsmen [2].

Dexterity and skill are varied amongst surgical peers. The less dexterous may even get away with their deficiency on most instances because of the forgiving nature of healing wounds. Early on in the surgical career one may face difficult clinical situations and challenging surgical scenarios. A good surgeon will always spend adequate time with his patients, never be in denial mode if he or she makes a surgical error, seeks help from peers and involves them at the right time before the damage is done to the patient. Most importantly a good surgeon never tries to make a good thing better as it will always cost him or her dearly.

The concept of the circle of life is true in all aspects including surgical practice. Before passing disparaging comments against our colleagues we should be aware that it may boomerang. Team work is the key to success, try building up a team early on in your career so that you can rely on your team sitting in the

dugout when you are in difficult situation. Today we talk about investment to get better monetary returns, what matters is self-investment to learn new state of art surgical techniques at national or international centers of excellence. Surgical training today needs a proctor to tell you the correct pathway, mere acquisition of surgical knowledge from social media and medical textbooks may not be sufficient to move ahead in life.

One has to be passionately immersed into learning the surgical as well as the soft skills. Over time, this multiplies into a large volume surgical practice, along with peer recognition both nationally, as well as internationally. Newer surgical techniques are on the horizon, there are certain tips while learning those techniques. Firstly, always practice safe and master those techniques under supervision with a good mentor. Secondly never try to fit the new technique into the patient but identify the right patient for your new learned technique. Today medical litigations are at your door step. You are under the constant vigilance of your patients, media and most importantly your peers. Every act performed has to have a strong valid reasoning backed by medical evidence to safe guard the interest of our patient. One has to bench mark a target every

three years to reach the next level of excellence which will keep the student within you alive and the zest to keep learning and getting better human more than a surgeon.

If you don't publish you will perish, so aptly true in the medical field today. A good surgeon today can be defined by a congregation of good surgical skills, excellent communication skills, good oration, being empathetic and calm at times of crisis, being a good team member and maintaining a perfect balance between social life and life as a surgeon. Finally, it is the application of the basic surgical science with scholastic approach towards surgical conditions, publishing of the research questions that may come out of it which marks a good surgeon from a mediocre one. We must not allow the standards of surgical craft acquired by generation of senior surgeons to regress further to personal means and nothing can be more certain in modern medicine than the ever changing spectrum of the pathophysiology and clinical presentation of the disease [3]. A good surgeon has to keep a balance between the modification of older surgical techniques and adapt those to newer technologies for optimal patient outcomes.

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