

This is why I want a career in trauma and acute care surgery

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She was wearing her cherry-red clogs, her light blue scrubs, and a long white coat. She was at once entirely human but also seamlessly integrated into this system, a venerable machine, in an entirely foreign land. She was infallible. She found me amidst a sea of empty lobby chairs, took me by the arm, and introduced me to this profession where I belong. I became acutely aware of her shoes, wondering what it takes to wear them.

It was my first year of medical school. It was my first time in the hospital. There I was, ready to meet the faculty member who would serve as my preceptor for an introductory clinical course. After she scooped me up, a mere fledgling in a short white coat, she explained to me that we were taking the stairs up to the surgical intensive care unit. She had admitted a young man—between 16 and 19 years of age—who presented with electrical wire wrapped around his neck. He was brain dead. The two of us needed to tell the family.

We stepped into a small room filled with a large number of people—this, of course, was the young man's family. All the eyes in the room focused and refocused on her as she introduced herself as a trauma surgeon. She introduced me as “a student on the team.” She spoke just a few more words. Even then with such immense grief, the conflagration of sadness and loss, I realized that I was in the right place. At the crux of life and death, right away immersed in the profundity of stories that are true: there I was, *a part of the team*. It was more real than anything. I had just walked in off the street, leaving behind the early chill of autumn and the expanse of the great Midwest afternoon sky. I found myself in this exacting and complex world and I knew that I would never return to the outside. In that brief moment, as my senses sharpened, I knew I had found my way.

I was completely intrigued by this trauma surgeon. I took an interest in her because something about her reminded me of myself. I knew absolutely nothing about surgery. I had never even met a surgeon prior to meeting her, but I immediately recognized that I was a lot like this woman. If she was a trauma surgeon, maybe I needed to find out why. “Injury is a *disease*,” she told me, and for me, that was explanation enough. Doctors treat disease. I realized with certainty I would become the type of doctor capable of treating injury with all its attendant physiologic and pathologic and psychologic aberration.

We took the family in small groups to be with the young man. His chart sat on the counter outside the room and was labeled

John Doe AAA Tuesday. He most certainly had woken up that morning on the day of his death with healthy lungs, a beating heart, and functional kidneys. He most certainly had a real name. It seemed wrong that things could change so quickly. I wondered what must have happened in his life that allowed us to meet under these formidable circumstances. There, in SICU bed 8, with lines and leads and numbers on screens, the young man lay motionless, a plastic tube in his mouth and a single red tear falling from his eye.

My story is not an uncommon one. I found a mentor—she found me—and I was inspired by her greatness. I wanted to become great too. It seems so simple, but I consider myself profoundly lucky to have found direction and mentorship early in my career.

It has been well over a decade now since I stood in that room full of grieving people, staring at those shiny red shoes. The young man who died that night was my first patient. I never actually met him, and I will never know the circumstances leading to his death, but his story and the story of the trauma surgeon who cared for him have become the foundation of my story. My short white coat turned into a long white coat. I have worn many a pair of clogs—some red, some black, some moonshine silver. I graduated from general surgery residency, started fellowship in acute care surgery, and became a board-certified surgeon. Only now am I beginning to understand what it took to wear those shoes on that sentient September night.

MEETING

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DISCLOSURE

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