Chapter 13
Becoming a Trauma Surgeon: How Race Impacted My Journey

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ABSTRACT

Surgery is a medical specialty that has a rich history of rigorous training, and the development of a young surgeon requires both individual study and external reinforcement to ensure competency. Although, women are entering medical school at increasing numbers, they only make up to 19% of American surgeons. Minority women represent an even smaller number. Recent studies document that minorities report challenges during surgical residency that may inhibit successful surgical training. These challenges are explored as they relate to limited mentoring and collegial isolation while training in trauma surgery.

I felt like a rock star when I read the article entitled “The Bullet and the Damage Done”, which was published in the Rolling Stone Magazine in the spring of 2003. I was a trauma surgery fellow at the University of Pennsylvania and was featured in the article, which focused on the growing public health threat of penetrating trauma in the inner cities of America (Wilkinson 2003). Despite the 18 years of school and training with an associated impressive academic pedigree, it seemed very superficial in a way that an article in a non-medical magazine seemed to solidify my accomplishments. At that time, I was about to embark on a career in trauma surgery, and my journey was defined by endless sacrifice and development of a superb surgical skillset that in many ways was seemingly ignored by my medical colleagues, yet I was passed along because I successfully put in the work.

Thinking back on my experience in general surgery residency training, there is a certain amount of expected lonely drudgery that one must endure to meet the demands of learning the field of surgery. Mastering the pathophysiology of surgical disease, the anatomy and techniques related to numerous operations, and the proper peri-operative management of patients requires 5 years of training. The progression from the first year resident intern to becoming a chief fifth year resident is nothing short of a miracle. There are objective criteria that must be met every year during the training period that allows for progression, and it is based upon technical precision demonstrated the operating room,

The mastery of the aforementioned criteria allowing for advancement in training is also met with the acknowledgment of surgical expertise from peers and hospital staff. This acknowledgement pertains to the development of self-confidence and a strong surgical identity that is vital to developing the surgical leadership skills required to direct an operating room staff. This acknowledgment is as subtle as supporting staff taking complete direction from the senior surgical resident in a non-verbal manner, or as obvious as surgical junior residents looking to the senior most resident for guidance with blind trust. The leadership trait arising from this acknowledgment gradually becomes an inherent skill-set that facilitates the surgeon to make critical decisions, allowing for safe and skilled surgical intervention. In my training, this type specific acknowledgement was not always evident and was a source of internal struggle and stresses that I had to overcome to maintain the confidence and surgical identity that contributed to my successful matriculation in surgical training. I became a surgical leader not so much by external cues as described above, but from a rich internal foundation that I developed by trusting the knowledge, and instincts that allowed for the correct surgical judgment that was required of all surgeons.

The issue of minorities being underrepresented in surgery is not a new concept. Racial disparities in surgery are rooted in a long history of discrimination. In 1868 the department of surgery was established at Howard University, but it wasn’t until 1928 that the department had an African American chief of surgery. Black surgeons were denied admittance to major surgical societies, and in the mid-1940’s Dr. Charles Drew refused membership with the American College of Surgeons, due to discriminatory practices of not accepting well qualified African American surgeons. My former mentor, the late Dr. Claude Organ Jr., was a prominent African American surgeon, and served as the second African American president of the American College of Surgeons. He had enormous influence in the surgical world as an international leader, and was a living legend to many young African American surgeons (Townsend 2012). My success is directly linked to his prominence which allowed for my access to elite research and fellowship training. Dr. Organ was one of the original founders of the Society of Black Academic Surgeons, which is an active organization with members that are high ranking academic surgeons at diverse institutions. Despite these major accomplishments and advances, as a whole, there are still major impediments that exist for blacks to thrive in the field of surgery. Recent data shows that nationally minorities, in particular, black surgery residents don’t feel like they fit in as surgery residents which may impact successful matriculation (Butler 2008). This is not surprising since African-Americans comprise less than 3% of academic surgical faculty (Wong 2013). There is very little data specifically on minority women in surgery, and one survey study from 2012 documented that minority women in surgery reported unequal pay compared to white women and their male counterparts. They also reported discriminatory work environments (Frohman 2015).

There is more data on women as minorities in surgery and the disparities they face. The surgical field traditionally has been male-dominated and is associated with a strong tradition of exclusivity. Women in medicine account for 30 percent according to a US Census Bureau in 2009. This number although growing, is not reflective of women pursuing careers in surgery, as women constitute about 19 percent of all U.S. surgeons (Kirk 2014). The work life balance is a common theme that women seem to struggle with when considering a surgical career. The demands of surgery are both physically and mentally rigorous and the training is the longest of all of the medical specialties. There are numerous accounts of women surgeon, who describe many of the isolation issues that minorities face (Cassell