



## Chief Resident Oral History Project

Linda Youngwirth

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**Justin Barr:** Good afternoon. This is an interview of Dr. Linda Youngwirth as part of the Duke Surgery Oral History Project with the graduating chiefs. This is Justin Barr. We're at Duke University Hospital on the 7th of March, 2019. Linda, thanks so much for joining us for this project.

**Linda Youngwirth:** Thanks for having me.

**Justin:** I really appreciate it. Can we start off with just a little bit about your background, where you grew up, where you went to college, how you got interested in medicine?

**Linda:** I'm from Wisconsin. I was raised in Oshkosh, Wisconsin. My dad is a welder. My mom is a nurse. Whenever I said what I wanted to be when I was growing up, I always told my parents I was going to be a nurse like my mom. She always told me, "No, you're going to be a doctor." I went to college at the University of Wisconsin with ambitions to become a physician. Whenever someone asked me what my second choice was, I never had one, so I'm glad it worked out. I applied early decision to med school at the University of Wisconsin.

**Justin:** Did you have any big mentors at undergrad?

**Linda:** I was a chemistry major. The majority of my mentors were in chemistry. I didn't really have any medicine mentors, per se. I actually worked in the Department of Surgery at the University of Wisconsin as an undergrad, I was a secretary there for two summers. No one in particular really mentored me. I don't think many people really knew who I was. I worked for an orthopedic surgeon the summer before I went to med school. I applied early decision. Then I got in September of my senior year of college. I actually found out at a Wisconsin Badger football game. My mom called me and said she got a letter from the university, and if I wanted her to open it. Of course, I said yes.

**Justin:** How'd you pick UW for med school?

**Linda:** I always wanted to go there. They basically told me that there was really no other place to go, which is interesting looking back because my dad only has a high school education and my mom went to the University of Wisconsin-Oshkosh. It's an

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amazing public school. I guess I didn't realize it, as much as I do now, how great of a resource it is, especially right in my backyard growing up. It's 75 miles from our house. I always wanted to go there, there was really no other option for me it seemed.

**Justin:** In medical school, did you go in knowing you wanted to do surgery or was that an evolution?

**Linda:** No. I knew I wanted to do research in between my first and second year of med school. A surgeon at the University of Wisconsin, Dr. Herb Chen, emailed our entire class saying that he wanted a med student to work in his lab. I was the first one to respond. I met with him, and he is just so polarizing, in a good way. He's so enthusiastic about what he does that it's impossible not to be drawn to him. From that day, I just knew I wanted to be an endocrine surgeon. That's what I wanted to do. I worked on clinical projects with him, I worked on basic science projects with him. He let me go to his clinic, he let me go to the operating room with him. I wanted to be him.

He was absolutely amazing. Everything was about me. It was, "How can we get Linda to do something in this? How can we get Linda as a first author on this paper? How can we get Linda to present at this meeting?" That's how he is with everyone that he mentors. He just pushes you forward and pushes you until you think you're going to break but then pulls you back in. He was absolutely amazing.

**Justin:** Did he give you recommendations on where to pursue your surgical training?

**Linda:** Oh, yes. When I interviewed, I got the general recommendations from everyone, apply to pie in the sky programs that you never think you're going to get into, middle-of-the-road programs, and then safety schools. I showed him my list and he said, "Talk to me when you're done interviewing." I said, "Okay." I talked to him afterward, and I was up in the air about where I wanted to go. He goes, "Duke. It's Duke." Stepping back a year, I had actually presented at the Academic Surgical Congress where I met Ryan Turley and Dave Bhattacharya.

Dr. Chen obviously had Duke connections, he had given grand rounds at Duke that year. Ryan and Dave knew Dr. Chen. He invited them to dinner with us. Obviously, those two are very polarizing. When I interviewed here, they both were very nice, reached out to me multiple times, really wanted me to come here. I had that connection. My cousin at that time was a medicine resident here and then became a cardiology fellow here. I had some ties here, and Dr. Chen had known that. He, going to med school here, thought this was the best residency and thought that I would thrive here.

**Justin:** What was the reputation of Duke surgery at that time as a residency program?



**Linda:** Terrible. [laughs] Many people from Wisconsin told me, "No, you're too nice to go there. You're a simple Midwestern girl. You will be eaten alive there. There's no way that you should go there." That was the vibe. It was still the, "50% of the people are divorced, you're single, you're never going to find someone there. Why would you want to go to the south? You're from the Midwest."

But I wanted to do research. I knew that I wanted two years of research. I wanted to go to the best program possible. I thought Duke was one of the best programs I interviewed at, if not the best. I got really weird vibes from Hopkins and Mass General. My heart was set on Hopkins when I started out to interview. I got really weird vibes there. [laughs] That was immediately crossed off my list. I just did not think that I could live in Baltimore. One of my friends went to Mass General who's a couple of years ahead of me. He was not having a good time there. Duke just seemed like the right fit and with Dr. Chen's support, I knew I was going to come here.

**Justin:** What year did you start as an intern? Who was in your intern class?

**Linda:** I started in 2012. My intern class was Ehsan Bentrashid, Adam Shoffner, James Meza, Patrick Upchurch, Jina Kim, and Jeff Sun.

**Justin:** Any fun stories from intern year? What was it like being an intern in 2012 at Duke Surgery, and how is the current intern experience, do you think, different from the one that you had?

**Linda:** I remember we had an intern bootcamp, not similar to the one we have now but similar in that we had one. The first thing that was said to us was, "interns are to be seen and not heard." [laughs] I think it's much different now. We kind of coddle the interns a little bit whereas we were basically told to lie about our duty hours, that we worked 72 hours every week, 6:00 to 6:00, we worked everyday, and with the chiefs whatever they said, went, whenever they wanted to round, we rounded. They were in charge. We didn't speak with the attendings. They didn't want us to speak with the attendings. They were the figure heads, and we were the monkeys taking care of everything and putting out fires.

I immediately became friends with Adam Shoffner. We just bonded immediately, we're both Mid-westerners. Jim and I had interviewed at many different places together, so we knew each other. Jeff, Jina, and I interviewed here on the same day. I remember Jina specifically because it was Christmas time, we were at the University Club, and she knocked over this huge vase at the University Club and it shattered. This was when we had a two-drink limit at the applicant dinner! I remember thinking, "There's no way she's going to match here." [laughs] Ehsan and I took a bit longer to become friends which is interesting because now he and I are the closest. Ehsan immediately was completely loyal to everyone in our class, he was just someone that I really enjoy being around.

**Justin:** Any particularly fun stories from being an intern at Duke?

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**Linda:** I remember when Upchurch got appendicitis. This was at the beginning of our intern year. At that time he lived with Ehsan. He kept complaining that he was having right lower quadrant pain. Ehsan at that time was the reg [ Duke Regional Hospital], and Upchurch was like, "I don't want to go in and see anyone, I don't know anyone that well." Benrashid was like, "Just come to the reg, you'll be fine. You'll be out of..." Finally, he was febrile, he couldn't eat or drink anything, he wasn't having bowel function. He had peritonitis.

He finally came in and had perforated appendicitis and just a terrible ileus, was on TPN. He was in the hospital for two weeks. What was hilarious was that he would come to our intern school every week with his IV pole with his TPN. Absolutely hilarious.

Another funny story was when Jim burned down the reg. [laughs] As you know, when we're interns, we take night call at the regional hospital. In the regional hospital is this LTAC called Select Specialty. There was a code at Select Specialty, but Jim was unaware that we were not supposed to respond to those, and that they happened all the time.

He, being the great intern that he was, ran over there, and they were doing chest compressions. The patient, of course, had a trach that was attached to oxygen, and no one felt the need to remove that before they defibrillated the patient. The patient caught on fire. Literally burned down a significant portion of Select Specialty Hospital. [laughs] Jim has asthma. Inhaling all of that smoke was not good for Jim. He had to get steroid treatment in the emergency department. I've never seen him so wired in my life. That was a sad but funny story from our intern year.

**Justin:** People say JAR year is one of the hardest years of residency, do you agree with that assessment? What do you think made it so difficult, if so?

**Linda:** I think JAR year is very challenging because it's your first time really being in - at least in my case - it was my first time really being exposed to attendings. You were the consult resident for the majority of the year, whether you're at the VA or over here [at main Duke hospital], so you have to call attendings. A lot of times, time doesn't permit you to run things by a senior resident, so it's on you. If you don't know things, you come across as a fool to these world-renowned attendings, especially at the VA like Dr. Pappas, Dr. Tyler, Dr. Clary, those are the people that were taking call at the VA when I was a junior resident.

That was really intimidating, especially having to call them in the middle of the night and wake them up. Then Dr. Clary wants to hear every single chemotherapy agent that the person has ever been on in their life. He doesn't care what time it is, he wants to teach you, and he wants to educate you and push you to your limits. That was really challenging, being exposed to those attendings so early on in your career, and a little intimidating.



**Justin:** The JAR role and certainly the consult role has changed since you assumed it. How do you think it has changed, do you think it's been better or worse?

**Linda:** I think it's been better. When I was a JAR, there was only one consult resident here, and they were responsible for all the consults in the emergency room, all the consults on the floor, and they were responsible for the ACS service. There was no senior resident oversight, and you had no intern. It was just you seeing 30 patients, seeing all the new consults, and not leaving the hospital till 11:00 PM every night. That was really challenging. I remember I was 2222 in December. It was dark out when I came into work, it was obviously long dark out by the time I left. It was a depressing time. We didn't have an intern, so we were writing all those notes, writing all the new notes, and trying to staff the new consults. It was a really challenging role. I think, with the addition of the 7704 pager, it has become a little less challenging.

**Justin:** You said you came into residency wanting to pursue endocrine surgery?

**Linda:** I did.

**Justin:** How did you shape your research experience after your JAR year?

**Linda:** When I was an intern, Drs. Julie Ann Sosa and Sanziana Roman came from Yale to Duke. I had met Dr. Sosa, because she's friends with Dr. Chen, at multiple different meetings, and she actually came to Wisconsin to give Grand Rounds when I was a medical student, so I had known of her. I immediately wanted to be in their lab, and they were very welcoming to that.

**Justin:** What was your research experience like?

**Linda:** It was okay. Looking back, I had just shaped everything around my mentor in medical school that I didn't really have an open mind to other specialties during my intern and JAR year. I also didn't have a lot of operative experience in my intern and JAR year, so I didn't really know. I just assumed that's what I wanted to do. Obviously, things changed.

**Justin:** Let's talk about that change. Now, what do you want to do?

**Linda:** I'm going to be a minimally invasive bariatric surgeon. I'm staying here at Duke for my fellowship. When I was a SAR-1, I remember building a lot more confidence and realizing that I wasn't so terrible in the operating room. That I didn't need to be limited to a couple of operations and I actually liked more challenging operations, which I never really knew about myself. I just always thought, "I need to be really good at two operations, the thyroid and the parathyroid." [laughs] I realized that doing the same operation over and over again was a little mundane to me.

I actually like really challenging and complex cases. This is going to sound absolutely ridiculous, but when I was a SAR-1, I was on Gold and was on with two



chiefs who both decided to take vacation at the same time. I was covering the entire service, and Dr. Migaly, whom I had never operated with -- he had been my program director for five years at that point -- never operated with him, had an EC fistula take down. If you know anything about Dr. Migaly, he dreads complex cases and just is like a mope in the OR for any sort of case that isn't straightforward. Obviously, an enterocutaneous fistula takedown is not straightforward.

He was just approaching this as, "It's going to be so miserable." I, on the other hand, was super excited because I had never done an EC fistula takedown before, and I love lysing adhesions, I love figuring out the puzzle, and I was super excited. I could tell that my excitement was really annoying the crap out of him. But I wasn't going to let him rain on my parade. There were points where he took breaks and I just kept going, and I was like, "I love this. This is like solving a puzzle. I love this." The guy had adhesions everywhere. It was an absolute miserable case for anyone else, but I loved it.

Not to toot my horn, but I was good at it. The case took 12 hours. I never took a break, Dr. Migaly took five. It completely changed my career because I was like, "I want to be in the belly. I want to solve these complex abdominal wall issues in the abdomen, and I can't do that being an endocrine surgeon." I was like, "What can I do?" Of course, Migaly was like, "You should do colorectal." I was like, "No." Because I don't like the pelvis, but I love the foregut. Minimally invasive was absolutely perfect for me.

I also always had a passion for obesity. Weight loss surgery just seemed to add on to that. Unfortunately, I was never able to actually do weight loss surgery until my chief year. That was a leap of faith. I do really enjoy it, so it all worked out. I hope that I will do probably 50% bariatrics and then 50% complex abdominal wall, foregut.

**Justin:** That would be a pretty awesome career.

**Linda:** I'm super excited.

**Justin:** Ideally in academia?

**Linda:** Yes, I really want to do adolescent bariatric surgery. I don't think I'll be able to really pursue that anywhere besides an academic center. I also think that if you're going to be really pushing the envelope with something like adolescent bariatric surgery, because not a lot of procedures are done in adolescents, that you have to study it. You have to do the research. I think it has to be in academia.

**Justin:** For better or worse, you have a sufficient patient population on which to work.

**Linda:** Yes. It's unfortunate but I think what better time to intervene when those lifestyles are being formed and those habits are being formed.



**Justin:** Going back to your SAR-1 year, the program was racked with, in retrospect what seems like a relatively minor wrinkle, but at the time was something of a major controversy in terms of the “hours gate controversy.”<sup>1</sup> Recognizing that you were not a direct participant in that but that some of your classmates and the whole residency was involved in some capacity, what was your perspective on how that all unfolded?

**Linda:** It was hard because it tore our class apart. I've heard both sides of the story and I don't really know the details. Who knows who's to be believed, and I'm really good friends with one of the people and not great friends with the other person. It was hard to see it unfold. It's also hard because I understand how it happened. I know that there were interns that approached me and asked me to work 24-hour shifts, and I said no.

If they were doing it behind my back, who's to say? Especially at the locations where you are the chief resident when you are SAR-1, meaning the regional hospital and Duke Raleigh. You're working so hard, and you don't want the shoe to drop. You really just want to make sure no one dies, and that you're learning how to operate, that the boxes are being checked, the notes are getting done, and the consults are being seen. To make sure that interns are following duty-hours...I know it's your responsibility, but it's the last responsibility, to make sure that the interns aren't doing something that you told them not to do. We're all adults, and sometimes that's hard to realize, but we are all adults and we're sometimes just responsible for our own actions.

**Justin:** Was it tough as a SAR-1 coming back-- a normal Duke surgery class is seven people, you guys only had four -- How did that affect your rotations as a SAR-1?

**Linda:** In some ways, it was absolutely amazing, because all four of us spent three months at the regional hospital, and for better or worse that shaped us. Each of us differently, I think, but I really learned how to operate during those three months. I was really pushed to my limits those months, because you're not only learning how to operate, you're also learning how to manage a service, manage the interns, and manage the mid levels.

It really pushed me and really made me grow as a surgeon, which was great. I see classes now who don't have those three months, they have one month here, one month there, or just one month in general, and I think that's a disservice to them. Obviously, it's just the way that things are. Those three months in a row, we all had three months in a row, and that really shaped me.

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<sup>1</sup> An incident where interns of the 2016-7 class worked 24-hours shifts (at the time against ACME policy) with the knowledge/permission of some of their senior residents in order to obtain a more favorable schedule/weekends off. They reported a different schedule than the one they actually worked. They were eventually caught and reprimanded by departmental leadership.  
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It was also hard, because we couldn't do things that we wanted. I really wanted to do some bariatric time towards the end, and it wasn't going to work out because there's only four of us, and all these rotations have to be covered. I know Ehsan wanted to do some more vascular, Daniel wanted to do some surg-onc, but it just wasn't going to work out because there was only four of us. In a way, I think it was a little bit of a blessing because we all were forced to grow up.

**Justin:** Now you're a chief, who's in your chief class?

**Linda:** Yes. In my chief class is Ehsan Benrashid, Patrick Davis, Jina Kim, and Daniel Nussbaum.

**Justin:** I think it'd be fair to say that perhaps your chief class is not as close as some of the prior chief classes.

**Linda:** I think that would be very fair to say.

**Justin:** How do you think that's changed your experiences as chiefs?

**Linda:** I think it's been a little unfortunate. Ehsan and I are obviously very close. Patrick joined our class our SAR-2 year, and Patrick isn't very outgoing. It's a little harder to bond with him. I think that I have, but it's been a challenge. I probably feel closer to him than he does to me, which is fine, but that's been more of an effort on my part. Jina doesn't really have a connection with any of us, which is hard, but it's also sad.

**Justin:** Was Dr. Kirk your chairman throughout your entire...?

**Linda:** He was not. He came when we were in the lab.

**Justin:** How did that transition feel?

**Linda:** It was interesting, because when I got my letter saying that I had matched here, Dr. Clary was the program director. Literally a week later we got an email saying that Dr. Clary was no longer the program director and Dr. Migaly, who I had never heard of before, was the program director. That was interesting, but reaching out to everyone, they were really excited about it, but I had never met this man.

Two weeks into my intern year, middle of July my intern year, we had this announcement at Grand Rounds, and it was that Dr. Jacobs, the chairman when I interviewed here, who I did interview with, was stepping down. Literally, a couple of months later, he was gone. Then it was a search for a new chair, and then finally we got Dr. Kirk when we were in the lab. I've already forgotten what the question was.

**Justin:** What changes has Dr. Kirk brought to the program?

**Linda:** I think Dr. Kirk is very resident focused. Having been a resident here himself, he really wants us to have a great experience, to be academic surgeons, and push  
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us to our limits. It's interesting, and maybe I'm just feeling more nostalgic now, but every time he gives that talk at the applicant evening, I feel inspired, I get tears in my eyes, and I just feel like I don't deserve to be here. That I need to push harder, do more, and be better every single day. He's just so inspiring.

**Justin:** What's it been like being a chief? A Duke surgery chief is known around the country as someone who's already accomplished a great deal.

**Linda:** It has been one of the best experiences of my life, and I'm not just saying that for the interview. I've been thinking about this a long time. I just came off of two months on Dr. Allen, Dr. Pappas, and Dr. Blazer's service. It was one of the hardest experiences of my life, but one of the best experiences in my life.

I really felt like I got to know all of their patients because I had two months in a row where I saw these patients in clinic pre-op, operated on them, took care of them post-op, and I felt I was doing the operation. Obviously, with Dr. Pappas, you feel like the patients are yours. You feel like the operations are yours. You can call him the night before or talk to him the week before about the case and be like, "I want to do this." He'll be like, "Well, I think we can try that, but what about this, and what about that. What about this?" Then you research all that, you're like, "No. I want to do this now." He's like, "Okay, I think we could try that but--"

He really lets you talk out the operation, and he's very interesting because he will admit that he goes through the operation in his mind the night before or the morning of, which I do now for all of my cases, and I think it really helps. Also, what he pushes you to do is to have not only that video in your mind but also Plan B, C, D, when that video does not work out. Especially for complex cases, you need to do that. For EC fistula takedowns, for really complex abdominal wall surgery, you need to have the other options when Plan A doesn't work out. Dr. Pappas really pushes you to do that, allows you to talk out your other options, and allows you to choose which direction you want to take, which I've never had an attending do.

Dr. Allen is just lovely. He's a new addition to our program. He just came six months ago, but he pushes you every day in the OR to own the case and do more. These are Whipples, these are not easy cases. These are Whipples, he's doing them in two hours, and it's like a dance between the two of you. He told me when we started, he goes, "How long do we have together?" I said, "We have two months. I'll be here January and February." He goes, "I want to treat you like one of my fellows at Memorial." I was like, "I'd be honored. How do we do that?" He goes, "The first two weeks, I'm going to talk the whole case, and I'm going to tell you what I'm thinking, what I want you to be doing, where I want things to go. Then the next two weeks, I'm not going to talk, and I want you to ask for instruments and ask for stitches and move the case along. If you're not doing so, I'll prompt you." I said, "Okay.", "Then the next two weeks, I'm not going to talk at all. If you can't get there, then we're not going to get there. Then the last two weeks, we'll switch sides at the table, and you'll take me through everything." It was the best experience.



I just counted, we did 15 Whipples together. Two of them were redo-Whipples, none of them took over three hours.

He is just a pleasure to work with. You see his patients in clinic, you see them post-op, it's such a rewarding experience to take ownership and feel that they're yours. Actually, I made of a house call for one of his patients. I was happy to do it because he lets you make all the decisions, and he lets you take ownership. It's a real great experience. Chief year, I feel so much pressure, but I also feel that reward, too.

**Justin:** Dr. Allen had a sterling reputation. What do you think brought him down to Duke from his perch at Memorial Sloan Kettering?

**Linda:** I've asked him about it. He's very interesting because he says that-- and I think he believes this -- that the Duke residents are the best in the country. I guess he's only worked with myself, Daniel, and Ehsan. With the fellows that he's had from Duke, he's had great experiences. He's always wanted to train the Duke residents, which is great. I think being a head of the cancer center here was a step up for him. I think he'll probably want to be chair somewhere.

Although I think he's been in the running for chair at certain places. I think this is a nice stepping stone for him. Both of his kids are going off to college this year. One to Harvard, one to Duke. I think it was the right time.

**Justin:** We're certainly are lucky to have him.

**Linda:** He's amazing. I can't speak more highly of him. We actually had a terrible death on my second week on service. I remember calling him and telling him, and he was shocked and thanked me for taking care of the patient which was so nice. Then he called me back later that night to see how I was doing. That was so nice of him.

**Justin:** Duke has obviously been an incredible experience for you. No residency program is perfect, so if you had a magic wand that could fix something about Duke surgery, what would you like to see changed?

**Linda:** Our trauma and ACS experience. Right now, we have a couple of really great chief rotations. Chief year should be your finishing school, and I think that you should be able to run a service and run operations. ACS would be the perfect opportunity to do that. I don't think currently we have the formula for that.

**Justin:** How would you envision the ideal ACS chief service, because that has been done in other residency programs to a great success?

**Linda:** I would have a mid-level service and then I would have a resident service. The residents' service will be run by the residents. The intern, the mid-level resident, and then the chief resident would round on all the patients. They would decide who



goes to the operating room, who doesn't need to go to the operating room, do everything, and then run the list with an attending and say, "We're doing this ex-lap today. We're doing this lap chole today. We're doing that. I've already posted all them." The attending comes into the room for the operations and makes sure you're not in trouble. But you as the chief are taking the mid-level resident through the case. Then when there's a complication, you're doing the take back with that same junior resident or mid-level resident, and it's purely attending oversight only. They're not making the decisions, you are. You as a chief resident are making the decisions.

**Justin:** What has been the barriers in setting this up, because I think MGH set this system up almost exactly as you described it?

**Linda:** Correct.

**Justin:** What has been the barriers here about implementing it?

**Linda:** Multiple barriers. I currently don't think we have, "Enough attendings," on ACS and trauma. It sounds like the attendings that we do have feel they're overworked. I think maybe they feel like that would be even more work, to do that kind of service. I also think we have a lot of attendings who are very hands on who don't want to relinquish control.

**Justin:** Department-wise, has there been support on a top level and it's an ACS issue or hard to differentiate between the two? Or haven't gone up that far in planning?

**Linda:** We've talked to Dr. Kirk and Dr. Agarwal about it. They've both been supportive, but actually getting down to the nuts and bolts of it, it just hasn't worked out. There have been talks about maybe making it a chief rotation in the first part of the year. The chiefs feel like they get to run their own service at the end of the year and make it a SAR-2 rotation at the end of the year when they're coming up as chiefs. There's been all kinds of discussion, but nothing has actually--

**Justin:** Happened?

**Linda:** Yes.

**Justin:** Looking back, are there any particularly fun or memorable moments during your residency that would help illustrate what Duke surgery is like?

**Linda:** I have always enjoyed the fancy dinners at the end of the year. I feel at the end of the year, I always get very sentimental. I've always really enjoyed the Baron's Dinner. Last year Dr. McCann spoke, and it was such a wonderful experience to hear about his career. He's a man of very few words, but he spoke for over an hour about his work in Haiti, his work as a vascular surgeon here. It was just lovely to see.

**Justin:** What's it like being a female surgeon in Duke surgery residency?

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**Linda:** I was a little concerned when I first started. I was concerned and I was hopeful because when I started, I was an intern during the all-female chief class. I was really excited, because I thought, "When does this ever happen? This is so great." Then I was sexually harassed almost every day of my intern year, and it was awful. I thought, "This is Duke surgery. There's just no getting out of it. I just have to put up with it and keep my head down." It was really hard. It was really, really hard.

I remember going home and crying about certain experiences that I had. My first week as an intern, I had an awful experience with a fellow who's now an attending here. It was absolutely awful. With Dr. Kirk coming and there's definitely been a focus on changing the environment, it has gotten so much better, but I feel we still have a lot of work to do.

**Justin:** Any mentors or faculty members with whom you've been particularly close in the last seven years?

**Linda:** I'm closest with Dr. Dillavou.

**Justin:** Yet you're not pursuing vascular?

**Linda:** No. Oh God, no. When I was a SAR-1, it was her second year here as faculty. I spent three months in the reg and we just bonded. She's an amazing teacher, she's an amazing mentor. It was funny, I was so drawn to her I thought, "Maybe I should do vascular," like I was with Dr. Chen. I guess that's just my personality. I remember we were doing this graft on this morbidly obese woman who needed an anastomosis in her axilla, it was miserable.

It started bleeding so much that I was covered in blood on my face and my pants. Finally, we got control, and we finished the case. I was sewing her skin closed, and I go-- she loves this story -- I go, "Dr. Dillavou?" She goes, "Yes, Linda?", "I just don't think vascular is for me." She goes, "What was your first clue? Of course, you hate this. This is miserable for you. Why would you do that?" [laughs]

I remember, also, one night we had operated all day together, we did five cases. It was Tuesday, her OR day, we did five cases together, and then we got a consult in the ED about a cold leg. I, as a junior resident, you staff these cases and you're like, "A cold leg, this is so good, we're are saving this guy's leg, this is amazing. Finally, I get to do this,"

She goes, "No, you've been here all day. Why don't you go home? I'll call Kevin." Southerland, who's now on the faculty here.

I was like, "No, let's do it, I'm ready to go."

She's like, "I'm going to get some food." She went to an Indian restaurant across the street, got us food.



I was like, "No, we're good. This is going to be easy peasy. A cold leg, I'm so excited."

She goes, "Buckle up, this is going to be all night."

I was like, "No, listen, we're just going to fog out some clot, this is going to be amazing." Well, we not only fogged out clot, we also had to do a fem distal bypass. At two o'clock in the morning, when we were doing the distal, I said her, and she loves the part of this story, "Dr. Dillavou, this isn't as fun as I thought it was going to be." [laughs] It was not as fun as I thought it was going to be.

**Justin:** Not a bad case.

**Linda:** No.

**Justin:** Two in the morning is a little rough.

**Linda:** Yes, and when you're exhausted at baseline--

**Justin:** Yes, and you're starting again three hours later.

**Linda:** Yes, two o'clock in the morning is a challenge, yes.

**Justin:** Was there anything I didn't ask you that you want to make sure we get on the record about Duke Surgery or your time here at Duke or Linda Youngwirth, surgeon?

**Linda:** I do want to say one thing. When I was an intern, August 1st my intern year, my brother was diagnosed with leukemia, and it was an awful experience. I had never lived outside of Wisconsin. My entire family is back in Wisconsin, and I had never met Dr. John Migaly before. I got a phone call from my dad telling me what was going on, and we had thought he had mono. This was a complete shock to everyone.

**Justin:** Your brother's older or younger than you?

**Linda:** He's younger, he's three years younger than me. I will never forget the response from all the attendings and my co-residents, and I will forever be grateful. I got the phone call when I was on transplant, it was my first day in transplant, and of course, Deb Sudan was the attending rounding. Finally, we're done with rounds, I'm able to call my dad back, because my dad never calls me in the middle of the day, so it was weird. I called him back and he told me, I just started balling. Deb Sudan saw me. She could not have been kinder, and she took me immediately after Dr. Migaly office, who I'd never met before. I'm crying these huge mascara tears.

And this is my dream job. When I got the letter to come here, I thought they had made a mistake. This was my dream job to be here. I'm just like, "my dad wants me to come home, but I can't leave. I need to be here." I remember this, Dr. Migaly  
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goes, "We can find another intern to sup the 'lytes. It's going to be okay, let's find you a plane ticket home." Dr. Migaly helped me book a one-way ticket home. I remember him saying to me, "Take as much time as you need, we will figure this out, do not worry about it." I will forever be indebted to him, I will forever be indebted to the interns who picked up shifts for me when they didn't have to, including Jeff and Jina who I am no longer close with, I owe them so much.

Every single one of my co-interns reached out to me separately and were so kind and all the senior residents...I remember Dave Bhattacharya, every single time I saw him, "How's Tom doing? How's Tom doing?" Dr. Pappas, "How's Tom doing?" People who I didn't know, who were a big deal, even Dr. Tyler, who I didn't even think knew my name, would ask me how my brother was, it was so nice. Tom is married now and has a kid on the way, he's doing great. At the time, it was such a big deal for my family, and the overwhelming support and love was just so nice.

**Justin:** That's a pretty awesome way to end the interview. Thanks so much for your time, I really appreciate it.

**Linda:** Of course.