



## Duke Surgery Chief Resident Oral History Project

### Interview with Dr. Megan Turley

By: Justin Barr, 5 May 2021, Duke University Medical Center

**Justin:** Good afternoon, this is an interview of Dr. Megan Turner Turley on the fifth of May 2021 at Duke Hospital. This is Justin Barr for the chief resident oral history project. Thanks so much for joining us, Dr. Turley. I really appreciate you participating in the project. I was hoping you could start off a little bit with where you grew up, where you went to undergraduate, how you decided to go to medical school.

**Dr. Turley:** Sure. I grew up just outside Seattle in Bellevue, Washington. There was my mom, my sister and me in the house. My mom's a microbiologist, and my dad's an anesthesiologist. My dad didn't live with us, so I didn't know a lot about anesthesia, and I actually wanted to be a bench scientist growing up. My mom was very much like a Miss Frizzle person, both in appearance and enthusiasm for science. She ran all kinds of clubs in our schools growing up. I went to the University of Washington with the intention of becoming a bench scientist, and I thought I wanted to do genetics. I was not a natural collegiate intellect; my intellectual pacing was very high school but not college. I struggled a little bit and joined a lab that was pretty dysfunctional and ended up, while not in title, but in practice, managing a several-thousand mouse colony.

**Justin:** As an undergraduate?

**Turley:** As an undergrad. The actual lab manager was a drunk who just wouldn't show. I didn't really love it, and I didn't know what I was going to do if I wasn't going to be a lab scientist. Maybe if I was in a different lab, it would have been different. I looked tried to see, maybe clinical medicine is what I want to do. My mom had done, before doing environmental micro, had done clinical micro and had all the stories about what it was as a clinical microbiologist, which in the '70s in Seattle was super exciting because they were just figuring out about AIDS.

Those stories have always come along with, "Did you know we used a mouth pipette? That's before we knew what AIDS was." She did all her own phlebotomy and it just sounded like an interesting time, and so I started as a volunteer at Harborview Medical Center in the emergency department.

**Justin:** What year were you in undergraduate?

**Turley:** I would have been a Junior, maybe. Because I thought I wanted to be a scientist I had done all the pre-med stuff, and then I really, really loved the Harborview ER. Back then, to keep everyone designated, you had different color

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scrubs. Our scrubs were Pepto Bismol pink. That way no one would ask you to do anything important. Apparently, by the time I left Seattle, they had changed that. The volunteers wore very lightly gray-colored scrubs, because apparently, people thought it was offensive to be wearing the pink scrubs. I really liked that, and I would talk to the EMS people who were there bringing patients in, and then I figured out that you could become an EMT in just three short months, so I did.

It was a pretty competitive program, but I studied for it because I knew how to study, and made it into this summer course on how to be an EMT. The thing is, is once you got hired, you had to work full time, so when I went into my senior year of college, I was working Tuesday, Thursday, Saturday from 4 pm to 6 am. Then come back to my sorority, sleep for a few hours, go to class all day. I was still intermittently working in the lab with the mice, and I was doing improv on Sundays and Wednesdays.

**Justin:** You were a drama major at the end right?

**Turley:** I never majored, but I was doing theatre stuff the whole time, so I had practices and performances.

**Justin:** In your spare time?

**Turley:** In my spare time. I'm still like, "Wait a minute. How did I do that?" Then I was pretty confident I wanted to go to med school, but it was 2008, so there wasn't really a way to get a real job. My major was in environmental and occupational health sciences by this point. Everyone I knew who went into medicine majored in biology, but I just couldn't stand the idea of learning about invertebrates for so many hours before trying to apply to med school. I was like, "Maybe I'll be a toxicologist. Maybe I'll be an infectious disease person." Everyone from my major went on and got jobs at Boeing and Amazon, went to go work for the EPA and things like that.

At the end of that year, my mom and sister, my mom's boyfriend and my sister's best friend were in a really bad car accident that killed my mom's boyfriend and my sister's best friend, and so I decided to move home to take care of my mom after graduation.

**Justin:** She was in the wreck also?

**Turley:** Yes. My sister had made enough of a recovery that she started her freshman year at the university, but I didn't want to leave the area at that time. I moved home, but you couldn't get a real full-time job at that point, so for two years I studied for the MCAT, and I just did odd jobs. I worked in a jewelry store, I worked on an ambulance, was a gymnastics coach; I was even mowing lawns, but not doing a great job with that, or babysitting. I was doing all kinds of random stuff just to make a little money and pay off my student loans.

Then I applied all over, and I got one interview for med school. Hence, not being a natural academic. I got one interview at the University of Washington. I went to it, I

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really enjoyed it and a few weeks later got my acceptance. I don't know how typical that is.

**Justin:** It's been variable. There are a couple of people whom you would not have thought of who didn't get into medical school their first time around. Some of the stars of Duke surgery in the past as well.

**Turley:** I believe it.

**Justin:** Did you have any major mentors in undergraduate that pushed you to medicine, or role models, or not at all?

**Turley:** No. When I was realizing that bench science wasn't really for me, I met with the advisor, she was the undergrad advisor for pre-meds. I sat down in her office and she opened my transcript, looked at my transcript, looked at me and said, "What's your backup plan because you should probably pursue that." Maybe my memory is different than how it actually was, but there wasn't any like, "I see...sure." It was like, "No, you are not going to do that." That was it.

**Justin:** Did you start medical school planning on pursuing surgery? Were you open-minded? Was there another specialty that you were interested in doing?

**Turley:** No. When I started, I did my last shift as an EMT within weeks of starting med school. At that point I thought dialysis was horrible, because I did a lot of transport for dialysis. I thought trauma was interesting and cool, and I liked emergency medicine. I thought, "Maybe I'll do emergency medicine." Then I thought maybe infectious disease. My family has always talked about microbiology and microbes and stuff. I was like, "Maybe one of those two things, or maybe I'll do benign gynecology and do STDs and sexual health." That was going to be really cool.

I really was pretty enthusiastic about not surgery and had no intention of doing it. At UW you can select, you can rank where you want to do your rotations, because most of them aren't at UW or Harborview, they're at all over the state. They said that for surgery a good rotation was to go to Virginia Mason, which is in Seattle, but it's not trauma hospital. It's not a catchment hospital. Harborview and UW were known for, that's where the people who had decided they want to do surgery, they went there. I was like, "Well I don't want to do that because I don't want to be compared to people who've known their whole life they want to do this."

I went to Virginia Mason, and I so distinctly remember the fourth year who I was on with. I started on vascular, and her name's Allison Porter, and I think she's a general surgeon in Washington State now. I remember she was so beautiful and so smart and so composed and she's like, "I like my handouts printed like this, and I wear this size gloves. Bring the supplies because I walk in and then I'll hold my hand out, and you put my gloves in my hand, and then we'll finish. When I leave, clean up the bandage stuff and turn off the lights on your way out." I was like, "I can do that." It

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must have been my first case, or first couple of cases, I asked, it must have been a really dumb question. The attending looked at me and said, "Please don't ask any questions that you can look up." I remember just standing there befuddled because I was like, "I have the internet." I did not talk for six weeks, that's what it felt like, because what question could I possibly ask?

But I loved it. I remember talking to the HPB fellow, I went from vascular to HPB and he was like, "You couldn't possibly do emergency medicine." He's like, "Absolutely not. You will not be happy." He goes, "If you're anywhere other than a very rural area, you spend your entire adult career calling consults from surly second-year residents. I know you never thought that you can do surgery but why don't you at least consider it?"

That was super, super meaningful because I liked the scope of practice. I loved being in the operating room. Then I was like, "Maybe I'd still like gynecology. That's what I want to do." The subsequent month I went to a small hospital in Spokane to do gynecology, and in my hands, with my attending either in the room or in the stairwell, delivered 29 babies. I was like, "No, it's not for me. I'm going to do surgery." At UW there was no mentorship. It seemed like they had picked who they wanted to be the UW resident, the feeder resident from the medical school into the residency, and they put a ton of attention into that person.

Really, there was, as far as I remember, no interest group. There was no [John] Migaly reaching out to med students. There was the clerkship director, I don't even remember meeting him. Right about this time I got my grade for my rotation, I got a pass. I was mortified, because I'd gotten honors in every other rotation. I met with the guy, the site director, and he was like, "You should have been here rounding on Saturdays." I was like, "I was." He's like, "With who?" I was like, "With you!" He was like, "Well, I don't remember so clearly you didn't do enough or say enough or demonstrate what you knew enough." My fund of knowledge was definitely not where it could have been or should have been, but he didn't mention that. My evaluation for the rotations said "Not a shrinking violet." Then something about average intellect or whatever. Not a shrinking violet.

They'd already decided who they want to be the resident for UW, and so there's no sub-Is left. I did a cardiothoracic sub-I, that's what they had, and loved it. Freaking loved it. I was moving from around downtown Seattle to get to the hospital so early in the morning that I got followed by the cops on multiple occasions because they thought I was doing something bad. I loved it. My last day of the rotation, the worst thing happened to the surgeon and the best thing to me: they had four consecutive rooms and someone was trying to do, I don't even remember what kind of large vessel stent. The cardiologist dropped a large vessel stent in the RV that we had to go get out. When I say we, it was me and the attending. It was the best day ever, the best. It must have been August 31st, 2013. It was the best ever. I get my letters and then submit my application.



**Justin:** Were there any particularly influential surgery mentors, or because you weren't the chosen one there wasn't a particular surgeon?

**Turley:** I had so little mentorship from faculty. I didn't know I wanted to be a surgeon, so they couldn't know that I wanted to. I had to really lean on this fellow and I was like, "You know me be the best. They say the best person should write you a letter of recommendation so you'll write me one, right?" He's like, "That's really not how this works." I was like, "Sure it is. That's what they tell you at UW. When you go into family medicine, you get the person who knows you the best to write you the letter." He's like, "It's really not how it works. You have to get someone that's recognizable to write you a letter." I was like, "How do I do that?"

Luckily, there were people on my CT rotation who were willing to do that. I think my letters were from Doug Wood, who subsequently becomes the president of American College of Surgeons. He is the key. I think I had Verrier, the cardiac surgeon, write another one.

**Justin:** How do you spell his name?

**Turley:** V-E-R-R-I-E-R, Verrier. I remember him so distinctly coming to clinic. He must have done English riding. He came in his riding pants into clinic. I remember this fellow saying, "The chairman has to write you a letter." The chairman has to write me a letter. Carlos Pellegrini was the chair at the time. By happenstance, one day I'm in the OR, not a shrinking violet, where I'm getting the case ready. Dr. Pellegrini, who I don't recognize because I didn't know I'm supposed to know these people, comes in with a young person, probably an undergrad. I walk up to him and go, "Hi, I'm Megan, I'm the sub-I. Who are you? Can I help you find somebody?"

He was like, "I'm just dropping off my nephew." He had a nephew who was here to observe. I was like, "Yes, sure, I can do that. I'm at this point in the totem pole but I definitely know more than you so I can show you what to do." Something to that effect. I take his nephew or whatever around all day and then drop him back off at the office later. Then I was like, "This is my chance, this is my in." I wrote him an email saying, "I met you, and I've been told that you need to write letters for students going into surgery. Maybe we can meet up and I'll tell you about me so you can write me a letter." He did.

He let me come to, I think I did EGDs with him one day, and then he wrote me a letter. Which, knowing how much I know about Dr. Pellegrini now, it's like, "Man, that was so generous of his time." To help some overly enthusiastic who had no idea which end was up. Then, armed with my honors in everything except for a pass in surgery, and one sub-I in cardiac surgery, submit my ERAS. Surprisingly, I got all these interviews. I had no idea where to apply to. There's no one to tell me how many places to apply, where to apply. I applied everywhere from a community program in Oakland to Duke.

You know why I applied to Duke? Because some random guy I was sitting next to at ACS, where I went because I knew med students could go for free and I had a friend in DC. I went, and I ended up sitting next to this person named Yarborough, which at the time, I was like, "What a unique name." Turns out, there's a bajillion Yarboroughs here. He says, "I know. Dr. Pappas. He's at Duke, and you should apply there." I'm like, "I've never heard of Dr. Pappas." All I knew is that Duke was in a Carolina, I didn't even know which one because I don't know anything about basketball. I end up getting an interview here, which has to be because Doug Wood said something nice about me, because he and Dr. D'Amico are in the same field. That had to be why I might be why I got an interview here.

**Justin:** Do you know anything about Duke's reputation at the time, or you knew effectively nothing about the place?

**Turley:** I knew that there were fancy places, and that there was schools in Boston. I thought there were schools in New York that were fancy, and then I knew that there's name-brand places on the West Coast like UCLA, UCSF, neither of which I got interviews at. I didn't really know until got my interview here and started looking at things a little bit more.

**Justin:** What made this place attractive enough to rank on your list?

**Turley:** After I got an interview here, I kept in touch with, she would have had been a JAR equivalent who went to Michigan. She was like, "You're going to Duke. You need to talk to my friend Jim Meza when you get there." I did. I talked to Meza, and Meza would have been a JAR in 7 West at the time. After my interview, he gave me a tour. During my interview we talked. At the after thing, because we used to go to the Emerald Tower off of 15-501. After that, we went to Tyler's, because those were the options. It was before Durham had lots of cool stuff. We went to Tyler's.

**Justin:** Doug Tyler's?

**Turley:** No. Tyler's Tap House, the bar. It was Jim, Asvin [Ganapahti], and I think [Paul] Speicher. It might have been Speicher, it might have been [Jeff] Keenan. Anyway, everyone was out for a while, but those people stayed out later, and we're playing shuffleboard and drinking beer. I remember years later one of them goes, "You were relentless. We were so tired, but you were clearly having so much fun and needed to be entertained." [laughs] Then I loved my interview the best.

I think the reason that Duke stood out to me over any place, and I say this all the time during our interviews, is that it felt like every place I interviewed, they were like, "You're amazing. You're so great." Just to the audience in general, not to me specifically. "You're so great. You can do anything you want, you can be anything you want." Like, "All you have to do is know what you want to do." I was like, "That's definitely not a great--" I didn't know what I wanted to do at all. I liked that Duke was like, "You guys are all really great. You can perform at level X, but the expectation here is that you are pushed even further. You think you can do this? Well you're

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going to do something above that. You think that you can learn this or execute this or research this? We're going to push you even further. That's the expectation and that's what everyone does."

I was like, "Well, I could probably tough that out for seven years." I definitely didn't want to go any place that I thought that I was remotely the smartest person. Which at that point seemed like a really good idea. As a JAR I was like, "This is the worst fucking idea anyone has ever had. You should definitely go when you feel like you're smart and capable, because I do not feel and capable." It's a really long junior residency when you feel neither smart nor capable relative to your peers. Now I feel like I can keep pace, but still I'm not as smart or as capable as my co-chiefs.

**Justin:** Just for the record, what year did you start intern year, and who was in your class when you began?

**Turley:** I started intern year 2014. Our class was, myself, Morgan Cox, Brian Ezekian, Brian Gilmore, Tosan- has a last name. Can't remember it. Cecilia Ong and Soni Nag. I get the list of my co-matched people -- didn't know if they were girls or boys. I was like, "We'll just figure it out when we get there."

**Justin:** How was moving all the way across the country, because everything else had been local in Seattle for you.

**Turley:** Yes. When I made my rank list, I really debated back forth between if I wanted to--I forgot the other part about UW, because there was like, "You stay at UW. UW, great place. You should stay there." When I walked into my interview with the program director, she asked me where I went to med school, and I was like, "They don't care if I stay or not." And it's in my application sitting on your desk. Why would I stay here? That really dropped UW down, even though it was a safe choice. Then I was really debating between Stanford and Duke.

There was just something, like I had said before, about this feeling of getting pushed to do more. At that time, I was married to a bartender, a man who was a bartender. He didn't he didn't have any preference other than warm. That took out Chicago and Boston. He had never come to North Carolina. When I came to interview, I was here for 30 hours or something. Not a long time. It was about 30 hours. I just was like, "Well, it felt right for making an academic choice". I did that, a career-based choice. We moved out here. That was not a great choice for he and I, to have no support. We moved out here in June of 2014, intern year.

**Justin:** What was intern like for you?

**Turley:** It was really hard. It wasn't that the tasks were unmanageable or the hours were unmanageable. I feel bad for my senior residents around that time, especially people who were really looking at duty hours and stuff. At that point, it was still very appropriate to put six to six. In fact, the transplant fellows put six to six. That was when it was Anaurag and Gaurav, they were the transplant fellows.

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**Justin:** Did you get how to spell their names?

**Turley:** I think it's still the name that comes up when you call the transplant phone. A-N-A-U-R-A-G, Aneurag, and then G-A-U-R-A-U-V, Gaurav. Then Jaynth [Reddy] came midway through that year. Hamza Aziz was my SAR-1, coming fresh back as a SAR-one from Hopkins where he'd been away doing blood. He didn't know which end was up. In fact, the DMP hadn't even existed when he left.

**Justin:** You started on transplant?

**Turley:** I started on transplant. It wasn't that the tasks were hard, it's that I didn't recognize how much the seniors did their own prep work and knowledge work on the ongoing of the floor. I felt very much like, "If there is a tachycardia I must know, because no one else will know if I do not know about the tachycardia. If the patient's sister has a question, no one will talk to her if I do not talk to her." That part, I felt very nervous about that. I definitely remember Aneurag and Gaurav always being like, "Why are you so stressed?" They would go, "Meg, why are you so stressed?" Also, three people call me Meg. My mom, my sister, and the transplant fellows. Meg, why are you so stressed?" "Because you guys cannot stay awake during the rounds." They're like, "Everything's fine." I was like, "Everything is in fact not fine. You don't know anything about these patients." Of course they did. Now I know they knew everything about them.

It was that I hated being told to do less. I wanted to doctor the way I wanted to doctor and not be limited. For me, what that meant is that I started compartmentalizing things into my intern tasks and then what I liked to call my extracurriculars, which would be things like going to the OR and talking to families and doing those kinds of things. It took me a long time.

By this point, my husband and I are having troubles. We just had different interests. He wasn't interested in hearing about surgery. When you're an intern, and definitely when you're a JAR, that's all you have. That was frustrating. I'd spend more and more time at work because that was better than going home. Also, he was working nights, and I was working most usually during the day. We rapidly grew apart in that sense. That was intern year.

**Justin:** Any fun stories from intern year?

**Turley:** End of intern year, John Scarborough was our intern school leader. At the end of the year and his wife, Kyla Bennett was the second-year vascular fellow. The end of the year, they were leaving, and so we decided we were going to throw them a party. I had a house with a big backyard, and I think we got a keg. If not, we got a lot of beer. I think we got a keg, because I think [Brian] Gulack did a keg stand. I'm pretty sure Gulack did a keg stand, and we drank beers with Scarborough. We drank so many beers with Scarborough that he made Muath Bishawi go buy him cigarettes during the party. I have a photo of me, Morgan Cox, Brandon Henry, and Scarborough shotgunning beers in my backyard.

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**Justin:** That's a pretty awesome photo.

**Turley:** It's a pretty awesome photo. Also, there's a picture of Migaly sitting on my couch with Alice Wang's fluffy dog. Other stories from intern year? Feels like there were a lot. Rode the bull at Shooters after the ABSITE all the way to the end.

**Justin:** Nice.

**Turley:** Didn't get thrown. Very rough day at work the next day.

**Justin:** [laughs] In your current job, you're supervising interns for much of the time. How do you think intern year has changed from when you were an intern seven years ago to the experience the interns have today in 2021?

**Turley:** I think they deeply care about their patients in the same way that I did, but I think they may recognize the layers of protection for the patient's plan between them and the plan. A lot of times it felt like I had to come up with The Plan and be able to get other people on board with it. Now it seems that they feel pretty comfortable calling and saying, "The patient is sick and I don't know what to do, come help." I don't think that's wrong, but that can't be a destination plan. Part of it's probably complacency on my part as a senior resident who says, "How much effort do I put in into forcing people to make a plan in the moment?"

I think part of that was, I was just scared to call the chiefs because the chiefs when I was an intern where [Ryan]Turley, spoiler alert, George Beasley, David Lowe, Mike Barfield, Marcus Derby, Lindsay Talbot, and Nick Anderson. I have dinner at Nick Anderson's house about once a month. I've been on vacation with him and his family, and I still, in my head, call him Dr. Anderson and have to literally squeeze out a Nick when I'm with him, because of that year.

**Justin:** It was a challenging year?

**Turley:** Yes, challenging year. Learned a lot. I feel so much ownership, which I wish there was a way to replicate it, because I think that that accelerates your growth pattern pretty fast, when you feel the buck stops with you. In reality, it's far more, I think, maybe how even interns perceive it now, which is more of the seniors are a puppeteer to help you do the actions. You feel it or you know it.

**Justin:** Then you advanced to JAR year. Some people think JAR year's the hardest year of residency, other people...

**Turley:** Yes, it was horrible. The work was a good part for me. The not as good part was that everything just fell to shit at home. Really, really bad. I liked the people I worked with and had more in common with them than I did with the person that I had brought across the country to be with me. You try a couple of things. You try just staying at work a lot more. I would not recommend that. You try getting a dog, I would not recommend that. I guess if this is the honest, open book, you have an



emotional and then an actual affair with the person that you like the best. It's not the way you should do it.

Then about January of JAR year, halfway through the year, I tell Migaly I'm fucking miserable. I'm miserable. I love my husband, but I can't stand him. I don't like him. He doesn't like me. We don't like each other. We don't fight, we just don't talk. Poor Dr. Migaly, he says, "Don't worry the lab is coming, and the lab is the best years of your life. My wife and I were never closer than we were in the lab. It's going to be amazing." You just try and fight it through for the next few months, and it doesn't go great. You shit the bed on your ABSITE, and then you get a dog and that's not going to do it. Then your husband and your mom fight, and you turn 30, and it's hard.

Just felt like every day was so hard and you're just fighting, fighting, waiting to get to the lab. You get to the lab, and you're like, the lab is going to fix everything. Turns out when you're forced to spend time at home with the person that you can't stand, it's even worse. What was supposed to be the best time of your life is now the worst time of your life.

**Justin:** Did you even care about research at that point? You were just like, Get me out of JAR year into the lab. This mystical Shangri La.

**Turley:** To backpedal, my research experience before coming to Duke was one time I did a book report on non-operative back pain and presented it at a fair in Miles City, Montana. Miles City, Montana is the biggest city between Billings and Bismarck, which gives you a sense of how small it is. I've never done any research. I've worked in the lab as an undergrad, but I hadn't done research. Luckily, Dr. Kirk sees this and he's probably like, "How did this person end up here?" Hence the name nadir, because we were told that they were at a particularly low point in the residency when they recruited us here to Duke, the nadir of the residency.

Kirk has me in his office, and he's like, my interpretation, obviously, he doesn't talk like this. He's like, "Not really getting a basic science vibe from you." Which was spot on. He's like, "Read this book; see if you think it's interesting." This is midway through my intern year. "See if it's interesting and if you like it, I'll set you up with this guy." He gives me Dan Ariely's *Predictably Irrational*. I was like, "Wow, this seems really interesting." It seems like a lot of ways that surgeons and patients act irrationally, maybe we could predict.

He's like, "Great. You're going to meet with Dr. Ariely." I did, and I was like, "Can I be in your lab?" It turns out his lab is just, it's like a Dave and Buster's, but with computers. I did a couple of workshopping things and then just spent time there and then read a couple of books and read a couple of articles and tried to absorb some of this. Then I was going to start. When I started in the lab, then I was going to go and jump on some of their projects that they were already doing. That also meant when I started in the lab, I was in completely uncharted territory.



Luckily, I could throw myself into that, but they were like, "Lab intern school is when you go and the senior members and a lot of the PhDs are teaching the interns, the actual interns, the interns from undergrad." I'm 30 and they're 21 and they're wearing jorts and flip flops. I've just spent two years as a junior resident at Duke, and they tell me, "Intern school starts at 10:00, but if that's too early just show up when you can." It was unbelievable. I was like, "This will definitely not work."

I rightfully suffered terribly from imposter syndrome, that somehow there's been a grand mistake. That I was not supposed to be recruited here, and Doug Wood and Carlos Pellegrini was trying to do me a solid, but now I'm in way over my head. Then JAR year just really confirms that. Then also doing bad on your ABSITE ultra confirms that. And sleeping with one of the fellows really confirms that. Then getting immediately divorced in the lab really fully confirms it. You're in way over your head, so I was like, "Got to have a backup plan." My backup plan was Jeff Sun. Jeff Sun is like, "Anyone can learn how to code." I was like, "I don't think that's right." He's like, "No, literally anyone can learn how to code. I'll come over on a Saturday, and I'll teach you how to code."

He taught me how to code. Jeff's philosophy at that point, and probably still, is "There's a template for everything. If you just fill in the template, then you can do it, and then you just make little tweaks when they're appropriate." He teaches me how to code in R, he teaches me how to use NSQUIP and NTTP, and he and Muhammad teach me how to write. Now Mohammed is, this is Mohammad Adam, is so strict. Luckily through JAR year, I'm like, "Clinical work is hard, home is terrible. Now I have a dog, she's also terrible." I write what I believe to be the perfect paper, and get the "great first draft" email back.

So I'm going to be in Daniel Ariely's lab and learn about that. But that doesn't start till 10:00 a.m. so between 6:00 AM and 10:00 AM I can hang out with Jeff and Mohammed and do large database work, so that's what I did.

**Justin:** Sounds like an eventful three years. Did the time in the lab get any better by the second year?

**Turley:** Midway through the first year in the lab I leave my husband, and it goes down like this. I was out, and he was at work. We meet back at the house at two or three o'clock in the morning, and I just said, "I'm done. This is over. It's not working, it hasn't been working for a long time. It's over." But because work's the only thing that's somewhat stable, by 6:00 AM I'm back at the hospital. There's no reason to be there in the lab. What am I even doing? I meet with Migaly, and I was like, "Migaly, I left my husband." In my recollection, he takes a big pause and looks at me and goes, "This is just great. You are going to be so productive in the lab." He's like, "Do you need to go home?" I was like, "No." He's like, "Great, let's have a research meeting."

Mohammad and I have a picture from this day, because when I had been out the night before I had been at this bookstore and they had this book called *Stuff White People Like*. I bought it for Migaly. He and Mohammad and I spent the research

File name: Turley interview.m4a



meeting the day I left my husband reading about stuff white people like, including hummus, sea salt, and some other ones.

**Justin:** Hiking.

**Turley:** Fondue.

**Justin:** The standard post-divorce activities.

**Turley:** Things dramatically improve. Not immediately. The overarching thing is, from the dawn of time people have said this, why can't you just fucking listen and want to reinvent it on your own, is, if your values and your actions don't line up, you can't function. I spend the time in the lab rebuilding that.

**Justin:** Did you do anything fun in the lab, or was it all a miserable slog?

**Turley:** The lab was the best, because I was in Dan Ariely's lab. I'd go toss around crazy ideas. I worked with this Ph.D. who was very squeamish, but in a sibling way where if you know something bothers them, you just do it more. I would do stuff at the hospital, and I would come in and she'd be like, "Ew, front butts." Because of this we developed this study called "Impact of disgust" which ended up being a great study and super fun and interesting. Essentially talking about does people's disgust response impact the way that they do their perioperative planning or how much they remember of your pre-op conversations? That was really fun.

**Justin:** What were some of the other key projects that you launched in his lab?

**Turley:** Working with Jeff and Mohammed, mined really is the best word for it, the NSQUIP and the National Cancer Database, using large data to try and understand why some things were the way they were with race, with minimally invasive surgery, with distance, distance traveled between your home address and where you're getting your cancer care. We looked at when should you get your chemo after you had if you had your resection? Does it matter if it's right away or later? Maybe you can delay or maybe can't. Who's getting delayed and things like that.

Looked at all kinds of stuff from this retrospective data, which is really great, and it taught me both how to talk about clinical care. I had to really learn about that a lot, because it's colon cancer, right? Everyone can do it. I learned so much about it in order to make a paper or make a presentation that was sensible. I got to travel all over for these projects, all over. Eventually with my "anyone can learn to code," I went to Germany. It was so cool. That's in the lab. Then I bought a convertible. I'm from outside of Seattle, yet I bought a convertible with my moonlighting money. It's the best car ever.

**Justin:** Things are going a little bit better about the second year in the lab?

**Turley:** Yes. So much so.

File name: Turley interview.m4a



**Justin:** Then you came back to SAR-1 year, did you have the same cohort of people or did your class at this point change?

**Turley:** The class changed a little bit. We left Brian Gilmore to do another year in the lab. After our intern year, Towsan had gotten a plastic's position at another hospital, so she left after our intern year. Gilmore stays in the lab. Mike Mulvihill comes out of the lab and Shanna Sprinkle comes out of the lab. We are SAR-1s now. My social life has settled down dramatically; Ryan and I have settled our previous home situations and are now dating, but have not integrated with the kids or anything yet. Just dating long distance. He's in Texas, I'm here. Starting this SAR-1 year feels like the best.

**Justin:** What made SAR-1 year the best?

**Turley:** Getting to operate. Knowing about the patients in that same fervor that I had when I was scared, but now because I wanted to give them the best care possible. I'm starting to realize when I was an intern, maybe there was more people looking out for these patients than I thought. I went to Asheville, started out in Asheville.

**Justin:** How was that experience?

**Turley:** It was fine. It was a good pace to start out, start SAR-1 year. The mountains were beautiful. Did some general surgery, drank some beer and did some hiking.

**Justin:** What were your other SAR-1 rotations?

**Turley:** Night 2222, which was a bear. I suppose that this is for posterity. AirPods were now invented. I got my first pair of AirPods. Now at this point do I want to be a a vascular surgeon or a colorectal surgeon. Trying to figure that out. We're at Raleigh. We're at the Red. We're on night consult. I do some gold, I do some vascular at the VA. By the end of SAR-1 year I definitely know I'm going to do colorectal.

**Justin:** What about colorectal appealed to you?

**Turley:** I liked that the patients weren't sick, usually. I only find that comment specifically relevant because up until that point in my career, I always picked things that were the hardest because of this idea of maximize your potential, use your gifts as much as you can. Do the hardest thing, because that makes you a bigger, faster, stronger, better person, so you should do the hardest. The hardest thing, the sickest person, the most complex, the longest. Then sometime in SAR-1 year I was like, "What if I don't like that?" What if I don't like worrying that my patients are going to die all the time, but only some of the time." That was like this adult "aha," where you're like, "Oh, I can pick things that I just like. I don't have to do it someone else's way anymore, I can just do something because I like it or not do something for the reason being I don't like it." That was one of the things about colorectal. I liked the operations, I really liked doing things minimally invasive, and I'm not a gifted

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surgeon, I just try really hard. Then I was like, "I'm going to try really hard laparoscopically." That was something I could do, you can practice doing laparoscopic stuff, you can do the box trainer.

I participated in this robotic study where they were trying to see learning curves in robots. I do my robot learning curve study session, and I was the second-worst person out of even the undergrads doing the task. Layla Triplett says, "I can say you're not the worst, but you are the second-worst," something like that. But I really like doing minimally invasive stuff and I really hate closing fascia, so I'm like, "I'm going to learn more about that." I spend SAR-2 year focusing on abdominal surgery and trying to figure out how I'm going to do minimally invasive surgery better and focusing more on colorectal and trying to figure out what that will look like when I leave Duke and go to fellowship and then ultimately for a job.

**Justin:** Any fun stories from SAR1 or SAR2 year?

**Turley:** Let's see. Oh, well, going back to the lab, my whole class went to the beach for a week. It was the best and awesome. In the second year of the lab, we all went to Asheville for a week, and that was awesome. I'll have to come back to that. The stories will come.

**Justin:** As a SAR2, COVID-19 hit the world. How did that affect your experience in residency?

**Turley:** The first few months of COVID, we went to the platoon system, which meant that you would be on for five days, then you'd be on call, but not in the hospital for five days, and then you'd be off for five days. Because everything in the whole world slowed to a grinding halt, including operations, traumas, everything, you effectively had 10 days off in a row, and you have that four times over the next month. Really the most impactful thing to a Duke resident is all of a sudden, you just had 40 days off. It was unbelievable because you didn't know what to do with yourself.

Any of the things that you used to do, you can't do, which is usually eat out and travel, and so you can't do those things. It was very interesting seeing like, oh, now you're well settled into your adulthood, can you actually sit quietly with yourself? I slept and read some books and went on walks and did nothing that counts as being productive during that time. My time was a little bit different than other people. My mom had been living in Seattle when a second wave hit. Right as things were getting bad there and she was still traveling, she came up to North Carolina with a suitcase thinking she was going to spend a week with me.

My sister was in York, which was also heavily hit, and she came down for my birthday, which would have been March 19th, 2020. Oh, by this time, Ryan, we were married in February of 2020. My mom and sister come for what they believe to be a week of vacation with me while all this stuff settles out, and they end up living with me for six months in my two-bedroom, one-bathroom house in Durham. Neither of them working, and me intermittently working. Then obviously, Ryan and I are still

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trying to see each other, and so we are quietly but consistently flying from Durham to Texas and Texas to Durham.

That becomes a problem when he's up for his partnership, and his partners think that our relationship, despite now being a marriage, and they weren't born yesterday, so I'm sure they had figured out that we maybe had some not above table relations while he was a resident, but they don't know that. He just moved there. They are like, "Your relationship, it's not ideal. Is your wife going to do academics? What's your plan? We're not going to make you a partner," and he's like, "Because of that?" They're like, "Oh, no, it's not because of that," and he's like, "Because of what?" They're like, "Complications, one of your patients had a stroke." He's like, "Yes, because I'm a vascular surgeon," and they're like, "Yes, I know."

They put his partnership track on hold because of this. What we think at least is that there's some travel during COVID, they're not making any money, so making somebody a new partner is a not good choice, and they're very uncomfortable with the idea that his wife works and works as a surgeon and works as a surgeon in another state. Given all these things, we decided to get pregnant, because logic has not always been our strong suit. The end of SAR-2 year, right before our chief's dinner, I find out that I'm pregnant. So starting chief year with that, which is both exciting and terrifying because the pandemic doesn't end, it keeps going, but Duke feels safe the whole time. Safe-ish.

**Justin:** You and Zeke [Brian Ezekian] hosted the chief's dinner for the outgoing chiefs when you were in SAR-2, which was roundly recognized as the best hosting job of chief's dinner, at least in the six years that I've been at Duke. Can you talk a little bit about that process and how you came up with such an amazing roasting performance? Perhaps some of the highlights from that event.

**Turley:** We thought for sure the pandemic was going to be over and we're going to all be in person at the Washington Duke just like every other year had been. Then starting at the end of May, we realized that that probably wasn't going to happen, so we were like, "We're going to have to do this on Zoom? We can barely make conferences on Zoom, how are we going to do it?" I was like, "We're just going to have to try and do the very best millennial job we can with our multi-means." We're elder millennials too, because we're older.

The two of us met every few nights for two months or something trying to come up with the roast that could project across, and knowing people could take screenshots and we're like, "It was going to be recorded. People might ask for the PowerPoint at the end." The first iteration probably would have gotten us fired.

**Justin:** Do you have a copy of the first iteration?

**Turley:** Yes. Because we wanted to thoroughly roast people without getting anyone in trouble, specifically ourselves. We did not want to get in trouble at the end of this, and we wanted everyone to feel thoroughly roasted, thoroughly involved, and

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participating. We approached it like, "How are we going to get people from different classes?" One of the things that I carried with me from my improv training so long ago, like a lifetime ago, was the immediate joke is funny, but the one step further, the second joke that you come up with, is usually funnier, especially if you can have an audience that can keep up, and so that was part of it.

We went through four or five iterations of every single joke to come up with the perfect version. Someone recently mentioned the fake GoFundMe we did for the bariatric group, who was notably in the red for years. Some of the early iterations included pulling all their sunshine act fees and putting them in a graph. Getting Brie and some of the reps to roast them about it as well for their afternoon steak and red wine. I really thought that was fun.

**Justin:** You guys managed to stay out of trouble relatively well.

**Turley:** The only thing that followed us out significantly – oh, Sapan Desai really just floated up some excellent stuff, and that was so easy. The only thing that we got, it wasn't even in trouble for but that followed us for many months was the Gay For Zani Award. The Gay For Zani Award came out of a text conversation about which attending would you change your sexuality for, and someone was noted saying that they would become gay for [Sabino] Zani. Of course, we had to have that award, and I can't remember who we gave it to you, but apparently, that was not considered a compliment. We had a lot of explaining to do.

**Justin:** To whom?

**Turley:** Honestly, [Jennifer] Plichta was on our asses for months, but she would do it obliquely. She would ask for a phone call or she would email and ask us to send the PowerPoint slides from the roast. We were like, "Oh, this is a trap for sure."

**Justin:** That's a weird person to be on your tail.

**Turley:** I get it. Clearly, we had offended or marginalized someone, which was only partially the intent, but she felt very strongly that there were people who were offended but not empowered to say so. I don't think it's that she thinks that Zeke and I are homophobic, but someone could think that, and so she felt compelled to stop that or have that be explained or something like that. I think we even preemptively discussed the joke with our homosexual colleagues, and they liked it. It was a very weird dangle of the roast that kept coming back, for months.

**Justin:** Interesting. It's hard to have comedy without offending somebody. That also was not even that offensive.

**Turley:** I think we didn't even call it the Gay For Zani Award, I think we called it G For Z.

**Justin:** G For Z.

File name: Turley interview.m4a





**Turley:** Although everyone knew what that meant.

**Justin:** You now start your chief year, but aside from being attacked from a G For Z comment and pregnant, you're planning to go into colorectal, and then because of your match schedule, you haven't matched yet.

**Turley:** Correct.

**Justin:** How does that whole interview process, starting your chief year you're pregnant, it's COVID, you can't travel for interviews situation look like?

**Turley:** I wasn't planning on telling anyone I was pregnant for a while. Zani and I had what was supposed to be a six-hour Whipple ended up being a 10 hour, total pancreatectomy, seven liters of blood loss. I almost did a nosedive into the belly full of blood and then had to go sprinting out of the room. When I came back, he goes, "Yes, I remember when this happened to Georgia -- if you are.... If you're not, I'm sorry, oh my God, and then we just stared at each other for a while. Zani was actually the first person to know that I was pregnant. Really afraid to tell Migaly.

I thought Zani tipped him off, although he and Zani weren't on speaking terms at the time for whatever reason, but he had figured it out somehow. When I had made an appointment in his office, probably because I made an appointment to talk to him, he had a little Post-It on his desk face down. He was like, "What do you want to talk to me about?" I was like, "That I'm pregnant." He's like, "Okay, well, lift up that Post-It note," and underneath it had said congrats. It was super sweet, because I was really nervous about putting people out by having to change my schedule. Really, really nervous about that.

Which, hopefully, by the time anyone cares about this interview, will be a relic. Like, "Oh, why would anyone care that you're pregnant and have to change your schedule to birth a human." Hopefully, it'll just be something no one even thinks about anymore.

**Justin:** Did you get any blowback about having to change schedules around?

**Turley:** No. Essentially, as soon as I knew I had a viable fetus, I came up with several different iterations of schedule changes and talked to people and really made something work super far in advance. I took no vacation, I put that all into what would be my maternity leave. I worked with Tammy Watson to make sure that I was following every rule by the ACGME, because contemporarily, you have to operate X number of weeks to graduate.

COVID helped a little bit, because people were having to take FMLA, people were having to get decreases in their total case numbers in order to graduate because the American Board of Surgery decided, well, we can't not graduate people in the midst of a pandemic, so those rules got applied. So instead of only being able to take four weeks, I was able to take six weeks off for maternity leave. I had that all planned out,

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six, seven months in advance, so that was fine. Then I was also interviewing for fellowship. That was different because it was entirely online. All my interviews were Zoom. It was totally ideal. I probably saved \$10,000, and so I matched in a program in a city I've never been to.

**Justin:** How'd you pick that program?

**Turley:** It's interesting. Southwestern does not have a pedigree when it comes to colorectal surgery. In fact, this is the first year of Southwestern's program. It's been a private group called Texas Presbyterian for many, many years. I was looking specifically for a high surgeon-to-trainee ratio, and this firm has about 13 surgeons to one fellow. The interactions with the residents are minimal, because I didn't want to share. I wanted to be the queen with more cases than I could possibly do and not have to double scrub or share or tally what I have and haven't done.

The chair at Southwestern is also a well-known robotic surgeon. He's the guy for robotic Whipples, and so I knew that if he believed in robotic surgery, then that would be a component of my training that I really need because by this point, I kind of know the market in Austin, which is a very heavy robotics abdominal surgery. So appies, choles, hernias, everything is robotic versus at Duke, none of that, it is all straight-sticks still. I knew that I had to do that and I knew that some of the more pedigree programs for colorectal weren't offering that same robotic experience. The Cleveland Clinic, Florida, and Wash U, which is where Miglay wanted me to go -- and [Chris] Mantyh had much less of an opinion -- that wasn't going to be the spot for me to train.

**Justin:** Did you face any pushback as a Duke resident going to a less-heralded program than the ones you mentioned?

**Turley:** Miglay and I really disagreed about where I should go. He thinks that Wash U, Cleveland Clinic, and Penn were going to be the best places for me to train. I'm not sure that he, even now, agrees that I'm going to go to the best spot, but we just don't talk about it anymore. He may have said, "You're just going to trip at the finish line of your training." That was a pretty big dig, but he's not getting interviewed for this, so he can't tell you if that's different.

**Justin:** Fair point. What have your interactions with Dr. Kirk been like in your chief year, and how have those interactions changed over the seven years that you've been here?

**Turley:** I've been the administrative chief in total, I think, 10 weeks, just a little bit more than some people, so there's a little bit more time there than other people have had with him. I also don't have much of a filter, and he asks direct questions and how much you're willing to go to the mat for your opinion, your preference, or the amount of work you want to do will change how you answer the questions, because the questions are not for discussion. They're for change or action. They're for action.



**Justin:** Can you give me an example of one of those types of questions that he might ask?

**Turley:** Sure. Let's see, this will be back in August of 2020: "Do the residents need anything? What about COVID? Are there things that we need or don't need?" and I said, "We need to know that if one of the residents gets COVID at work, what is the plan? What is the plan if one of us gets sick? How are we going to take care of it?" and he's like, "We'll adjust the schedule, and in two weeks, they'll be back." I was like, "That's actually not the recommendations from the infection control people, which is you have to be quarantined for two weeks, so where are these residents supposed to quarantine?" He said, "Where are the residents supposed to quarantine?"

What he came down to was that, in all of the years past that, if the department took care of the resident, the resident would take care of whatever their other obligations were, but we were never going to talk about what those are. If you have a pet, a family member, a kid, the presumption from that department really is that you have no obligation to those things, and you just need to handle it on your own time, your own business. When we talked about COVID, effectively, what he said is that the department will pay for a resident to be quarantined in a hotel, which is fine unless you have another living thing that needs to be taken care of, whatever that means.

We really talked a lot about it, and my co-chiefs and I wrote a proposal and talked about what it would look like. How are we as a residency going to take care of the other living things? How come that's not talked about? Why is that treated as if it's some ancillary extracurricular when this is people's lives? By this point, we're all in our mid-30s. It should be okay to have a dog or kid or a partner who wants you home that doesn't want you to be quarantined in the hotel for two weeks, or maybe they need you for something.

That was an interesting example of he would ask a question, and then the service-level answer really wasn't sufficient in that it required work as far as troubleshooting and planning and operationalizing of our system. That was a lot of what I spent time on in August. Your challenge for your class will be that lounge.

**Justin:** Yes, and thanks. Over the last seven years, any major changes in the institution?

**Turley:** I think there's been some specific change from a culture of "I'm happy to be here, may I have another" to "This is or can be symbiotic where I am happy to be here and I am happy to train here and work hard and write notes and do dictation and orders and wound vacs and billing and happy to talk to case management about these things, I'm happy to do as many non-doctor things as it takes to take good care of the patients with the expectation and the hope that I'll get good, hopefully, great surgical training." I think articulating exactly what those expectations are is becoming more of the norm, when maybe in years past, it was show up, show up all the time, and be available all the time, and you will learn.

File name: Turley interview.m4a



Now, it's more of like you will learn because someone will teach you because you will be doing some of your own work like you do some of your own work to set a foundation. Then you show up and you work hard during that time, and then you can also be treated like an adult and be able to go home and do things on your own time as well. Operationalizing "This is how I'm going to learn, where I'm going to learn, who's going to teach me, how they're going to teach me." I think there's some benefits to that that maybe have been under-recognized.

I don't mean to diminish the amount of value in having to be physically present in hospitals to see things, but it doesn't have to be always. I think this past year, specifically, that has become a little bit more normative, to go home. Be here, work hard, learn, do your work, it's okay to go home, and then come back and be here, work hard, and ready to learn. Then same with the faculty, be here work hard, be ready to teach.

**Justin:** Any major initiatives your class tried to execute or implement in chief here, and do you guys think you were successful or failed?

**Turley:** I actually found our PowerPoint that we made July 6th of last year. We wanted to foster a sense of collegiality amongst the residents. We wanted to keep and augment things that were good and try and make the day-to-day interactions of the residency program a little bit better. It's very in-vogue to talk about wellness and burnout as concepts, but as far as operationalizing what that looks like to support people's wellness and prevent burnout, we really tried to do that in a very small way. What it was, was, we tried to minimize shit-talking, backstabbing, fear-mongering, gossip queening, that kind of behavior and model it.

I think our class really likes each other, we really get along, and I have every intention of loving this class until I die. But then also things like it's really frustrating to go seven years without being able to plan when you're going to have a dental appointment, or to be like, "Oh, I haven't gotten a haircut since I've been in the lab." You think that those things are just silly. We try to make it so one, we modeled the behavior, so all of us have gotten haircuts and dental appointments and changed our oil and like done carpeting or a house thing that you have to physically be at your house to do and normalize...have gone to therapy, those kinds of things. Normalizing that in our class, and then normalizing as long as you give people notice, that we will support you in doing that. That's the purpose of the wellness days.

It gets a little bit tricky because initially, we had to mandate them because people won't take them thinking it's some sort of trick or a trap. It's not a trick or a trap, we just want you to go to a fucking dentist, I don't understand why it's so hard for people to conceptualize, but giving people those advance notices to do some of those things. Or a tack you wellness day on a Friday and go, make it to the rehearsal dinner. I think we've had generations of surgeons who've never made it to a rehearsal dinner because they couldn't get out of the OR on a Friday, so how nice is



this that we can support some of those meaningful events? Did our class anything major? No, but I think we don't ruin a bunch of stuff either.

**Justin:** Any key mentors since you are at Duke?

**Turley:** Absolutely. As amusing as the highlights of Dr. Migaly's feedback have been, he's been my tireless advocate, both for research and for technical skills and for going into my fellowship and in my personal life. I always know that if I'm fired up or want to go nuclear about something, he'll always be right by my side being mad about the same things or elated about the same things. You just can't ask for a better mentor than that. Gayle DiLalla is a breast surgeon out in Raleigh. She has been my intellectual mentor in working with the Duke chapter AWS and talking about what are the needs of contemporary women in surgery and how do we bring value to the hospital without being a stitch-and-bitch, which I think traditionally, the groups have been like, "These are the ways that I have been slighted," but not necessarily trying to make them better, or not being specific about it.

She has articulated those goals and helped me articulate those goals really clearly. Now she continues to do that in the cultural competency in a way that I think is helpful and interesting and open, and so I really look to her for that. Rachel Greenup taught me a lot about how to set boundaries to make it so that you can be all the things that you want to be that are important to you. It is important for her to be a wife and a mom and a researcher and a technically capable surgeon. She does all those things, but she can't do all of those things by giving up all time to whoever asks from it at any time.

I always thought it was really remarkable how little people cared if I told them I couldn't get them something by Tuesday but I could get them something by Friday. They were just like, "Yes," I'm like, "Really? If I had done that sooner, I would've been so much happier." Dr. Mantyh has been a really tireless sponsor of me in the lab. He would set appointments that were 15 minutes in length and stick to it. He was very clear about opportunities that were and were not of value to me, in his opinion and I really appreciated that, that he always was respectful of my time and my energy and wanted me to put effort into meaningful projects and not pretend that all tasks are meaningful, so that is really major.

So many, Dr. [Cynthia] Shortell and I spent a lot of time together talking about women in surgery, events, and things like that. Same with Shelley Wong, really meaningful time. I miss a lot of people. I can't minimize the amount of time that Zani spent with me on the robot.

**Justin:** It's nice to have that type of relationship with so many attendings. I think it speaks to the quality of individual you are that they're willing to invest their time and energy. Was there anything that we haven't covered?

**Turley:** No, I talked for so long. I didn't go as long as Gulack, right?



**Justin:** Oh, no, not even close.

**Turley:** Oh, okay. Oh, good. Well, because I got some more stories...

**Justin:** Thank you so much for your time, Dr. Turley. I really appreciate you participating in the project. I'll get you this transcript.

**Turley:** All right. Thanks.

**[01:24:44] [END OF AUDIO]**