



## Duke Chief Resident Oral History Project

**Brian Ezekian**

By: Justin Barr, 6 May 2021, Duke University Medical Center

**Justin Barr:** Good morning. This is an interview of Dr. Brian Ezekian on the 6th of May at Duke University Hospital. My name is Justin Barr, for the Duke Chief Resident Oral History Project. Thanks so much for joining us, Dr. Ezekian. I really appreciate your assistance. I was hoping that you could start with just a little bit about where you came from? Where you went to undergraduate? How you got interested in medicine as a career?

**Dr. Brian Ezekian:** I grew up in Valley Forge, Pennsylvania, which is about a half-hour West of the city of Philadelphia. I have two parents, one older brother, none of which are in medicine. I was interested in science when I was in elementary, middle, and high school. Actually, as part of our high school experience, in lieu of doing the last month of classes when you are a senior, you can go do an internship out in the community. Thinking I might be interested in medicine, I went and interned with my friend's dad, who is a medical oncologist. He set me up with some of his friends, one of which was a general surgeon. I thought what they did was amazing and interesting. I went to college at Penn State thinking that I wanted to be a surgeon based on that experience.

**Justin:** Then what did you end up studying when you were at Penn State?

**Dr. Ezekian:** When I was at Penn State, I studied biology. Not pre-medicine specifically, but biology was my focus thinking that I was going to go into medicine.

**Justin:** Any key mentors at Penn State?

**Dr. Ezekian:** No, not really. In my experience, it was such a big school that finding concrete mentorship throughout four years is pretty rare.

**Justin:** Sure. Any fun research when you were there?

**Dr. Ezekian:** I did several experiences during the summer. I worked at Drexel School of Medicine during two of the summers, and then a place called the Lankenau Institute for Medical Research.

**Justin:** How do you spell that?

**Dr. Ezekian:** L-A-N-K-E-N-A-U.

**Justin:** What were they doing there?

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**Dr. Ezekian:** It was cancer biology looking at treating radiated tumors with a drug --it was called hydroxyethyl disulfide-- to see if that potentiated the radiation of tumor cells. Then the one at Drexel was an experience in neurobiology, looking at growth of the dorsal root ganglia of chicken embryos and drugs that affected that.

**Justin:** It sounds hard.

**Dr. Ezekian:** Not hard, just like two or three-month undergraduate experiences. Then I did some at Penn State as well, also in neuroscience internship.

**Justin:** Did you take any time between undergraduate and medical school?

**Dr. Ezekian:** I did not. I thought that if I were to take time off...Ultimately, I was pretty set on going to medical school. I thought it would delay, the inevitable, and I didn't have anything in particular that I was passionate about to do in between.

**Justin:** How'd you pick University of Virginia for your medical school?

**Dr. Ezekian:** A little bit of luck, mostly. I had a friend from Penn State that went there that really, really loved it. I was pretty sure that I was going to end up in Philadelphia to be close to where I grew up and close to family, either at Penn or Jefferson. I really only looked at places that were in Pennsylvania, with a select of few others. I ended up looking at Virginia based on my friend's experience.

Then when I was coming to my decision, ultimately I got offered a full scholarship there because I'm of Armenian descent. They had an Armenian benefactor 50 to 100 years ago that donated a lot of money to provide a scholarship just for Armenian students that are going into medicine at UVA.

**Justin:** I didn't know that about you.

**Dr. Ezekian:** I loved the place. It was my favorite place that I interviewed. Then having that financial benefit made it a really easy decision.

**Justin:** Then you came to the University of Virginia when they were rolling out a brand new curriculum. What was that experience like?

**Dr. Ezekian:** I thought it was actually pretty terrible. One of my friends, since you know him, Bobby Reed reminds me to this day, that on the first day, I piped up on the microphone and said that "I don't think that this curriculum is going to work because I spent more time trying to figure out where I was going to find information as opposed to actually learning anything." I felt like that sentiment rang true throughout at least the first year and a half. I thought the curriculum, although it was lofty and sounded great, new building, it was really poorly executed in the first year.

**Justin:** Did this make you regret your decision to attend the University of Virginia?



**Dr. Ezekian:** No, because of the financial benefit of that was so great that it just is what it is.

**Justin:** You said when you were an undergraduate you were already thinking that surgery might be a future career. Did you enter medical school planning on pursuing surgery?

**Dr. Ezekian:** Yes. I was pretty set on, in particular, general surgery. I looked at and wanted to be interested in a couple of other things including ENT and ortho and ended up really not feeling like those were a good fit.

**Justin:** What was your surgery clerkship experience like at the University of Virginia?

**Dr. Ezekian:** It was pretty tough. I had a pretty tough chief that was really hard on me. He yelled at me every day. I felt like I was working over 100 hours a week, during most points would not leave very often. It was really, really tough as a third year. I thought the team was really unhappy. It made me question my decision to go into surgery a little bit. I stuck it out, came back, and then did a sub-I as a fourth year, and it was a totally opposite experience, phenomenal chief, phenomenal team.

**Justin:** What was your sub-I?

**Dr. Ezekian:** It was hepatobiliary. The attending was Reid Adams. Then Dustin Walters was the chief. I thought it was just night and day. It was phenomenal.

**Justin:** How do you think your experience as a medical student differs from the experience of the Duke medical students here?

**Dr. Ezekian:** I felt like we were responsible for quite a bit more there. It was a slightly different era in which, I think, our notes, in some way, technically counted for something. It was our responsibility to go in, get all the numbers, and hand-write them out on sheets, and then have basically, a photocopied packet for when the residents would come in at six. We would pre-round on basically all the patients on the service, especially the ones that you scrubbed for but even the ones you didn't. The students were responsible for presenting all the patients. Then we would write all the notes, which has been very different than my experience here.

**Justin:** Who are your main mentors in surgery at the University of Virginia?

**Dr. Ezekian:** There were a few. The first who I did research with when I was a first-year, his name is Benjamin Kozower. He's a thoracic surgeon that I think has gone on to a different institution. Another was John Kern, cardiac surgeon, and then Reid Adams, who's now the chair and a hepatobiliary surgeon.



**Justin:** You obviously assembled an impressive academic record at UVA and had your choice of residency programs. What was the residency, the application process like? What was Duke's reputation at the time? What made you end up landing here?

**Dr. Ezekian:** The process, I found to be very, very stressful. I met my now-wife in medical school. We had been dating a couple of years. We decided the couple's match together, and she was doing peds. We were looking for places that were good for both. Then knowing that surgery is roughly double the length, she was interested in potentially doing a cardiology fellowship.

We were looking for places that had good surgery, good peds, and then the potential for her to stay in the area for potentially a pediatric cardiology fellowship, if that's what she ended up being interested in. We looked very broadly. She really, really liked the UNC Pediatrics Program, at least for the primary care portion, general pediatrics. I really, really liked the Duke Surgery Program.

At the time, I was really hesitant to like it because the reputation was terrible, 110% divorce rate or whatever they say, super malignant. It was an elite training program, but they were going to suck your soul for seven years. If you were to survive that, you'd be a good surgeon. You get any fellowship you want, and any job you want, that kind of thing.

Fortunately, when I was interviewing, I had I think somewhere between five to 10 interviews with Brian Gilmore, who actually started in my class here at Duke. He gave me the insider scoop that most of that reputation was outdated, and that it was a great place. Based on being a really good fit for both my wife and I, and then based on what I thought of the program, location, and then what I've heard from my colleagues, ultimately that's what ended up making this our number one choice.

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

**Dr. Ezekian:** I started in 2014. Intern class was Brian Gilmore, Tosan -- I have drawn a blank on her last name who ended up going into plastic surgery at the University of Florida at the end of intern year. Morgan Cox, Megan Turner, Soni Nag, and then Cecilia Ong.

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

**Dr. Ezekian:** I thought, overall, it was a good year. I think it was pretty much as-billed in that everyone hit a tremendous amount of learning curves at the start. It was very stressful. Everybody trying to stay under hours, feeling like everything you do had the potential to really hurt someone. Then by mid-year, everything was a little bit more on autopilot. Then by the end of the year, you feel you're really ready to go on to something that has more responsibility and less paperwork.

**Justin:** Any particularly fun stories from intern year.

**Dr. Ezekian:** There is nothing that jumps out from intern year.

**Justin:** You spent this year monitoring and directing interns. How do you think your experience as an intern differs from the experience through which the interns are going today?

**Dr. Ezekian:** Well, I'd say, a main focus, I think, of our class has been trying to make some, at least, subtle cultural shifts. I think that this was a really difficult year for that, related to COVID. I think the interns' experience this year, aside from it being seven years in the future, has been totally different in that I feel like the sense of community that I had when I was an intern has not been able to be replicated this year because there were no events really outside the hospital without feeling guilty.

The usual things that you have holiday parties, intro dinners, things like that have just not been possible. I feel like their experience feels a little more isolated than ours did. I think the one resounding thing is that our class has always been very tight-knit. I think leaning on them during intern year was something that we all felt we could do. I don't know if that's been possible this year because of COVID.

**Justin:** You progress to JAR year. Some people say JAR year is the most challenging year of the residency. Did you feel that to be true?

**Dr. Ezekian:** I would say probably not. In my opinion, every year has different challenges. I think every year, ultimately, was better than the previous. I thought JAR year was great. It's a lot of ICU and a lot of consults. It was the dreaded 2222 at the time, taking all the consults for the hospital. Ultimately, I thought it was if you really buckled down, you knew that it was going to be tough. It was survivable and it was almost community building in a sense of belonging, that everyone had gone through this and survived it. Everyone knew it was terrible, but you did it anyway. You just put your head down and got through it.

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

**Dr. Ezekian:** JAR year, based on almost like a joke from prior years that on the last day of JAR year was "JAR day," our class, I think, we were good enough friends that we actually ended up renting a beach house for a week at the end of JAR year that we called JAR week. I thought that was particularly great and I think indicative of our class in general on how tight-knit everyone is.

**Justin:** What was the VA JAR experience like?

**Dr. Ezekian:** The VA JAR experience, I remember being one of my least favorite in the sense that there was a fairly, I wouldn't call it contentious but, perhaps, malignant, although I try not to use that term, multidisciplinary conference for which you were responsible for everything. A tremendous paperwork burden, and then, ultimately, I think you have this nagging fear that people could fall through the cracks of the VA in the way that they wouldn't at Duke. You felt a greater responsibility for



following up of the huge clinics and things like that so that people don't get lost. I do not remember feeling that when you would see people in clinic and things like that at Duke.

**Justin:** You finished JAR year. You head off to the beach for the week and then you come back to the lab. What was your research experience like as a research resident?

**Dr. Ezekian:** My research experience was great. I got plugged in with Dr. Stuart Knechtle when I was an intern. He was actually at Emory at the time but was making a transition to be Duke faculty. He was a Duke trainee. Dr. Pappas actually recommended that I meet with him. He was coming with a lot of NIH funding and basically had no one to work for him. I met with him. I really liked him as a person. He had interesting projects, which I thought were outside what I thought I was interested in, which at the time was HPB oncology.

It was really interesting projects in transplant immunology, specifically looking at ways to desensitize or reduce anti-HLA antibodies to permit sensitized kidney transplantation using a non-human primate model of kidney transplant. To me, it seemed like a great mentor, interesting projects, and then as part of it, we would get to do procedures like lymph node and bone marrow biopsies, skin transplants, and actually kidney transplants in non-human primates. I thought it was something that would be a great project for someone that was interested in potentially being a surgeon-scientist.

**Justin:** How did that play out in your two years in his lab?

**Dr. Ezekian:** It was a very productive two years. I was able to stay involved in some clinical research on the side, and then the projects really took off. This was not really in that large part, my doing. This is something that had been almost a decade in the works. One of the treatment regimens that we use for desensitization was particularly successful, the most successful pairing of monkeys that we had had and actually ended up being a plenary talk at the American Transplant Congress.

**Justin:** That's pretty awesome. You'd gone into lab, if I recall correctly, debating between pediatric surgery, vascular surgery, HPB, and transplant, when did you finally settle on pursuing transplant as a career?

**Dr. Ezekian:** Probably, SAR-1 year or the year out of the lab, maybe early SAR-2 year. I had such a good experience in lab that ultimately I ended up becoming really interested in immunology. Then I think some of the other things: basically, I had a great resume for someone that wanted to go and transplant. I had great mentorship for someone that wanted to go into transplant. Ultimately, the type of surgery that they do, which is predominantly open surgery, is mostly intra-abdominal with a lot of vascular work, kind of incorporated all my interests.





Then you noted that I was interested in peds as well. I recognize that doing peds transplant is something that would be possible. It really incorporated all my interests. I had strong mentorship and a strong resume. It ultimately does make sense.

**Justin:** Sure. You come out of the lab to SAR-1 year. What's SAR-1 year like for you?

**Dr. Ezekian:** I thought SAR one year was one of the toughest, actually, because you've not really done that many major cases going in. Then the year flip-flops between being the 2222 night consult resident, which I would view as being the lowest on the totem pole at Duke, at least for that level, to being the chief at Duke Regional and Duke Raleigh. Hitting the learning curves of trying to manage the team, trying to really learn a lot of these operations for the first time, and then flip-flopping between being a chief and then like a primary first call ED consultant, I thought was actually challenging.

**Justin:** Do you any particular favorite rotations from that year?

**Dr. Ezekian:** Duke Regional for sure, I think is my favorite rotation of residency. Duke Regional as a SAR-1. This is back when the vascular and general surgery services were combined so logistically, more cases than you could even possibly do, operate every day, get to run the service, fantastic attendings really interested in teaching. Really in my opinion, admirable at teaching to the SAR-1 level, which is like, you know what you're doing, but also a lot of uncertainty and to some degree, a general lack of experience.

**Justin:** Any fun stories from SAR-1 year.?

**Dr. Ezekian:** Not that jump out to me.

**Justin:** Sure. Progress to SAR-2 year. What was that like for you?

**Dr. Ezekian:** SAR-2 year, I thought was one of the best years in terms of getting to be the big Duke ACS chief, I think is one of our best roles for really getting to spread your wings and start to be autonomous in operating and running a team. Then starting to be able to tailor some of your rotations towards your ultimate career goals. I did time on transplant, time on vascular that I thought was great. I thought that was a good heavily operative year, starting to get some autonomy, overall, really enjoyable.

**Justin:** In the middle of your SAR-2 year, COVID-19 hit the world. How did that affect your experience as a resident at Duke?

**Dr. Ezekian:** I'd say most of the really heavily operative months I did early in the year in SAR-2 year. I was on VA thoracic for a couple of months and interviewing for fellowship. Those are inherently low-volume operative months. I actually, during that time because of the platoon system, did a little bit of switching off as general surgery



and vascular surgery combined chief. I was actually way more interested in doing that than continuing to do thoracic.

Then I think overall, some of the sense of community, like I alluded to before, was lost. I think my personal experience overall was not that much changed in terms of case volume or what I specifically did following those first initial two or three months.

**Justin:** Sure. Anything else from SAR two year? Now you're a chief. You alluded to some of the goals that your chief class had in changing or molding the residency program. Can you talk a little bit more specifically about what you hope to accomplish, and now towards the end of chief year, if you believe you've been able to effect those changes?

**Dr. Ezekian:** I'd say it's hard to say. Probably asking the other classes how we did is probably more fair. I think the things that we wanted to focus on is, we felt like we had a really tight-knit class, one that had always supported one another. That was the culture that we wanted to make sure that the program got back to after feeling like the past few years were a little bit disjointed with chiefs that didn't necessarily get along, and morale that I think took a hit as a consequence.

The things that I thought would be most helpful, and everyone seemed to share the same ideas, were ways that you could improve the community and the camaraderie of the residency. One of our major initiatives was, everyone had complained for the entire duration that we've been here that getting schedules about two weeks in advance of a rotation basically did not allow you, unless you were really more senior or you were almost like would be willing to take a gamble, could never really leave Durham.

Our initiative was to get schedules out three months early so that people could plan. We tried to institute wellness days, which would mean one full day off every six months for everyone that wasn't a chief so that people could take care of doctors' appointments, get their car serviced, go to the dentist, or just spend additional time with their family, have a three-day weekend, things like that.

I feel like, even with the COVID concerns, our class was successful. I feel like the morale and I guess the general feel of the residency that you can express that you have interests outside of surgery and medicine has gotten a lot better.

**Justin:** I certainly thank you guys for implementing those modifications.

**Dr. Ezekian:** I will watch eagerly to see what you guys feel passionately about, but that was one of our major initiatives I thought was successful.

**Justin:** What has your relationship been like with the Chairman, Dr. Kirk, specifically this year but also, how do you see it as having changed over the last seven years that you've been here?



**Dr. Ezekian:** I feel like I've gotten to know Dr. Kirk relatively well. When we were interns, we were the first class that he's seen go from start to finish. I think that that's to some degree a special bond. When we were interns, he was very, very involved when he had first come here. He reinstated the walking chair rounds. We would present cases to him on, at least, monthly basis but something that we would have every week, face-to-face exposure with him walking around and seeing patients. He was very involved in our conferences. Then when I went on to do research, I didn't work in his lab specifically, but I worked in a related lab that had a joint lab meeting. For two years, I presented research to him, which I found extremely daunting. He's such an expert in immunology, and I was such a rookie. Ultimately, he was very, very helpful during the research years. He's very approachable and just genuinely, you could feel that he had a love for science. I thought that was great.

Then, in the more senior years, I think COVID has made it difficult for him to connect in the same way that he did with our class initially, like with the current intern class. The things like the walking rounds have just totally not been possible. That would be a very bad look. I feel like there's a little more disconnect now, but as chiefs, we meet with him every week. It's, I think seeing a different side of what being a chair is like, in that most of what we talk about is almost bureaucratic stuff as opposed to research or clinical patient care.

**Justin:** Do you feel like those meetings are useful?

**Dr. Ezekian:** I feel like a lot of the issues, it's hard to figure out what to talk to him about. In the sense that, a lot of the day-to-day issues that we would talk about amongst our chief class would be really more appropriate for our program director. A suggestion that I had made is that some of the meetings every other week, I think having meetings with Dr. Migaly would have been probably more appropriate. I gained a lot of insight on the goings-on in the department through them, but I don't know that we were able to make a lot of changes based on these meetings specifically.

**Justin:** You also meet now with Dr. Shortell periodically?

**Dr. Ezekian:** Periodically. It seems to be about once a month, and it's similar.

**Justin:** What has chief year been like for you clinically?

**Dr. Ezekian:** Clinically, I think it's been great. It's what you thought surgery residency would be, but never really amounted to, in the sense that effectively, all I do now is either operate or see patients. It's been a real pleasure. Someone told me that at a certain point, you'll look back and you'll realize that everyone that you work with is younger than you. That's probably when you come back from the lab. It's really fun to work with the really eager interns, work with interns from all different services, and working with medical students as the chief now and really getting to do the cases, really making decisions about patients. I think it's been a really great year.

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

**Dr. Ezekian:** Hopefully, some upcoming stories, as we're hoping to have another class beach trip coming up in five or six weeks right before our graduation. Again, a lot of the social interactions have been pretty limited due to COVID.

**Justin:** Speaking of stories, last year you and Dr. Turley managed the resident roast of the outgoing chief class. A presentation that was, I think, roundly recognized as one of the better chief roasts in some time. How did you guys work on putting that together? Did you guys get any pushback for anything afterwards? What are you looking towards in terms of a graduation ceremony for you guys this year?

**Dr. Ezekian:** To be honest with you, it had always been my dream to host a roast. I was pretty sure that I was going to get selected to do it. Megan was a great partner because she is hilarious and witty. I was favorably on in-house chief nights at the time. I spent a lot of time just putting slides together and making jokes. It was a little bit difficult because for a while, the chief's roast was basically just canceled due to COVID. We had started putting some jokes together, and then it was canceled. We didn't really think much more about it. Then a month before it was like, "Hey, this is back on. You guys are going to roast."

I spent a lot of time on those in-house chief nights writing jokes and then bouncing them off Megan and then actually Brian Gilmore, who was the 2222 at the time. I thought we came up with a good presentation, didn't get too much pushback other than a couple of the jokes. We mostly tried to keep it clean and good fun.

**Justin:** It was well done. Last year, of course, was all on Zoom. What's the plans for this year's graduation?

**Dr. Ezekian:** Well, it evolves every day. As of today, it is supposed to be full-on outdoor graduation.

**Justin:** That will be fun.

**Dr. Ezekian:** It might be different next week, but we're told up to 200 people allowed outside.

**Justin:** Oh, wow. Well, that'd be a wonderful ceremony for you guys. Next year you're headed to Toronto for transplant surgery. Clearly, you had, again, an outstanding application in the fellowship match. Can you talk a little bit about interviewing at all these places coming from Duke, with letters from doctors Kirk and Knechtle? How you settled on Toronto as your number one choice?

**Dr. Ezekian:** Interviewing last year was an odd year. I went on one in-person interview, which was at Michigan. I thought it was fantastic. I thought the people were fantastic. I was totally blown away. This was in the early, early COVID, maybe like February. After that, it was seeming like it was going to be, "Well, you can come



here if you want, or we can set up something virtually." Basically, as the situation evolved, everything else became a Zoom, other than this first interview.

The Zoom interviewing in the really early COVID era, I thought it was actually fairly telling about a program. Some of the programs that are generally recognized as the best transplant programs had really seemed like they came up with, almost in the moment, really seamless Zoom experience, where you felt like you got to know the program and meet the people, at least in the best way you possibly could without visiting the town. That was interesting. Then some places couldn't even get it together for a phone call or FaceTime. It was just a really rough experience. I thought that was interesting. I thought that gave some insight into the organization of the programs.

For me, a big part in what I was looking for, a big component of that was that my wife would be able to come with me. We didn't want to spend two years apart, just didn't think anything would be worth that. She wanted to do additional training. She now graduated from the cardiology fellowship and wanted to do additional training in electrophysiology, which is offered at 5 to 10 places in North America. I'd been really interested in the Toronto program for a long time based on the experiences of Andrew Barbas, one of our faculty who just thought it was a phenomenal training program with unmatched volume by anywhere in America.

He's raved about this program for years. I thought that I was interested, and actually one of the most respected peds electrophysiology programs is that the Hospital for Sick Kids, the associated Toronto Children's Hospital. I ended up interviewing there. I still thought the program was great. My wife ended up getting offered a position, because it's outside of the match, about a month before my match. Everything lined up that it was the perfect program for us.

**Justin:** Congratulations on that match.

**Dr. Ezekian:** Thank you.

**Justin:** We've been talking about 45 minutes or so. Is there anything I haven't asked you about your time at Duke you want to make sure you get on the record.

**Dr. Ezekian:** There's nothing that really jumps out to me.

**Justin:** Well, thank you very much for your time. I really appreciate it. I'll get you a transcript in the near future.

**[00:34:32] [END OF AUDIO]**