Duke Chief Resident Oral History Project

Dr. Morgan Cox

Interviewed by Justin Barr, 6 May 2021, Duke University Medical Center

Justin Barr: Good morning. This is an interview with Dr. Morgan Cox as part of the Duke chief resident oral history project. My name is Justin Barr. It's the 6th of May. We're at Duke University Medical Center. Thanks so much for joining us, Dr. Cox, we really appreciate your participation in the project.

Dr. Morgan Cox: No problem.

Justin: I was hoping you could start a little bit with where you came from, where you went to school as an undergraduate, how you got interested in medicine in general.

Dr. Cox: I'm from Indiana, Northwest Indiana. I grew up in the country and then moved to South Bend in high school. Getting interested in medicine: I've been interested as long as I can remember. I think I wanted to be like a vet to start and shadowed at the vet and then quickly moved into people, I guess. I grew up playing soccer, and so I always saw my orthopedic surgeon. I had had surgery, so I thought that's what I wanted to do. All through like grade school and high school, I thought it was always going to be orthopedics, but I was always on the go to med school kind of track. Then I went to Butler University in Indianapolis for undergrad, majored in chemistry and a math minor, played soccer. Then, again, was always just working towards the MCAT and going to med school.

Justin: Any key mentors at Butler or formative research experiences when you were there?

Dr. Cox: Yes, I did a summer research project in orthopedic surgery in Indianapolis through Methodist. I can't remember his name. I think it starts with a U. Maybe he's not there anymore. I can't remember his name, but I did an orthopedic clinical project that summer, which was great. Then at Butler, Dr. Esteb was one of our O-Chem professors.

Justin: Can you spell his name?

Dr. Cox: E-S-T-E-B. He lived on campus in the dorms with his family, his wife, his two kids, and was definitely a great mentor at Butler throughout the years and getting people through Butler into medical school. Then Dr. O'Reilly was someone I met later in my career at Butler. She was also someone that-- she was amazing, but told it to you more straightforward. When I had senioritis and I just wanted to drop P-Chem. She's like, "No, just do it." Someone like that, which I needed, I think, at that time. Then I went to Indiana University for med school.

Justin: Was it hard being a Varsity athlete and being pre-medicine? Chemistry and math are challenging majors and minors to complete.

Dr. Cox: Yes. It's hard, because you have less time to do the schoolwork because you also have the time commitment for the sport. With that being said, it does keep you very focused. As a freshman, I had to go to study hall and stuff for soccer. It was very structured, I guess, in that way. It kept you on target and accountable for your schoolwork as well in a way that I don't think you would've had that accountability if you weren't playing a sport.

Yes, it was hard in the time management, but then you also couldn't really fall through the cracks because there were a million people looking at you and forcing you to do things. Even on away trips, there were times where we all had to sit down. If you had nothing to do, you'll still sit and be quiet. You might as well bring something to do to work on for school. It was good.

Justin: Did you go straight from undergraduate to medical school?

Dr. Cox: I went straight through the entire way. Yes. No time off.

Justin: What made you pick Indiania for medical school?

Dr. Cox: Yes. I actually, IU has all of the-- I don't even know seven or nine, something like that, satellite campuses. It was like the perfect combo. My parents still lived in South Bend. I actually went to the South Bend Campus for my first two years and lived at my parents' basement and saved much money from my loans. It was a smaller class size, with like 22 or something like that for all of our anatomy labs and all of our classroom work for the two years, which was very good for me.

It wasn't liked I watched all the lectures at home. I went to class and sat there and we all did, and it was like a big family I love. I still am in touch with a lot of my med student school friends from that South Bend Campus. The main medical center is down in Indianapolis. Then I went down there and do all my clinical rotations and meet the big names and see the big surgeries and do all of those things the third and fourth years. That's the traditional tracks, it was just a good fit for me. Save some money and stayed at home.

Justin: You went to medical school planning on pursuing orthopedics.

Dr. Cox: I did. Yes. That changed, clearly.

Justin: Yes. How did that change?

Dr. Cox: It changed early on. I did the classroom year my first year. Then up in South Bend, there's a little town next to it called Elkhart, and there and Elkhart General Hospital.

Justin: How do you spell that?

Dr. Cox: E-L-K-H-A-R-T. They had a summer program for first-year medical students. It was like doing a mini year third year of medical school, where you just rotate through different specialties. Mine was like a surgical summer where I did ENT and general surgery. You had elective days, which I filled with orthopedics. I loved my general surgery days. I ended up trying to switch into more of that later on. I was so bored on my ortho days. It was like the same knee over and over, and one day was with like a hand ortho guy, and we sat, and I was like, "Oh, my gosh." I was so bored. I was like, much rather be in the belly. There was one case in particular I remember, a patient with carcinomatosis and was obstructed or something. I didn't know any of this at the time. I just knew I was the first assisting. There was a female surgeon that I was with, that was amazing as well. That was a very formative experience.

Coming out of that summer after first year, I was like, "I'm done with this ortho jazz and I'll find something else still surgical to do." I flirted with trauma or something that was still kind of ortho-ey. Then it just became clear I just need to do general surgery type of program, but also that summer I worked with Dr. Halloren.

Justin: How do spell his name?

Dr. Cox: H-A-L-L-O-R-E-N, I think. Also through that program at Elkhart. He was a cardiothoracic surgeon and he was amazing and pimped you from over the drapes and everyone's always nervous about it and I loved it and had a ton of questions for him. That also, at that point, going into second year, I think I was between CT and a trauma. Then getting back down to the medical center, my third year, I did a congenital cardiac rotation and loved that.

The guys at IU are amazing, and even as a med student they let you sew and do craziness, which then I was like, "That's what I'm going to do." Then Dr. Brown down there, who just recently retired, was a great mentor and I did clinical research with him.

Justin: What kind of surgeon was he?

Dr. Cox: He's a congenital cardiac. He was wonderful. That's when I was like, "CT is probably for me," but then you have to apply and there's the I-6 and the traditional and I applied to both. Then at that time, I don't know, they told you not to interview at both a CT I-6 and a general at the same institution. I didn't want to go to just any I-6. I wanted a good I-6 program, but then I also a good general surgery program, and a lot of times they were at the same place.

As those interviews started coming back in, I just kept choosing the general surgery and I was like, "Clearly I should probably go the general surgery route." I only did one I-6 interview at Emory where I had done an away rotation because they were so great to me, but then clearly went the general surgery route.

I didn't think I wanted to do research, but I had wanted to come here for med school. I didn't get in, so jokes on Duke, they got me for seven years instead of four years. Once I came here and I loved it and I was like, "Oh, the research idea is a great idea." Here I am.

Justin: What was your experience like as a medical student on the wards in Indianapolis? How does that compare to how you think the medical student experience is here at Duke?

Dr. Cox: That's a tough one. We talk about it a lot. I think it's hard to determine what's a generational gap and what's a Midwest state school versus a Duke school. Me as a three on the wards for like my HPB rotation, for instance, we would round in the morning, but it was my job to come in and get all the numbers and write them very tiny on this little printed-out Excel sheet. There were two of us on service.

We would find a way that we both print it and she'd start from the bottom, I start from the top and we would write all these tiny little numbers, but then we could fold it and photocopied it for everyone so that we could split the work. That's what we did. We were coming in at like 3:30, 4:00 in the morning to get all these things all figured out for them. Then we go on rounds dragging the computers and then we had to write the notes, but we had write the notes before we went to the OR. We sat down and slammed through notes. Then we'd go to the OR for the rest of the day.

We did a lot of the scout work that is no longer tolerated to have medical students do. Now I'm a PGY-one million and still come in and get my own numbers because it's just what I've always known and do. I think the responsibility that we had back then was a lot more. If you didn't get your notes written, you get yelled at because that was your job. As opposed to just helping the team, that was my job as a med student. With that, I also got the suture and pull drains and I got to be more hands-on, which I also don't think we let the med students do as much.

I don't know if that correlates, but again, now that I'm so old, I just don't know. It's just a generational gap. I don't know if med students at IU are still doing those things. It seems like they would fight that now as well, I don't know. The students now are much smarter than I was back then, for sure. Way smarter.

Justin: When you applied to residency, you said Duke appealed to you a little bit because you had wanted to go there for medical school. What was Duke Surgery's reputation at the time?

Dr. Cox: It was horrible. It was so bad. Dr. Ceppa trained here and is HPB up at IU.

Justin: How do you spell his name?

Dr. Cox: C-E-P-P-A. I didn't actually talk to him going into my interviews. It wasn't until I came here and loved it and I reached out. I was like, "Hey, I really love this. What do you think?" He was like, "Best training program. 100% do it," kind of deal.

When I was on the interview trail, "Horribly malignant. Don't go there," all the old-school thoughts. I actually went and did my I-6 CT interview at Emory, and then came straight here for my general surgery interview right after it.

I remember one of the fellows at Emory, they were like "You're wasting your time. You should even cancel it now," like a day ahead of time. "It's going to be horrible." I was like, "Oh, that sounds real bad." I still came, of course. Once I got here, the people were amazing, the training was clearly amazing. You could get to whatever specialty you wanted to get to. Of course, it's a CT powerhouse, as well, and I was still interested at that point. Loved the area. It all just fits. I was like, "These people are crazy. They haven't been here, clearly."

Justin: What was it like applying to a program that didn't have a full-time chairman?

Dr. Cox: I didn't know. I wasn't educated enough to care or know that much. I interviewed with Dr. Pappas as the interim chair that day, and even then, I was just this Midwest girl, wanted to do surgery. Once I got here, and Migaly gives the, "We're going to push you down your limits and make you the best of this and XYZ." In my interview with Pappas, I literally asked him, I was like, "This seems great, but does anyone get here and they can't do it? What do you do if you get here and you can't be as good as you're supposed to be when you're here?"

Which is probably the worst question you could ever ask an interim chair. In hindsight, I was like, "That was so stupid." I can't imagine what went through his mind. That's what I asked him in my five minutes with him. When you only have time for one question, I was like, "What happens if I suck when I get here?" He's like, "Oh, we have the CCC committee,"[1] or whatever. He gave me that answer and I was like, "Okay, great."

Justin: You get here, when do you start? What year and who's in your intern class?

Dr. Cox: It would have been, July 1, 2014, would have been my first day. Our class has changed, so it's me, Megan, Zeke, Gilmore, Soni, Cecilia, and Tosan. Was that seven? I think that was our seven. The two boys, five girls. Yes, that was the seven of us and a couple of prelims. Rhea was one of the prelims, we were still good friends with her. That was our crew.

Justin: What was intern year like?

Dr. Cox: Exhausting, is what I remember. What they don't kind of tell you, is you work a lot of nights but you switch back and forth from nights, and we still do it. That was the hardest part for intern year for me. I got migraines for the first time just because the sleep schedule was so messed up, but it pays off because it makes it easier. You get it all out of the way early on, but tiring from that standpoint. I don't know, our class was really close and we all leaned on each other to get through it.

[1] Clinical Competency Committee
File name: Cox interview.m4a

Then, having Cecilia and Gilmore who knew Duke better, I think were good resources.

I learned a lot. I don't know, you fake it until you make it. I remember being on the gold service and they're telling me LAR's and stuff, APR's and it's like, "I don't even know what that is." I never did colorectal as a student. There's a large learning curve, but you also just have to learn how to be an intern. You have to learn how to check the boxes, do what's asked of you in a timely fashion and follow up on things and communicate. Then, by doing all those things, you start learning what the LAR is, what the APR is. I don't know, you just nod and smile and figure it out as you're checking your boxes. This was my approach, I guess, the intern year.

Justin: You spent much of this year monitoring, directing, educating interns. How do you think the intern experience has changed over the seven years you've been here?

Dr. Cox: Yes, that's also a good question. This year is hard because of the pandemic. There's just a different challenge to this year. In general, even the past couple of years, the interns are phenomenal. They're better than I was as an intern. I remember being an intern and Karenia [Landa] was a sub-I, and we would all sign out, I was on nights, and they would all sign out together. She was better than everyone, and I was like, "The sub-I is killing us right now."

They're smarter, they're more accomplished, they know more about everything than I did back as an intern. They get in the OR more. This year, it's just trying to make them feel included and show them who we are and what we do, because we can't hang out with them or have them in a group kind of thing. I think some of the communication issues are more pronounced because of pandemic restrictions, that's probably how I would see it.

Justin: Any fun stories from intern year?

Dr. Cox: Gosh, I had such a horrible work-life balance back then. I don't know, things that stick out the most are the people, honestly. I was on nights with Muath Bishawi. He was RPG, which was the ACS trauma vascular transplant. Back when it was unsafe to have one person cover all those sick people. I was blue, gold, and endocrine or something. We would be in the same workroom, but he would be dealing with the MI over there, the code over here, and I'm just throwing in NG tubes, that was my job. I fixed the stapler and figured out when Epic changed the sheet, how to make it small and vertical again. That was my overnight job, so that whole month was just hilarious. I bought a dining room table and stuff, and Muath just wanted to kill me, but we had a great time.

I don't know, that sticks out. Being in Raleigh with Gilmore and the VA with Gilmore, were both fun. It was just the two of us at the VA, so it was hours issues and we were just dying but it's fun when you're with someone that works hard and gets through it with you.

Justin: Then you start JAR year. Some people say JAR year is the hardest year of the residency. What's your thoughts on that?

Dr. Cox: I would agree with that. They're all hard for different reasons. You're ready for a break by the end of JAR year, which I think is what probably confirms it's the hardest year. I don't know, I'm going to sound like such a boomer, but it's so different now than it was even when we did JAR year. We did 7704, and then 2222 was split differently, and you were rounding on-- The ACS service was your service, and the ACS consult service was your service. I started on July 1, I started on 2222. I was the first one to go at it and I was so lost. I had Asvin as my chief, who was very helpful and would just go around with me and make sure I wasn't going to kill anybody. It was hard.

It's just stacking a bunch of stuff that I didn't know anything about and trying to figure out how to learn and be efficient. It was a lot, but you also grew, and by the end of that year-- I spent two straight months in the CT ICU. They could trust you more once you've been there for a long time and let you do things more independently. I learned a ton over those first three or four months of JAR year.

I felt like I actually probably got more comfortable in JAR year, maybe earlier than most because I really started off with a bang. You learn a lot, you grow a lot, and people get to know you, which I think is when you really do start feeling included and as one of the residents, the seniors. You can be in the bunker and seniors actually talk to you and you're not just running the list with them. It's hard, by the end you're exhausted and ready to go onto the lab.

Justin: Any fun stories from JAR year?

Dr. Cox: Ugh, I don't even know.

Justin: Or terrible stories from JAR year?

Dr. Cox: I might have just blacked it all out. Again, I had such a horrible work-life balance and it's such a hard year.

Justin: What do you mean by having a horrible work-life balance?

Dr. Cox: I just worked and then slept, and I gave up hobbies and things I enjoyed doing for fun. I didn't realize until, I don't even know, February or March, probably, of JAR year. I was like, "Why am I so unhappy?" It's like, "Well, all I do is eat, sleep, and go to work." I was like, "I need to try and get some fun things back in my life." I tried to adopt a dog, and I ended up fostering it. It was a horrible time. It was a horrible way to fix things. It was really bad. I fostered it and found him a much better home, fortunately. The dog is fine. I was like, "I need to do something different, like maybe read a book again."

Then, you are getting near the lab. Again, our class is so close, we started planning trips, things to look forward to. Then that was also about the time where the crew that goes paddleboarding, we all bought our paddleboards, and your class, Carrie, and Karenia and Paul, they had such a better work-life balance than I did. They would be on a Friday night shift and then still show up to the lake the next day. I'm like, "Well, if they can do that, I can do it. You can do things when you're tired." I feel maybe that's when things actually switched for me, and I was like, "I can have a life outside of this place and it'll be okay."

Justin: You eventually got to the lab. At this point, you're still interested in CT.

Dr. Cox: Maybe wavering a little.

Justin: Wavering a little?

Dr. Cox: Yes.

Justin: What was your research experience like?

Dr. Cox: It was good. I was on a cardiology T32 and went through the DCRI and worked with a bunch of the CT databases and stats teams and stuff over there. My real passion was the education stuff. I had to use that for my funding and do all that work so that I could do the other projects in education that I enjoyed.

Justin: How did you get interested in education?

Dr. Cox: I think that first piqued my interest in-- I don't remember if it was my third or fourth year of medical school. I think it's the beginning of my fourth year of medical school at IU, Gary Dunnington came from Southern Illinois and became the chair at IU. He was a big wig in surgical education at that point. I knew of it but didn't really know anything about it, again, being just a naive med student. Interestingly enough, during my fourth year of med school, when I did my CT away rotation at Emory, he was a visiting professor and gave grand rounds on his surgical education research while I was at Emory.

It was so exciting, and I listened, and it was amazing. I was like, "I could do this. I like this. This is very fun." I had coached and stuff in soccer as I didn't play anymore. It just fit me as a good transition, I guess. That's what piqued my interest. It was Dr. Guyton down at Emory, was like, "You would be great at this. We'd love to have you here and do some education stuff with us as we're learning how to do the I-6 training." So now someone told me I might be good at it. I was like, "Maybe I can pursue this."

Then I got to Duke and it has a very soft research track reputation. I was, "Oh, can I do this? Can I not do it? Am I going to be judged or make it through if I try and do this kind of thing," but I did end up making this hybrid research year by still doing the clinical work and getting the funding.

Justin: Did you get any pushback for wanting to do educational research instead of hard science or clinical outcomes?

Dr. Cox: Not from people that matter. The people that mattered were all very supportive. Dr. Kirk even told me I should do it when we met I was an intern, but of course, there were fellows or someone who would ask what you're doing, you tell them and they'd give you their crappy opinion, you're like, "Whatever. It is, what it is. You'll be gone in a couple of years.

Justin: What were some of the cool projects that you're able to complete?

Dr. Cox: The coolest is the one that Dr. Kirk set me up with, with the brain simulation and engage tracking trying to improve technical skill, which worked, it turns out. More work to come at this point, but that's probably the most unique and outside the box.

Justin: How was your education research received when you went on the fellowship interview trail?

Dr. Cox: Oh, amazing. Probably the best thing I could have done because it was unique from what everyone else was doing. There's just so much work to be done in that realm that everyone wants someone to come help and do those things. I think the uniqueness of it, being something that's not just straightforward just doing the lab, was very well received.

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

Dr. Cox: SAR-1 year is interesting. Early on, it's frustrating, because you go to some of the hospitals and you're the chief of your service. You're making all the calls and doing all the cases. Then you come back to the big house and you're back low and in the call pool and you're being a junior. That up and down was very frustrating at times and really weighed on me, because it'd be like you're not growing as much and you're like, "Wow, I did so many more complex things and now I'm wasting my time not doing those things."

It's still a good growing experience because you have to figure out how to tolerate or still learn in those rotations. I came out at Raleigh, which was great because I had to be thrown in the deep end, but I think that's where I actually learned how to operate, those first six or eight weeks, whatever it was when I came out of the lab, which was wonderful. By the second half of my SAR year, I got field promotions for one reason or another. When a couple of residents were out, I was supposed to be on gold, but I got to do an extra two weeks of vascular.

I was the SAR-2 on vascular, which was my first experience there, which really changed my trajectory. I was actually the in-house chief as a SAR-1 in May. I did a whole month of that, which was also a field promotion. You do grow a lot. I feel like I learned to operate that year overall.

Justin: That's pretty awesome. You talked about changing your trajectory. Can you talk about, you started out really interested in CT now you're going into vascular.

Dr. Cox: Yes, I changed. I think going into the lab, I was starting to waver, and then doing the CT outcomes and stuff at the DCRI, I enjoyed it, but it wasn't something I would go to. I wanted to sit down and be like, "Oh, I want to work on these CT projects." It turned into something I had to do to keep my funding and to keep doing the other things that I enjoyed. At that point, I was like, "Maybe this isn't the right field for me." I didn't love thoracic when I was on those rotations. I still liked CABGs and valves.

Then coming out of the lab, I was like, "All right. Maybe I should look around maybe a surg onc, HPB versus a vascular might be good because I wanted something a little bit more technically demanding and sewing. I just love to sew. Trying to parse that out, getting to do those two weeks on vascular here at Duke was amazing. I think it solidified things for me and it just makes sense. It's just vascular is more the way I think, plumbing kind of deal, as opposed to surg onc where it's like, "The newest trial changed this chemotherapy." For me, that's just a bunch of memorization, even though the operations are fun. Vascular clearly became the right choice, and then we go out to DRH and operating with Dr. Dillavou who was an amazing mentor.

Justin: Did you get any pushback when you changed your specialty choice?

Dr. Cox: No, no real pushback. It's very anxiety-provoking knowing you have to meet with Dr. D'Amico and people and tell them that you're not doing it. You just put that pressure on yourself and you have to go, "Oh my God, this one's going to hate me and X, Y, Z. They've done so much for me. How's this going to be taken?" Everyone was very accommodating and supportive, "What can we do to help you?" but you only think about yourself and you're like, "Oh my God, this is going to be horrible." No, there was no pushback and everybody was very nice about it, and still are.

Justin: Any fun stories from SAR-1 year?

Justin: All right. Coming out of the lab, how'd your class differ in terms of composition for SAR-1 year?

Dr. Cox: Oh boy. Going into the lab, we were down to six, because Tosan left after our first year. I think we were still six going into the lab. No, we gained Sprinkle at some point.

Justin: Coming out of the lab?

Dr. Cox: We gained Sprinkle coming out of the lab and Mulvihill. We went in with our six, we lost Tosan. We came out, we gained Mulvihill and Sprinkle, who took three years, from the class ahead of us. We lost Gilmore, who fell back after he started his third year, and then we lost Sprinkle after SAR-1 year.

Justin: What happened there?

Dr. Cox: I don't know. I know she struggled on some rotations and they don't broadcast people's issues or remediation or whatnot. It sounds like her contract wasn't renewed or something as we were going into SAR-2 year. She got another spot. She's down in Florida. I know people here helped her get that spot, too and wrote letters and whatnot, but that put us then back down to six.

Justin: What's SAR-2 two year like?

Dr. Cox: It was good. I think SAR-2 two year we have the most autonomy that we ever have in residency. You're in-house chief and doing the bigger, more complex cases back here at big Duke, as opposed to doing the more straightforward lap choles and stuff at the outside regional hospitals. I think people start to trust you more, both on the floor and in the OR. It's a good year. I don't think I knew that as a SAR-2. that might be the peak of my autonomy and competence and running the show on certain things. Looking back at it, it's a really good year. It's a lot of shift work because you're on the acute care and trauma type of stuff. It was good.

Justin: Any particularly good or bad rotations?

Dr. Cox: In-house chief was always good.

Justin: Daytime?

Dr. Cox: Daytime. I didn't mind nighttime either. The juiciest cases are the penetrating traumas that we all want and need more of, which typically happen on nights. As long as you can put up with the nights, then that's not a bad rotation, I don't think. I can't even think of what else we do, we do red.

Justin: Green.

Dr. Cox: Oh, vascular. I did a lot of vascular. That was crazy. I love the chaos. Did a lot of cases. I literally can't remember what else I did last year.

Justin: Gold?

Dr. Cox: I don't think I did.

Justin: Peds?

Dr. Cox: Peds also, I think I did two months of Peds. Also, a good rotation and more technically demanding. You can go fixing hernia, but it's different on a kid and the techniques are different, but I think it's another really good rotation. SAR-2 year is good. It's a good year.

Justin: Any fun stories?

Dr. Cox: I'm sure there are. I don't know any stories. I'm not fun.

Justin: Two months of vascular, you don't have one good story?

Dr. Cox: Oh, none of them are appropriate to tell. [laughs] I don't know. Peds, in-house chief, I don't have anything exciting. ACS, it can bring down the morale sometimes. I guess that's one way of putting it. To try to combat that, at least with Agarwal, we tried to institute that you have to tell clean jokes at timeouts for all of our cases. This has continued. Even when I take in-house chief call with him now, we still do it. Everyone has to bring a joke. They can't be dirty because dirty jokes are easy. They have to be nice, clean dad jokes, which is hard to come up with. It's fun, and we still do it.

Justin: In the middle of your SAR-2 year, COVID-19, of course, struck the world.

Dr. Cox: Oh, yes. Maybe that's why I can't remember my rotations.

Justin: How did COVID-19 affect your SAR-2 two year?

Dr. Cox: Oh, my goodness. It's horrible to be in a pandemic. I was on nights to start it, I think it was me and Austin [Eckhoff]. Just not knowing was very nerve-wracking, and not having a lot of people around when you're at nights to figure out protocols and what you do and when do we have to start wearing masks and things like that. I think it was very nerve-wracking the first few weeks, month or so.

Justin: What's it like taking traumas coming in in this unknown period of COVID?

Dr. Cox: We didn't know. Masks weren't mandated at first. Austin and I were just doing our thing. I know we saw a prisoner came in, ended being COVID positive later, and no one had anything on. There's things like that. We just didn't know. It's when we were still wiping everything down, we didn't know if we could touch things. There was a lot of anxiety around it. As we learned more, of course, Duke rolled out how to approach these patients. Even just learning how to doff and don PPE again and face shields, I was like, "What in the world?"

Fit testing was just a pain in the butt before the pandemic, and then you're like, "Did I do it right? Was I fitted right?" I never paid attention. That was just nerve-wracking. Then we went to the platoons and you just had a ton of time off. I organized my entire house, I cleaned a bunch of stuff out. It was too much time. I watched pretty much all of Netflix and then was like, "Can I please go back to the hospital?" Then you come back to the hospital and you're excited to work and it is just dead. There's just nothing going on. You're like, "Well, I might as well be bored at home than bored here." It was interesting.

Justin: Did COVID-19 affect your fellowship interview season at all?

Dr. Cox: Barely. Things went virtual for my last three scheduled interviews. I think it was my last three. I did two virtual, ended up canceling one that was going to go virtual but also overlap. There's something else wrong with it, so I ended up canceling. I only did two virtual interviews, one lasted 15 minutes and I was like, "I don't think they know anything about me. I don't know anything about them and this is not going to work." The last one was actually very well done and organized. I think they did one before as well. It went very smoothly. I got to pretty much interview everywhere I was super interested in going in-person. I got lucky on that front.

Justin: It was a pretty smooth process for you?

Dr. Cox: The interviewing?

Justin: Yes.

Dr. Cox: It wasn't bad. Oh, thoracic VA is in SAR-2 year. I had scheduled two months of that during interviews, so I could just come and go. I missed one or two operative days, which is 50% the operative days. I think Paul did more cases one month because of my interviews than I did. It made it very easy to get in and out for interviews and travel. You had to make up the time, and that was frustrating.

Justin: You become a chief?

Dr. Cox: Yes.

Justin: What are some of the initiatives that your class wanted to implement in chief year, and do you feel like you've been successful in making those happen?

Dr. Cox: I hope we all give the same answers. Has everyone giving the same answer?

Justin: I'll tell you after the interview.

Dr. Cox: I think going into this year, our main goal was to focus on our general surgery residency, and the cohesiveness of the program, making everyone feel welcome and part of the family, but also emphasizing that you're allowed to have a life outside of this place, and it's fine. In a weird way, COVID lent itself well to that, because we could put it under this facade of, "There's a global pandemic. If you have nothing to do, leave the hospital, this is where the infections are."

It started like that, but we're like, "This is perfect. If you're not here doing something, you don't need to be here in person. You can have a life, you can leave this place, it's going to be just fine." I think things like that we wanted to attack. More communication scheduling type of things was a big one for us. We implemented that we wanted schedules out two months ahead of time and made this big Excel sheet, as to the timeline for schedules and approvals so that people could know their

weekends off so that they can buy a flight of month or two ahead of time, as opposed to two weeks ahead of time. I think those were our main goals going into it.

I think we did pretty well. Honestly, until the last month or two, I think almost all schedules went out at least within three or four days of their expected date. I think people leave the hospital if they aren't doing anything, I know our class does, and we capitalized on that. I do think morale is different. Hopefully, people feel more included than maybe they have in the past. In an odd way, I think of us setting that tone for the residents. I feel faculty are less vocal about their issues with us about those types of things, or at least they say it behind our backs, no, not to our faces when we leave this place. I like to think we're successful.

Justin: Good. One of the parts of being a chief is meeting with Dr. Kirk. How have those meetings gone, and how do you feel your relationship with Dr. Kirk has changed over the seven years you've been here?

Dr. Cox: I'm still definitely scared of him. I don't think that's changed. As an intern, you have no idea how this place works, you just do your work. I think that goes the same through JAR. Through the lab, you see other parts, other work and you're a little disconnected from the clinical staff. As you're a SAR-1, SAR-2, you're starting to get confident, like, "I got this place figured out, I know how this runs. We can handle the attendings. These are the issues. These are things that everyone knows about but doesn't address."

Then you get to chief year and you really realize that you had absolutely no idea how this place works. You don't know how the hospital works, you don't know how the residency works, you don't know how the department works. I think that's really when the veil came down, is in those meetings where you get to ask those questions and get a better idea of what Dr. Kirk deals with on a daily basis and what his priorities are in running our department.

I always, in my meetings, like to ask him about financial stuff and billing and things that are just interesting to me, although I would never want to be in charge of, but learning how money gets around, not only within department of surgery but how the department of surgery fits into the big matrix. I've had very interesting conversations with him. We meet as a group on Fridays, and we typically talk about residency issues or things like finding your first job and negotiating. It's like no topic is off-limits.

Dr. Kirk likes there not to be fires or buzzes. If something makes it to his desk, it needs to be addressed, and it needs to die back down. Early on, we actually figured out what's going to be a problem, what's not going to be a problem, and we try and tackle it quickly and make it go away.

Justin: There were some problems that you guys tackled?

Dr. Cox: Oh, boy. The interview season this year was a big one, and how we were going to do that virtually. The COVID vaccine was a shit pile that we've semi-stepped

in. Scheduling issues we've mostly kept under wraps. The resident lounge is a current hot fire topic that we're trying to deal with. Just things like that. The more you can address and have a plan or you've already heard about it and done something for it is the best way to present it in one of these meetings.

The goal is to not have him bring something to your attention that you were completely unaware of and you're like, "Crap, I missed this somehow."

I don't know. It's been good to see him as more of a person in these meetings as opposed to a figurehead that does chair rounds and stuff. I think that has changed over the seven years.

Justin: Got it. How else has chief year gone for you guys, or for you particularly?

Dr. Cox: It's been okay. I got to do some vascular earlier in the year, but it's been a lot of months since I've done anything with a blue suture, which is a little frustrating. There's also ACGME rules and stuff against it, which is just frustrating. I do think if there was some way to smoosh the rotations that we do in SAR-2 and chief year together over those two years, it would be beneficial to most people, like getting more ACS in trauma this year where you have that autonomy, you can walk in and make an operative plan and carry it out.

Then seeing some of the most complex stuff that we do this year on the HPB and the colorectal, being at least exposed to that before you just do five months of it this year, I think would be a better trajectory. Those have been some of my frustrations. Overall, it's good. You have more time. I got to have more time this year than I've ever had.

Justin: You mean time off?

Dr. Cox: Time off or I guess non-clinical time, I'll call it, because a lot of it gets filled with admin paper-pushing type of stuff, but there's no shift work here so when you get your work done, you can be efficient, get out of the hospital or double-scrub something.

Justin: Any fun stories from chief year?

Dr. Cox: I have zero stories. Oh, JAR week. Did anyone tell you about when we went on JAR week?

Justin: Tell me about it.

Dr. Cox: It wasn't Chief Year.

Justin: That's fine.

Dr. Cox: That was back in the lab. Maybe I have a good JAR week story. When we went into the lab, maybe I have a couple of JAR Week stories, we knew we wanted

to get away as a class, our class is so close. We got this big Airbnb out in Carolina Beach. We went to the Fat Pelican, which is a top-10 dive bar in the US. It is very divey, but we loved it and had a blast. Zeke's wife Jordan cooked us amazing food throughout.

That week, I got the coveted Dr. Seigler phone call, because I finished at the VA. We're drinking and eating at the beach, and I get the phone call like, "Remember that guy?" I'm like, "Oh my gosh, no. I can't. I'm not at a computer. I'm not at the VA. I cannot figure out who the guy is this time. I can't do it." It was hilarious to get, and I passed along to whoever could help, of course. That was an amazing phone call to get that week. Then we knew there were rumblings, because Zeke had a big M&M that he was involved with as the consult resident happening back here while we were there.

All of our phones blew up before we were awake on that Wednesday, that Zeke's getting thrown under the bus at this M&M that no one's there for. Then someone spoke up and said, "They're all at the beach." I'm like, "Shit."

Those are things that we tried to address, it's okay to enter the lab and go to the beach. That's totally fine. No one here should be judging or throwing you under the bus because you're at the beach. That's totally fine.

I don't know if I knew how to play Euchre before I went to the beach, but I taught Zeke and Gilmore and someone, Soni, or someone, to played Euchre. So we played a ton on Euchre that week, which is like-- Do you know how to play Euchre?

Justin: No.

Dr. Cox: I think it's a Midwestern thing. I don't know. Amazing card game. They taught me how to play it, but there's a suit that beats all other suits, and then the jacks within that win, but that suit that beats everything else is called a "Trump." You have to name what Trump is, and everyone hated that. We had to rename it. Then Zeke, being as creative as he is, pretty much renamed the different cards based on their level based on Duke attending.

Justin: Oh really?

Dr. Cox: It was amazing. You had Dr. Kirk at the top, things like that. That's how we played Euchre all week, which was also hilarious. I should ask him if he remembers how we ranked to people, because I don't particularly remember off the top of my head. That was fun. JAR week was really fun. That's it. That's the story I remember.

Justin: That's a good story. Next year, you're headed to Florida for fellowship. How did you pick Florida?

Dr. Cox: Oh, I loved it. Again, I felt late to the game in choosing vascular. I had never been exposed to it until my SAR-1 year. I didn't know the big names or the big

programs or anything like that, but then trying to figure it out going into interviews, it seemed like Florida and UAB were the busiest academic programs, at least in the southeast. I was excited for those two. I thought UAB might be an underdog and might be the place I would end up. I actually spent a whole weekend there when I went to interview.

Then I went to Florida, and I just absolutely loved it. The case volume was amazing, the open to endo was amazing, the way it's structured was amazing. Then they also had the things that you don't pick programs for but are nice perks, are also involved.

Honestly, it's just like when I interviewed here, it felt like my people. They were genuinely nice and just wanted to chat. In medicine, we are always like "Oh, we recruited them here." I actually felt like I was being recruited, and I was like, "This feels nice. I like this." In that way-- I don't know if this should go on record-- but I feel like they asked questions that you're like, are typically off-limits or are not supposed to be askes at interviews, like, "What's your personal life?" married, kids? Not in a way that they're trying to figure out if you're a fit in their program, but in a, "Tell me more about you so we can tell you why you can make that life work here," kind of thing, which I again, really enjoyed.

I liked everyone that I met with, from the fellows to the faculty. It's just another college town, and I feel like I've lived in college towns my whole life. It felt like somewhere I could just easily transition to. It was a no-brainer by the end.

Justin: How do you see your career playing out?

Dr. Cox: Oh, I don't know. We'll see. I feel like I'm going down there for two years. It’s another academic institution, and they do a bunch of basic science. They loved my educational stuff. I'll see if there's anything I can keep going during fellowship. I don't know beyond that. I'm enthusiastic about seeing a different academic program to see what is the Duke way and what is not the Duke way? What is academics versus what is Duke? Kind of questions I have.

I love my research and I want to keep it going, but sometimes the shenanigans of academics just makes me want to run to private practice yesterday. I'm just excited to go somewhere else and see what it's like in it.

Justin: Vascular here is a particular dumpster fire.

Dr. Cox: Yes, and even just in my research, it's not a Duke problem, but there's just a lack of mentors in surgical education research. In general, a lack of mentors around here. I feel like I'm leaving here, Dr. Dillavou is an amazing vascular mentor, but to stay in academics, I would want to keep doing my education research and to not have all that much mentorship in that realm would be tough. I don't know what I'm going to do.

Justin: Do you consider Dr. Dillavou your main mentor from here?

Dr. Cox: Yes, but again, a clinical vascular to help you with life and fellowships and that kind of mentor. Sometimes, when it comes to my research, it's a lone Island. As you get back to clinical, you realize who was a mentor, who needed you to do things for them, and they fly away, or projects die because you can't do every single little part of it, even though it goes under their name sort of deal. I don't know.

We'll see if there's something I can piece some things together. Ideally, in a perfect world, I can get some funding and focus on what I want to do in education research, but make it a safe place for other people to come through. I could mentor other people if I could get it to a portfolio and funding to create a safe space for good education research, because anyone can do shitty education research.

Justin: Anything about Duke that we haven't gotten on the record that you want to make sure you tell?

Dr. Cox: The people here are amazing. It's the reason I came here. We are all pathologic in some way, and some more than others. The core group of people that I think are invested in the residents are amazing faculty and care about us. Then the residents, in general, are also amazing. It's just a big family here. All the things that I was told about Duke being malignant when I was interviewing and feeling different when I got here, I think it's completely true, and hopefully even more true now than it was back then. I just don't know, is it still malignant on the interview trail.

Justin: I came here a year are after you did. It was certainly presented as malignant when I was interviewing. I don't whether it is now.

Dr. Cox: You can ask interns. It'd be interesting what they say about it now. It's like a decade or so. I'd think its behind us. Damn, we're getting close.

Justin: To?

Dr. Cox: A decade of hopefully not being as bad. [chuckles]

Justin: Oh yes.

Dr. Cox: The nadir class came through, our nadir class. Per Migaly.

Justin: You guys called it nadir class, correct?

Dr. Cox: He called us that, yes, to our faces, as interns. We were like, "Oh, great."

Justin: Thanks. Welcome to Duke.

Dr. Cox: I know, right? I'm like, "All right, I guess we are the worst of the worst to come through. Let's see what we do." You look at our class, and we have a lot of state schoolers.

Justin: You're also all doing amazing things.

Dr. Cox: Yes, it all worked out, but he did indeed call us the nadir. Then at one point this year he let slip, "the lowest the rank list has ever gone," and we were like, "That's it, that's our number," and we all individually must have texted him, because then he texted us as a group and he was like, "Stop. This is not what I meant." We were like, "We know. It's okay."

Justin: Well, you've proved all those metrics wrong as a class and also done amazing things.

Dr. Cox: Yes. Keep taking state schoolers.

Justin: Yes, true.

Dr. Cox: I tell them all the time.

Justin: All right, well, thank you very much for your time, Dr. Cox. I really appreciate it.

Dr. Cox: Yes, no problem.

[00:51:01] [END OF AUDIO]