Chief Resident Oral History Project
Dr. Alice Wang
Interviewed by: Justin Barr, 21 April 2020

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Dr. Justin Barr: Good afternoon, this is an interview of Dr. Alice Wang by Justin Barr on the 21st of April, 2020 in Duke North Hospital. Thanks so much for participating, Dr. Wang. I really appreciate your help with the project.

Dr. Alice Wang: Thanks for having me, Dr. Barr.

Justin: Can you talk a little bit about your background, where you grew up, where you went to college, how you got interested in medicine?

Alice: I was born in Madison, Wisconsin, and moved to the suburbs of Chicago when I was five. I am of Chinese heritage, my parents came here in the '80s. I learned Chinese first and then learned English when I started going to grade school. I was interested in medicine as a kid because of a pretty cliché reason: I wanted to help people, I wanted to do good for others. Ultimately in college, I was challenged between deciding whether to go into biology versus medicine. I was sick as a kid, and I had a couple of doctors that really changed my life so that really set in stone for me that medicine was the way to go for me.

Justin: Where'd you do your undergraduate training?

Alice: University of Chicago.

Justin: Any particularly influential mentors there?

Alice: Dr. James Norris. He really helped me get into research, helped me get my first funding as an undergrad. He definitely helped pave the way in terms of my research career.

Justin: Anyone in your family doctors?

Alice: No.

Justin: Where'd you end up going to medical school?

Alice: Duke.

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

Alice: I did not.

Justin: How'd you pick Duke?

Alice: At the time, my choice was between Duke and the University of Chicago and I had spent so much time in Chicago that I wanted to get away for a little bit. I also liked the year of research that Duke has - it was very different at the time.

Justin: What'd you end up doing for that year?

Alice: I did a Doris Duke Fellowship at Colombia University. I also took a second research year and I did an AHA Fellowship, so two years total at Colombia doing cardiac research.

Justin: At what point did you know you wanted to go into surgery?

Alice: It was when I started my surgical rotation as a second-year medical student.

Justin: What was that like, because they talk about those being the ‘dark times’ of Duke surgery?

Alice: It was very stressful. When I talk to medical students now and they tell me what they want to go into, their most common reasons are, "I really enjoyed the experience, I really loved the people I worked with." That definitely was never something I said when asked that question. Regardless of that, I loved the fast pace of it, I loved working with my hands and also managing the complex medical problems of our patients. It hurt, but it felt right. I did my medicine rotation first, and I really enjoyed the medicine part, and then once I did surgery, it was like falling in love.

Justin: That's awesome. What Sub-I services did you do?

Alice: I did one with Dr. Ted Pappas and Dr. Thomas D’Amico. I remember the Pappas rotation was definitely grueling because it was every single day, all day. You would take night call on Friday nights and then all day Saturday and Sunday. Seven years later he's still doing that. Surprisingly, the med school hasn't said anything. He is the most vied for Sub-I. Everyone wanted to do it back then, and I think everyone still wants to do it now, so we're really willing to just work all the time just to get to work with him.

Justin: He's a pretty special mentor. So you had the surgery experience, which you clearly loved but you're saying that senior residents were not necessarily the role models to whom you wanted to aspire, yet you ended up matching here to pursue residency?

Alice: Yes.

Justin: Explain that thought process and transition.

Alice: I wanted to do cardiac, so with the opportunities in research and the mentors here, it was pretty bar none in terms of picking a place. I don't think we're that much

different than the other top 10 surgical programs out there in terms of culture at the time. Being in a what at that point may have been a “malignant environment” for some reason didn't deter me.

Justin: Good for you. Did they have the O-6 option available for cardiac at the time?

Alice: They did, and I actually didn't interview in any of those. Thank goodness I didn't because at that time, I was like 95% sure I wanted to do cardiac but having never actually done any of it, I wasn't sure 100% that that was the right choice for me at that time.

Justin: What year did you start internship and who was in your class?

Alice: 2013. My class was Mike Mulvihill, Pat Davis, Mithun Shenoi, Shanna Sprinkle, Dave Ranney, and Tunde Yerokun.

Justin: That's pretty different than your chief class.

Alice: Yes, very different.

Justin: How was intern year for you?

Alice: It was probably one of the hardest ones I'd say because your work hours are pretty bad. That was a time where I decided I wanted to get a puppy just to bring some joy into my life. There were definitely ups and downs intern year.

Justin: Any good stories from intern year?

Alice: No. I can't think of anything.

Justin: What about JAR year? People say it's one of the more challenging years of the residency. Is that your perspective?

Alice: I'd say it was still a little better than intern year. I liked getting more autonomy. I liked operating more. I did more laparoscopy that year. I'd still say it was still better than intern year. I don't have terribly bad memories of JAR year. It was okay.

Justin: But of intern year?

Alice: Intern year, I was so down I needed to get a dog to make me feel better.

[laughter]

Justin: Then you went to the lab for two years. What'd you end up studying in the lab at that time?

Alice: I got a masters in clinical research, focused on clinical outcomes in minimally-invasive cardiac surgery.

Justin: What were some of the projects on which you based your master's thesis?

Alice: My thesis was on fragmentation of care after TAVR [trans catheter aortic valve repair]. I think there's a dearth of research on the follow-up patients get after a particular operation. I think, especially being at someplace like Duke, we often tout being a high-volume center equals better outcomes, "You've got to come here, you can't just stay in your community," and I think a lot of the research has shown that that's true, that there is a volume/outcome relationship. But I think the research is unbalanced because no one's really looking at what's happening to these people after they leave. So I did a project on TAVRs because they're really regionalizing TAVR care and no one really knows what happens to patients after they get discharged.

Justin: What'd you find?

Alice: Unsurprisingly, if you have fragmented care after, your outcomes are worse. I think the biggest challenge of that is the confounding of acuity of illness. If you're sicker afterwards, you might not be able to make it to your index hospital. That confounding of outcomes was hard to adjust for and was criticized when it was submitted.

Justin: I see, but it eventually got published?

Alice: Yes.

Justin: Good. You came out of the lab into SAR one year still planning to do cardiac surgery.

Alice: I started wavering a little bit and then ultimately SAR one year I decided to go into MIS [minimally invasive surgery] instead.

Justin: What led to that transition or that change?

Alice: SAR one year I did more big open cases and I did more complex laparoscopy, and I always found that after I did the complex laparoscopy cases I had that surgery high. I never really had that in the long open cases, so that really tipped the balance for me.

Justin: How was SAR one year for you?

Alice: Overall, pretty enjoyable I'd say. First time you're a chief of a service, you're starting to really do some bigger cases and just building a foundation on your operative skills.

Justin: Then transition into SAR two year?

Alice: SAR two year I think is when I started to become an independent surgeon. I always give credit to the ACS [Acute Care Surgery] Division here, because they really helped me build that foundation where I wasn't just assisting anymore, I was doing the

case. When I was interviewing SAR two year, I felt that should I go unmatched for some reason, I'll be okay. I'll be okay just getting a job.

Justin: How many months of ACS did you end up doing as a SAR two?

Alice: Six months.

Justin: That's pretty unusual.

Alice: It is, yes. It's a little bit more than most people.

Justin: What led you to pursue six months?

Alice: It just was the luck of the draw. It was great, though. I loved it.

Justin: Good, and chief year? How's chief year been?

Alice: I'd say chief year is the best year of all of them.

Justin: That's good, something to look forward to.

Alice: It's good. You get it a more balanced schedule, you get more weekends off and you get more control of the cases you want to do. Also, I think when there are problems, your voice is heard more loudly than when you're a junior resident.

Justin: This COVID epidemic has certainly upended your chief year.

Alice: Yes, it has.

Justin: How has it affected your experience?

Alice: Well, you're operating a third of what you were doing before, so it definitely changed operative volumes. I'm grateful that I took the time to really pick the cases I wanted to do before this. I'm also lucky that most of my class doesn't want to do general surgery so I'm taking their cases since they don't want to do it.

Justin:. What rotation were you supposed to be on this month?

Alice: Blue. Surg/Onc.

Justin: You've now been here seven years. How do you think the intern experience, for example, has changed from when you were an intern to now you're supervising interns as a chief on service.

Alice: I think the malignancy has gotten a lot better, we place more value on work-life balance. When I was an intern, if you weren't physically in the wedding, you weren't going – don't even think about requesting that time off. Now, interns request time off for all sorts of things and we generally try to accommodate that. I think we're still

hierarchal but not nearly as it used to be. I think there's definitely more of a team mentality - the chiefs are more willing to help than they were when I was an intern. Overall, I think the morale is better than it used to be.

Justin: Then how do you think Dr. Kirk changed the department, because when you came as an intern, Dr. Kirk was not chair, is that correct?

Alice: Correct.

Justin: Who was chair when you came?

Alice: Dr, Pappas was interim chair.

Justin: What was it like matching into a surgery program that didn't have a chair?

Alice: It didn't really affect us, our intern class very much. At that point, we were just getting our feet wet. We weren't trying to look for labs, we were just getting used to the hospital system

Justin: It didn't affect your decision or make you feel uncomfortable coming to Duke without that set?

Alice: No it didn't.

Justin: Who is in your chief class this year?

Alice: Jeff Sun, Tunde Yerokun, Jim Meza, Hanghang Wang, and Dave Ranney.

Justin: Quite a different crew than your intern class.

Alice: Yes.

Justin: Is that weird, not going through with the same seven people the entire way?

Alice: I don't think so. Honestly after research, we're so spread out anyway, it doesn't really make a difference.

Justin: Duke Surgery, I think we can agree, is an excellent residency program. No program is perfect. If you could wave a magic wand and change something about Duke Surgery, how could you see it being improved moving forward?

Alice: I think there's still some tension between attending-resident relationships. I'd say probably maybe 40% to 50% are, I guess, tense or difficult. I see residents struggling with working with certain attendings. Whether or not it was necessary or deserved, I think we don't do a very good job trying to help those that are struggling. Instead of trying to figure out a way to make them struggle less, we just kind of pound the pain on.

Justin: On the residents.

Alice: On the resident, yes. I think changing that mentality will take a long time and definitely it's not everybody, but there's still a good number of attendings who have that kind of mindset and I don't think it's helpful to train a resident, especially residents I think are salvageable.

Justin: In your seven years here you managed to meet your fiancé.

Alice: That's correct.

Justin: What's it like to have one, a social life as a Duke Surgery resident, and then two, particularly one where your partner is also a surgical resident?

Alice: A social life. [laughs] It's definitely hard. I think it speaks a lot the fact that I did end up choosing to marry someone that I met from work. It's difficult, I think, dating, as a female surgeon in training. I think I got really lucky meeting him and meeting someone so compatible.

Justin: Congratulations to you guys.

Alice: Thanks.

Justin: Any mentors in your time at Duke that have been outstanding and influential?

Alice: Dr. Peter Smith and Dr. Tommy D'Amico. Dr. D'Amico mentored me for probably eight years. Cardiac surgery is still a very male-dominated field, and they never once made me feel like an outsider. They gave me every opportunity that they gave the boys, and they made me feel like I really belonged.

Justin: What was it like telling them that you were choosing MIS?

Alice: It was very difficult. It was a heartbreaking decision to make.

Justin: It's tough. They took it reasonably well?

Alice: I think so.

Justin: Where are you going from here?

Alice: I'm doing a bariatric fellowship at Carolina Medical Center.

Justin: How do you see your career unfolding?

Alice: Pre-COVID, I wanted to do academics still. Finding a job anywhere with a two-surgeon family is going to be tough but at that point, I still wanted to do academics. I think post-COVID, we're definitely going to be in a recession, and I think elective

surgeries are going to be hit the hardest. I'm definitely nervous about finding a job, and I'll probably be a lot less picky about what kind of job it's going to be.

Justin: Do you want to focus on bariatric surgery or MIS?

Alice: 50-50, 50 bari, and 50 general.

Justin: That's a pretty common practice pattern?.

Alice: Yes, it is.

Justin: Are there any questions about Duke Surgery in your residency that I did not ask or any other information or stories you want to convey?

Alice: I do want to say, I think the shining light of Duke Surgery as of right now is still the residents. While resident attending relationships can be tense sometimes, I think what's really made things easier is having good residents in your program that work together, support each other, and confide in one another when things are tough.

Justin: Great. Thanks so much for your time, Alice. I really appreciate it.

Alice: Yes, of course.

[00:17:20] [END OF AUDIO]