Justin Barth: Good morning. This is April 10th, 2019 at Duke Medical Library with the chief residency oral history project interviewing chief resident Dr. Ehsan Benrashid. My name is Justin Barr. Thank you much for joining us, Ehsan, I really appreciate it.

Ehsan Benrashid: No problem. Thank you.

Justin: Would you mind starting by talking about your background, where you came from, where you grew up, where you went to college?

Ehsan: Sure. I was originally born in Iran during the Iranian Revolution and the war with Iraq. My family lived close to the border. It was a pretty dire situation. My father, after I turn about one and a half, two years old, immigrated to the United States. He received a scholarship from Dow Chemical to get his PhD, and he matriculated to Brooklyn Polytech in about 1986. I was born in '84. My mother stayed behind with myself and my younger sister. Then around 1987, we moved to Brooklyn.

I don't really remember much from Brooklyn, but we made it as an immigrant family and my dad finished up his PhD. Then, we lived all up and down the East Coast, mostly because he desired a career as an industrial chemist. He did postdoctoral time in Pittsburgh at the University of Pittsburgh. We lived there for about a year. Then in Melbourne, Florida – the Florida Institute of Technology had a very specialized field in polymer synthesis, flame retardant chemicals. We lived there for a bit and then we just did a year at Atlanta.

For a majority of my youth, I grew up in Charleston, South Carolina. My little brother was born there. There's a big age gap. At the time of this recording I'm 35, and he's now 22; my sister's 33. I grew up in Charleston. It was a good place to grow up, I have fond memories of my childhood there. My parents bought their first home there, which was a pretty big deal at the time. I look back upon that time fondly. While I was there, I went to one of the magnet schools and then my parents asked me to apply to the statewide Magnet School - the South Carolina Governor's School for Science and Math - which is located in Hartsville. I spent the last two years of my high school boarding there.

I went into the college application process just wanting to go to the cheapest place possible. I got a bunch of college scholarship offers, and I went to Clemson University starting 2002 and graduated in 2006 with a degree in Biochemistry and had a really nice time there. Look back upon my college years fondly.

Justin: When did you decide that you wanted to become a doctor?

Ehsan: Probably sometime in college. I had a cohort of friends - we all majored in Biochemistry - who were interested in becoming physicians. No one in my family is a physician. I know it's like the dream job for every immigrant's child to become a physician. It's associated with a lot of financial and social stability, which is a point that I debate looking back. Sometime during college, I volunteered at free clinics, and I liked it. Actually, I didn't get into medical school the first time. I blew off the MCAT the

first time, didn't do too well. I applied to MUSC and got wait-listed and didn't get in. I needed to find alternative plans for my first two years after graduating college. I think everyone was shocked; I was the guy who graduated summa cum laude with honors, was in the honors college and I had always done well. It was probably a self-motivation issue, but I ended up having to find alternative work, and my family had moved to Charlotte, NC by this point which where they still live, just north of Charlotte, in Concord, NC.

I worked at Carolinas Medical Center in a Muscular dystrophy gene therapy lab, which was a nice time for me. I actually thought of getting a PhD but was able to volunteer at ALS Clinic and did a month in South Sudan on a medical mission trip with one of my college friends who had just finished his first year of medical school at the Medical University of South Carolina and really loved it. I decided that that's when I was definitely going to be a physician, did much better on my MCAT, and got into a few medical schools.

Justin: What made you pick UVA?

Ehsan: I interviewed at a few medical schools. I had a very close friend in college, who was a year ahead of me. His name is Mike Stadnisky. He's really done well for himself. He got his PhD in Immunology from UVA. We would just go up and he'd have us up to his place in Virginia. He lived on the Range, which is a community of graduate students outside of the lawn at the University of Virginia. I just really liked the people. It seemed be my speed, and he encouraged me to apply to medical school there.

I remember before my medical school interview, I had breakfast with one of his friends who lived on the Range. His name is Alex Hawkins. He's actually now a colorectal surgeon at Vanderbilt, trained at Mass General and then fellowship at Wash U. Alex really encouraged me to consider UVA and kept in touch with me throughout the process. As soon as I got into UVA, I thought that's where I'd go. I got into a few other places in the state and then like Tufts. Even though Tufts was expensive, I thought going to UVa would give me the best shot of having a good future career.

Justin: Did you have a good experience in Charlottesville?

Ehsan: Yes, I loved Charlottesville. I lived on the Range my first year of medical school. I lived right close to “the corner” so it was a bit loud. I lived in four east range. My friend Mike was still in graduate school at the time, working on his PhD, and it was great. I had a really positive experience. I moved away from the Range after my first year. My friend Mike had gotten engaged so he spent less time with me and our other friends.

I decided to live with some other classmates closer to the medical campus, and I didn't really love that. Probably a bad mix of personalities. Then I went back to the Range and just had a really great time there.

Justin: When did you know that you wanted to apply to surgery residency?

Ehsan: I actually originally thought I was going to do otolaryngology. I did research after my first year and I think the only reason I had been interested in the field was because it was competitive and somewhat surgical. I did research related to ENT after my first year with one of the allergists at the University of Virginia. His name is Larry Borish. He's fantastic. There was another otolaryngologist, whose name I won't mention, who wasn't the nicest guy. He was supportive, but he wasn't really looking to be a mentor. I had a good time in the lab.

One of my close friends was close by, and I had a good summer. Going on into my clinical rotations, I was really looking forward to my surgical rotation knowing that I want to do something surgical. I did electives in ENT in orthopedics after my general surgery rotation. During my general surgery rotation, what I noticed is that the surgeons and the residents still functioned as physicians on general surgery, which was pretty impressive.

I rotated on the trauma service, which wasn't a great experience but I had a fantastic chief resident. His name was Paris Butler. He's now a plastic surgeon at Penn. Then I rotated on vascular surgery, which was a very formative experience, which I'll talk about later. I noticed that the general and vascular surgeons, they held themselves to a higher standard. They conducted themselves with dignity and treated everyone else with respect.

I did my ENT rotation and did not like it. I had a different personality than the other people, which isn't a criticism on them or myself, but it just wasn't a good mix. Then in the orthopedics, which I actually loved and was encouraged to pursue but did not, just because I felt like I still want to be somewhat of a physician and less of a proceduralist.

Justin: Any key mentors from these days?

Ehsan: Yes, Ken Cherry. Dr. Ken Cherry was a very key mentor of mine and Dr. Gib Upchurch and Dr. John Kern are three people that I really looked up to from my early rotations on surgery. Kern because of his technical excellence. Cherry because of his- he just had a great personality. He's one of these old-school surgeons who if he likes you, it's great, but he doesn't give anyone the benefit of the doubt. He can do everything. He’s a boisterous guy. Then Dr. Upchurch is actually the reason I went into vascular surgery. He's very supportive. He had just come to Virginia from Michigan where I think his loss was felt and maybe even continues to be felt; it’s definitely still felt at Virginia. He actually let me sew with prolene as a medical student, in my third year. I'll always remember that we were sewing one limb of an aorto-bifem and the fellow and resident were doing the other, and he was just sewing along and he goes, "All right, your turn." He hands me the castros.

Literally, everyone in the room stops what they're doing. The anesthesia attending poked her head over the drapes, the circulator came up and watched. It was cool. I guess I relished the attention because as a medical student, you're just usually there. He let me sew, and everyone is wearing loupes and a head light. I don't know, it just

felt cool and it felt like something I wanted to do. I went into fourth year of med school knowing I wanted to apply to general surgery.

Justin: Did you consider applying to the integrated vascular programs?

Ehsan: No, I thought that I liked the polish that I noticed the general surgery residents had. No one really talked about that with me. I did a sub internship again on vascular, which was great. I did it in July when the interns were brand new and I'd worked with the second year fellow, who was the guy I'd worked with a lot the previous year. He really trusted me, and I was basically given a true sub-intern role. I had a great time. Then I did a rotation on the program director's service.

His name is Bruce Schirmer. He's a former Duke surgery residency grad, and I just had a really great rotation with him. Paris Butler was my chief, it fortuitously just worked out that way. Dr. Schirmer was a big reason I wanted to come to Duke. He could do everything. He was extremely smart, highly organized, always presented himself very well, conducted himself very professionally. He was very nice to the students, took time to teach and was revered by the residents. Going into the interview process, I actually wasn't going to interview here.

Justin: What was Duke's reputation at the time?

Ehsan: I think still malignant. Danny Jacobs was still the chair, Brian Clary was still the program director. When I interviewed, I got all the good interviews to the various residency programs across the country. We had a lot of people in my class apply to general surgery, 11. Just to give you an idea of the quality of the applicants: we had one match at each of the Harvard hospitals. That's three. One matched at Wisconsin, one matched at Cornell, two matched here (Duke) and then, various other ones so it was a competitive year. No one stayed at Virginia.

I'll always remember, I scheduled -- I was single at the time in my mid-20s -- and I had scheduled my Duke interview the same day as an interview at Columbia in New York, and I was like, I'm not going to go to Durham. I intentionally made the interview so I'd have to choose potentially living in New York over going to Durham. I don't want to go to Duke anyway. It was later in January. And then I just got tired of traveling. I scheduled it for January and I interviewed here, and actually five UVa students interviewed the same day here. I remember we all interviewed back to back to back to back with Dr. Clary. I remember it was just after Clemson had lost a big football game. We had come back to National prominence in football and we just got smacked by West Virginia. I walked in and Dr. Clary just goes, "Dude, what's up with that game?" He's like, "Clemson, come on!" We had a nice interview, and I had really positive interactions with the residents. I liked the way they carried themselves. They actually seemed pretty normal, which was I think the thing that people continually come back to about this institution: how normal and reasonable everyone seems.

I decided that I want to come to Duke, knowing that basically a bunch of the faculty from Virginia were old Duke trainees and they were the old guard and very well-regarded. I ranked Duke number one and was lucky enough to match here.

Justin: What year did you start at Duke and who was in your intern class when you began?

Ehsan: I started in 2012 and it was myself, Patrick Upchurch, Jina Kim, Jeff Sun, Adam Shoffner, Jim Meza, and Linda Youngwirth. There were seven of us. Interestingly enough, we had a change in program director and chair. Program director transitioned from Dr. Clary to Dr. John Migaly, basically right after the match. He had been the associate program director.

I think there were a lot of unknowns with him coming to the helm. Then, another thing that threw the program for a loop was Dr. Jacobs, who had been here for almost a decade, stepped down basically a month after we'd been here. He had taken a job somewhere in Texas in an administrative role. Dr. Pappas became the interim chair, which I think was fine, but I can tell you that until Dr. Kirk came on towards the latter half of my second year of residency, it was a bit of the Wild Wild West here, to be quite frank with you.

Justin: What do you mean by that?

Ehsan: There wasn't a lot of organization. There wasn't a lot of support for the residents, the educational structure was poor, the structure of conferences was poor. I don't think anyone would disagree. I think Dr. Pappas wore a lot of hats and he was great and he did what he could. I think that a lot of faculty, who are now gone, wanted to transition this institution to a fellow heavy institution, which it had never been. It was starting to become detrimental to the education of the residents. The program director didn't really know what to do. He didn't have a lot of support. I think, especially my first year, that some of the chiefs were great role models and good examples of how to behave, but there were about half of them who were psychopaths and have serious personality issues and made life purposefully difficult for whomever they wanted. The morale was pretty low, especially my first year, but things changed.

Justin: What changes did Dr. Kirk enact to improve the program?

Ehsan: He set expectations. He made sure the program was organized. I think those were honestly the two biggest things. We just became an organized program. If I had to pinpoint a third thing, it was that he gave Dr. Migaly a lot of support and let him implement the changes that he thought were necessary. So our education changed. I think you can see that reflected and not necessarily the quality of the residents, because I think we've always had high-quality people, but just the way people are a bit more collegial.

Justin: How was your intern experience different from the interns you're currently supervising?

Ehsan: I think frankly we're a lot more lenient on the interns now. I think that the chiefs increasingly are willing to do some intern-level work, which was not the case then. There's a way, way higher proportion of APPs to interns than there ever had been before. For instance, when I was an intern, there was no APP on blue, there was an APP on gold but she left at basically noon every day. There was no APP on vascular, there were limited APPs on the cardiac and thoracic services. There were no APPs on trauma, well, there was one APP but his role was really miniscule. He was transitioning to more of an administrative role.

The conference structure was disorganized and educational component of the residency wasn't stressed. There were limited to no operative opportunities during the junior residency years. We didn't have Duke Raleigh and some of the other areas. I think that people were a little harsher on the interns.

Justin: Any fun stories from intern year?

Ehsan: Yes, sure. One fun story is at the end of intern year, I got pretty drunk at the graduation dinner and came to work the next day and was basically sleeping on the floor in the workroom in the VA. I had convinced my chief resident that I had food poisoning from the food at the Washington Duke and ended up having to go to the ICU and getting two liters of fluid. The second year resident at the time held the intern pager for me, but I paid him back since I was there (at the VA) three straight months in a row from intern into two months of JAR year. That was an interesting situation I got myself in.

Justin: People say the JAR year is the hardest year of the residency.

Ehsan: Yes, for sure.

Justin: What makes the JAR year so difficult?

Ehsan: I actually think it's a dead heat between chief year and JAR year. JAR year is hard because you know that you have basically a two year hiatus where you can resume normalcy. You have this light at the end of the tunnel, but the tunnel is a lot of hard work. I think JAR year is particularly hard because it's your first exposure to a lot of the attendings, and you work closely with a lot of the attendings. They start to know you and they start to form impressions of you.

I think that surgeons, in general, don't always give people the benefit of the doubt because we're talking about something that could be a life threatening disease process, and they just need to make sure you have sound clinical judgment. In addition to that, the JAR year is really non-operative.

I think you feel like, "Hey, I'm not an intern anymore." I know this happens because I've seen it every year and I certainly did it myself. It's like, you just call people the interns, while you're still a second year resident. You don't know everything, you're not perfect in the OR, not that you ever are. It's an unforgiving year, the consult burden is

heavy, but you actually learn a lot, in retrospect. It prepares you well to run a service when you come back from research. I think it's just hard because you seem like you're in limbo, especially the second half of the year. It seems better now. There's float rotations and endoscopy rotations and an effort to get people into the OR.

Justin: The whole place seems to be getting easier.

Ehsan: I think honestly, it is. I think that we're alleviating a lot of the burden on the residents, and we're probably starting to see some downstream effects of that in how people treat the senior residents. I can harp on this for a long time, but I don't think that's the point of this interview. I think chief year has been challenging because you really have to manage people in teams, and a lot of people when you're the administrative chief. I think that people have lost a lot of respect, in general, for the chief residents. Or if they have, they don't act like they do, they don't really convey it.

Sometimes junior folks in the program think they can tell you what to do, when in reality they should be asking you for help. It seems like we've lost that element of respect when it comes to talking to our folks who have been there and done that. I think a lot of the chief residents in the past and now are more willing to help rather than just do. Chief year has been hard because you're always available by phone, you have a lot of sick patients with a lot of complex cases. I thought I'd have more time for research, but just you're just tired all the time.

Justin: Speaking of research, after JAR year, you went into two years of activity, what were those two years and how did you pick that experience?

Ehsan: Well, knowing I always wanted to do vascular, I worked in Jeff Lawson's lab. He's a vascular surgeon and he also has a PhD. He mostly does dialysis access. I started off doing some basic science type things, but I quickly saw that it was going nowhere. He is very busy, he traveled almost every week giving a talk for industry or whomever, or an invited lecture. I also realized early on that I need to do more work, and the only other person really doing any type of vascular research is Dr. Chad Hughes, who is a really, really wonderful research mentor. I did a lot of outcomes based research for thoraco and thoracoabdominal aortic disease and other aortic pathologies. He's the one who taught me how to write papers, he held the residents to a high standard. I ended up running his lab second year, which was a really great experience. I almost changed to cardiac surgery but decided not to.

Justin: Your reason why not?

Ehsan: If I did cardiac, I was only going to do aortic and I didn't want to deal with thoracic and VADs and heart failure and all the nonsense just to do aortas, which are few and far between.

Justin: The two years - good experience, bad experience?

Ehsan: Great experience, great experience. It's nice to have a normal life and a normal schedule and be able to have weekends off and do things and not feel stressed out. The academic time is nice. Dr. Kirk said that, your bibliography during those two years will really define at least the first part of your career, and I think he's right. I think there's a big impetus for the residents here to take full advantage of it.

I think a lot of the research we publish isn't groundbreaking, the retrospective reviews, but I think you learn a lot by just doing the work and writing the paper. Sometimes we poopoo that, but I think that it's worth doing. It's better than sitting there and pipetting all day, to be frank with you. I was pretty productive and probably as a result, was either was one of the top two or three fellowship applicants in the country.

Justin: So you felt on the fellowship interview trail that you had a far stronger research profile?

Ehsan: You always look people up, even the guys from Michigan and the Harvard folks had fewer publications than me. There's a lot of stuff going on behind the scenes during those fellowship things that you don't know. But at least, you want someone's first impressions of you on paper to be that you took advantage of the opportunities presented to you. I think it was good preparation for future career, it certainly helped me land where I wanted to be.

Justin: You guys came out of lab, there was only four people in your class, which is unusual. How did that change your SAR-1 experience, with a class of four?

Ehsan: SAR-1 year and SAR-2 year, you're really limited in terms of what elective type rotations you can do. Actually, I think that's a weakness of the entire residency is there's not much elective "time". It was only four of us, and we had to make sure rotations at the regional hospital and nights and stuff like that were covered. A lot of us spent a lot of time at Duke Regional Hospital. I spent three and a half months there. Daniel Nussbaum, who joined our class, he spent three and a half months there. Linda spent three months there. Jina spent two months there. You really grow a lot at that rotation.

Raleigh was another good rotation, but the chiefs in my year also had liked the Raleigh rotation. They spent a decent amount of time there because the operative volume is pretty high. I think it's also nice to be away from the main hospital for a while. We are really limited in terms of what we could do.

Justin: The regional was a good experience, bad experience?

Ehsan: Yes, it was a great experience. One of the vascular surgeons there Ellen Dillavou, was really a valuable mentor and letter writer for me. She gave me operative autonomy when a lot of people hadn't before. She let me get cases started out on my own while she was in another room. I think from what everyone told me, that autonomy was a unique experience for a SAR-1 there.

I had a good time on general surgery service too. I heard through the grapevine that I had been criticized for giving up "good general surgery cases" for some vascular cases, but having known I wanted to do vascular surgery, I did them and I've done about 350 vascular cases, probably about 100 or so which were at the regional hospitals.

Justin: That's an extraordinary volume.

Ehsan: I'm trying to beat Kevin Southerland by the time I graduate. We'll see if that happens.

Justin: He had the advantage of not having a fellow his chief year.

Ehsan: Yes. They didn't have a fellow so that a lot of them rotated on vascular. Basically his entire last six months of his residency, Chief year, he did vascular rotations at the VA and at Duke. I don't have that opportunity so I'm just taking advantage of what I have.

Justin: Anything particular special about SAR-2 year?

Ehsan: SAR-2 year sucks, too. It's not a difficult year but it's just frankly a lame year. I've talked about this with some of the prior graduated residents. It seems like SAR-1 year you actually learn how to operate. SAR-2 year, you learn how badly you can hurt people. I think that's because you operate on sick people on the trauma and acute care surgery services with a lot of medical issues, but there's really not much flexibility.

I did a lot of vascular again. We got a fifth resident in our class that year [Patrick Davis], but his time was split between general and cardiac surgery since he was in the fast track pathway to cardiac surgery, so he was out of general surgery for six months. Really, my class basically did trauma, vascular, nights, and then a month of thoracic. We didn't do much else. Some people got some elective time, but since I want to do vascular, I ended up with more vascular time, which was fine.

Justin: Do you wish the program had more elective opportunities for the senior residents?

Ehsan: Yes, I think so. I think it would be valuable in your third year, in the second half of your SAR-1 year to start to have elective opportunities. I think that we fall into this pattern of doing cardiac here, traditionally doing cardiac surgery or surgical oncology. I think if people were able to branch out a little bit and try anything else, then we wouldn't be such a cardiac heavy institution. Granted, that's just our tradition and one of our strengths, but I think it would make people a lot happier, too. Honestly, people like to have a say in terms of their education. Usually, if you're doing the cases you like, you're happier. And I think we can probably get rid of some things like Asheville, stuff like that. That was not very valuable.

Justin: Now that you're chief, who's in your graduating chief class?

Ehsan: It's myself, Jina Kim, Linda Youngwirth, Daniel Nussbaum, and Patrick Davis. Out of the five, only three of us originally started together and stayed together. That's myself, Linda, and Jina. The other people had research years of varying lengths. Unfortunately, we had one member lost to attrition, Patrick Upchurch. He was actually my former medical school classmate and a good guy, but I think surgery was just a bad fit for him. We have five graduating chiefs.

Justin: It seems perhaps due to this personnel shifting, that perhaps your class is not as close socially as some of the prior chief classes.

Ehsan: I think that's right. Linda and myself are very close. Linda, Danny, and I are also very close. Danny joined our class, but we spent a lot of time with Danny in research. Linda knew Danny before since they had both had gone to undergrad at Wisconsin but I think you're right. I think that there's probably a little bit of, how do I put this politically correctly, probably, a little bit of perceived dysfunction in our class.

I'm not going to point any fingers or talk about it anymore but there have been members of our class that have had interpersonal issues, professional issues, borderline getting fired issues. That's their problem. I haven't had those interpersonal squabbles and stuff like that. I seem to be always getting caught in the middle of other two people which is fine.

Justin: Has that affected your chief year substantially?

Ehsan: Yes, it's made it shitty. It's made it really shitty. I think the one person who is counter to the four other people we've tried to accommodate, but they just continued to make life difficult for the rest of us by being obstructionist. While we have tried to give them the benefit of the doubt, data has come to light that makes us a little bit regretful of that, because that person has been almost terminated multiple times throughout their senior residency.

A lot of us are just a little frustrated because we would think that they would cause less problems and be less selfish, since they've been given multiple second chances. I think the interpersonal stuff just stinks too because I'm engaged, I have a fiancée. She works in healthcare too. She's also very busy, and a lot of our social life is dependent on my classmates, since they are my close friends.

When they get into little wars, then we just stay at home. We were joking the other weekend that it's been nice because we've saved a decent bit of money the last few months that two of them had been arguing because we just haven't had to go out and do stuff. I guess it has its fringe benefits but it's been hard, because my family is close by, but they're working and they're busy. Her family is further away. So our friends are like our family, especially that I don't have any other relatives in the States.

Then just the expectations, the burden, and the administrative job is just-- Another former chief who I won't mention had told me that he thought that chief year was actually a crock of shit. Frankly, I agree. I don't think that it's like you're held in any

higher regard. I don't think that people treat you like a chief resident. You're not starting cases by yourself. Yes, you can round and make clinical decisions and stuff like that, but I think to a certain degree, it could just be called your PGY-7 or your clinical five-year, frankly.

Justin: What about the administrative chief role? Valuable, painful, both?

Ehsan: Both. Painful because it's a lot of work. It's a lot of personnel management. You figure out whether or not you want to do administrative things. It's good because you interface with the department chair and have an idea of how a major academic department of surgery is run and the things that go into it on a day-to-day basis. It also teaches you, if you don't have it already, a really good organizational skills and time management strategies.

By the end of this year, I'll have done two and a half or so months of admin chief, which is a little bit more than normal, but not excessively more than normal. It's an interesting role. I don't necessarily know that it should change. Some people have tried to change it, but it's very clear that Dr. Kirk wants certain information, and you're going to have to give it to them.

It's nice. There's a lot of residents that are non-general surgical that fall under the umbrella of the Department of General Surgery. He doesn't really show them the same affection or attention as he does the general surgery chief residents. He wants us to be the role models for the other surgical chief residents.

I think he doesn't realize that no one really cares. The Ortho chiefs don't look at the general surgery chiefs and go, "They're two years older than me. They're such good doctors." They just go, "They're general surgery chief residents. I'm a chief resident too. I'm going to say chief." That's the big thing about being chief. is that you're always like, "I'm a chief." Really, it doesn't mean anything. You're just in the final year of your residency. That's how I feel about it.

Justin: You're talking a little bit about role models. Who have been some of your role models and mentors in residency?

Ehsan: I mentioned Dr. Dillavou. She's been a great role model. She's built a great practice, had a successful academic career. Dr. McCann, Richard McCann has been really, really great. He's known I wanted to do vascular, but he has really opened up to me on the VA rotation. It's not like he tells me his feelings, but he sits down with me and we go through preoperative planning. He's 71, still operating at very high level, cognitively sharp as you can imagine. I think he understands that I have a lot of respect for him, and I find it valuable the way he sets things up and does things. He's reciprocating by teaching me, I think, a little bit more than he would the average person. Those are two great people.

I think Dr. Migaly, has been really good to me. Sabino Zani, has been really good to me too. Trey Blazer has been really good to me. Did I say Chandler Long yet?

Chandler long has been really, really good and a big advocate of mine. I had a chance to meet him at a conference during my research year- second year maybe? - while he was still a fellow at Emory. He just met me once then. He saw that I was giving a talk at this conference and he came, and we've just kept in touch. I find his mentorship and friendship very valuable too.

Justin: In the course of residency, as you mentioned, ended up getting engaged and you guys are going to be married next year. What's it like trying to have a social life as a Duke surgery resident?

Ehsan: It's hard and you're tired. You're very tired. I think there are opportunities. You're going to have to sacrifice something, sleep, exercise, sanity, reading. You're going to have to sacrifice something. It's easier as you progress. This isn't a program where we delineate the schedule very far in advance. Chief year, you typically have two or three weekends off a month. Life's a little bit easier in terms of just being able to do stuff. I've never been the type of person to just go out of town for an extended period of time or do a quick weekend trip. My social life is limited to activities in the Raleigh, Durham area. I do enough to keep me happy. The happiest I am is when I get to go outside.

Justin: We talked a little bit about electives and autonomy. If you could wave a magic wand and make Duke surgery better, what else would you like to see changed about the program?

Ehsan: I can say one thing I think we shouldn't change is the program director and the amount of support he has and gives to the residents. I think we're starting to see the influence of fellows more, which we shouldn't but it's hard when the faculty want that and there's arguably the case volume for that, so I understand.

I hate this reset we always do every year. There's new chiefs who started in mid-June and there's people who come back from the lab. There's people who progress a year and it just seems people just don't ever really get on the same page. I've seen chief classes, we didn't do this, stand up in front of everyone and be, "This is how we're going to do things year!" It just doesn't work because you're basically trying to herd cats. It's like 50 extremely intelligent, hardworking individuals. I don't know if there's a fix for that. You just have to have complete buy-in, and if you have one or two or three people who aren't, then their influence and their chatty discussions will spread, which is reasonable.

I don't know. It seemed at some other places residents bought into an ethos. I think we thump our chests like, "Duke surgery," but really like, I think we're pretty much the same as everyone else. Hopefully, we're better than everyone else, which I'll see in fellowship. I just don't know. I talked about this with other people, other chiefs on the interview trail, like the chief of mass general doing vascular. She said, "I think we're the best residency in the country. I'm pretty confident we are." I asked her why. Is it the Doximity ranking? Or because Harvard has the best medical school? There was nothing that she could pinpoint.

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Justin: Speaking of fellowship, where are you going and how do you see your career unfolding?

Ehsan: I'm going to Washington University in St. Louis to do a vascular and endovascular surgery fellowship. It was one of my top choices. I really liked the program. I'll start July 1st. We'll move mid-June, get settled in and I'll start and have a good two years, hopefully, there. I'd like to stay in academics. I think vascular wise, because I just enjoy it more, it's always been easier for me to talk to students and junior residents about imaging plans, stuff like that. I never really mind getting woken up for a vascular patient in the middle of the night. Other issues, you could debate. I think I'd like to just pay back some of the good mentorship that I have received. I'm not taking the private option off the table or a hybrid model off the table. The academic route seems like where I want to go. I don't know where. I don't have a specific geographic region in the country that I'm limited to. Neither myself nor my fiancé have ever lived in the Midwest. I consider myself a southerner, and one of the only ones in this residency, interestingly enough for a program in the heart of North Carolina.

We'll see. We'll see how it goes. Maybe we'll try to stick around if they like me, or maybe I'll take the money and run.

Justin: That should be an exciting career. Is there anything I didn't ask you that you want to make sure that we cover? Any experiences from residency? Any features that you want to talk about of your seven years here?

Ehsan: No, I think the biggest thing to highlight is just that I've seen every iteration of this residency. I didn't go to medical school here, so I didn't see what it was before. I think why I came here is still generally why people should want to come here: because we produce excellent, extremely well-prepared residents for fellowship, not for general practice. We just don't do enough. I don't think anyone will besmirch me for saying that. I've seen every iteration, basically. The nastiness, the "malignancy," to the kinder, gentler Duke. I think it's okay.

I think that human nature itself doesn't really change. We'll continue to get highly self-motivated people that'll do well in this program. I just really hope that people take a second to pause and realize that it's a challenging residency, and that everyone deserves respect. That if we're going to really treat chief residents like chief residents, then we probably need to change something in terms of our attitudes and behaviors to them, from a faculty, administration, and resident level. It's not at all on the residents.

Justine: Thanks much for your time. I really appreciate it.

Ehsan: Thanks.

[00:50:51] [END OF AUDIO]