



**Dave Sabiston Oral History Project**  
**Interview of Dr. Bruce Schirmer**  
Justin Barr; 30 Nov 2018

**Interviewer:** Good morning. This is Friday, November 30<sup>th</sup>, 2018. We're at UVA Hospital in Charlottesville, Virginia as part of the Dave Sabiston oral history project interviewing Dr. Bruce Schirmer. Thanks so much for joining me, Dr. Schirmer. I really appreciate your time. When did you get to Duke?

**Dr. Schirmer:** 1975, That's when I graduated college, and I went in August of '75 to start med school there.

I went through med school and finished in December of '78. Back then, and I think it's still the same, if you didn't take your vacations and went straight through, you could actually finish in September, but I took four months of vacation and I finished in December. I had a four-month vacation in the middle of medical school to work on an Indian Reservation, which was a great experience.

**Interviewer:** What did you do at the Indian Reservation?

**Dr. Schirmer:** I was a practicing doctor, basically.

**Interviewer:** As a second year medical student?

**Dr. Schirmer:** Yes, after second year rotations, I took four months off. Three of the months I spent at the Fort Belknap Indian Reservation, and they watched me for a week or two. They were burned out, they didn't have enough physicians, and they then determined I was competent to perform basic medical evaluations and procedures, after they had supervised me the first two weeks. So from then on I did much of the GYN, all the runny noses, delivered a few babies, took call in the ER every other night, and sutured lacerations, air-evacuated head traumas. I did all that stuff as a second-year med student.

It was crazy, but it was a great experience and it just gave me so much practical and hands-on experience. Nowadays, there's no student that would have that experience. It was just really a wonderful experience.

Then I finished medical school in December 1978. During that year, before, in '78, I obviously thought a lot about staying at Duke and that was my first choice.

**Interviewer:** Did you always know you wanted to do surgery?

**Dr. Schirmer:** No, not until I did my surgery rotation. Bill Meyers was my junior resident on Green Surgery, which back then was the public general surgery service. There was a public and a private service. The public service was really run by a chief resident. Bill was my second-year resident, who was the one I really worked with



closely and got me interested in surgery. It didn't take long and I just got bitten pretty hard. By the time that rotation was over, I was absolutely sure I wanted to do surgery.

Then I did some other rotations. I did an elective during my fourth year, early in the fourth year with Dr. [R. Scott] Jones which was wonderful. I just thought Duke would be a great place to train, but I talked to Dr. Sabiston and I said, "Do you think I should look anywhere else?" He said, "It would be a reasonable idea at least to look at one or two other places," so I arranged to go do a month at MGH. That convinced me I wanted to stay at Duke. Absolutely.

The case that convinced me was as follows: I was on the vascular surgery service. We started a AAA with the attending, the fellow, the chief resident, and the senior resident, and me. By the time we finished the case, it was the attending and me, because he had screamed and thrown successively each guy out of the OR, because they weren't quite doing what he wanted, and he screamed at them.

After that case, I remember asking those guys, "Why do you guys like this service?" "Oh, it's great because we get such great teaching." So I concluded, "Well, maybe this isn't where I want to be." [laughs]

**Interviewer:** But Sabiston had a temper also.

**Dr. Schirmer:** Yes, but he wouldn't throw people out of the OR. In fact, I remember when I was doing a case as the chief. I was the green chief, the public chief and I had this lady who if she weighed a pound, she weighed 380. I was doing an APR on her, and it was going slowly, VERY slowly..

I was down between legs, and it seemed like I was down there forever, and I probably was, because he came in the room and he said, "Dr. Schirmer, what's going on here?" I said, "Dr. Sabiston, we're doing this APR." He said, "Who's your attending?" I said, "Well, it's Dr. so and so." He said, "Well, where is he?" I said, "Well, I don't know, sir." He said, "Well, I'm going to get him here." [laughs] In 15 minutes, the attending was in there, and another senior resident was in there, and they were helping me.

All of a sudden, it was like, "Oh, I had all this help," which was great. [laughs] He realized it was a monster case and it was going slowly.

**Interviewer:** Was Dr. Sabiston involved in the clerkship experience?

**Dr. Schirmer:** Yes, he was. He would talk to the students. I'm trying to remember if it was once a week. Yes. He did. He had a once-a-week conference with us. I remember Monday afternoon at 4 o'clock was our resident conference. I don't know if that was true until he finished. I think it was, but that was always time for conference. It was all hands on deck. One of the worst moments I ever had was, I was on the private surgery service with Erle Austin [III].

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It was Scott Rankin, Earl, and I, and a PA. We were supposed to have a second-year resident. It was Peter van Tright, but he got hepatitis, so Peter was out. . There were two senior residents, but I was the PGY-1 and the two was out, so there was just three of us, and a PA, who functioned as an intern. We were always tired, always sleep-deprived. Earl was supposed to present the case at 4 o'clock.

He and I actually went over to the call rooms around 3, rehearsed the case, and then I went to my call room, he went to his call room. The next thing I know, he's shaking me, and he says, "You too, huh?" I had fallen asleep, and I looked, and it was 4:20, and neither of us were in conference. We had to walk in the conference, 20 minutes late, not having presented the case, and I was just glad I was the first-year resident and not the senior. [laughs]

Another great memory I have from that was, the chiefs sat around the table in the middle of the room, and then around the outside of the room, there were chairs, and all the interns sat in the chairs. I remember sitting there, and I obviously passed out, and my head went back and hit the wall, and went boom, big loud noise. It woke me up, and all I remember is I woke up and every eye in the room, including Dr. Sabiston's, is looking at me. He said, "Are you all right, Dr. Schirmer?" I said, "Yes, sir." [laughs]

**Interviewer:** What did you do for that six months from December of the end of your fourth year- ?

**Dr. Schirmer:** I started working in January.

**Interviewer:** As an intern?

**Dr. Schirmer:** Yes. I came back from MGH in the summer and I had an interview with him. I said Dr. Sabiston, I'd like to come here, and he said, "Okay."

**Interviewer:** That was the match?

**Dr. Schirmer:** Yes, that was my match. I said, "My wife's supporting me, she's a teacher. I'm not earning any money. I'm not sure she'd like me not earning money from January to June. Is it okay if I start in January?" He said, "Absolutely." He said, "You'll just need to come out of the lab in July." Basically, I did only 18 months in the lab. I did two full clinical years, then I went into the lab in January, did 18 months in the lab, then came out in July for my senior years. That's what I did.

**Interviewer:** Who did you work with in the lab?

**Dr. Schirmer:** I was at Scott Jones' lab. I was in his lab when he left and came here to be chair. My first year I was alone with the techs. Second year Warren Kortz was also in the lab.



The first week I was in the lab, Dr. Jones came over and worked with me two or three days. It was great, he showed me how to do the procedures and got me all set up. They had techs and everybody knew how to do the studies. After about three or four days, I didn't see him very much in the lab. Once in a while, but not too often. He'd bring over a visiting professor here and there. He'd come over on occasion. But mostly we'd talk in his office and go over the data.

Then one day, we got a call saying, "I want to have lunch with you." Warren Kortz was with me, he was a year behind me. The two of us were in the lab. We got this call saying, "I want to have lunch with you, guys." We're thinking, "Lunch at the Durham VA?" Nobody eats at the Durham VA. We wouldn't ever think of having lunch there, so something's really up. That's when he came over and said he was leaving.

**Interviewer:** How many interns started, I guess, not with you in December, but were in your class?

**Dr. Schirmer:** It was six, I believe, if I remember. Six, and either two or three did general. Back then, it was segregated, because again, Duke didn't follow the same pattern for the TCV [thoracic, cardiac, vascular] fellowship. The cardiac guys did rotations in TCV during the senior years, and then an ultimate "super chief" year, whereas everybody else did two years at the end. You had to declare which you were going to do. I was general surgery, and it happened that at the time I came in, there weren't as many people in General. All of a sudden, it was like the doors opened up and I just walked through them. I finished in five clinical years.

**Interviewer:** That's remarkable for Durham.

**Dr. Schirmer:** It was. back in those days, I did med school, residency, and research in 10 years.

**Interviewer:** Wow.

**Dr. Schirmer:** Yes. It was the land speed record at that point. Somebody subsequently did faster, but that was the land speed record at that point. I also was the first person to ever ask Dr. Sabiston when they were going to finish. No one had ever done that before.

**Interviewer:** His response?

**Dr. Schirmer:** Well, it's a good story. I was starting my fourth year. My wife was pregnant with our second baby. We looked at the bank account. We figured we could make it another year and a half or so. We wouldn't go into debt too badly or anything, but if it was going to be another year after that, she'd have to go back to teaching.

She said to me, "You have to go find out if you're going to finish, because if not, then I have to start looking for teaching jobs this fall," My response was:, "You don't understand. Nobody has ever asked Dr. Sabiston, "When am I going to finish?" What had happened was the Duke Surgery program had this big influx of guys that came back from the Vietnam War.

One thing about Dr. Sabiston, I know he got some bad press from people, but he was extraordinarily loyal to people. He never fired anybody from a program just because he had too many people, never.

What happened was he got these extra people back and he could only finish so many per year, so people were hanging around. It was you're like in the bullpen just waiting to get out and pitch. You'd find out in April or May if you're going to be a senior resident or if you're going to be a chief resident, or if you're going to hang around again. People did extra clinical years, they did extra lab years, and you wouldn't find out until usually around May 1st.

The chiefs knew they were going to finish, but you didn't find out until May 1st about whether you're going to be a chief or not. My wife said, "You've got to find out." I said, "No, I can't do this." We argued about it for a long time and then finally-- basically it came down to recognizing who was the most important person in that scenario, my wife or Dr. Sabiston, So I went and made an appointment with Dr. Sabiston. That was pretty easy.

It was about a two-minute conversation. I walked in, said "Dr. Sabiston, Geri's not working. We're looking at our finances. She may have to go back to teaching if I'm not going to be chief in the summer of '84. I know this is not usually a subject people approach you about, but in your opinion, is it likely that I'll be chief?" He said, "Yes. If things keep going right, then you'll be chief in a year." I said "Thank you very much." And the conversation was over.

**Interviewer:** Relatively painless, but that had to be a nerve-wracking conversation.

**Dr. Schirmer:** Oh my God. I think about how nervous I was. It was crazy.

The other great thing about Dr. Sabiston is he used to do morning report. He talked to the business manager every morning and the chief resident who was on the night before.

**Interviewer:** You were on Q2 call?

**Dr. Schirmer:** Yes, every other, 36 on and 12 off. Morning report was the best lesson ever if you ever have to be testifying in a court, because what I learned from that year of doing those morning reports was: never volunteer information, only answer the question you're asked, and keep your answer as simple as possible. If he doesn't ask you about it, don't tell him about it.

What he'd do is he'd say, "Tell me about it." You'd tell him the cases, and then he'd look at you. It'd be about 12 seconds of silence then he'd just look at you with this real penetrating look, and he'd say, "Is there anything else?" There often was, somebody he'd ask you about had some terrible complication, you had to code somebody, this and that. But if he didn't ask about it, I just said, "No."

I know that some of my colleagues didn't do that, and they would break down and say, "Dr. Sabiston, this guy coded and Dr. so and so wasn't in the hospital. It was awful, etc." Gosh, shut up. He had a great way of just intimidating you into saying stuff you weren't planning to say.

**Interviewer:** When you were going through residency, any women or blacks in the program at that time?

**Dr. Schirmer:** Chace Lottich was the only woman in the program. It was hard for her, poor thing. She got a lot of crap from people. It was unfortunate. No African Americans.

**Interviewer:** Was Brad Collins after you?

**Dr. Schirmer:** Yes. No African Americans. There was a woman in urology.

**Interviewer:** She had to do two years of general surgery at the time?

**Dr. Schirmer:** Yes. We'd occasionally have a prelim intern that was a female, but in actually going through the program Chace, I think was the first woman that went all the way through. It wasn't good, she got a lot of crap from people. It was nasty when I think back on it, how horrible it was for people to do that.

**Interviewer:** What was the clinical experience like? You spent a long time as program director here and have seen residency change.

**Interviewer:** We were in the hospital a lot, and probably more than we needed to be. I actually thought the eighty hour work week was a great thing when it came. We were in the hospital a lot, and there was no question, you just did a lot. There was no question that when I finished, I was ready to be in an attending. Back then, on the public surgery service, you did really run the service. And of course, at the VA you pretty much ran the service.

There were four months out of your 12 that you were the person in charge, and so that was enough to make you feel pretty independent. I didn't have any problems. Well, by my view, I didn't have any trouble transitioning to be an attending. I'm sure the people up here thought I was a pretty green the first year. [laughs]

Anyway, it was grinding, you were just tired all the time, it was hard. You definitely learned to adapt to low sleep. You also learned how to be very efficient. You learned how to listen. You learned how to pick up on stuff. I remember the best lesson I



learned as chief resident was learning how to listen to what my intern was telling me, because he may not be telling me the important thing, but if I was listening carefully to what he said, I could figure out what he didn't tell me that I needed to know, and that was important.

We had a great camaraderie between the chiefs because whatever rotation you were on, you were opposite the chief on the other service. For two months or so you guys were basically handing off to each other every day for two months. Gary Lofland and I worked opposite each other most of the year. He was great.

**Interviewer:** Were there any operations you were doing then that we just don't see anymore?

**Dr. Schirmer:** Well, we were doing some open surgery stuff that's just uncommon now. We were doing a lot more gastrectomies and highly selective vagotomies, J-I bypasses were just finishing when I was starting as an intern.

There's some stuff that's come and gone. It was all open surgery. I was there when we did the first liver transplant. Bill Meyers stayed on as an attending. They did the first liver transplant when he was a first year attending. Randy Bollinger was the head of transplant in charge of the kidney transplant program.. .Surgery was always changing a little bit.

**Interviewer:** You helped bring laparoscopic surgery here [to UVA]. Did you have any of that when you were at Duke, or where did you pick up those skills?

**Dr. Schirmer:** No, I finished Duke in '85, so there wasn't anybody in general surgery doing laparoscopy, not even diagnostic. I started to get an interest in doing it in '88, to do diagnostic laparoscopy for appendicitis. I was starting to try to do a few of those cases; that's when I joined SAGES. Then in the fall of '89 was when Jacque Perissat from France came over and had a lab cholecystectomy demonstration at the [American] College [of Surgeons] meeting and people saw it.<sup>1</sup> I didn't see it, but I heard about it and I thought this is going to be important.

I went to a course in Chicago in January 1990 with pigs. At that course were four other eventual SAGES presidents. I think four out of the eight people there. That was in January, and then I came back. In February of 1990, we started laparoscopic surgery here, and it just took off like crazy. People came out of woodwork for that but you want to talk about Duke, so let's go back to Duke.

What else was going on back then? Sig [Hilliard Siegler] was in his glory, he would mop the floor and scream and yell at you. When you were an intern, you'd crap your pants, and by the time you got to be a chief resident you just looked at him said, "Okay, Sig, let's just get this done."

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<sup>1</sup> Possibly at the SAGES meeting in Louisville.  
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He was good, you had to admire him for his oncology knowledge and how to do operations efficiently. He was really great. We learned a lot. We rotated at Durham County Hospital, I guess it's Duke Regional now. We spent a lot of time in Durham County, which was good because there were attendings out there that were really good and they taught us different ways to do things, and helped us do the cases. So we learned a lot there.

I spent four months at Womack Army Hospital, did my first thyroid, first carotid, first of a number of complex cases down there. That was one of my third-year rotations. That was a good experience. I did not go to the Asheville VA. The guys who were going into cardiac usually went there and did thoracic at the Asheville VA. So Durham County and Womack were my away rotations.

There was another VA we had for a short period of time, I forget where it was, somewhere else in the state that people went for a short time. That was after me, and I didn't go there either.

**Interviewer:** Today, you're required to do 250 cases in your first two years of residency. Were you guys operating at all in your first two years of residency?

**Dr. Schirmer:** Not at Duke very much but on the public service, some, the intern cases. Certainly not on private cases. Also, my intern year, I did two months in neurosurgery. No, I did a month in neurosurgery, a month of orthopedics, a month of thoracic. Also time in the ER.... I forget what else I did. Those months obviously I didn't do any operations.

You didn't go to the VA until you were second-year. I did go to Durham County in my first year, and so you got to do a lot of cases out there. That's where we got most of our cases, first two years was Durham County. I remember going out to Durham County in my second year and just doing gallbladder after gallbladder after gallbladder. It was like operating heaven.

**Interviewer:** All open at the time?

**Dr. Schirmer:** Absolutely. Most of our younger operative experience was in those places.

**Interviewer:** Any key mentors from your time there as a resident?

**Dr. Schirmer:** Scott Jones. My first week of med school I walked into my physiology class to listen to Scott Jones' lecture in GI Physiology, That's when I first met him. He obviously was a big mentor. I went through residency with Bill Meyers, who then went on staff.

Bill was a co-resident, then when he got to be in attending. It was crazy. I was the chief resident and I'd be scheduling cases, and he'd be going, "Come on, give me



another room. Give me another room." I'd be like, "Bill I can't do that, I can't. These are the rules." "No, you can do it for me." It would drive me crazy.

**Interviewer:** Was Duke-North open at the time, or were you guys operating all in Duke South?

**Dr. Schirmer:** No, Duke-North was open. Duke-North opened my second year. Back then the way we got back and forth was this little trolley.

**Interviewer:** On train tracks?

**Dr. Schirmer:** On train tracks. You could walk, but if it was raining or snowing or cold-- This trolley was about as big as this room, fit about 12 people. I didn't, but several of the residents got stuck one time with Dr. Sabiston in the trolley between the two hospitals, and it was not a fun experience.

It would occasionally break down. We knew that at night, you didn't trust it, so at night you walked. But during the day it was usually running, so you could just jump in and get over there a little faster. We had clinics and did have some ORs in Duke South, Plastic surgery still operated over there, and some of the other services still operated over there. As soon as Duke North ORs were open, we moved most of the big stuff over there. That was my second clinical year. Then, of course, the VA was right across the street, and we went over there.

I did four months at the VA my second year. Two were on neurosurgery and two were on general surgery. I was a first assistant on all the craniotomies over there as a second-year resident, So I really got to participate significantly in helping with those surgeries. Did LPs, did spinal myelograms, all kind of stuff we don't do now anymore. Alan Friedman was my chief resident.

Bill Meyers was a colleague/mentor. John Hanks came up here, and John worked in Scott's lab also. John was a little bit more senior. John was in the lab when I was an intern and then he was a senior resident when I was a first and second year resident. I think I had one rotation where John was my senior resident. He's become much more of a colleague since I've been here obviously.

I'm trying to think of the other people that were. Just in terms of the attendings, George Leight was great, taught me endocrine surgery. Sam Wells had left by the time I was a senior resident. Dick McCann taught me vascular surgery, just a great guy. Randy Bollinger was super, he taught me how to do lots of stuff. John Grant was our nutrition guy, and I learned a lot about TPN from John. Probably why I still run our nutrition support service here.

I'm trying to think of some of the other main attendings. Pretty much all the general surgery attendings were really influential. I remember doing some scary aneurysms with Joe Moylan. He was a nice guy.



Onye Akwari I only did various cases with him, but not as many as other folks. I worked with him in the lab too. In some ways, he was a mentor to me in more research than clinically.

At Durham County I remember Drs. Burhans, Wilson, and Wellman especially. Also Woody Burns for pediatric cases. At Duke, Howard Filston was our pediatric surgeon, and he was a particularly demanding surgeon.

**Interviewer:** What's Dr. Sabiston's involvement in the residency aside from his 4 PM conference?

**Dr. Schirmer:** Well, he would rotate with you. He was the attending on the Green Chief Service in the summer. I don't know if it was a badge of honor or not, but he picked the chief resident he wanted to be on the service that month, and that year was me. I got, I guess, it was a badge of honor, but yes, it was fun. Actually, he was fine. He sat me down the first week and said, "I want to do some cases with you, and I want to do some cases with each one of the residents; gallbladder with the second year, hernia with the first year, and mastectomy with the third year," so we did.

I staffed those cases with him and he was very happy. He was a very good surgeon. He did a couple of funny things, did a really funny aneurysm; he tied the two ends of the graft down on each side. and then sewed the back with the ends tied down.

**Interviewer:** For AAA?

**Dr. Schirmer:** Yes, we did open triple As. He'd put a stitch at three o'clock and nine o'clock and then he'd want you to sew the back row. The stitches were already in. I was trying to get the stitches right and I would think, "This doesn't make any sense." Of course, you can't say that.

**Interviewer:** What was he like to operate with?

**Dr. Schirmer:** He was very demanding, and had great attention to detail. This had to be this way, this way, this way, but he didn't scream and yell. If things didn't go well, he stomped his foot, he was foot stomper. I remember doing my first carotid with him. One of the other chiefs had been a kind of a super chief and he said, "Now, whatever you do, hold on to the shunt because he's going to pull it out." Sure enough, we had the shunt in and we were getting ready to do the repair and he did something and sure enough he snags the shunt, and I had a good hold on it, because otherwise he would have pulled it right out [laughs]. He seemed to be able to do that.

He was a good surgeon, not a whiz, but very sound. What was amazing about him was his mental capacity. He remembered everything, he had an encyclopedic mind. He knew people. He didn't forget stuff. I suspect he could have written his whole textbook without any co-authors, without anybody else, he could have just written the whole thing. He was really, really amazingly intelligent. He also was an inspirational

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teacher. He went to bat for you when you were looking for a job or needed advancement in academic surgery.

**Interviewer:** How did you decide to come to UVA after leaving Duke?

**Dr. Schirmer:** I got about four or five job offers, one of which was from Scott Jones. Having worked with him and knowing him, I decided, why wouldn't I go with the person who is going to be the best mentor possible? That's what I did, and it worked out great. He was, and he's been my mentor ever since.

**Interviewer:** When you were here, you were program director for 17 years of the residency. Are there any lessons you took from Dr. Sabiston because he was program director and chair?

**Dr. Schirmer:** No, actually he wasn't. He wasn't in title, but he was in effect. The best story I have about that is again when I was a fourth-year student, I came back from MGH and I had this talk in Dr. Sabiston's office. I said, "Dr. Sabiston, I went up to Massachusetts and I looked at that hospital." I said, "I think we've got a better program. I really would like to stay here." He said, "I'm glad to hear that." Then we talked and he said, "Okay, you're going to start in January."

About a week later, I was in the elevator with Robert Jones, who at the time was the official program director. He looked at me and he said, "I'd really like to have you come here for residency." I said, "Well, Dr. Jones, I actually had a talk with Dr. Sabiston last week and he offered me a position." Dr. Jones, you could tell, he just got beet-red because this is obviously embarrassing. He said, "Well, I guess we'll see you soon". [laughs] Essentially Doctor Sabiston I think had the final word on major decisions but he didn't do all of them, all the paperwork, and stuff.

I think that the amount of paperwork and other things you had to do back then as Program Director was much less. I think that it would be really impossible to do that well now and be Chair with any kind of a decent sized program, with all the requirements of time that it takes to be program director. If you're going to be a chair I think you need to do some clinical work. To be able to do all that a Program Directorship requires as well as run a department would be really hard, really really hard.

When I first started as Program Director it didn't seem to be as much paperwork. It became more and more involved in terms of time. I actually gave up my lab about four or five years after I took over being program director because running a good lab and trying to be program director and being extremely busy clinically. I just couldn't do all three. I had to give up one so I just gave up the lab.

**Interviewer:** Is there anything else I haven't covered from the Duke experience that you think we should definitely get on record? Fun stories?

**Dr. Schirmer:** Well Dr Sabiston had certain pet peeves and rules. If you followed the rules, no problem. I got along great with him. He and I had a great relationship. I liked him a lot, he respected me. I used to go back and visit with him. We had great conversations. After he got sick, I visited him in Durham a number of times and it was great, we always had good talks and it was great to see Aggie and everything.

You had to obey the rules, and it was pretty simple. You couldn't wear your greens [scrubs] outside the OR. You couldn't eat in a patient's room or on rounds. You couldn't eat or drink on the wards. You had to dress appropriately. He actually sent Bill DeVries home because he came in with plaid pants on. The guy who invented the mechanical heart.

**Interviewer:** DeVries was your time? Was he?

**Dr. Schirmer:** He was a super chief when I was an intern. Dr. Sabiston also got pissed with DeVries because they had about 5 kids. His wife went on food stamps, and Dr. Sabiston found out about it and went ballistic. "None of our residents are going to be on food stamps. I'll give you the money if you need it but you are not going to be on food stamps." [laughs]

**Interviewer:** Did he give him a raise?

**Dr. Schirmer:** Yes, he gave him some extra money. I guess he just figured out "Whatever it is we're going to pay it. You're not going to be on food stamps."

**Interviewer:** And don't lie?

**Dr. Schirmer:** Yes, no question. Like I said morning report was really -- You'd never told him a lie but you'd tell him the truth and you'd tell him what he asked you. If you were smart you didn't tell him anything else. He'd probably find out but it's okay. If he didn't ask you...

**Interviewer:** How come your colleagues couldn't figure that out?

**Dr. Schirmer:** I don't know. We got along great. I thought he ran a great program and was an amazing guy, he really was. 36/12 for 5 years was-

**Interviewer:** Brutal.

**Dr. Schirmer:** It was, yes. Your away rotations weren't as bad, although Womack was worse because you were the only guy down there. Literally, I had an apartment and if I slept in that bed twice a week, that was a lot. Most of the time I got done with my work it would be 3:00 or 4:00 in the morning, I just go sack out somewhere.

I remember I was so tired one time. I was dictating some op notes and fell asleep while I was dictating. I got this call from the dictationist the next day saying "You may want to edit your notes".



I just started talking about this stream of consciousness. I was on some trip somewhere doing this and doing that. It was the craziest op note you've ever seen. It had nothing to do with the case.

**Interviewer:** She actually transcribed it?

**Dr. Schirmer:** Yes she's typed it out and she said, "I better call him". I was asleep just talking on the phone, it was crazy. I remember one time I was an intern and I was writing a progress note. It was probably about 4:00 in the morning. I was right on the top of the page and I woke up I don't know how many minutes later, what had happened was I'd just gone like that with the pen, all the way down the thing [draws a line down the page]. After I woke up, I just looked it and signed my name.

**Dr. Schirmer:** Close enough.

**Interviewer:** Yes it was. It was good.

**Interviewer:** What was the chief experience like? You said you did a green service.

**Dr. Schirmer:** Yes you did green, you did private general surgery, you did the VA and you did vascular. I think you did vascular, and then there was transplant trauma. Most people would do their interviews on transplant/trauma. That was not a fun rotation because you had to come in for the morning-- You had to be there during the day but nothing would happen, and then a trauma would happen at night. You'd wind up coming back so it was no fun. Then Peds was a fourth-year rotation, that was another chief rotation.

Those were the main ones. I think you spent 3 months on private general, three months on green, three months at the VA and trauma/transplant.

We also did vascular fifth year.

**Interviewer:** At the time you guys covered the ED as providers, right?

**Dr. Schirmer:** Yes there was no emergency room service. I remember sitting down in the ED as an intern and Peter Smith, who was my senior resident, and I were talking. He said "You'll probably finish the program before I do", and I did. He still had some senior years and his cardiac years and all that ahead of him. Yes, I finished before Peter. I was an intern with Peter for two months in Duke ER.

**Interviewer:** He was a med student up there too but he finished before you started?

**Dr. Schirmer:** No, Peter was a third-year resident when I was an intern. He was four years older than me but we still finished at the same time. We had to cover the ER. It was not bad. You called up the services that you needed. The hardest part was getting the ophthalmologists to see anybody.

**Interviewer:** No pun intended.

File name: Schirmer.WAV



**Dr. Schirmer:** They were in their own little hospital, and they didn't want to come over. I learned how to get them to come and see a trauma patient. I'd just say "You know I don't know this stuff too well but when I push on this guy's eyeball it's really squishy." They'd come right over and then they go, "[this is fine]." I'd say, "Oh, I don't know. Would you mind just doing an exam as long as you're here?"

[laughter]

**Interviewer:** Whatever it takes.

**Dr. Schirmer:** Yes it was great.

**Interviewer:** Seems there was a really nice esprit de corps among the residents back then.

**Dr. Schirmer:** Yes, there was. You just had to help each other and everybody was everybody's friend. It was a little bit of "us against them" mentality a little bit because you were basically surviving. Whereas I think it's healthier now. I think we have great esprit de corps here, but it's much more of a "We really enjoy doing this" more so than it's a hunker down and survive mentality.

There was a difference but we were, we were great. Like I said Gary Lofland and I were incredibly close friends and everything but you were so busy you didn't have time to do a lot of talking.

**Interviewer:** Is there anything else I didn't ask you that you want to add?

**Dr. Schirmer:** No. It's a great Medical Center and I had a great training there. I'm really grateful for it. I came out knowing how to operate and knowing how to take care of people. It was a good experience. I did a whole lot of stuff there. You can't reproduce it. I suspect you'd have to go seven years now clinically to do what we did in five, based on today's schedule.

Some of that was repetitious. I think that's what's the difference is now. We've become more efficient in training. I did almost a year of just nothing but ward work. I didn't do that much surgery. Nowadays, I try pretty hard as a program director to alter that-- I knew that by November the interns are tired of being on the wards. It is good to have other things to do, so we assign them to do consult rotations and ICU rotations and try to get them into the OR more frequently. We didn't do any of that as an intern when I was training. It was just totally floor work for most rotations then holding retractors in the OR the next day..

The efficiency has gotten better now and guess what? Interns can operate if you let them. They actually do pretty well. Well, I know you're going to write up a great story but if there's anything else that comes to mind let me know.

**Interviewer:** Absolutely.

File name: Schirmer.WAV



**Dr. Schirmer:** I'll end with the last story, which will be about Dr. [John] Hanks since he's going to be president of the Southern [Surgical Association] and give his talk this weekend.

**Interviewer:** He's President of the Southern?

**Dr. Schirmer:** Yes, he's going to give his talk on Monday morning. John broke one of the rules one night. He was on a private service, and Dr. Sabiston had a patient and said, "I'll meet you in Mr. Smith's room and we're going to see him and then see my other patients and make rounds." John shows up at 6:00 or whenever he's supposed to show up, or probably even 5 minutes to 6:00 and hadn't eaten. He had been in the OR all day. Mr. Smith is in there and Mr. Smith has this big bowl of fruit. Mr. Smith says, "Why don't you have some fruit. Why don't you have an apple." Dr. Hanks says, "No, no, no, no, no. I can't. We're not allowed to eat in the patient's room. Dr. Sabiston doesn't allow that."

Dr. Sabiston is running late, and it gets so that 10 or 15 minutes go by, and all the while Mr. Smith keeps bugging Hanks, "Come on. Have an apple. It's all right. Come on, come on, come on." Finally, John takes an apple, takes a bite out of the apple, turns around, and Dr. Sabiston is standing there.

[laughter]

Dr. Sabiston just about blew a gasket. They finished seeing Mr. Smith, and then he dragged him back to his office and started screaming at him about, "Why shouldn't I fire you right now? What's not clear about this rule, Dr. Hanks?" He just went off on him.

I also heard another great story later. I wasn't there, but Bert Bowers, he finished about three years after me in General Surgery. He was late. Back then, they had built a new parking deck across the street, next to the VA. The residents late at night would sometimes go home in their scrubs.

Burt was running late for rounds one morning and was running up the stairs in that parking deck, in his scrubs, and knocked over Dr. Sabiston. [laughs]

**Interviewer:** Two fouls.

**Dr. Schirmer:** Yes. [laughs] He still didn't get fired but I don't know how. Yes. Anyway, yes. There were always great tales about stuff that went on, but it was a good learning experience. It was a great place, still is a great place.