



Chief Resident Oral History Project

Uttara Soni Nag

7 April 2021, Duke University Medical Center, by Justin Barr

Justin: Good afternoon. This is an interview of Dr. Uttara Soni Nag as part of the Duke Surgery Chiefs Oral History Project. This is Justin Barr, the 7th of April. We're at Duke University Medical Center. Thanks so much for joining us, Dr. Nag, I really appreciate your time. If you don't mind just getting started talking a little bit about where you came from, where you grew up, where you went to school, and how you got interested in medicine.

Dr. Uttara Soni Nag: Sure. I grew up in Ellicott City, Maryland. I was always interested in science, my parents really encouraged that. I went to undergrad at Columbia University, studied biochemical engineering as my primary major, with the broad thought that that would prepare me for some vague career in science or engineering. I became more interested in medicine through the friends and connections that I made at Columbia. Then ultimately, I took a year off in between college and medical school, did some volunteer work in Guatemala, and went to medical school in Pittsburgh.

Justin: Do you have any doctors in the family?

Dr. Nag: My paternal grandfather, who died before I was born, was an OBGYN in India, and was very well known at the time. I had heard stories of him, but no one that I grew up with was a doctor.

Justin: Any key mentors at Columbia that helped set you on your way, or interesting research projects that you were doing up there?

Dr. Nag: Yes. I worked in a cardiac bioengineering lab at Columbia and studied aortic wall stress in Kevin Costa's lab at the time.

Justin: How do you spell his name?

Dr. Nag: C-O-S-T-A. Interestingly enough, they had vascular surgeons that they collaborated with that I'd never met personally. I was too much of an underling at the time. But I think that definitely set up my broader career trajectory.

Justin: With the experience at Columbia, did you enter medical school at Pittsburgh planning surgery, or did you have no idea what you were planning on doing?

Dr. Nag: I think I always my idea of what being in medicine was, was inherently tied to surgery, but I wasn't conscious of that at the time. I think I knew that I wanted to do something procedural, but I was definitely intimidated by the idea of doing

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surgery. I was told many times to not do surgery by people both in and outside of surgery and I was quite convinced that I did not have a surgical personality, and so I looked for many other things to do, but ultimately didn't find anything else.

Justin: Do you feel like you faced a blowback or resistance because you were a woman going into surgery, or other factors?

Dr. Nag: I think that contributed to it. I think I just didn't -- I think that things have changed significantly, even since when I was in medical school, 11 years ago -- I think that I didn't really fit the stereotypes of the dominant traditionally tall male, assertive surgeon. That wasn't my natural tendency.

Justin: What was your surgery clerkship experience like at Pitt?

Dr. Nag: I think that the fact that I think Pitt had a very robust surgery program obviously, and I think that definitely played a role in drawing people in. I rotated on pediatric surgery and vascular surgery as my core clerkship and then also did additional sub-Is in vascular surgery at the VA and general GI oncology and then also did a transplant hepatology rotation, which was really interesting and interfaced with the transplant ICU et cetera, which was wild.

Justin: Was Starzl still there when you were--

Dr. Nag: Starzl were still there when I was a medical student and I met him a couple of times, just briefly like, "Hello, I'm a medical student, Dr. Starzl. I'm interested in surgery." [laughs] He was definitely a presence there. He would show up to every grand rounds. He was the Emeritus Professor-type that Seigler is, where he would have the last word at grand rounds. He would make the final comment at M&M. He still would come in to do xenotransplantation research, I think for probably a couple of hours a day, however long he was--

Justin: Upright?

Dr. Nag: Yes, exactly. Definitely, there was a feeling of a legacy program where people had been there that you would recognize.

Justin: There's certainly a strong history of surgery at Pitt. Did you do research when you were in medical school as well?

Dr. Nag: I did a couple of small clinical projects, but I didn't have a strong research focus in medical school.

Justin: Did you have any key mentors in medical school that helped push you along?

Dr. Nag: Yes, I think that there were actually a few strong female mentors that I had in medical school. Edith Tzeng was one of the vascular surgeons at the VA.

Justin: How do you spell that name?

Dr. Nag: Tzeng, T-Z-E-N-G. She was definitely like a stern mom that was intimidating, and had high expectations, but was very encouraging and was very supportive, but was still somebody that I felt I could talk to, frankly, about my career goals. I at the time was vaguely interested in vascular surgery but wasn't 100% sure and was able to talk through decisions about whether or not to do general surgery versus integrated vascular, and whether that was a good idea. Also, the fact that my then-boyfriend now-husband was in San Francisco, which complicated things, but I would say she was my main clinical mentor at the time.

Justin: What made you decide to apply to general surgery as opposed to the integrated vascular track?

Dr. Nag: I think at the time, I didn't know if I would like endovascular or not. I knew that I liked open abdominal surgery and I didn't want to not be able to do that, so I thought that general surgery would be a broader training. I think that throughout all these times, I think every time I've had to make a decision, I've been super risk-averse. I think I've always been afraid to close doors to things that I might want in the future.

Justin: Regrets in retrospect? wish you had done the O-five versus general surgery?

Dr. Nag: No. I've heard plenty of people say that they would, who have gone through the direct pathway, and obviously I haven't gotten to the end to know whether I will say something different at the end of the training, but I don't think that I could have the same training through integrated route.

Justin: You're in the fourth year of medical school. You're out on the interview trail, obviously, Duke comes up. What was Duke's reputation when you were interviewing here?

Dr. Nag: I specifically remember talking to Dr. Tzeng about Duke. Duke was like one of the larger academic programs that was similar to Pitt in the way it was structured, so I didn't have any specific interest in Duke other than that, honestly. I came to interview and was like, "Oh, I actually like North Carolina and Durham seems great and the residents actually seem well adjusted, and they like each other." Very relative.

So it ended up being higher on my list than I expected, and I specifically talked to Dr. Tzeng about Duke and she was like, "That's a horrible backwards place. My husband interviewed to be the chair there and I told him, I could never go to Duke." I thought about that, but then I was like, "Maybe that's outdated, maybe she's not thinking of the same institution." I knew it was the place that my husband and I would both be open to living for a while at least. Ultimately, it ended up somewhere on my list.

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Justin: When you're interviewing, who is the chair, and who is the program director?

Dr. Nag: Dr. Pappas was interim chair and Dr. Migaly was PD.

Justin: Were you concerned at all that there wasn't a chairman or just had confidence that the process would work out and find someone good?

Dr. Nag: I was confident the process would work out. There were vague discussions of various people who were to come, [Herb] Chen was in the mix, so it seemed they would have a chair soon. I wasn't that concerned about it.

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

Dr. Nag: I started in 2014, and it was myself, Cecilia Ong, Megan Turner, Morgan Cox, Brian Ezekian (Zeke), and Brian Gilmore, and **Tosan**.

Justin: Who?

Dr. Nag: Tosan.

Justin: What's the last name? Do you know?

Dr. Nag: I don't know. I can't pronounce it.

Justin: Can you spell it?

Dr. Nag: Not off the top of my head.

Justin: I can look it up.

Dr. Nag: [laughs]

Justin: Can you spell the first name?

Dr. Nag: T-O-S-A-N

Justin: Was she a prelim?

Dr. Nag: No, she was a Duke medical student who matched to a categorical spot, but she had dual applied to plastics and general surgery, had not matched in plastics ended up matching her general surgery. Then she reapplied to plastics while interned here and matched at the University of Florida for plastic surgery.

Justin: Got it, so she left after intern year?

Dr. Nag: Yes.

Justin: What was intern year like for you?

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Dr. Nag: Intern year was overall just an adjustment. It was a very different culture than what I had been used to and maybe what I expected. It was a lot more formal. I think that interning here was a lot of deciphering the unwritten curricula of who is a player in the department. Relative to Pittsburgh, Duke felt a lot smaller, because at Pitt the residents were scattered over multiple different hospitals, there were a million faculty members, so there were tight-knit groups within that but it wasn't everybody knew everyone's business all the time which is definitely the case here.

Justin: Any fun stories from intern year, either of you or your co-interns? They get the same opportunity to tell fun stories about you by the way.

Dr. Nag: [laughs] Well, Matt Schechter was the SAR-1 on my first month in intern year, and then it was me and Cecilia were the two interns switching off between days and nights.

Justin: Was that at the Reg [DRH]?

Dr. Nag: It was at Raleigh.

Justin: Raleigh.

Dr. Nag: Yes. The first impression of doing surgery is I show up, I don't know anyone or who anyone is, and then Schechter is telling me what to do, and just harassing us at the same time.

Justin: Sexually harassing you?

Dr. Nag: No.

Justin: Generally razzing you.

Dr. Nag: Yes. Cecilia was a Duke student so she knew what to expect, but I was like, "Maybe this is normal here. I'm not sure." I remember I pulled a drain on a Watters patient and it was after-- I don't know – a roux-en-Y HJ. The drain was dry, and I pulled it, and had done everything right, I thought, and then it poured bile out of the drain site. I went to tell Schechter in the OR. He thought it was hilarious and proceeded to remind me of that for the next two years.

What else? I think one thing different intern year was transplant actually, just because there was not a lot of help. I remember being super busy, but also it was actually, I think, pretty good from a resident standpoint at the time because there was really not enough people. So the SAR-1 was doing I think more kidneys than we're doing now. I got to go on procurement multiple times with the fellow at the time. I thought transplant was actually a pretty good experience as an intern.



Justin: What else has changed? Now you're in a supervisory role managing all these interns, so how do you think the current intern experience is different than your intern experience, with transplant being one example?

Dr. Nag: Clearly there's a lot more APP help now, across the board. I think the last year just has been so marked by COVID that it's hard to compare. I feel you're comparing apples to oranges, so I don't know how much that is just programmatic change, and how much it is adjusting to new normal.

Justin: When you started intern year, had Dr. Kirk arrived as chair?

Dr. Nag: Yes. I did not expect to match at Duke, and so I was not following the chair search in any way. Then on matchday I got a phone call from Kirk. I was like--

Justin: Who are you?

Dr. Nag: Yes. [laughs]

Justin: Amazing.

Dr. Nag: That's when I found out that Kirk was going to be chair.

Justin: What was it with Kirk being a brand-new chair, you being a brand-new intern? Did you guys have much interactions?

Dr. Nag: We had a lot of interactions at the beginning so there's the legendary "naked paralyzed and afraid" talk.

Justin: What is that? For the record.

Dr. Nag: This was towards the beginning of the intern year, but it wasn't July. At the very, very beginning of intern year, Kirk was definitely around a lot for our intern orientation. There was a lot of, "Oh, got to have your white coat, got to be super buttoned-up, got to be standing at attention" at every Kirk rounds. There was a renewed interest in education it seemed, which I think really benefited us at the time because we very much were riding that wave.

So that was the tone initially and then a month or two into this it came out that the VA had...so the residents of the VA were working around the VA policy to write H&Ps overnight without actually having seen the patients, because they needed an H&P OR in the morning and not having that would delay the whole OR schedule. That workaround was documented in the intern handbook, so it's written down on paper, and I don't know how that really came to Kirk's attention, but it did.

He then held a meeting. It's a mandatory meeting with all the residents, so all 49 residents, all in the 7HAFs Conference Room, which was a pretty crowded room. It was definitely standing room only because that room's not really built for that, but it was the strongest statement I've ever heard from Kirk saying, "If you lie, you will be

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fired." Then he made a whole speech about how patients trust us when they're naked, paralyzed, cut open, so we can't lie, that was the point.

Justin: A speech that has certainly gone down in Duke history lore.

Dr. Nag: Yes, you weren't even here for that speech.

Justin: I've still heard about it for the last six years.

Dr. Nag: That was the introduction to Duke surgery.

Justin: Welcome. Some people say the transition from intern to JAR year is a particularly stressful one. What were your thoughts about JAR year and that experience? How that was different from your intern time?

Dr. Nag: I think that JAR year was definitely more stimulating than intern year. I think it was the time when I learned probably the most out of all of residency, at least from a clinical management standpoint. I think JAR year just was slowly chipping away rather than any specific stressful moment, just the overall burden of consult. Also, I think the thing that I've found over time is that the things that cause me to burn out are not necessarily the actual job of being here for any period of time. It was the emotional weight of showing up in a room and everyone is mad at you already. Those types of things.

Justin: Any good stories from JAR year?

Dr. Nag: I think our class definitely shared a lot of inside jokes, and that made it to our t-shirts for JAR week. The story from the hand sign from JAR year, it was like it doesn't involve any of us in particular. I feel like we had a bunch of memorable M&Ms that year. We had one where Dr. Pappas was yelling about being all-in on the patient, that we're not giving up or be all-in all the time, which, I think, is a standard thing for him but somehow he got super triggered one time to be super loud about that. The hand story that led to the hand sign that was on our JAR week t-shirt was one of the memorable ones.

Justin: I don't know the story.

Dr. Nag: You were there! The M&M -- McCann gets mad at SICU because he was generally mad at SICU and felt the SICU did a bad job. A guy comes in with a thoracoabdominal rupture, so already a super morbid condition. McCann and Turley repair the guy, and then he ends up being in SICU for a month but survives. That's already magical, but he had a sacral decub because they're not turning him enough.

Granted, I think he's like, obviously got like multiple organ systems down. He ended up going to a SNF, he's got horrible wounds everywhere, etc. McCann demanded this get chosen for M&M and so Turley presents the case. He just presents it straight up and just talks about the operation and talks about the wounds.

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Somehow they've invited the wound care nurses to also describe the wounds in SICU. The wound care nurse is describing the sacral decub and she's talking about how the actual part of the decub is actually very small, and there is like some penumbras of decub sloughed skin around it and going into a lot of detail about it. McCann just interrupts her and just yells at her and was like, "You're a liar. It was this big. [holding up hands]. I saw it it -- it was this big.!"

Justin: So that made it onto the t-shirts.

Dr. Nag: So that made it onto the t-shirts. After McCann did that, she kept going and was like, "Well, actually, he was extremely volume overloaded and very swollen. His scrotum was like this big and his shaft was enormous. This goes on for 15 minutes and everyone in the room is --

Justin: Dying.

Dr. Nag: Dying yes. Completely confused as to what was happening, but also trying to keep it together.

Justin: Amazing. Classic McCann.

Dr. Nag: Classic McCann.

Justin: Good. Then you finally finished JAR year, two arduous years of Duke surgery. You head off to JAR week at the beach followed by research. What was your research project?

Dr. Nag: My primary research mentor was Lisa Tracy. The main focus of my research was looking at disruptions in bleeding and thrombosis. Essentially disruptions in coagulation homeostasis as a result of vascular injury in kids. This was a part of her trying to set up her lab work.

I also took over from Jina Kim a couple of projects that were more translational looking at kids undergoing cardiac cath and the various markers of increased risk for bleeding and thrombosis. I also started to set up some piglet models of vascular injury, starting with cardiac cath, and then what Chris Reed has taking forward is looking at piglet ECMO, and being able to study that with higher volumes of blood.

Justin: Were you pretty pleased with the progress you were able to make in two years?

Dr. Nag: I think it was difficult for a number of reasons. I thought it was very interesting. We were doing a lot of very interesting work. There were definitely limitations both in terms of funding and in terms of just overall structure. Lisa ended up having twins the second year of my lab. I was trying to be more productive and she was not as available. Overall I'm happy with what I learned over that time.



Justin: At some point, your former boyfriend who was in San Francisco managed to make it to North Carolina and become your husband. How did that process work out in the middle of residency?

Dr. Nag: Yes. I guess that's interesting. We met in Pittsburgh as he was starting his transitional year internship and I was a third-year medical student. He was not my intern. This was actually before I had decided to do surgery. He did his medical school in Cleveland, was living at home, came to Pittsburgh to do internship, and then had already matched to go to San Francisco for residency.

Justin: That's UCSF?

Dr. Nag: At UCSF for radiology. We started dating casually, but then at some point in the year, we're like, "Oh wait, either we're going to stop or not stop?" Anyway, we became more serious and then decided we were going to do the long-distance, then he moved to California. I was still in Pittsburgh, and then I was applying to residency, and then that was the whole discussion about whether I should put all my eggs in the basket of trying to move to California.

Although the problems with that were like, A, we didn't necessarily want to live in California long-term. B, neither of us had any family there. I would be in residency for at least five years after he graduated. I wasn't completely committed; I was like half-assing trying to go to California. Anyway, obviously, I ended up not matching in California, which I think overall has been better for us, even though at the time it was sad.

Then he was applying to fellowship in IR, which is unusual at UCSF to leave. Almost all the residents stay at UCSF or had the time. He was very clear that he just wanted to not do long-distance and come to North Carolina. He ended up coming to UNC for an interventional radiology fellowship. Then he got a job in North Carolina afterwards and stayed.

Justin: Got it. What was it like being an intern with your significant other literally all the way across the country? That had to be stressful?

Dr. Nag: Well, I think that it was actually not as stressful for me as it was for him. First of all, I did none of the travelling he did 100% of it. Second of all, I think that we were both busy enough that it wasn't as much of a problem. I find long-distance relationships are more challenging when one partner has significantly more time on their hands. I don't know. We made it work.

Justin: Good. Well, good for you guys. I know it takes a lot of effort.

Dr. Nag: Yes.

Justin: Out of the lab and to SAR-1 year. What was to SAR-1 year like for you?



Dr. Nag: I started SAR-1 year at the VA.

Justin: On?

Dr. Nag: On vascular. The first six weeks of SAR-1 year was just McCann, and then Brandon Henry was the fellow. He was finishing his first-year fellowship for the first two weeks. Then Zach Williams [the new first year fellow] was just starting for the rest of that month.

Justin: At this point, had you quasi-committed to vascular?

Dr. Nag: Despite the fact that I didn't apply to integrated vascular residency, I was pretty committed to vascular even from the beginning. It was something that I even told programs when I was interviewing for general surgery, that I was interested in vascular. Like Dr. Tzeng's letter for residency wrote, like, "she'll be a great vascular surgeon," which, when I was applying for general surgery, people were like, "This is very weird. Why did it say this?" I was like, "I don't know what to tell you."

Justin: Oh, because they thought you were also applying to integrated programs?

Dr. Nag: It was very clear that I was not applying to integrated, but it was still a thing that I had to explain away.

Justin: That's frustrating.

Dr. Nag: Yes. anyways, so coming out of the lab, I was like, "Definitely I'm doing vascular." Then I spent six weeks with McCann. I feel like my relationship with McCann changed a lot over time, which is the typical thing that happens to everyone. As a junior, he just doesn't talk to you. When I was a JAR on VA vascular, Mike Lidsky was the chief. It would literally be, if the three of us were in a room I would tell Dr. McCann about a consult, he would make no movements of his face. Then I would turn to Lidsky, and then Lidsky would tell him the exact same thing. Then McCann would grunt "yes."

When I went back as a SAR, he knew that I was interested in vascular. He was definitely more open to teaching. That was also at the same time that he was transitioning over to the VA full time. He's quit at Duke and had a sign of Andy McCabe on his door.

Justin: The first six weeks of SAR-1 year are pretty good then?

Dr. Nag: Yes. The first six weeks were good. Then I did endocrine, which was fine. Then I went to the Reg in September of SAR-1 year. That was like the nadir of my Duke surgery experience, definitely.

Justin: What made it so terrible? At the time, just to be clear, you were covering general surgery and vascular surgery. I know that's now bifurcated.

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Dr. Nag: Yes. Covering general surgery and vascular surgery. I had worked with Dr. [Ellen] Dillavou on a project in the lab, which was a clinical project. It was just a small retrospective study that was not that groundbreaking in any way. Clearly I had not prioritized it to the same degree that she had. Her response to that was very explosive in the lab, and that it made it a difficult situation already. She had literally had called Migaly multiple times to complain about the fact that I hadn't given her the data in the time that she wanted -- without having a conversation with me in a way that would be a normal way to say "these are my concerns."

I went into the Reg knowing it was going to be difficult, but hoping that I would just put my head down and work and that it would be okay. When I made the schedule for the Reg, I knew that one of my best friends was getting married the first weekend of the month, which was Labor Day weekend. I made the schedule to round on Saturday, but then be off on Sunday and Monday of that week, and then make up for it in the subsequent weeks.

That was the first time as a SAR-1 that I was making a schedule. I specifically asked Pat Davis, who was the admin chief for that month, and Migaly to take a look at it. They email-approved it, which at the time I didn't realize they hadn't read, I didn't understand exactly what that meant. I didn't explicitly get permission from Dillavou beforehand because, again, I didn't know that was a thing.

Anyways, so that happens and then Dillavou...so we round that day, she's already unhappy about something else. I think she was on-call at Duke. And then I tell her that I'm leaving. I tell her that there's other case coverage, but she's super mad about it. She leaves to go to do a case at Duke and already calls Migaly. She is screaming at me in the hallway at the Reg, literally in front of patients, in front of my interns, all this stuff.

Anyways, I'm upset. I call Pat Davis. I called Zach Williams who's the chief of the VA to be like, Hey, can anyone help me with these things? They're like, no, we can't essentially. Pat Davis is like, "there's no one who can help." I'm like, okay. Julie [Doberne] is over there on cardiac, and she's more than happy to just cover these two days of nothing. But this becomes a whole thing. Migaly calls me and was furious and he basically tells me that I have to cancel all my plans and stay at the Reg and just work. I was very shaken by that. I was very shocked by the response, but I did it.

Literally, my husband was flying to Philadelphia for my friend's wedding. I just called him and told him I wasn't going. It was a wedding I was supposed to be in. I was supposed to make a speech. Anyways, I called him and I told him I'm not going. I called my friend on the day she's getting married and tell her I'm not showing up. All not great. There was a take back that day that's like a proximalization of inflow for a fistula that had some steal symptoms. I'm like, okay, I'm here. I'm going to just do everything. Dillavou knows that all of this has gone down. She knows that I've canceled everything and staying there. She calls Hope [Weissler] in --

Justin: What year was Hope at that time?

Dr. Nag: Hope was an intern, maybe an early JAR. She's just beginning JAR year, but she had spent three months at the Reg as an intern. Anyways, Dillavou calls Hope in. Dillavou and Hope do the case. I essentially watch while Dillavou and Hope operate.

Justin: Amazing. This is the first weekend of your--

Dr. Nag: This is the first day of the rotation, yes. I'm like, that was a horrible weekend. I'll just get through it. It'll be fine. I'll just keep showing up and things will improve, is what I think in my head. It does superficially. Dillavou at that point is not overtly, she's no longer yelling at me, although she does tell me that I'm the most irresponsible resident she's ever met in her entire time of being at Duke. Then she is cold, snippy, but whatever, that's fine I can handle those things.

Then over the course of the month, she takes me aside multiple times to give me what she thinks is or what she portrays as constructive feedback, but it's clearly just a psychological attack. Things like, "I don't think you're a bad person but...", and at the same time I'm hearing from other faculty people that like, "Oh, what's going on? I hear from Migaly..." Then it basically just spins out into this whole thing where the narrative is that I'm bad at communicating. and that's why all of these things happened. That this is all just my problem with communicating. It's just like a fundamental problem.

That continues for a while, even after the rotation. Then this becomes like this whole thing where it gets bumped up. Basically, Migaly eventually gets over his initial rage of "you're fucking me," and then now I'm being remediated for communication. I'm not ever officially on any kind of corrective action, but it ends up resulting in numerous meetings that I have with Dillavou and Shortell, and it just has a large snowball effect over the course of Surg 1 year.

Justin: They hate each other also.

Dr. Nag: They hate each other also, but they also both hate me. [laughs]

Justin: Amazing. Do you get along with Dr. Fong and the general surgery side of things?

Dr. Nag: The Reg is a tiny place, everybody knows what's going on 100% of the time. Fong, it was very obvious that he knew exactly what was going on and he would tell me things like, "Oh, you should just pay attention to how Dillavou plans her operations and makes her incisions." He was implying that I was acting either ungrateful or I knew more, too big for my place. Essentially, that's why this was a problem that I was not adequately respecting Dillavou. That I was not, I don't know, taking the educational opportunities. Yet, despite all the things that she said, I scrubbed every single case with her that I could. Actually, probably every single case

period with just a few exceptions, because I still wanted to learn how to do vascular surgery, so I took it.

Justin: Was Daiva Naivodomsykte there at the time?

Dr. Nag: No.

Justin: She had left already?

Dr. Nag: She had left already, yes.

Justin: Dr. Martin Taormina was not there yet?

Dr. Nag: Taomina was not there. He was in the process of being hired but wasn't actually there yet.

Justin: That sounds like a terrible month.

Dr. Nag: Yes, it was horrible.

Justin: Did you have to go back to the Reg later?

Dr. Nag: I did, yes. It was a terrible month. I knew how much people knew. At the same time, my husband is an IR attending at the Reg, so he is hearing about this from the opposite angle, and he is doing de-clots for Dillavou. Literally, his text would say things to me like, "Oh, I know you're having a hard time," or like, "Linda had a hard time when she was here, too" or things like that. Where I was like, "You clearly have heard some shit that you think is real. She's clearly talking to you about me to people who are not remotely connected." Anyways, that was the nadir for sure.

Justin: What was it like going back there later in the year? Any better or just constant tension?

Dr. Nag: I think that the problem was the first time I went there, again, I didn't understand the system at all. I assumed that the things that she was telling me were true, so what that mostly meant is that I assumed that I was terrible. She also basically told me that my technical skills are terrible and that I couldn't operate and couldn't take care of patients, which nobody else has told me in the history of being at Duke Surgery. It was a tool, right? Any shred of confidence that I had was completely destroyed. It took at least three months and a lot of time in Migaly's office. I told Migaly that I was going to quit.

Justin: What did he say?

Dr. Nag: I think he was disappointed in the situation that had resulted in that, but I think that he was also slow to recognize the problem. Now I think he's a lot more aware of it because, unfortunately, it's happened to multiple people in different ways, but I think that he has overall been supportive in the end. Yes, the second time I

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went there, I was at least able to withstand the mind games better, so I just mostly smiled and nodded.

Justin: Sure, well, painful. What's the rest of SAR-1 year like after that horrible experience in September?

Dr. Nag: I think the rest of SAR 1 year was fine, but it was so colored by that experience. I think that the other thing that really stuck out to me was that there was really no other support. Like nobody, zero people, including my own class. I also wasn't seeking help from anyone, because I didn't perceive that to be a thing. Actually, that was an insidious thing that Dillavou did is that she, at some point, was like, "Oh, I heard you've been talking about this. You've talked about me," and I hadn't. I hadn't talked to anybody at all.

I literally hadn't seen anyone and I hadn't told anyone because, I don't know, I sensed that that was going to just cause more problems.

The whole of the time, I didn't tell Migaly about any of these things until way after the fact, I didn't Fong, I didn't tell any of the attendings there. My husband was literally the only person who knew until at least three or four months later, and even then, I only told people what they absolutely needed to know.

Justin: Got it. It's tough going through that alone.

Dr. Nag: I think that's, unfortunately, one of the problems that exists, is that I think that that's a culture. I think hopefully, we've tried to work on this, but there's definitely a sense that judgments are made about people, they're either great or terrible, and then that narrative is what carries through. There's a consensus opinion where everybody talks about it, but very few people actually will ever reach out to that person to offer help or even tell them to their face like, "Hey, you are terrible." I think that even coming in, I was very wary of forming those connections because you could sense that those judgments were pre-formed.

Justin: That seems still to be true.

Dr. Nag: Yes, I think so. I feel like in some ways, it's hopefully gotten better, at least from the conversations that I've heard, but I'm sure we still have a lot of work to do.

Justin: So you finally get through the rest of SAR 1 year.

Dr. Nag: Yes,

Justin: SAR 2 year any better?

Dr. Nag: Yes, I think SAR 2 year was a lot better. I think that generally being back to Duke-North was better. I think that's one of the hard things about SAR 1 in general, is that we're often not here, and so you're out by yourself at some hospital and don't

know what's going on around you. For your SAR 2 year, at least you can bounce things off of other people and share experiences. SAR 2 year was when I really, really learned how to operate, or at least how to take people through cases and be the primary person driving operation.

Justin: Any particular favorite rotations in SAR 2 year?

Dr. Nag: I did 11 weeks of trauma/ACS at the beginning of the year, through the summer, so basically June through the end of August, so all the new interns, all the new JARs, and then the new faculty members. There were a few who got hired at the time, showing Joe Fernandez and Susan Rowell how to get to the trauma bay. I really felt like I was the continuity of that service for that period of time.

Justin: That's rough.

Dr. Nag: It was painful, but I would say I got a lot out of it at the end. I think by the end of it, I felt comfortable.

Justin: Then at some point, you started interviewing for vascular fellowships. What was that experience like given the somewhat strained relationship you had with a few of the big names here?

Dr. Nag: It was very strange. Again, I effectively had no support in the vascular division.

Justin: The rest of the people also had minimal...because Duke North and the Reg, as you mentioned, are pretty separate, so when you rotated on vascular as a SAR 2, for example, were they aware of all the previous staff at the Reg?

Dr. Nag: Yes.

Justin: Do you think it affected your rotation experience?

Dr. Nag: I don't think it affected my experience with the people who are clinically busy here, so like [Mitchell] Cox, Kevin [Southerland], even [Chandler] Long. I still feel like my relationship is overall fine in the sense that I think that they respect the fact that I will show up and do the work and now that I'm interested, clearly, in the field. I think that they're not going to oppose Shortell and Dillavou on a number of things, and this is definitely low on the order of business. Kevin straight-up told me beforehand as I was trying to apply, and again, this demonstrates the complete lack of mentorship, where he was in the OR hallway, he was like, "Oh, what's your plan?" I was like, "I'm applying."

He's like, "Oh, I know you don't really have support of the people who are names in the department." I'm like, "Yes. What am I supposed to do about that?" I think I was just left to my own devices.



Justin: Do people comment about that on the interview trail?

Dr. Nag: Not explicitly, but I have no doubt that it impacted the overall process.

Justin: The match?

Dr. Nag: Yes. The person who was most invested in my match was Migaly. He was the one who made phone calls for me and had any sort of interest in where I'd go, which is, of course, going to be self-interested for him because it's reflecting on his program. That is what it is.

Justin: Were you happy where you're going?

Dr. Nag: Not when I matched, but I think it'll be fine. I'm not super unhappy now, although it'll be another two years long distance, and it was a move that I didn't plan on, but, I don't know, we'll see what happens. It'll be fine.

Justin: It seems the training will be perfectly fine.

Dr. Nag: Yes, I'll end being a vascular surgeon.

Justin: Fair enough. In the middle of SAR 2 year COVID hit, so how did that affect your experience?

Dr. Nag: It was interesting because it was actually also right in the middle of fellowship interviews. I was actually in New York the day before things shut down for a fellowship interview. I was supposed to interview at NYU, and their in-person interview got canceled because COVID numbers were starting to ramp up, but I ended up just being in New York anyways, so I was traveling through from somewhere else to somewhere else. Literally the next day, all elective cases got canceled and everything got fully shut down. I was probably exposed in LaGuardia. It definitely shut down a lot of the volume for a while, which was good and bad.

We had a lot more free time with SAR 2 than you usually ever would. It meant that I had only one month of vascular for my entire senior residency, effectively, which is sub-optimal, but again, worse things have happened.

Justin: This year you are chief. Who's left in your chief classroom compared to where you started as an intern?

Dr. Nag: Megan, Morgan, Cecilia, Zeke, and I are all from the original group. Mike Mulvihill joined us from a class above, and then Shanna Sprinkle joined us after we came out of the lab, and then her contract was not renewed at the end of SAR 1 year.

Justin: Then you dropped Gilmore?

Dr. Nag: Gilmore dropped in the lab, yes.

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Justin: When you guys were becoming chiefs, did you have any major initiatives or changes you wanted to make to the program?

Dr. Nag: I think the things that we wanted to change were increasing transparency in how decisions get made and then making the scheduling more friendly towards the planning. Of course, COVID happened, so then no one needed to schedule anything anymore. There's no benefit to all our work, but I think we realistically didn't want to institute any major shifts, we just wanted to try to have some semblance of community in the time of COVID.

Justin: What's chief year been like? Chief in COVID times, how do you think it's different than it would have been had there been no COVID?

Dr. Nag: I don't know if it's been that different, honestly. I think there's probably slightly fewer cases to go around in terms of the more complex things, but otherwise, I don't think chief year has been that unusual for us.

Justin: How have the meetings with Dr. Kirk changed compared to when you were an intern and he had just gotten here to now, seven years later?

Dr. Nag: I remember as an intern that the admin chief met with Kirk every single day at 7:00 AM sharp, and that all the chiefs would come on Fridays. It was a lot of face time because you'd give him the morning report, but the morning report was really just an excuse to have some one-on-one time with him. That's really dramatically changed now, it's just that the other chief does a Zoom call with him on Monday morning. A Zoom call with Kirk on Monday morning, and then we do alternate Fridays with Kirk and Shortell as a chief class. The amount of time that we spend has dramatically decreased.

Justin: Do you think that's been good, bad, hard to tell?

Dr. Nag: I think it's been neutral. I think it's been fine. I don't think that we feel more time right now would change anything for us. I think it would be different depending on what the class's goals are. I think that there are people who are more invested and staying here forever, they would maybe feel that that relationship is more important. Not that we feel like it's not important, I just don't think that we get as much from those meetings.

Justin: What do you guys talk to Dr. Shortell about in the mornings?

Dr. Nag: I don't know, logistics.

Justin: Sounds inspiring.

Dr. Nag: The one thing I will say is I think that the diversity and inclusion conversation this year has been really interesting.



Justin: Did that come from you guys? I know some of the research lab years are very woke and pushing the agenda forward as well.

Dr. Nag: I'm not an enormous fan of that description. It's obviously been part of the national conversation and it's something that I think many of us have had that conversation with people in general in our lives, but I think it's an interesting conversation here at Duke, and I think it's been one that's actually made me feel personally closer to a number of people. I think that a lot of the things that I think made me uncomfortable earlier on are part of that conversation, even though they're not things that I would have directly attributed to...I don't think I came here thinking about being a person of color or a woman in any way, per se. Throughout my career, I don't think that was something that I felt acutely in any way.

But I think that it does very subtly but very steadily impact who fits in and who doesn't. I think Duke Surgery of all places, like I was saying, the judgment of who is great and who's terrible relies on those subjective feelings more than many other spaces. I think that is something that we should talk about.

Justin: Do you think the increased attention has led to changes in the last 18 months or so, or too early to tell?

Dr. Nag: Has there been structural changes? I don't think so, but I think knowing where people stand is helpful, and I think it also actually demonstrated a lot more support than I would've anticipated.

Justin: That's encouraging.

Dr. Nag: I think there is opportunity to change, and I think next year's intern class is going to be a very interesting experiment since-

Justin: One white guy.

Dr. Nag: - there's one white guy, yes, but it's still an open question of like, do we have an environment that is going to nurture that? I would be willing to bet that the majority of the incoming interns are not going to have that at the top of their mind, or are going to be actively suppressing it, but that doesn't mean it won't play into their experience in some way. There are going to be patients who make racist comments to them. As a very much not a black person, I've been called the N-word by southern patients. At the VA, the patients definitely don't recognize me as a doctor. I think that we definitely have an opportunity to build that, but I think it's still a test.

Justin: You've been here seven years now, how do you think the program has changed in the course of those seven years? And if you had a magic wand to change things in the future, and what we just talked about can be part of those changes, what would you like to see as changes with Duke Surgery?



Dr. Nag: Transparency across the board would be the biggest driver of change, on every level. Transparency about faculty salaries would be very interesting or about any big or small thing. Transparency about the history. We've come to hear about people who were part of Duke Surgery that are not venerated in the same way as the wall of master surgeons, but many of those stories have not been told at all.

Justin: We've been chatting now for a little bit over an hour, is there anything I didn't ask you that you want to make sure you get on the record?

Dr. Nag: I don't think so.

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

[01:04:33] [END OF AUDIO]