Starting Faculty Should Spend Their Time in the Operating Room

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4:15 Debate: Starting Faculty Should Spend Their Time in the Operating Room
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4:20 Debate: Starting Faculty Should Have Protected Time for Research
Marc Ruel, Ottawa, ON, Canada

Not mutually exclusive!
Cardiac Surgery is a Pleomorphic Entity

• As a specialty, we need operative surgeons, skilled clinicians, educators, administrators and researchers (basic and applied)

• However, most of us start out wanting to become a clinical/operative expert and the “go-to-guy/girl.”
Cardiac Surgery is an Operative Specialty

- Technically demanding (precision and expedience are key)
- Scrutiny of outcomes is unprecedented in history of medicine
- Failure not tolerated
- Need to achieve competence and mastery early in career
There is Momentum at Completion of Training

- “All dressed up and ready to go”
- Chief year is usually a varied, high volume operative experience
- Young surgeons are eager to prove their ability and competence
- Good judgement comes from experience (and experience comes from bad judgement)
The Body is Willing

- Technical mastery usually occurs early in life (music, athletics, warfare)
- Focus and resistance to fatigue are strong enablers
- Clinical availability encourages collaborative relationships
  - Remember 3 A’s: ability, availability, affability
- Hunger is a strong motivator
Cardiac Surgery Research

- Vital to specialty but NIH support elusive
- Tends toward practical and applied
- Collaborative
- Focused and productive when arises from clinical questions and experience
- Industry support built on relationships with device manufacturers
- Increasingly driven and supported by philanthropy...from grateful patients
Sir Magdi Yacoub

- High operative volume in early career
- Landmark contributions in transplantation, aortic, and newborn surgery
- Now focused on basic research
Surgeons Belong in the Operating Room