



September 2016

## About me

My name is Kevin Zuo. I'm a PGY-2 resident in plastic and reconstructive surgery at University of Toronto. I was born in Windsor, Ont., and grew up in Edmonton, Alta., where I completed my undergraduate and MD degrees at the University of Alberta.

## Why I choose plastic and reconstructive surgery

I began medical school thinking anesthesiology was my calling. While shadowing in the OR, however, I found myself constantly peering over the drapes to see what the orthopedic surgeons were doing. During clerkship, I was energized by surgery's fast pace, close teamwork, and visual nature. Ultimately I was drawn to plastic surgery for its wide scope, diverse techniques, and emphasis on integrating form and function. I enjoyed watching plastic surgeons design flaps to reconstruct soft tissue defects, repair tendons with just the right amount of tension to optimize grip strength and appearance, compare the contour of a reconstructed breast to a native breast, and confirm 3D proportions while reducing a facial fracture. I liked the diverse patient population as well as the residents and staff surgeons I interacted with. And I thought sewing tiny blood vessels together by hand under a microscope was really cool.

## Clinical Life

### What does a typical day of clinical duties involve?

My daily schedule varies depending on my hospital rotation. Certain sites have a much heavier inpatient and consult volume than others. Below is a schedule for Sunnybrook Hospital, a trauma centre.

Plastic & Reconstructive Surgery (hospital trauma centre) – A Typical Day	
06:15-07:00	<b>Inpatient rounds.</b> Our team usually consists of a senior (PGY-3, 4, or 5), a junior (PGY-1 or 2), an off-service PGY-1 or 2, and medical students.
07:00-07:45	<b>Teaching.</b> Usually at least 1 day per week we have morning teaching rounds led by staff surgeons, fellows, or senior residents.
07:45-16:45	<b>Daytime clinical duties.</b> This includes the main OR, minor surgery, or clinic. One of the junior residents is assigned the day call pager to manage ward issues and see consults.
16:45-17:30	<b>Wrapping up.</b> Follow-up investigations, see post-op patients, review consults with staff, prepare discharge documents, etc.
17:30-18:00	<b>Handover.</b> Unfinished tasks for inpatients and consults are communicated to the on-call resident.

# Plastic and Reconstructive Surgery Resident Profile – Kevin Zuo

Call is usually 1 in 4 including 1-2 weekends per month.

Plastic & Reconstructive Surgery (hospital trauma centre) – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00		Inpatient rounds					
07:00		Academic Half Day	Teaching rounds	Clinic	Minor surgery	Teaching rounds	
08:00			OR			OR	
09:00							
10:00							
11:00							
12:00							
13:00		Clinic					
14:00							
15:00							
16:00							
17:00		Wrapping up, Handover					
18:00			On Call		On Call		
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

## What kinds of clinical rotations are required in your program?

Much of PGY-1 and 2 are spent on off-service rotations to increase our exposure to services we work closely with. Rotations vary between training programs, but may include general surgery, emergency, intensive care, anesthesia, internal medicine, oral and maxillofacial surgery, orthopedic surgery, otolaryngology, dermatology, and neurosurgery.

The senior years (PGY-3, 4, 5) are dedicated to plastic surgery, and we are trained in hand and upper extremity surgery, pediatric plastic surgery, craniomaxillofacial surgery, breast reconstruction, burns, general reconstruction (both oncologic and trauma), aesthetic surgery, and community plastic surgery. Some programs also have a dedicated research or laboratory microsurgery rotation.

## Which of your personality characteristics have been particularly helpful in your field?

Establishing good patient rapport. I strive to put on the “right hat” when I see a patient in clinic, emergency, or pre-operatively. Patients entrust us with their health and appearance. They want to be understood when explaining their issues, and they also want to understand what we tell them with a level of medical knowledge they are comfortable with. Establishing a good rapport allows me to obtain important information efficiently.

Working well within a team is also invaluable. Each member on a team has an important role to ensure things run smoothly during a busy day. I trust my colleagues and am accountable to them.

## **What are the best aspects of your residency?**

I like the diversity of cases. It's not unusual to operate on the face, breast, hand, and leg in the same day. I like thinking about biomechanical principles when fixating bony fractures, then switching gears to think about how to optimize the contour of a soft tissue defect with a flap.

I enjoy the pre-operative planning in each case. Whether treating an eyelid skin cancer, a mandible fracture, a lumpectomy defect, a nerve transection, or a deep leg abscess, we have to think about how best to place incisions to minimize or hide a scar.

The ability to do many elective procedures under local anesthetic means we can improve the quality of life for dozens of people in a day with a brief operation, and there's a lot of job satisfaction in that.

## **What are the most challenging aspects of your residency?**

Being asked to solve problems can be challenging. Our specialty focuses on principles rather than specific procedures, and we get referrals to reconstruct very large, complex defects, often in patients with poor healing capacity. There is no single straightforward treatment approach and sometimes our best efforts don't result in a great aesthetic or functional outcome.

The meticulousness of the work can lead to a lot of stress and post-op worry. Following a day-long microsurgical case harvesting tissue and anastomosing tiny blood vessels, we may be called multiple times overnight to urgently assess whether a free flap is showing early signs of compromise and needs an urgent takeback to the OR for exploration.

Patients undergoing elective procedures sometimes have unrealistic expectations. We try to camouflage a scar but we can't do scarless surgery!



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## **What is one question you're often asked about your residency?**

People are curious about plastic surgery. When I list the major plastic surgery subspecialties, people wonder how things as seemingly different as cleft lip repair, breast reconstruction, hand fractures, and burn intensive care fall under our scope. The reality is that much of plastic surgery evolved from the two world wars in response to the need to help mutilated soldiers with previously unsurvivable injuries re-integrate into society. Moving tissue around to restore defects required a thorough understanding of the blood supply all across the body, and this forms the foundation of many of our procedures.

People also ask about cosmetic surgery. Not all plastic surgeons perform cosmetic procedures, but it's an important part of our specialty and we spend significant time training in this during the senior years.

## Can you describe the transition from clerkship into residency?

There's a huge increase in responsibility. You feel the weight on your shoulders when you start introducing yourself to patients as a doctor. Instead of having specific, straightforward tasks to complete (and having someone double-check that those tasks were completed), as a resident you're deciding what tasks need to be completed, delegating those tasks among teammates/colleagues, and ensuring that they are completed. The patient load and the number of consults goes up significantly. Medical students and off-service residents look to specialty residents for teaching, so it's important to know what material you are comfortable teaching, as well as what material you need to review in order to teach well. Consequently, it's important to develop effective habits when it comes to organizing, prioritizing, and completing tasks.



*My goal in PGY-1 was to adjust to residency and, coming from Edmonton, to adapt to big-city life in Toronto. Now that I've found my footing, I've become involved in more extracurricular activities, particularly in education. I volunteer as a resident instructor for the medical school's Prelude to Surgery course, as well as the Surgical Bootcamp that all PGY-1 surgery residents attend to learn basic skills like knot-tying and suturing techniques. I am the Junior Representative for our Residency Program Committee and work to improve our plastic surgery curriculum. I'm also involved with RDoC on the Wellness Committee.*

## What are your future practice plans?

After residency, I intend to complete a fellowship to gain additional skills and comfort within a specific subspecialty. Working in an academic or community setting are both appealing. I recognize the need to be flexible with job opportunities as they arise. I hope to continue teaching, either as a lecturer or clinical preceptor, as well as to conduct research in a setting with good research support and infrastructure.

## What are your fellow residents like and how do you interact with each other?

My co-residents and I have a great relationship. We've gone camping, watched movies, studied together, and vented to each other about our challenges. After all, we are the only people who really know what we are going through! My senior residents are very professional, approachable, and patient. They are excellent role models – generous with their enthusiasm to teach, and willing to share their advice and resources.

## Non-Clinical Life

### What are your academic interests?

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surgery residents attend to learn basic skills like knot-tying and suturing techniques. I am the Junior Representative for our Residency Program Committee and work to improve our plastic surgery curriculum. I'm also involved with RDoC on the Wellness Committee.

In terms of research, I am in the process of applying for a masters under the Surgeon Scientist Program. I will be looking at peripheral nerve regeneration, with the clinical aim of improving outcomes in nerve injuries and composite allotransplantation.

## **What is your work-life balance like, and how do you achieve this?**

I'll be honest: much of my time is spent working in the hospital, keeping up with my readings, and working on assignments and research projects. I keep balance by working out, playing basketball, learning Spanish, reading the news, cooking new dishes, and going to shows and concerts. On my off-call weekends, I catch up on chores, explore the city, and spend as much time as I can with my friends, partner, and family. One of the great things about Toronto is the City Centre Airport and the convenience of flying to Montreal, Boston, and New York for weekend trips. We are allowed four weeks of vacation time plus Christmas or New Year, and it's important to use it all, whether to travel or do a stay-cation and sleep a lot!



## **For further information**

The Canadian Medical Association website features physician specialty profiles for more than 35 specialties. Each contains information about training requirements, demographic trends within the specialty, information about specialists' practices, levels of satisfaction, and more. Available online at <https://www.cma.ca/En/Pages/specialty-profiles.aspx>

Another useful resource is the Canadian Medical Residency Guide, available online at <http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/student-affairs/RBC-2011-Canadian-Medical-Residency-Guide.pdf>

*Disclaimer: These specialty profiles illustrate some aspects of the lives of individual residents, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all residents, as there is tremendous diversity in lifestyle, experience, and interest among the residents in each specialty.*