

Nicely

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As a PGY2 slowly learning my program's lingo, I noticed a recurring phrase. Cases never went well, they always went "nicely." Even operations that did not go smoothly were later summarized as "nicely." If a resident was particularly slick during an operation, they might earn a "real nicely" from the attending. I was confused. Grammar issues aside, couldn't an Ivy League program come up with better adjectives?

Eventually a senior resident explained the phrase. It was a remnant from a retired attending who upheld the old-school ideal that the surgeon could do no wrong. No matter how his cases went, whether the blood loss was a few drops or measured in liters, he always described them as "nicely." This phrase was repeated by his trainees, and over the years it became an inside joke.

I loved it. My seniors were all so talented, and I wanted to be a "nicely" surgeon too. I was so enamored with the joke that when my class bought customized thyroid shields, I had "nicely" embroidered instead of my name. With a sharp white script on a deep burgundy background, I wore it as a fashion statement. Tweaking it like a bowtie before gowning up, I was James Bond in a lead tuxedo. When anesthesia inevitably asked me what it meant, I delivered my practiced quip: "that's how my cases turn out - nicely."

As the year progressed, my operative record was far from perfect, but I was never the senior resident in the room. I remained blissfully silent during M&M while my seniors discussed their errors and complications. I thought I could avoid the hot seat when I became a third-year resident and was in charge of my own cases. Surely, if I was careful, they would always go well.

They didn't.

Autonomy was accompanied by an unexpected burden - accountability. A PCNL that seemed textbook ended up with a colonic perforation. A hydrocele that was bone-dry at closure was taken back to the operating room just two months later due to early recurrence. A choice to forego stenting after ureteroscopy rendered a patient acutely anuric. Though I still have attending supervision, it is now my hand guiding the needle, the scalpel, and the scope. And when patients have poor outcomes, I am responsible. I am compelled to understand how and why I make mistakes. And I am driven to never repeat them.

I still wear my custom thyroid shield. The lead now sags, and the color has faded. It hangs low on my neck, made heavier by the responsibility I have accepted as a surgeon. But "nicely" still reads clearly. Instead of a boast, it has become a promise to my patients: to learn from my mistakes, to never stop improving, and to give them the operation they deserve.