



Lessons from Dr. Norton

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Twenty years ago, in the Fall of 2003, I was a fourth-year medical student. In early December, I came to Stanford to interview for General Surgery residency. At the time, there was a lot of buzz among the residents about the recent arrival of Dr. Jeff Norton, the new Surgical Oncologist attending. Dr. Norton was *famous*, and he also did A LOT of big cases. There were Whipples, and sometimes three Whipple procedures in one week. This was the subject of animated discussion over our boxed lunches on interview day.

The chief residents spoke proudly of this operative experience. The junior residents spoke longingly about the day they would be the chief on his service. The consensus was that the arrival of Dr. Norton was a great development for the Stanford General Surgery residency.

I had not yet met Dr. Norton, so I did not know at that time that he would have a critical role in shaping my career in surgery.

THE RESIDENCY YEARS: 2004–2011

I matched for General Surgery residency at Stanford and arrived in June 2004 to begin my intern year. I was on service with Dr. Norton early in the year. I have many happy, and some fairly humorous, memories from that time. I will share a few of the things I learned from working with Dr. Norton as a resident.

ON THE CARE OF THE SURGICAL PATIENT

Being the intern or junior resident on service with Dr. Norton meant working as part of a team caring for a large

number of complex surgical oncology patients. Our rounds were an odyssey, weaving up and down the halls of the old hospital. We saw the patients twice a day, and often rounded into the evening after a long OR day.

On rounds, Dr. Norton spoke with every patient and examined every patient—the fresh postoperative patient who was having an uneventful recovery, and also the patient who had been in the hospital for months with a complicated course and seemingly little daily change.

This was a classic general surgery team experience, with the medical students, interns, and junior and chief residents checking wounds and looking at the drain outputs. Was the patient eating? Were they taking enough fluids? How was their bowel function? How was their pain control? Were they getting sleep? All of these physical details were regarded as important. These were the details that would make the patient recover well.

Dr. Norton often lingered with the patient who was recovering slowly or not eating well. He would brainstorm out loud about what might tempt them to eat. Was it a milkshake? A favorite smoothie from Jamba Juice? Was there a familiar dish from home that their family might bring? Food was a predictably frequent topic on our rounds and these particular patients, who were at a low point in their recovery, seemed to understand his care through these daily conversations about the mundane details.

When I look back on my residency years I would regard Dr. Norton as probably the least likely of all of my attendings to wax poetic about what an honor and a privilege it is to be a surgeon. However, he was one of those who most clearly communicated this in his daily actions.

ON LOVING SURGERY

From my first contact with Dr. Norton, it was clear that he loved his job and that he was a surgeon first and foremost—a ‘surgeon’s surgeon’ as George Poultsides said last night. Patients were seen in clinic and their cases booked with

enthusiasm. If he was asked to see a patient urgently, he always made time. There was little question that he would rather add on a few additional cases than attend a few additional meetings.

Although I am sure that as the Division Chief for General Surgery he had a significant allotment of protected administrative time, his main love was clearly operating, and surgeries tended to overflow from his OR block days into his administrative days and occasionally into the clinic days, sometimes to the exasperation of his nurse coordinator Vivian Madrigal. When I think back on his operating schedule during those years, I feel a bit tired just thinking about it.

As a research resident in Dr. Norton's laboratory, I remember that 2 years in a row, elective cases magically appeared on the OR schedule the Friday after Thanksgiving, which was technically an OR holiday. I know this because as the Laboratory Resident, I was here at the hospital collecting a piece of the resulting surgical specimens for research.

After scheduling a new patient seen in clinic, Dr. Norton often joked "You go to the barber, you get a haircut", and it was clear in this analogy that he loved both being the barber and cutting hair. None of the decision making was approached lightly, it was simply that he was delighted at the prospect of doing more surgery.

As I progressed in residency, I began to have the opportunity to operate with Dr. Norton. In the OR, his approach was deliberate, consistent, and thoughtful. The importance of the set-up and preparation was emphasized to us as trainees. The patient positioning, the retractors, the correct equipment. The steps were consistent and familiar. Nothing could guarantee a good outcome, but we stacked the odds in our favor with these routines. And in this manner, he completed a seemingly never-ending series of complex operations, sometimes on patients who had few other options.

When we rounded on these patients postoperatively, there was always the clear satisfaction of correlating what was done in the operating room with the patient's smooth recovery. Dr. Norton would then say, "Cut well, sew well, get well".

ON MEDICAL STUDENT EDUCATION

Dr. Norton's service was one of the main rotations for Stanford medical students on their surgery clerkship. On rounds and in clinic, Dr. Norton listened diligently to medical student presentations, then asked questions and made corrections.

I talked before about his love of surgery, but I think it is as important to note that Dr. Norton also more broadly loves clinical medicine. He is interested in a challenging diagnosis; in the physical signs and symptoms associated with a disease process; in the complex laboratory work-up required for some of the endocrine cases.

This made this a terrific rotation for the medical students. In the hall outside a patient's room we might be discussing how to evaluate a patient with suspected insulinoma; we could be reviewing the implications of a positive Pemberton's sign; or he might be going over how to assess the postoperative patient's volume status.

After listening to a medical student presentation, he would let the student know whether he agreed with their plan. Without harshness, but in a matter of fact way, he would also tell the student whether there was any problem with the presentation. For example, he would correct the student who led off with the I's and O's rather than with the overnight events and subjective findings.

At some point in the middle of my residency, there was a communication from the School of Medicine to the surgery faculty and residents. The medical students felt that they were not receiving adequate feedback regarding their performance on their surgical rotation. This led to lower satisfaction scores for the surgery clerkship. Improving this was considered a high priority and it was the topic of a presentation at grand rounds.

After that discussion, when a medical student presented on rounds, Dr. Norton took to prefacing his comments with the statement "THIS is FEEDBACK", lest they miss it. Sometimes after his comments he would again repeat somewhat firmly "THIS is FEEDBACK".

There could be no question as to whether or not feedback was given. Genius.

ON MUSIC IN THE OPERATING ROOM

A lot has been written on the topic of music in the OR. But for me the issue was settled as an intern on service with Dr. Norton.

The Norton OR playlist was legendary. Throughout my residency the playlist changed frequently and I am sure that my memories will ring true to my contemporaries, while the more recent residents probably remember an entirely different list.

For example, as a junior resident I remember that he had the Sheryl Crow recording of the song "The First Cut is the Deepest" early in the playlist, and when the resident made the incision he might say "The first cut is the deepest", with a chuckle. The ultimate surgical dad joke.

The music added comfort, familiarity, and sometimes humor to the OR setting. There was a rumor among my co-residents that the playlist might be a bit tailored to the chief resident on service—meaning extra calming music if the chief seemed particularly anxious. The OR playlist also frequently provided subject matter on which to make conversation with (aka pimp) the medical students.

Dr. Norton has broad musical tastes and in conversations with my co-residents they recalled artists including

Brittany Spears, U2, Snow Patrol, Kesha, Green Day, and a band called the Dropkick Murphys.

THE LAB YEARS: 2006–2008

From 2006 to 2008, I spent 2 years in the laboratory with Dr. Norton. During this time I was referred to by the senior residents as the ‘iPod Fellow’. In the laboratory, I worked on projects related to interleukin (IL)-12 and also a clinical project related to pancreatic incidentaloma. I was not nearly as accomplished in research as Dr. Deshka Foster, who is speaking shortly, and I will not talk much about research here. I will mention that I had my first child, my son Ben, who is now 16 years of age, during my laboratory time.

ON SUPPORTING RESIDENTS

When I was a fourth-year resident, I received a negative resident evaluation. The main theme of the evaluation was that I was slow and hesitant in the OR, but possibly, it suggested, I might also be slow and hesitant in general. At the end of the evaluation form was a box to indicate whether the evaluator was concerned about my progress in the residency. The box was checked. Dr. Norton was my faculty advisor, so he was responsible for discussing this evaluation with me. He asked if I could meet with him briefly after grand rounds one week to discuss. JoAnn Smithson, who was his assistant and a beloved figure in our residency, was the one who contacted me to set this up. In the days leading up to our meeting, I considered two possible outcomes. At best, I thought, he would tell me that I needed to improve, but that there were steps I could take. The situation might be salvageable. At worst, I thought he might tell me that maybe surgery was not the right field for me. I was smart enough and a nice person, there would be something that suited me better.

However on the day that we met, something entirely different happened. In a conversation that lasted a total of 5 min:

First, Dr. Norton told me a story about a time that HE received a negative evaluation as a resident. A time when an attending surgeon expressed doubt about his potential to ‘make it as a surgeon’; ‘there will always be someone’, he said. *Second*, he looked at me and said “I do not think there is a problem. I think you are doing fine”. This, again, was not effusive, but it was exactly what I needed to hear at that moment. To give some context, this was in 2009, I had a 2-year-old at home and my husband was in the middle of his fellowship. If Dr. Norton had told me, ‘this is not for you’, I think I would have simply left residency then. So for this conversation at a critical moment, I am particularly grateful.

ON ENDOCRINE SURGERY

When I was a junior resident, I admittedly did not think of Dr. Norton as primarily an endocrine surgeon. I thought of him as a surgical oncologist who operated on the pancreas, the stomach, big sarcomas. It was clear that he thoroughly enjoyed thyroid and parathyroid operations, but due to the short length of the operations and the short stay of the patients, they seemed more like a hobby.

It was during my laboratory years that I began to learn of Dr. Norton’s core contributions in the field of endocrine surgery. So today, as a practicing endocrine surgeon, I should mention just a few memories from Dr. Norton, the endocrine surgeon:

First was the pearl: “There are no ectopic parathyroids, just ectopic surgeons”. The residents have probably heard me reference this one a few times. Dr. Norton would remind us that the parathyroids follow predictable patterns based on embryologic development. If you cannot find them, it is more likely your problem, not theirs. You may be looking in the wrong place.

Another favorite Norton parathyroid quote was: “I am like a parathyroid heat-seeking missile”. I still have not ever said this in the OR but I may have thought it a few times, channeling Dr. Norton.

I graduated from residency in 2011. This is a picture of me operating with Dr Norton on one of my final days of residency. We were doing a Whipple procedure.

EPILOGUE: AFTER RESIDENCY 2011–PRESENT

I graduated from residency in 2011 and entered Endocrine Surgery fellowship at University of California, San Francisco (UCSF). After fellowship, I was in private practice in the area for 3 years. My daughter was born and I was busy building my endocrine surgery practice. I was in contact with Dr. Norton infrequently during that time.

I do remember texting with him after I attended one of my first American Association of Endocrine Surgeons (AAES) meetings, where he was acknowledged by the incoming AAES president, Dr. Doherty, as one of his mentors. This struck me as noteworthy, until I subsequently realized that Dr. Norton is acknowledged by the incoming AAES president more years than not. Nearly every year his photo is up there during the part of the talk where mentors are acknowledged, even though he never goes to that meeting. Maybe in retirement.

When I had been in practice a few years, Dr. Norton approached me after a Stanford dinner during the American College of Surgeons (ACS) meeting in San Francisco, to discuss whether I would be interested in taking a job at Stanford associated with a new Cancer Center opening in

San Jose. This is what led to my current position. The rest for me is history ... I have been back at Stanford since 2016.

To wrap up my comments this afternoon, I would like to congratulate you, Dr. Norton, on your extraordinary career and on your retirement. I hope that you will enjoy this time with your beautiful family. Thank you for everything you have taught me, for your support, and your mentorship. For being someone who epitomizes substance over style. Most importantly, thank you for the opportunities you have given

me to do this job, which, after all, truly is an honor and a privilege.

Thank you.

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