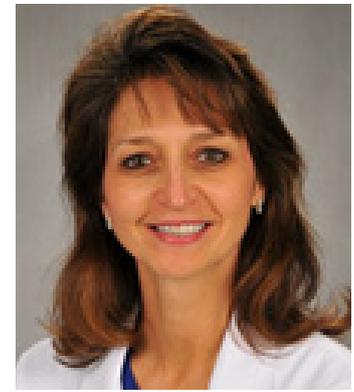


# Interview with Dr. Dawn Salvatore



Preeyal Patel, Class of 2022

A medical student's path to surgery is notoriously long and arduous. Traditionally, students who are interested in the field begin to prepare their qualifications from day one, especially given the competitive nature of acceptance into surgical programs. For students who develop an interest in surgery during their later years of medical school, it can be a daunting task to pursue a track in which they already feel behind. Often times, these students are discouraged from applying to surgical residencies, worrying that their non-traditional path may hinder their success. However, Dr. Dawn Salvatore can reassure students that a non-traditional path to surgery can be fruitful, rewarding, and most importantly, feasible. Dr. Salvatore is a vascular and endovascular surgeon who has been practicing medicine for 30 years, the last nearly 20 years as a surgeon. After graduating from Georgetown University School of Medicine in 1989, she completed a competitive combined Internal Medicine and Pediatrics residency at The Cleveland Clinic Foundation in Cleveland, OH, practiced for two years, and then began her surgery training. I sat down with Dr. Salvatore to gain more insight into her experiences.

## **What drew you to the field of medicine?**

When I was 12 years old I had to do a book report, and I chose the biography of Elizabeth Blackwell, who was the first female physician in the United States. I thought it was amazing that this woman went into a field where she could help people and use unique skills which I felt I possessed as well. She thrived in a time when women weren't really accepted in medicine, and she overcame so much to do what she really loved. Her story spoke to me. I am one of six children, and though neither of my parents have a college education, they encouraged all of us to work hard. Throughout my life, from middle school to college, I was interested in medicine, not knowing if it would come to fruition. I was drawn to the idea of helping people, I loved science, and I appreciated how this career is one in which you learn for life.

## **What factors attracted you to surgery? What factors deterred you from initially seeking a surgical residency?**

By my second year of medical school, I knew I wanted to do surgery. Throughout my life, I was attracted to challenge, which is what brought me to medical school in the first place. So naturally, I was drawn to surgery for its challenging nature. Unfortunately, I was discouraged by the people to whom I turned for guidance. Given the lack of female representation in the surgical department at my institution, I did not have the confidence, nor did I have any role models who could help me build that confidence. Even though I reluctantly stepped away from pursuing surgery at first, I was still determined to challenge myself, so I completed a combined four-year

Med-Peds residency at The Cleveland Clinic Foundation.

## **What inspired you to pursue surgery after completing your Med-Peds residency? Did you have any reservations about this decision, and if so, how did you resolve them?**

During my training at Cleveland Clinic, I came across more female surgeons than I had seen in my past experiences. This was a reassuring sight for me, since it was so different from my past line of exposure in the field. With that new lens, I knew I wanted to give surgery a second chance. So I completed my Med-Peds training, became board certified in both specialties, and worked for a couple years to manage my financial debt. I didn't have any reservations about my decision, but I did have to acknowledge some trade-offs. For example, given my extensive years of training, my husband and I do not have any children. Fortunately, I started my surgery training at Ohio State University in 1995 and never looked back.

## **What do you enjoy about vascular surgery?**

Vascular disease is systemic, so when it comes to vascular surgery, you operate from the angle of the mandible all the way down to the foot – how interesting and diverse! It also requires very fine technical skill, and there is a beautiful artistry involved in reconstruction. Everyday it's something new and unique. Additionally, vascular surgery is one of the few surgical specialties where you can follow your patients for life. I monitor the interventions I've performed and address any changes that may have occurred naturally over time. For example,

if a patient's previous graft starts stenosing after a few years, my team goes back in to maintain the patency of the graft. Most of our patients are very loyal, and I enjoy that aspect.

**Can you describe your typical week in the hospital?**

Every day is different. I typically have office hours on Monday mornings, all day on Tuesdays, and Thursday afternoons. Some visits are quick, where I only have to take out staples or check a surgical wound, while others are longer such as if I am explaining a complicated issue or intervention. Wednesdays and certain Fridays and Thursdays are surgery days. I arrive at 6:30am and operate all day, round on inpatients and field phone calls/deal with emergencies, and typically do not leave the hospital before 8pm or so. Most of our surgeries are scheduled electively, but when we do have emergencies, they tend to be either life or limb threatening. Interspersed throughout the rest of the week are meetings, conferences, administrative tasks, or lower intensity office-based procedures. Some afternoons I meet in small group sessions with medical students. I also mentor college and medical students as well as residents.

**Are there unique aspects of your internal medicine and pediatrics training that you have found to be assets in your work as a vascular surgeon?**

I certainly believe my past training helps me every day to become a better physician. I have a deeper understanding of disease processes, and even though this isn't something I primarily manage as a surgeon, it does help me in the way I approach my patients. This helps my residents, fellows, and students see a different kind of surgeon. It has also helped me become very detail oriented, which is crucial for a surgeon. I believe the devil is in the details, and if we stay on top of these details, we can avert negative outcomes for our patients.

**Did you have any mentors who positively impacted the course of your career? How valuable is mentorship to someone who is just starting their medical education?**

Mentorship is tremendously important. Unfortunately, I did not have that type of relationship with anyone when I was a medical student, which is what discouraged me from pursuing surgery in the first place. Luckily I found a way to reach my goal, but it would have been very valuable if I had a role model to provide insight into nuances that only come with experience. I try to share this insight with my students.

**How has the field of vascular surgery evolved in your**

**experience, specifically from your time in medical school to now? What changes do you foresee occurring in the next 20 years?**

I primarily trained in open surgery, but the majority of our procedures have now transitioned to a minimally invasive, endovascular approach. I didn't have to think about the technology too much when I was a resident, but nowadays, I see new residents interested in this field specifically for its technological emphasis. For example, there was once a time where we could only treat an infrarenal aortic aneurysm with major open surgery, but now such procedures are mostly performed endovascularly (minimally invasive). We can even treat complex paravisceral aneurysms with endografts and stents placed into the visceral branches. In the coming years, I predict that there will be more creativity in the stents and endografts, such that we can customize them specifically for the patient. Some institutions already modify standard stents or design their own based on an individual's imaging, but I predict it will be a more widespread and efficient process in the future.

**How do you enjoy spending your time outside of the hospital?**

I love reading, watching old movies from the Golden Age of Hollywood, and sewing. In fact, I've sewn my entire life, so surgery was a natural fit for me. I have two sisters and three brothers, so between all of them, I do a lot of alterations and hemming for my family. One unique project I did was create a mini doll replica of both of my sisters' wedding dresses, complete with a veil and bouquet, which I gifted them.

**What advice do you have for students who are unsure of which specialty to pursue? What would you like to tell students who decide on surgery "too late" into medical school?**

For students who are undecided, shadowing various physicians is a very valuable experience. Reach out to physicians you admire and respect. If you don't have a role model or mentor, seek one out. I would have benefited greatly from an expert's guidance. For students who worry they are "too late" in deciding on surgery, I would say it's never too late or too hard. If you have a passion for something, don't let anything deter you from pursuing it. Surgery is indeed getting more competitive, and every year I see applicants who are increasingly qualified. Even then, it's not too late. It's also very common for students to take a year or two to do research and gain experience before applying to residency. If I was board certified in two specialties and practiced for two years before starting surgical residency, anything is possible.