

Chiseling a surgeon

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Michelangelo once said that David was always inside the rock, he simply had to chisel away the excess. If the raw material is right, it can be shaped, cut, and polished into something remarkable. But not every rock has that potential. Some are too tough and crack with pressure; others are too soft to hold an edge.

Moulding a surgeon from the very beginning is entirely different from training any other specialty as a surgeon is expected to develop unique characteristics. He must carry a hand and eye of an artist, the temperament of a scientist, and the discipline and urgency of a military man. Most of all surgeons' the relationship with the patient is intimate where it is developed "through flesh and blood". Trying to build all of this into a young trainee chiseling away unnecessary parts is a daunting task.

In Sri Lanka, we do not get to choose our trainees. They come to us through a competitive examination system, and we are given a fixed period to help them grow into safe and capable surgeons. Broadly, core attributes of a trainee can be grouped into three elements: skill, enthusiasm, and honesty. The ideal trainee arrives with all three in good measure, but most come with an uneven blend.

Technical skill and knowledge can almost always be improved with time and exposure. Enthusiasm is supplementary to skill and knowledge and it decides how far trainee can go, it keeps them pushing forward when the days are long or discouraging. But honesty is different. It is not something a trainer can teach. Yet it shapes the entire professional identity of a surgeon and influences every reputation they will carry on long run.

The trainees who begin with all three qualities—ability, drive, and integrity—are a joy to encounter. It is tempting to give them early independence because they make the trainer's life easier. But the trainers responsibility is not to choose the path of least resistance; it is to refine potential. These individuals are like uncut diamonds. Their brilliance only emerges through careful molding. They often have strong self-belief and confidence, which is essential, but with time it can sometimes drift toward ego. If they are pushed too hard, they may fracture. If they are not pushed enough, they never reach their true shape. The balance is delicate in a trainee like this. One example remains vivid in my mind. He had been almost legendary as an undergraduate sharp, ambitious, and admired. In his first year as a registrar, he joined a unit where he had substantial freedom to operate. Before long, he was functioning almost entirely on his own and carried himself as though he were more seasoned than his consultant. But when he finally stepped into independent surgical practice, he struggled. His outcomes fell short, and with time he became an average and then a below-average performer. It was a bright beginning that had been poorly guided.

Most trainees, however, fall into a more familiar middle ground. They have a mixture of strengths and weaknesses, and their motivation varies. Fortunately, with honesty and steady effort, many can be shaped into safe, dependable surgeons. For trainers, the real challenge is assessing what each trainee can realistically achieve within the available time. Setting unrealistic expectations only lead to frustration. Trainees, too, often suffer from comparing themselves to their peers—usually focusing on the number of cases performed or the apparent exposure each receives. I remember feeling the same disappointment during my own registrar years. But experience teaches you that a surgical career rests on a strong foundation of principles, not on counting procedures. Progress comes from steady growth and setting goals that match each individual.

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The most challenging group of trainees are those who possess skill and confidence but lack integrity. Their minds are inflexible, and their honesty uncertain. It is possible to correct the technique, but addressing dishonesty is far more complex. Many such trainees may do well in examinations; yet falter when faced with the realities of daily clinical practice. Even with significant effort from trainers, true progress in this group is limited.

Receiving a trainee is a serious responsibility—one owed both to the individual and to society. We are expected not only to help them discover their potential but also to ensure that the surgeons we guide into the world are safe, competent, and ethical. A healthy trainer–trainee relationship should evolve over time. It begins with a clear hierarchy and a certain distance. But as the trainee matures, that gap should gradually close, eventually giving way to mutual respect and professional partnership.

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