



---

**Editor's note:** *Dr. Copeland delivered this Presidential Address on October 8 at the Convocation in Chicago, IL.*

**F**irst of all, let me congratulate each of you on this important achievement in your surgical career. I would like to take this opportunity to describe to you my views of the role of a mentor in creating a surgical way of life. Although this presentation is advertised as being a Presidential Address, it is, in fact, really a Convocation

---

who think that the practice of surgery should be all-consuming.

Throughout all of my undergraduate schooling, my real aptitude was for science. All of the science courses were taught to me in high school by my favorite schoolteacher, my mother, so having an aptitude for science helps. Had I been destined for a career that required any literary skill, I would have been in trouble.

Enter my uncle, Dr. Murray M. Copeland, a surgeon during his career at both Georgetown University in Washington, DC, and M.D. Ander

The surgical way of life means that the art and practice of surgery stays in your conscious thought continually. You take “pride of ownership” in patients who have put their trust in your expert hands. You look forward to applying the talents that took you so long to acquire to the betterment of mankind. In a sense, surgery should be your hobby. It has been said that 80 percent of people view their jobs as a means of supporting all their activities not related to their job. Many of you should be among the other 20 percent. Certainly, I have always been.

I would like now to take you through a personal journey that led me into medicine and established my surgical folkways and mores. Possibly you can relate my journey to the evolution of your own professional core values. Along the way, I plan to discuss lifestyle so that you do not think me too narrow or one of those people

---

cautiously into medical school and then, at the suggestion of my uncle, to the University of Pennsylvania for a surgical residency. I came under the tutelage of Drs. I. S. Ravdin and Jonathan E. Rhoads (see photo, page 12). Dr. Ravdin was Dr. Rhoads' mentor and both were previous Chairs of the Board of Regents and Presidents of the American College of Surgeons. In fact, counting me, there now have been six presidents of the College from the University of Pennsylvania, two of whom share the stage with me tonight, Drs. James C. Thompson of Galveston, TX, and R. Scott Jones of Charlottesville, VA. The fifth University of Pennsylvania alumnus is Dr. James D. Hardy of Jackson, MS, who died in February 2003.

At the University of Pennsylvania, I learned what I consider to be my surgical core values: honesty; respect for patients, colleagues, and trainees; education of the next generation; adding to the clinical and scientific knowledge base; not having surgical decisions be income driven; and respect for tradition. Near the end of Dr. Rhoads' life in October 2001, some 32 years after I left the University of Pennsylvania, I received a letter from him that I think reflects the intense bond between mentor and protégé, especially when one realizes that Dr. Rhoads was not an effusive man. He wrote, "...it is with great satisfaction to see you join the Board of Regents of the College and to feel that you would be there reflecting your values and those of your uncle and perhaps, to some extent, those of us whom you knew during your residency."

He went on to address the issue of patient safety prior to it becoming the cornerstone of every medical organization today. He said "My experience on the Board of Regents was surely one of the great highlights of my life and I continue to hope that the College will continue to enjoy a reputation as the advocate of the patient rather than the advocate of the surgical member."

**H**ave I always put patient safety first and foremost? You bet—I was taught to do so! I will share a portion of the letter of response that I wrote to Dr. Rhoads: "Take great pride in all of us whom you trained. The professional folkways and mores that we learned

---

**T**he face of medicine is changing. In my graduating class at Cornell Medical School in Ithaca, NY, in 1963, there was one woman. I was the other attempt at diversity: I was from

In fact, it may be your responsibility to become a mentor.

In the past, it has been hard to change the behavior of physicians who have completed a residency program. The best way to accomplish that goal has been to persuade by example rather than by any didactic means. The new training paradigm, however, may produce a different kind of surgeon, one who is eager to continue the training process while in practice. If so, you will find yourself in the potential role of both partner and mentor. Mentorship implies a hierarchical relationship