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Paula Ferrada, M.D. FACS Trauma and Acute Care Surgery (Interview)

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Paula Ferrada, M.D. FACS

Trauma and Acute Care Surgery

Interview by Joseph McEachon

Titles at VCU:

Professor of Surgery at VCU.

Program Director for the Surgical Critical Care Fellowship.

Medical Director of the Surgical and Trauma Intensive Care Unit.

Q: When did you first learn of your interest in medicine?

A: My interest in medicine first began in Colombia. My dad is a trauma surgeon, and my mom is an OB/GYN nurse in Colombia. When they did not have childcare, they would bring me to the hospital. In Latin American countries, the rules are enforced a bit more loosely regarding children in hospitals. As a result, I scrubbed in for the first time on a ruptured abdominal aortic aneurysm when I was 12 years old. After seeing the surgery, I couldn't shake it. It was the most amazing thing that I had ever seen!

Q: How did you know it was right for you? Did you know?

A: I knew it was right for me because it was like love at first sight with a partner, but in this case, a profession.

Q: What was your pathway in medicine?

A: In Latin America we start medical school immediately following high school. I went to Universidad del Valle Medical School, a public university in Cali, Colombia. I started medical school in 1994. After graduating, I came to Jackson Memorial Hospital in Miami and spent a few years doing research, then subsequently completed my internship. Following my intern-

ship, I moved to Boston and completed my residency at Beth-Israel Deaconess Medical Center, one of the Harvard training hospitals. Next, I did my fellowship in Pittsburgh at UPMC, followed by another fellowship in Shock Trauma at the University of Maryland. Afterwards, I came to VCU and have been working here for the past 9 years.

Q: What is your specialty?

A: Acute Care Surgical Services, Trauma, and General Surgery.

Q: What was the path to your specialty? (medicine-residency-fellowship?)

A: General Surgery is a 5-7-year residency. Many programs require you to do a year or two of research. In my case, I had already done a lot of research at Jackson Memorial Hospital, so I completed my residency in 5 years and then completed two fellowships.

Q: What does your specialty entail?

A: Saving people's lives. Literally, when people are dying, that is where my specialty comes into play.

Q: How many years in have you been in practice?

A: If you start counting after residency, I have been in practice 11 years.

Q: What is your typical practice setting for your field?

A: It depends on where you work. Since I am a professor of surgery, I do a lot of teaching, writing, and research. By far, most of the work is clinical, meaning it is directly involved in taking care of patients. I handle trauma cases: anyone who comes in bleeding to death from a car accident, gunshot wound, or a fall. I also do emergency general surgery, meaning anyone who needs their appendix or gallbladder removed and are at risk for dying. Additionally, I take care of critically ill patients in the ICU. Typically, these are patients who are in organ failure.

Q: What does a regular day look like for you?

A: I get to the hospital at 6:30 AM and go to something called "morning report", which is generally a sign-out from the night shift. We then split the case load for the day amongst the surgeons. Next, we triage which cases

are emergent, namely who will go to the operating room and who will cover the emergency department. Depending on the service that I am covering, I will teach in a classroom, operating room, or during rounds. If it is an administrative week, I spend time writing guidelines, clinical papers, etc.

Q: What brought you to America?

A: For this question, we have to go way back. In 1994, I started medical school at a state hospital in Cali, Colombia. During that time, everybody was suffering and dying as a result of the cartels. There was a lot of trauma and it was a great place to train, but there were sparse resources. It was a government hospital and many of the things that we take for granted in the United States, we did not have in Colombia. For example, there was no CT scanner. This made it a really good place to train because you had to learn to be a great doctor. You couldn't always rely on technology to make a diagnosis, instead you had to rely on your brain. My school went on a strike and I had the opportunity to go to Grady Memorial Hospital in Atlanta, Georgia. Despite this hospital being considered small in America, it was a huge step up from what I had in Colombia. They had a helicopter and the patients went right from the Emergency Department to the CT scanner. To say the least, my jaw was on the floor. I knew that I needed to come to the United States to learn what the "Gold Standard of Care" was for patients. I thought that if I was a surgeon in the US, then I could get a job anywhere in the world. Equally as influential was the cutting-edge technology. Other countries may be better in terms of how their healthcare system is organized, but if you are dying patient, there is no better place to be than the United States of America. We have so many resources, it is almost impossible to die. That is why I came to the US. The reason I came to Richmond was to follow the most amazing mentor that I had worked with. He has since retired, but I stayed because I like the area. I think Richmond is a great place, particularly VCU. It is a place that fosters diversity and gender equality. Those are both things that are very dear to my heart as a female Latin American surgeon. America has provided a plethora of opportunities for me. I was the youngest person to make full professor at VCU and the first acute care surgery fellow from Shock Trauma. I also was the first Colombian woman to graduate from a Harvard program in General Surgery.

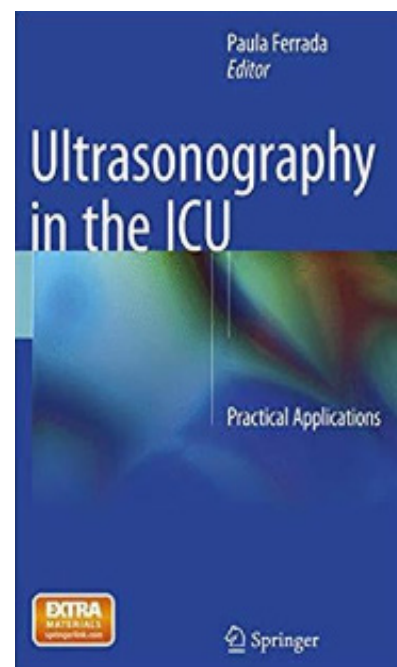
Q: What specialty(s) did you originally think you were

going to end up in when you entered medical school? What changed?

A: I always knew I wanted to do surgery. I tried to change my mind, but with everything I did, I found myself drawn to the trauma aspect of it, and that is one of the reasons that I knew trauma was for me.

Q: What passions do you have in medicine?

A: Research. I have over 87 publications and a few teaching trauma and ultrasound textbooks, some of which are printed in two languages. I am passionate about developing ultrasound curricula. It is something that chased me, rather than me chasing it. I care about it so much and it is almost impossible for me to escape. In general, for any scientist to make a difference, it will require passion behind the project. No one else will have the passion for it; you have to be the one. It also makes the time spent on it less of a commitment and more of an investment.



Q: What other passions do you have that are either in or outside of medicine?

A: It was after I became an associate professor, that I started dedicating time to something that wasn't solely my career. I have a 10-year-old son who is my passion, my most important project, and

whose life I cannot afford to screw up. I want him to be happy and well adjusted. I also have hobbies like dancing. Specifically, I like to salsa and I even participated in Richmond Dancing with the Stars. I also like nature, in particular the James River. I feel that a connection with nature is important, especially when you feel like your life is changing direction. For me, sitting down in front of the river and feeling that connection can help me reconnect me to my purpose and determine my next goal.

Q: How has medicine affected your home life? Do you feel that you have missed out on any aspect of life because of medicine—is it possible to have a full life in your field?

A: Yes, it is very possible to have a full life. I think my life is full; I have a son, two cats, a dog, and I was married. However, I do not think that our happiness is always linked to how full a life we have. I think everyone's happiness is their own thing.

Q: What is your favorite part about trauma surgery or about medicine in general?

A: My favorite part about trauma surgery is knowing that something I do can change someone's life. Sometimes, it is the difference between living and dying. My favorite thing is when I am operating in the OR and someone is alive because of something that I did. I think that is awesome! For me, there is nothing that can compare.



Q: What is your least favorite part about your job?

A: I think ungratefulness is my least favorite part. I am not only referring to patients. For the most part, pa-

tients are usually grateful. Sometimes, it is the people around you and even one's own ungratefulness because, in the end, we are healthy and are the one's taking care of the sick. I think personal ungratefulness is the source of all discontent and burnout. We can all learn to be more grateful for the opportunities that we have in life, even what seems like small things such as breathing and having drinkable water.

Q: What was your most challenging or difficult case and why?

A: The hardest thing that I have to deal with in medicine is when I see children getting injured because of neglect. It emotionally breaks me down to pieces. I am generally a very emotionally stable person. I can operate moving from one critically ill patient to the next and be fine. But if it is a child who gets injured, I lose sleep and get sad.

Q: Do you have a time that you experienced failure or struggle in med school or residency, and how did you overcome it?

A: There is a picture on social media of an iceberg that I feel best encapsulates this. The top is what people see and the bottom is what is underneath. All of the failure and hardship is what is underneath what is not seen. Everybody has failed at least as many times as they have succeeded. Successful people are the people who have recovered from failure and learned from it. If you have not learned it, life will give you the opportunity to learn again, both professionally and personally. Trying to see the silver lining in situations and learning from them is key. Those who never fail will also never succeed because they will stay in the status quo. You have to embrace failure. If there was no heartache, there would never be amazing love songs or poems.

Q: What was your favorite part about medical school/residency?

A: Graduated responsibility. When you are in training and you feel that you are just a picture on the wall, then you don't feel like you have a purpose. My

favorite part about residency was feeling that what I was doing actually mattered.

Q: What is one skill that you have that you feel has helped you achieve all that you have?

A: Resilience. Think of any movie or book with a hero in it. In the beginning, there is no hero, it is just a normal person. Someone calls them for adventure, they get advice, struggle, and then they succeed. In life, it is the same situation. As you pursue your dreams, you run into challenges, fail, and pick yourself back up, but in the end, you are the hero of your own story. Resilience is key in failure and making a success out of the many failures in life. It is what determines whether you become great or not.

Q: What personality do you think is required or necessary in traumasurgery or surgery in general?

A: I don't think that there is one personality that applies to surgeons. I don't think that people should do something because they fit a personality. I think you should do what you are passionate about and let others deal with your personality. For me, that was trauma surgery. Where some run away from mass casualties, I run towards it.



Q: What are the fields/aspects in medicine you feel are on rise and what fields or aspects are on the decline?

A: I think in general, anything that is minimally invasive is on the rise and anything maximally invasive is on the decline. With that being said, I also think that nothing in life is predictable. The best predictor of success is not going into a field that is on the rise, rather going into something that you love; that is where you will find success.

Q: What is one piece of advice you would give to those pursuing medicine today?

A: Do what you love and don't do it because of the money. Find and do what gives you pleasure. In your heart, you will have a true North, and that is your purpose. If you never lose purpose, then no one can defeat you. Even when you fail, you will be grounded in your purpose and use that as fuel to recover.