July-Aug 2024 *Residency Times*
Faculty Spotlight: Aron Liaw, MD
Clinical Assistant Professor, WSUSOM Dept. of Urology

***Residency Times*: When did you become interested in medicine as a career?**
Aron Liaw: I grew up in Australia, and like most Australians, I took the opportunity to travel a lot when young, as opposed to doing more productive things like dedicated studying. I somehow finished an undergrad degree and ended up in the US, where I found a job in a quality testing lab. After a few years of this, I determined that I wanted a job I would actually enjoy and find meaning in, and so decided I would sit for the MCAT, and if the score was good, I would go to med school. Fortunately, it was, and here we are.

***RT:* Where did you complete your medical training?**
AL: I am a Midwestern product. I was a med student at Indiana and completed a residency at Ohio State. I then took two fellowships, apparently because I have a high pain tolerance, in both paediatric urology and reconstructive urology, which were at UC-San Francisco and UC-Irvine, respectively.

***RT:* Why did you decide to pursue urology as your specialty?**
AL: It allows unparalleled variety in practice, which suits someone easily distracted like myself. I might do 10 different surgeries in a week and see 25 patients a day in clinic with 25 different problems. It allows unmatched flexibility of practice – I might have a lot of OR time, or minimal time, or do complex cases or simple ones, and I can change the details of my practice throughout my career. Furthermore, and this can't be stressed enough, the opportunities for comedy are endless.

***RT:* What are your research interests?**
AL: I have a great interest in the congenital population, i.e., patients with congenital urologic conditions who might have gotten complex care as children but who are now adults. This population has very unique needs and is also vulnerable to falling through the many cracks in the US healthcare system. Unfortunately, I don't always see as many of these patients as I might like here, so my other interests include medical education and innovation. Our residents and students have published several articles on novel and modified surgical techniques.

RT: **Do you have a particular approach to teaching residents?**
AL: Working with residents is my greatest passion and privilege. I believe that they should be treated like the very smart colleagues they are, not like trainees. After all, they are trainees for only a short time, and your colleagues for the rest of your career. I consider my role to be similar to a sports coach – help drill the basics, provide insights to elevate your skills to the next level, and give you the tools you need to make good decisions and succeed. I give residents complete ownership of any patients we work on together. I actually think the increasing loss of autonomy given to trainees over the past 20 years is shameful and entirely unjustified. It's a product of the short memories we have in medicine, poor administrative decisions, and the attitude of a lot of senior physicians that kids these days aren't as dedicated, focused, or tough as *they* once were. This is a complete fiction. I have always found that giving residents your trust is returned and rewarded many times over. When you're dealing with smart, highly motivated people like them, they will meet the expectations you have of them.

RT: **Are there specific wellness activities you engage in?**
AL: I actually hate the term *wellness*, which is ironic given that I sit on the Urology Wellness Committee. "Wellness" is corporate-speak – it puts the responsibility on the worker that if they're overworked and dissatisfied, it's their problem and they need to focus on wellness, whatever that means. By putting that responsibility on the worker, the institution or employer absolves themselves of the need to improve conditions and address systemic issues. When I think of wellness, I just think of life – people should live their lives and do what's important to them. I certainly don't feel bad about pursuing any activity outside of work that I care to. It's important to me to be a good academic attending and use the knowledge I have to impact the lives of patients, students and residents, and so I derive "wellness" from that, just like I do when I'm jumping in the pool at the end of the day or taking the family to dinner or making plans for my next trip. I also don't think less of anyone who decides that their job is just a job and a way to fund things that are important to them.

RT: **Is having a great sense of humor a requirement for becoming a urologist?**
AL: There are a couple of ways to answer this. The serious way is that a lot of the stuff we deal with is sensitive and potentially embarrassing, and while you don't want to embarrass a patient, I have found that being too serious and overly clinical actually puts them off and makes them more uncomfortable. Whereas showing them that you're taking their concerns seriously while still making it fun and lighthearted breaks the ice and puts them at ease. The other way is to state the obvious – if you can't appreciate a good risqué joke, we can't be friends.

RT: **Are there books (medical or nonmedical) that all residents should read?**
AL: Everyone in medicine should read Samuel Shem's *House of God* at least twice, including after becoming a resident. *Cutting for Stone* by Abraham Verghese is also a powerful and inspiring read for anyone in medicine. Other than that I like a lot of things. Currently reading Barbara Kingsolver's *The Poisonwood Bible*, but I also like historical fiction, science fiction, and so on. I'm not above reading schlock.