Transitioning from the Mountains to the Mecca: One Gastroenterologist's Journey

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Abstract

Over the course of their careers, gastroenterologists not infrequently move from one practice setting to another. Perhaps the most uncommon path is for a gastroenterologist well established in private practice to transition to a high-powered academic setting in late career. Below is a description of the career path that I chose, written in part to provide career and personal guidance to the next generation of gastroenterologists.

My career as an attending gastroenterologist began at a large multispecialty clinic in northeastern Pennsylvania, where I was deeply involved in teaching medical students, residents, and GI fellows. In retrospect, at the time, I had little to offer, especially from the perspective as an endoscopic educator. In those early years, I was an attending “supervisor” as opposed to an endoscopic “trainer” [1]. After being at the Guthrie Clinic for nearly 4 years, I subsequently spent 23 years in a single-specialty private practice in northeastern New York where I learned the nuances of endoscopic techniques in general and colonoscopy in particular. I attribute much of the success that I have enjoyed relating to the technique of colonoscopy to a single day spent with Dr. Jerome Wayne in his office-based endoscopy unit in New York City. At that time, I had been performing colonoscopy for 12 years; my practice partner and I visited Jerry in order to learn more about the intricacies of opening an office-based endoscopy unit in New York state. After observing Dr. Wayne perform several colonoscopic procedures, my approach to the procedure immediately and irrevocably changed for the better. From that day onward, I became dedicated to becoming a student of the colonoscopic procedure, with a commitment to continual self-assessment and improvement. Throughout my time spent as a private practitioner, I attempted to remain as academically engaged as I was able, publishing many case reports, letters to the editor, abstracts, and book chapters. I attended two national meetings each year and always

participated in postgraduate courses. Reading no less than a dozen journals each month was routine. I also attended a board review course every three years or so, to ensure my currency with the latest practice norms. I served on several national ASGE committees and joined the editorial review board of *Gastrointestinal Endoscopy*. Simultaneously, given my longstanding interest in clinical liver disease and recognizing an opportunity to enhance the care of those in the semi-rural setting in which I was practicing, I pursued board certification in Transplant Hepatology. Although I did not complete any formal hepatology training, my fellowship education at Jefferson in Philadelphia under Dr. Donald Castell emphasized motility and liver training. The hepatologists in the division were Drs. Willis Maddrey (then Chief of Medicine), Lawrence Friedman, Santiago Munoz, and Paul Martin. Fifteen years after I had completed my fellowship, Willis Maddrey was kind enough to write a letter of endorsement for me to sit for the Transplant Hepatology board examination the first year it was offered in 2006 which I fortunately passed.

A decade ago, since I had a desire to re-engage as a clinical educator, I began to volunteer teaching medical students at Albany Medical College (located an hour from my practice). Several years ago, I became involved in the ABIM, serving on the Gastroenterology Board Exam Committee. I suspect Paul Martin and Larry Friedman were again my advocates and responsible for my being considered for this position. At that point, I began to consider how I might want to end my career. My hope was that I might transition to a setting where I might be able to favorably impact the next generation in medicine. Since the “clock was ticking,” I

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recognized that if a change in career path were to occur, it would necessarily need to be sooner rather than later.

I discussed with my wife Jane whether she would be willing to uproot, leave our friends, and relocate, if I were able to secure a position as a clinical educator at an academic institution. I frankly believed it was most improbable that in my late 50's I would be afforded such an opportunity. Jane gave her full support, as she always has throughout my training and career as a gastroenterologist. In November of 2016, I sat with a longtime friend and colleague, Dr. Daniel Pratt at the AASLD meeting. As we discussed our families and work, I mentioned my interest in transitioning to an academic environment. Dan said: “why not come to (Massachusetts General Hospital) MGH?” This offer to work at “the Mecca” with some of the finest and most accomplished academicians in the world was too attractive to pass up. After a rather vigorous interview process and likely after receiving Larry Friedman's endorsement, Drs. Ramnik Xavier and Daniel Chung offered me the opportunity of a lifetime as a clinical general gastroenterologist at MGH.

When I transitioned to MGH in the fall of 2017, I suspected I might focus on medical student education. During my initial few months at MGH, I engaged as much as I was able with the fellows in our division. It then became clear that educating fellows would be my primary calling. Within a year, I was formally recognized for my teaching efforts within our division, and I have subsequently had the tremendous good fortune of having all office hours and endoscopy sessions fully staffed with fellows. Due to my interest in endoscopic education, Dr. Karin Andersson (MGH Fellowship Director) has recently afforded me the opportunity to become the Director of Fellowship Endoscopic Training.

I presently focus all of my professional effort in the clinical and endoscopic education of our GI fellows at MGH. From the endoscopic perspective, my approach to colonoscopy has admittedly evolved very considerably over time, and I expect it will continue to change. If there is one most important facet of my evolution as an endoscopist I would highlight, it would be the aspect of continuous, critical self-evaluation and a strong desire to be a student of the colonoscopic procedure. If nothing else, I hope that I have instilled the importance of appropriate perseverance and the need to continually refine one's approach to the fellows I am privileged to train.

How did I begin my medical training at Rutgers Medical School, enjoy a long career as a private practitioner and

ultimately transition to become a clinical and endoscopic educator at MGH? While in private practice, I remained academically engaged and contributed to the medical literature, I volunteered on national committees and at a local medical school, and I always remained in close contact with my mentors from fellowship, who have provided substantial support throughout my career. Although transitioning from a private practice in semi-rural New York to the MGH sounds improbable, bear in mind that since most full-time academic faculty are deeply committed to research and related academic pursuits, leaving little time for clinical care and teaching, a clinician with career-long demonstrated interests in education, academic engagement, and self-improvement pursued out of personal drive rather than for the fulfillment of institutional requirements fills an important niche. Lastly, remember that as an experienced private practitioner, your accumulated knowledge and expertise is valuable to younger physicians in our field. The best professional decision I made was to pivot and transition to an academic setting late in my career.

Key Points to Enable Transition from Private Practice to an Academic Environment While in Private Practice:

- Remain academically engaged and contribute to the literature
- Volunteer on national committees and if possible at a nearby medical school
- Maintain contact with your mentors
- Understand that academic institutions need skilled clinician/educators for teaching and running clinical programs

Reference

1. Waschke KA, Anderson J, Valori RM et al. ASGE principles of endoscopic training. *Gastrointest Endosc* 2019;90:27–34.

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