A Day at the Office

A Day at the Office: Smooth Transitions—Setting Up the Next Phase of a Professional Life

Douglas W. Lundy MD, MBA

For better or worse, my career as a private practice orthopaedic surgeon defines me. But as I enter the latter half of my professional career, I am starting to consider my life beyond my practice. When will I retire? How will I walk away? Physicians inevitably retire from medicine, but just a rare few do so at the right time—that sweet spot in a surgeon's

career when the skills remain, but perhaps the willingness to dedicate oneself to the work fades. Indeed, I find that most private practicing orthopaedic surgeons are reluctant to give up their practices, unwilling to leave behind the legacy and reputation they have built for themselves.

I certainly empathize with physicians who tenaciously hold on to their final years, even as they dip a toe into the retirement pool. In the world of business, one would characterize our profession as having tremendous “entry barriers.” After training, we must successfully pass board certification and maintain that certification over a period of decades. Private practicing orthopaedic surgeons are not guaranteed patient referrals; good will and an outstanding reputation must be devel-

oped through years of availability and selfless service. Walking away from all of this “sweat equity” after years of labor must be incredibly difficult.

Still, how we cross that threshold is vitally important. From a business perspective, our private practices need effective and efficient succession planning to smoothly recruit and effectively retain new talent. Behind every retiring physician who decides to stick around a little longer is a disappointed surgeon eager to make his or her own mark on the practice. It certainly can be awkward. What if that surgeon feels marginalized and decides to leave? Instead of a smooth transition, the practice has two surgeons out the door and no replacements lined up.

After watching many physicians waffle about their decisions to stop practicing and waver on their future plans, I am struck by the ones who did it with class and grace. I recall one prominent orthopaedic surgeon who walked out on his last day and vowed never to roam the halls of the hospital again. He left exactly when he said he was going to and never became the “former chief” that continued to live out the glory years in conferences and

A note from the Editor in Chief:

We are pleased to present the next installment of A Day at the Office. In this column, private practice orthopaedic surgeon Douglas W. Lundy MD, MBA, provides perspective on the pressures that orthopaedic surgeons face on a typical “day at the office,” as well as a broader viewpoint about trends in nonacademic clinical-care settings.

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in the physician's lounge. He left at the zenith of his spectacular career, and that is how everyone remembers him.

I have heard that younger physicians—the millennials (Generation Y), those born between 1977 and 1995 or so—aren't as professionally invested as us older physicians. The younger ones sometimes are accused of being less dedicated to patient care, unable to devote themselves as completely to the needs of the sick and injured as doctors of eras past. I'm a member of Generation X (those born between the mid-1960s and the mid-1970s). By reputation, we are hard-working, but self-centered. But I'm not sure any of these labels explains much in this setting. While I've heard that the 80-hour workweek restriction during residency has caused Generation-Y physicians to perceive patient care as "shift work", and because of that, they do not take full ownership of their patients, my own experience with Generation Y has been far different. Many of the best of the 96 orthopaedic surgeons and physiatrists in my group are from Generation Y. I can't think of a single one who isn't totally devoted to patient care and to the profession. That being so, I doubt that "retiring poorly" will be a generational phenomenon. I suspect that

physicians to come will do it just as badly as I am on track to.

My goal: To leave my practice while I remain on top of my game, still able to enjoy the next phase in life. The solution to finishing a career well must therefore lie in the ability to find meaning outside of the practice of orthopaedic surgery.

Recognizing the goal, though, is far easier than executing a plan to achieve it. If we could find so much personal meaning in activities outside of medicine, we might already be doing those things. Medicine demands our time, talents, and convictions. Few of us can find equal satisfaction in golf, global travel, or gardening. We need something as meaningful, as substantive, as relieving pain and restoring function, if we want to remain fulfilled in retirement.

The other issue that haunts us toward the end of our careers is the notion that we didn't accomplish all that we wanted to do. I know many orthopaedic surgeons who have specific professional goals they would like to accomplish as they grow older. But without proper planning, time insidiously sneaks up on all of us. After we finish fellowship, we put our heads down and get to work only to look up and half of our career has passed. We

blink again, and the sunset of our professional life is in our face. All the good intentions of what we were going to do never materialized. This leads to regret and yearning for just one more year in practice.

My observation is that most orthopaedic surgeons only get lasting satisfaction from activities that give back to others, rather than from accomplishments that glorify ourselves. With that in mind, at a recent meeting, I urged my partners to consider one or more of these four options:

Charity

By far the most satisfying professional work I have done has been in my capacity as a medical missionary. No other achievement in my career comes close. Working to relieve suffering in an intensely resource-poor environment brings meaning that no amount of money could ever provide. Non-profit organizations are always looking for orthopaedic surgeons who can contribute to those in need both in the United States and abroad. Doctors Without Borders (<http://www.doctor-withoutborders.org/>) is the most prominent nonreligious organization coordinating this work. There are a

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myriad of faith-based organizations, however, performing medical relief work throughout the developing world. I would encourage interested physicians to seek these out through their specific organization.

Research

Although our colleagues in academia have a decisive advantage in this arena, private practicing orthopaedic surgeons can still contribute to research. The private practice orthopaedic surgeon interested in research can get involved through collaborative studies looking for additional sites (such as the South-eastern Fracture Consortium <http://www.sefs.org/>), by volunteering to help residents at a nearby academic institution, or by conducting clinical studies through their own practices.

Teaching

Private practicing orthopaedic surgeons can contribute tremendously to the educational experience of medical professional students. “Paying it forward” by teaching the following generations is an excellent way for private practice orthopaedic surgeons to give back. There are many opportunities for teaching in private practice. Physicians at our practice currently teach nursing students and physician assistants in our offices. As a private practice orthopaedic trauma surgeon, I am faculty in courses sponsored by the Orthopaedic Trauma Association, the Arbeitsgemeinschaft Osteosynthesefragen/Association for the Study of Internal Fixation (AO/ASIF), and Advanced Trauma Life Support® (<https://www.facs.org/quality-programs/trauma/atls>).

Leadership

There is a relatively small cadre of orthopaedic surgeons in our specialty’s organizations that gravitate toward leadership positions. Although leadership is not for everyone, volunteering to lead causes in all aspects of society is intensely rewarding. Your own practice is an excellent place to seek out leadership opportunities. Hospitals and surgery centers need effective leadership, and they commonly lack enough interested physicians. Local and state orthopaedic and medical societies are also an excellent venue for private practicing orthopaedic surgeons interested in leading initiatives to improve the care of our patients.