A CAREER IN ACADEMIC SURGERY:
FOR WHOM?
... AND WHY?

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Department of Orthopaedics
University of Maryland School of Medicine

UNIVERSITY OF MARYLAND ORTHOPAEDICS
THE PRACTICE OF MEDICINE

“THE PRACTICE OF MEDICINE IS AN ART,
NOT A TRADE;
A CALLING, NOT A BUSINESS;
A CALLING IN WHICH YOUR HEART WILL BE
EXERCISED EQUALLY WITH YOUR HEAD.”

SIR WILLIAM OSLER, 1903
CAREER IN ACADEMIC SURGERY
MEDICAL PRACTICE

THE COMMON DENOMINATOR

OUR COMMON RESPONSIBILITY

TO PROVIDE EXEMPLARY CARE

FOR OUR PATIENTS

OUR PATIENTS ARE OUR FIRST PRIORITY
CAREER IN ACADEMIC SURGERY
THE UNIVERSITY SETTING

WHAT DISTINGUISHES ACADEMIC PRACTICE?

THE ADDED PRIVILEGE AND RESPONSIBILITY OF

DISCOVERING NEW KNOWLEDGE

TRANSMITTING IT TO OTHERS

MENTORING THE NEXT GENERATION

(EVEN WHEN THEY ARE THE COMPETITION!)

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CAREER IN ACADEMIC SURGERY
MY EDUCATIONAL BACKGROUND

DARTMOUTH COLLEGE 1977
DARTMOUTH MEDICAL SCHOOL 1979

SO, I BLEED GREEN...

HARTFORD HOSPITAL – GEN SURG 1979-81
U OF ROCHESTER – ORTHOPAEDICS 1981-84
U OF ROCHESTER – HAND / UE 1984-85

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CAREER IN ACADEMIC SURGERY
MY “PERSONAL” DISCLOSURE

THREE DAUGHTERS (24, 20, 17)

THREE (FEMALE) CATS

ONE CHOCOLATE LAB (MALE – SPAYED)

WIDOWED 1998 - SINGLE PARENT

NEVER BEEN TO THE OPERA!
CAREER IN ACADEMIC SURGERY
MY “EMPLOYMENT” DISCLOSURE

STANFORD UNIVERSITY 1985 – 1986

UNIVERSITY OF ROCHESTER 1986 – 1992

PRIVATE PRACTICE TEMPTATION 1988

PENN STATE UNIVERSITY 1992 – 2001

UNIVERSITY OF MARYLAND 2001 –

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CAREER IN ACADEMIC SURGERY
THE UNIVERSITY

WHAT DISTINGUISHES ACADEMIC PRACTICE?

DON’T LIKE GOLF OR BOATS

CAN’T RUN A BUSINESS

LAZY

SPEND ALL THEIR TIME IN A LAB

CAN’T OPERATE
CAREER IN ACADEMIC SURGERY
THE UNIVERSITY MISSION

PROVIDE “EXEMPLARY CARE” TO OUR PATIENTS IN AN ENVIRONMENT THAT ENCOURAGES INQUIRY AND DISCOVERY SUPPORTS LEARNING NURTURES PERSONAL / PROFESSIONAL DEVELOPMENT

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THE UNIVERSITY MISSION

THE CLASSICAL THREE-LEGGED STOOL

PATIENT CARE
TEACHING
RESEARCH
CAREER IN ACADEMIC SURGERY
THE UNIVERSITY MISSION

TRUE SURGICAL "TRIPLE THREATS" ARE RARE

OPERATIVE PRACTICE FOR A "MASTER CLINICIAN"
AND

COMPETING SUCCESSFULLY FOR NIH FUNDING

ARE EACH, INDIVIDUALLY, FULL TIME ENDEAVORS
CAREER IN ACADEMIC SURGERY
THE UNIVERSITY – NOT FOR EVERYONE

EXCELL IN AT LEAST TWO AREAS TO SURVIVE

A MANDATORY COMMITMENT TO TEACHING

CLINICAL EXCELLENCE

AND / OR

NIH SUPPORTED RESEARCH
CAREER IN ACADEMIC SURGERY
RESEARCH REQUISITES

RESEARCH INTEREST AND INTEREST IN RESEARCH
PARTICIPATE IN INQUIRY AT SOME LEVEL

BENCH BASIC SCIENCE
CLINICAL TRIALS
OBSERVATIONAL STUDIES
CAREER IN ACADEMIC SURGERY EDUCATION

“All Men (and women) by nature desire to know.”

Aristotle
CAREER IN ACADEMIC SURGERY
EDUCATION AND TEACHING

“IT IS WHAT WE THINK WE ALREADY KNOW
THAT KEEPS US FROM LEARNING.”

CLAUDE BERNARD
CAREER IN ACADEMIC SURGERY
EDUCATION AND TEACHING

PREREQUISITES OF A CAREER EDUCATOR

SUBSTANTIAL FUND OF KNOWLEDGE

KNOW WHAT YOU DON’T KNOW

ALWAYS WANT TO KNOW MORE

NOT … “KNOWING ALL THE ANSWERS”
CAREER IN ACADEMIC SURGERY
EDUCATION AND TEACHING
FOR THE NEW OR INSECURE FACULTY MEMBER

THE RESIDENCY PROGRAM,
ESPECIALLY THE UNIVERSITY PROGRAM,
CAN BE A VERY THREATENING ENVIRONMENT

A SECURE (NOT OFFENSIVE!) EGO IS A NECESSITY
CAREER IN ACADEMIC SURGERY

FACULTY REQUISITES

PERSONAL ATTRIBUTES

INTELLECTUAL HONESTY

SECURE EGO

INTEREST IN BEING A MENTOR
CAREER IN ACADEMIC SURGERY
MENTORING

Provision of supportive environment

- Clear and genuine communication
- Constructive criticism
- Fatigue management
- Health maintenance

Humiliation is NOT a pre-requisite!
CAREER IN ACADEMIC SURGERY
THE HIGHLY EFFECTIVE MENTOR

Revels in succession planning for the next generation

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CAREER IN ACADEMIC SURGERY
THE HIGHLY EFFECTIVE MENTOR

Derives personal satisfaction from mentee accomplishments

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CAREER IN ACADEMIC SURGERY
RESIDENT CAREER CHOICE

FEWER GRADUATES CHOOSE CLINICAL PRACTICE

INCREASING ADMINISTRATIVE BURDEN

RESTRICTIVE REGULATION OF MANAGED CARE

SEEK MORE CONTROLLED HOURS

? DISCOMFORT WITH CLINICAL MEDICINE ?
CAREER IN ACADEMIC SURGERY
RESIDENT CAREER CHOICE

GENERATIONAL DIFFERENCES

GEN X and MILLENIALS

GREATER VALUE OF PERSONAL AND FAMILY TIME

TECHNOLOGY SAVVY

LESS WILLING TO DEFER GRATIFICATION

ACGME GUIDELINES

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CAREER IN ACADEMIC SURGERY
RESIDENT CAREER CHOICE
CURRENT TRENDS
DECREASING NUMBERS IN SOLO / PRIVATE PRACTICE
MORE IN NONPRACTICE POSITIONS

? UPTICK IN ACADEMIC PRACTICE INTEREST ?

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RESIDENT CAREER CHOICE

Career Intentions of U.S. Medical Students

The number of graduating medical students opting for nonclinical careers has nearly doubled in the past decade.

<table>
<thead>
<tr>
<th>Year of Medical School Graduation</th>
<th>1990 (n=11,617)</th>
<th>1995 (n=13,336)</th>
<th>2000 (n=14,416)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time Academic Medicine</td>
<td>30.1</td>
<td>29.1</td>
<td>31.0</td>
</tr>
<tr>
<td>Full-time (Nonacademic) Clinical Practice</td>
<td>64.6</td>
<td>62.7</td>
<td>56.9</td>
</tr>
<tr>
<td>Other</td>
<td>4.4</td>
<td>5.7</td>
<td>8.4</td>
</tr>
</tbody>
</table>

Source: AAMC Graduation Questionnaire

*Of the 8.4 percent, 4.7 percent intend to work for a state or federal agency, 0.6 percent plan to pursue careers in administration, 0.3 percent plan to be nonuniversity researchers, and 2.8 percent did not specify their career plans.
CAREER IN ACADEMIC SURGERY
EDUCATIONAL CROSSROADS IN MEDICINE

THE ART VS. THE SCIENCE
PRACTICE VS. TECHNOLOGY
OLD VS. NEW

THREATENS TO DEHUMANIZE MEDICINE
AND ERODES THE PUBLIC TRUST
CAREER IN ACADEMIC SURGERY
SOCIAL SKEPTICISM IN RESIDENT EDUCATION

INSTITUTE OF MEDICINE - NOVEMBER 1999
DEATH AND INJURY FROM MEDICAL ERRORS

ACGME - 2000
INTERNAL MEDICINE - WORK HOUR VIOLATIONS

ACGME 2003 - DUTY HOURS REGULATIONS

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CAREER IN ACADEMIC SURGERY
THE TIME TO TEACH

MEDICARE REGULATIONS

DIMINISHING TEACHING TIME ON PATIENT WARDS
DECREASING LENGTH OF STAY
INCREASING NUMBERS OF STUDENTS

LESS EXPOSURE TO CLINICIAN ROLE MODELS

LUDMERER; TIME TO HEAL, 1999

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CAREER IN ACADEMIC SURGERY
THE MASTER CLINICIAN

UNDERVALUED IN THE ACADEMIC MEDICAL CENTER
LITTLE TO NO TENURE RECOGNITION

REPLACED BY DIAGNOSTIC TECHNOLOGY?
COMPUTER MODELS
SIMULATED PATIENTS - STANDARDIZED EXAMS
CAREER IN ACADEMIC SURGERY UNDER ASSAULT

INCREASING EMPHASIS ON CLINICAL PRODUCTIVITY

LESS “PROTECTED” TIME FOR RESEARCH

DECREASING OPPORTUNITY FOR TEACHING

MEDICARE “TEACHING PHYSICIAN” RULES

BUT, DECLINING REIMBURSEMENT IS SHRINKING THE SALARY DIFFERENTIAL

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Obligations and actions of the chair are not intellectually difficult to comprehend.

They are, however, invariably more difficult to implement and operationalize!

“Nothing astonishes men so much as common sense and plain dealing.”

Ralph Waldo Emerson
CAREER IN ACADEMIC SURGERY
MY BIAS

THE SPIRIT OF
INQUIRY AND TEACHING

HELP TO MAINTAIN
THE PASSION IN
THE PRACTICE OF MEDICINE
CAREER IN ACADEMIC SURGERY
FACULTY REQUISITES

PERFORMANCE EXPECTATIONS

CLINICAL EXCELLENCE
WILLINGNESS TO LEARN AND TEACH
INVOLVEMENT IN SCIENTIFIC INQUIRY
CAREER IN ACADEMIC SURGERY
PATHWAYS TO ADVANCEMENT

PROMOTION – ACADEMIC RANK
REWARD FOR SCHOLARLY ACHIEVEMENT

TENURE – JOB SECURITY
DEPENDABILITY OF FUTURE PRODUCTIVITY
CAREER IN ACADEMIC SURGERY
PROMOTION

ASSISTANT PROFESSOR
BOARD CERTIFIED – A STARTING POINT

ASSOCIATE PROFESSOR
REGIONAL REPUTATION – 20 PUBLICATIONS – 6 YRS

PROFESSOR
NATIONAL REPUTATION – 40 PUBLICATIONS – 12 YRS

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CAREER IN ACADEMIC SURGERY

TENURE

TRADITIONAL

“UP OR OUT” – JOB (SALARY) SECURITY

REVIEW AT 6+ YEARS

CONTEMPORARY

TRANSFER TO NONTENURE ANNUAL APPOINTMENT

TWO TRACKS – “CLINICIAN EDUCATOR”
CAREER IN ACADEMIC SURGERY

STRESS

The “mind-body arousal resulting from physical and psychological demands” of our three spheres of influence.

Self  Home  Work

\[ X \]
CAREER IN ACADEMIC SURGERY
STRESS

my haircut

open house

journal club
CAREER IN ACADEMIC SURGERY
STRESS

my dentist
wife’s U/S
chairman’s case

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