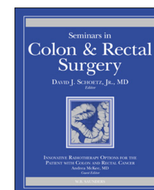
Seminars in Colon and Rectal Surgery 26 (2015) 143–146

Contents lists available at ScienceDirect

Seminars in Colon and Rectal Surgery

journal homepage: www.elsevier.com/locate/yscrs



Preparing the colon and rectal resident for real world practice: What should the graduate in 2015 be prepared for?

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ABSTRACT

Despite the myriad of changes in the health care work environment and the constant pessimism that we are now subjected to, it is still a privilege to be a surgeon! There are several keys to success but none more substantial than your attitude. Furthermore, if you have joined a team of individuals with solidarity, and the leader has a clear vision for both the group and your role then you are set up for great accomplishment. Understanding what your personal and professional priorities are and how they may evolve is critical to implementing a focused plan. This basic yet elusive awareness will allow you to establish daily and weekly habits that are the cornerstone to achievement and personal contentment. Most importantly, your ability to take complete ownership for your clinical mishaps and personal grievances will allow you to grow and mature as a surgeon and an individual! This article will provide you with additional details regarding your first-attending job environment and hopefully some insights that you can incorporate into your career.

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Introduction

We are constantly reminded that "times have changed." The new face of health care and recent economic pressures has forced a culture of "do more with less" upon us. This environment has created a rift of negative energy and pessimism throughout the surgical field. Young surgeons, more than ever, talk about RVUs, tail coverage, FTE allotment, and MGMA percentiles and less about clinical surgery, teaching, and mentorship. These problems have been compounded by hospital administrators without a legitimate strategic plan, vision, and understanding of clinical surgery! As a young surgeon, you have two choices. You can either join most of your colleagues in their world of fear, discouragement, and uncertainty or take complete ownership of your own situation. To do this, you must believe firmly in your abilities, know your value, and acknowledge that some things have changed but the core reason you became a physician surgeon still exists! In this short article, we provide some insights and strategies that may help you transition into practice but if you have already adopted successful life strategies and are able to maintain perspective then you are already ahead of the rest!

Deceleration injury

Your first-attending surgeon position follows one of the busiest and most hectic years of your life, which of course was coming off of the busiest and most hectic 5–7 years of your life. Needless to say, we are all used to working hard and working a lot. The transition from training into practice may feel like a bit of a deceleration injury. This, of course, largely depends on the practice format or department model that you have selected. Some practices may have you hit the ground running by unloading both additional call and their elective practice backlog. However, Others may be deciding how best to market themselves with a new service line, and how to navigate around various time-honored referral patterns. During your first 6 months after residency, you will more likely have more "free time" than ever before. It is imperative that you use this time very efficiently and in an organized fashion to establish the habits that will lead to long-term success.

Regardless of the position you take, every decision you make will be analyzed by your colleagues under a microscope. Therefore, take ample time to be both meticulous and comprehensive in everything you do. Experienced referring physicians, administrators, nurses, and everyone in your environment knows that "how you do something is how you do everything." More specifically, be punctual and attend every hospital conference or tumor board. Furthermore, during these meetings listen more than you speak

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http://dx.doi.org/10.1053/j.scrs.2015.04.006
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and offer your suggestions in an educated, articulate, and humble manner. If you are at an academic institution, engage the residents and learn the culture of the program. Critically re-read your colorectal text daily and find time to read peer-reviewed journals each month. Lastly, spend the additional time you have talking with your patients before or after surgery. This behavior and effectively communicating or introducing yourself to referring doctors will help build your practice.

One size does not fit all

There are a variety of options regarding types of clinical practice from which you can choose. The number of active colorectal surgeons and the number in graduate medical education increased between 2004 and 2008 by 17% and 35%, respectively. This includes a 68% increase in female colorectal surgeons along the same time point. As of 2009, the number of people per active colorectal surgeon was second highest among surgical specialties. Currently, there is consistently 100% occupancy of colorectal residency positions. In a survey sent out to 342 recent colorectal fellowship graduates from 2004 to 2008, 60% reported that they practiced at a private hospital, 42.5% practiced at a University Hospital, and 6.3% practiced at a Veterans hospital. Approximately 10% classified themselves as practicing at both a university appointment and private practice.[1] Among the main categories of academic, private, and employed models are a variety of nuances which makes every job different in its own right. The reality is, most have geographical constraints or requests and usually try to mold their job within a specific area.

Most importantly, when you choose a team be sure that their goals and expectations are in line with yours. To do this successfully, you must be completely honest with yourself about what you enjoy within the field of colorectal surgery. The primary reason that first job attrition rates are high is that either the surgeon, group, or both were not forthcoming about their sincere expectations and goals. Within today's market, there are generally 3 types of practice options. The variability within them is vast with some private practice jobs being more "academic" than certain university positions.

Academic practice

For some, the exciting academic environment of a major teaching or research university is ideal, which offers interaction with medical students, surgical residents, and researchers. These appointments are typically served at tertiary and quaternary care referral centers, which attract patients with medical and surgical complexity. Practice patterns are also influenced by clinical collaboration amongst a multidisciplinary team.

The combination of teaching, clinical practice, and research productivity often presents a substantial challenge and heightened expectations. Within this environment, there are typically various "tracks" which place a degree of emphasis on a specific academic component,[2] the specifics of which are beyond the scope of this discussion. However, the appointment typically requires formulation and articulation of a discrete plan prior to signing a contract. It is also extremely important to identify both a clinical and an academic mentor who can help guide you with clinical decisions, as well as help with writing, research, and career development. This includes assistance with opportunities for research, and committee and society involvement at the national and international level. You will likely identify several mentors depending on your priorities, personality, and the overall mission of the department.

More specifically, the actual transition throughout your first year will be more productive and seamless if you and your chairman or division chief firmly understand your priorities. As a young academic surgeon you will have time dedicated to clinical practice, research, national/hospital committees/responsibilities, education, and leadership. The percentage of time that you allot for each of these areas will be completely dependent on your agreement and expectations from your boss and your ability to prioritize. Most importantly, if you can demonstrate early on that you are fully capable of managing yourself and are able to be productive in all avenues then you will have the best of both worlds! With the right formula, you will have the independence that we all crave and the institutional support and resources to drive your success. This productivity and efficiency is not only dependent on your ability to stay focused on your priorities but your commitment to establishing a consistent daily regimen. This habit-based lifestyle and inherent self-discipline allows one to follow the sage advice of Thomas Caryle in "*Signs of the Times,*" regarding "what lies clearly at hand" and achieve great success in the academic arena.[3]

There is another critical component of being in the university setting that is often overlooked and misunderstood. The very first day that you begin in an academic arena you are in a leadership position. By definition you are what John C. Maxwell refers to as a *360 Degree Leader*! 360 Degree leaders have the most influence in an organization despite not being "on top" or having a title.[4] In an academic environment as a junior attending, everyone will eventually come to you if you understand this role. The office staff and residents will be most comfortable approaching you with their problems. You will often be the ear to the colleagues in your division as well. Furthermore, your boss will also come to you and recognize if you listen carefully and are trustworthy; and you will have the pulse of the department. By measuring your thoughts carefully and speaking your well-thought-out opinions when appropriate, you can have tremendous influence on the entire team and will make yourself invaluable.

Hospital employed practice

Positions which allow for a percentage of protected time are becoming rare. The number of applicants that are coming out of residency with grant funding or an interest in grant writing are few. The reality is that there is always going to be pressure to produce clinically, and any "protected" time is at the discretion of your patients, which always come first. An alternative for those still wanting to either surround themselves in academia or be immune to the headaches of private practice, is a hospital employed position. These may or may not be affiliated with a neighboring university and an academic appointment.

From a revenue perspective, colorectal surgery is a very desirable service line to hospital administrators. Furthermore, the hospital employed career path has gained tremendous momentum in the wake of health reform and increased focus on accountable care organizations. Today, approximately 25% of all specialty providers are employed physicians. This may allow for some of the benefits of an academic practice without some of the stressors and rigorous requirements of a strictly university-based model. These contracts often contain substantial flexibility that is dependent on the applicant' priorities and expectations. They are ideal for those who covet the comforts of "employment," yet maintain an independent practice within the system. The precise rounding and call duties that accompany these positions are more diverse than those in academic or private practice and must be clearly outlined before an agreement can be made. Non-physician leaders are typically the leaders in these environments and therefore often require "coaching" to make the process work. It is

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