

Balance

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One of the most difficult things that you must learn in your professional career is how to balance family, work and recreation. Everyone copes in different ways, some by having good friends or an understanding spouse to talk to; others simply keep it inside and find activities or exercise to deal with the stress of daily lives. A crisis to one person may be only a minor annoyance to someone else.

Stress is a necessary part of life, and it will vary with the different phases of your career. The top priorities are family, spouse, career, community service, religion/spirituality, health, sports, art, hobbies, and adventure/travel. The prioritizing of these will vary depending on your stage in your career.

First of all, are you in Balance? Similar to asking me to give the ACL complications talk because I have had every complication known to man, I feel qualified in giving this talk because I have been in and out of balance in the past.

The work-life balance quiz.	Agree	Disagree
1) I feel like I have little control over my work life.	0	1
2) I regularly enjoy hobbies or interests outside of work	1	0
3) I often feel guilty because I can't make time for everything.	0	1
4) I frequently feel anxious or upset because of my work	0	1
5) I usually have enough time to spend with family and loved ones.	1	0
6) When I am at home I am relaxed and comfortable.	1	0
7) I have time to do something just for me every week.	1	0
8) On most days, I feel overwhelmed and over-committed.	0	1
9) I rarely lose my temper at work.	1	0
10) I never use all my allotted vacation days.	0	1

So how many points did you score? Congratulations if you got 7-10 points, it means you are in balance. Keep up the good work. If you scored less, you need to pay attention to some of the following advice.

Life is an Orthopedic Odyssey

In Homer's poem "The Odyssey", Odysseus experienced numerous adventures on his way home from the Trojan wars. Most orthopaedic surgeons will never encounter a Hydra, and will have a more sedate journey as they travel through 3 major stages of their career.

The three phases are:

- The rookie years
- The productive years
- The mature years

The Rookie years

This is the time to find the path, to gain surgical experience, and find out what works best for you. You have to establish a profile in the community to launch your career. Learn the secrets of success! They will be mentioned throughout this presentation, and after you hear them 3 times, you know they must be important.

In these early years you leave behind the altruistic mindset of residency, and phase into the realism of practice.

This is period when more time must be devoted to family. Try to get home in time to have supper together.

The rookies are saddled with considerable debt load after graduation and need professional advice to deal with financial worries. This is still the most common source of marital discord, and if a well planned financial program is developed it will eliminate a lot of stress. Don't buy the big house for your first house!

Don't sweat the small stuff. Learn to prioritize, as there are some things that just aren't going to get done.

One of the most important lessons to learn is that you can control your life. During residency you had very little control over your work day. Now you can determine where and when you practice. One of the most important laws of nature is the Law of

Attraction, or like attracts like. The way you project yourself on a daily basis determines what happens around you. If you are positive in your outlook, thank those who work for you, good things happen. Don't associate with negative people and banish negative feelings and actions from your life.

Protect your down time. Take one week in 6 off to be with family.

Develop your hobby or outside interest. Travel and photography worked for me.

Be thankful for what you have. Remember to thank others who have helped you.

During this time a regular exercise plan should be developed that will carry on throughout your life. When you are fit you are more productive. It goes without saying to eat healthy, and drink moderately. When I was busy doing a thousand cases a year I would jog a few miles to the OR in the morning, do a list and jog to the clinic or home afterwards. The early morning exercise got the mental juices flowing, and the body ready for a day of surgery. At the end of the day the run was my mental relaxation or meditation. This way I could be home for dinner most evenings and did not take a lot of time away from my family to play golf or other sports activities.

As a young surgeon joint an association of likeminded people. AANA fills this quite nicely. You have the opportunity to meet others with similar interests and problems. In AANA we are fortunate to have 25% of our members who are under 40 years of age. We are listening to this group. We have formed a young member's development task force, to gather information about how these young surgeons can be identified, and encouraged to participate in our teaching programs. We are looking to them for our future leadership, and will help develop these leaders with mentorship. The education committee and the young members task force are working together to develop the mentor program. We will continue to be sensitive to gender equality.

The young person must find a routine to keep up to date with medicine. AANA is there to provide the best CME opportunities, as well as providing a family of like minded people. Going to an AANA meeting has always been very stimulating for me, and I come home with many new, and interesting ideas. More often than not, it is why didn't I think of that?

I would encourage young members to volunteer to teach courses at the learning center in Chicago. This is one of the best ways to keep up to date, and to give back some of

your recent experience. There are 3 resident courses held each year, that are hands on, and labor intensive courses, requiring more than the usual number of instructors. Your assistance at these courses would be greatly appreciated. During this time you will also have opportunity to try out new techniques, and fixation devices for yourself.

I also suggest that young members get involved with AANA committees, especially technology, and the learning center. By doing so, you can influence how AANA will provide education, and CME in the future.

Finally, develop a relationship with a mentor and decide what it is you want from a mentor – someone to support you or someone to challenge your assumptions or both. Sometimes seeking a mentor with a different perspective can be the most rewarding in terms of stimulating your intellectual curiosity, thinking outside the box and trying new things in a risk-free environment.

What worked for me in the Rookie years?

Becoming a team physician was a wonderful experience. This is one of the ways that you can begin to gain knowledge, and also give back in your rookie years. You spend many non-remunerative hours on the sidelines, and in traveling. You really have to enjoy the involvement with the athlete to do this. I loved jogging around Europe with all the famous athletes. It also puts clinical judgment, and your surgery on display. My career started at the university, and I went on to become an Olympic team physician, and eventually a professional team doctor for hockey and football. Sometimes being a team physician had its downside, like the time that I had to run on to the ice to attend to a player, and forgot that I was wearing cowboy boots. I almost became the next patient.

In order to set the stage for the rest of your life, the balance of family, work, and play is extremely important in these early years. This is a time when more weight of the balance has to go the family.

Why Arthroscopy and Sports Medicine?

Originally I wanted to be a trauma surgeon. I know that some of you who know me now would find that hard to believe. Sports Medicine was not a recognized sub-specialty at that time. I was introduced to sports medicine by providing care for the university

hockey and football teams. Early on, this was a hobby. I never really felt that it would amount to much, especially when doing joint replacement was so much fun!

Arthroscopy during this period evolved from the fringes of medicine, that is, the jock doc looking through a keyhole, to an accepted and widely practiced specialty. This may have been largely patient driven, and the arthroscopy association responded to provide the much needed education.

Most of all for me, it was the realization that the arthroscopists pushed the envelope.

But, to be practical, there was an opportunity open in Ottawa. Sports Medicine allowed me to combine my vocation and avocation. The avocation consisted of the challenge of outdoor adventure, mountain climbing, x-c ski racing in the winter, triathlons and marathons in the summer. It gets your kids attention to hang them off the end of a rope on a glacier! The ultimate experience was being the team doctor on a trek to the north face of Everest.

Arthroscopy - The Vocation

Think about the progress that has been made over the past 25 years, and consider how you can continue this evolution. Recall that Dick Caspari developed an arthroscopically assisted unicompartement knee arthroplasty more than 10 years ago. At that time industry didn't think that it had much potential, and now minimally invasive arthroplasty is all the rage. The message is, don't give up on that outrageous idea that you have been thinking about.

To me, one of the appealing aspects of the arthroscopist was that he was always pushing the envelope; from the traditional open procedure to mini-open, and eventually to the all arthroscopic. They embraced technology; the first to use a television camera on the scope, and the first to record still images, and the first to record digital video. Digital documentation and archiving quickly followed. As always they were improving the instrumentation.

Burkhart said that one of the major attractions for him was that he recognized that arthroscopists were a major group of cowboys. And cowboys were his heroes. This is not the cowboy of reckless abandon, but is the one known for hard work, independence, and tenacity. Let us not lose sight of this theme.

There is no question, that in my experience, I felt more at home with the family of AANA which was innovative, provocative, and always expanding the limits of arthroscopy. Now, we can even scope the tendon sheaths around the ankle!

Early arthroscopy involved putting your eye on the scope, and no one else in the room knew what you were doing. The articulated teaching arm, seen here, allowed the fellow to actually see what was going on. Now that was a real teaching experience!

The old and the new. I don't perform any of the procedures that I was taught as a resident. Yes, granted, I was a resident in the days of black and white TV! In addition, I regard most of them as barbaric. Just imagine what the future surgeon will think about us ripping out the patellar tendon just to reconstruct your ACL.

The posterolateral corner is the last of the big open operations.

The message for the young surgeons is to think of this as an arthroscopic procedure. Could this be done as a: popliteus tendodesis, posterolateral capsular plication, and LCL subcutaneous reconstruction with an allograft?

Thanks to Bob Jackson, and others, Arthroscopy has evolved from the days of:

- skepticism and ridicule...
- I was told by one of my senior surgeons when I was struggling to do an arthroscopy, "Why don't you just open that knee like a man?"

Arthroscopy became one of the 3 important advances this past century:

- Arthroscopic surgery
- Along with Joint Arthroplasty and
- Open reduction and internal fixation.

Success is not a onetime destination, but a life long journey

The Productive Years, Work, Work, Work.

This is the time when you are the busiest with your practice. During this hectic time you should focus on: Finding the niche, what is it that you do best? Saint Francis of Assisi said, “do only a few things, but do them well. Maintain a passion for what you do, and keep a positive attitude. Avoid negative people in your life. Don’t take yourself too seriously. Don’t sweat the small stuff. There is no point in worrying about things that you can’t change.

Maintain a high energy level with regular fitness even though there are many other competing interests. It will serve you well in the later years. Be a good role model for your patients. Exercise calms the soul. The endorphins stimulate the creative mental juices, which allow you to solve that difficult problem that was troubling you.

Danforth said “catch a passion for helping others and a richer life will come back to you” Listen, listen, listen. In an academy instructional course it was stated that the average time that an orthopedic surgeon interrupted his patient’s dialogue was after 14 seconds. No wonder when our interview process is something like this, “does your knee catch, lock and give way?” How long has it been locked? This is often followed by “When did you eat last?”

Read to be well rounded, go to meetings to be prepared, and write to become exact.

Journal of Arthroscopy

Volunteer to review for the Journal of Arthroscopy, our premiere scientific journal. This process helps with your critical evaluation of the literature, and improves your own writing.

Develop the outside interest.

For me photography and travel worked.

Learn to balance work, family, and recreation. In these busy years more time will have to be spent in practice. By this time your children will have become more independent, and regular vacation time will continue the connection with them.

Learn to embrace the continuing changes in medicine. Don’t be the first, but don’t be the last to accept a new idea or technique. Assess it in terms of your interests, abilities and clinical reviews to see if it’s a good fit now or maybe in the future.

Maintain your focus to eliminate the many potential bad choices that will present themselves to you, and stay the path.

Giving Back

A physician should continually consider how he can give back. To be a physician is a very satisfying, and privileged position in the community. We all went into medicine for a variety of altruistic reasons, but sometimes we have become jaded by the realities of practice. Emerson said “that no man can sincerely try to help another, without helping himself.” Giving back can help revitalize the passion, and can be done in many ways: By doing clinical research, reviewing your results of surgery, you improve the quality of care for your patients.

You can give back by working with professional organizations such as AANA.

You can perform community work to broaden your outside interests.

If really disenchanted, volunteer for overseas professional work.

Reach Out and Teach Someone.

Medicine has evolved from a paternalistic art, to evidenced based medicine. The randomized clinical trial has become the standard to accept new techniques and treatment. This is not the perfect method as bias can still be introduced into the trials, however it is great improvement over the retrospective review of cases that we did in the past.

Teaching

We can give back during the middle years by teaching. It is through teaching that we ourselves learn. You don't have to be associated with a university to teach with AANA, just committed. This is a particularly good time to teach practice management to younger members.

Why Teach? To Show the Way



The inukshuk shows the way to natives in the north.

One of the most gratifying things that you can do is to lead someone through the process of an arthroscopic procedure, and then watch them eventually become proficient on their own. There is enormous satisfaction with watching the fellows develop their skills. And sometimes considerable frustration! This is similar to watching the development of your own children.

Teaching helps to keep you up to date, and stimulated by young people, who will question your treatment protocols.

Most of all, you make, and continue, wonderful life long friendships with your fellows. In my early years I was the big competitive brother to the fellows. They all had to run a marathon and there was a great deal of importance in who finished the race first. Now I regard the fellows like an extension of my family, and play the role of father figure. The fellows will eventually surpass the teacher, and they will become the future.

Our challenge for the future is to find new and innovative ways to train a technically excellent surgeon. This may be through online education, remote transmission of surgery, or computer simulators. I will leave this decision to the younger surgeons. But, no longer do you have to see one, do one, then teach one. There is a natural progression from learning the steps on the plastic model, to perfecting the steps on a cadaver, and finally performing the operation in the OR.

The learning center in Chicago has taught many people to convert from the open menisectomy to the arthroscopic menisectomy,

and now to perform meniscal repair. It is the only place where you can learn to do a meniscal repair, and compare the various fixation devices from all the companies, and then select the one that works best for you.

The mature, reflective years

This is the best period to share your time and experience. Giving back should be a high priority at this stage of your career. This is also the period with the highest physician burn out.. Why the dissatisfaction with medicine? Is it because of decreasing reimbursement, increasing bureaucracy, and the resulting frustration with the daily practice of medicine? What makes one person disenchanted, and another still enjoy what he does? I don't know the answer to that. It may be that like an athlete, you only have so many years that you can be on your game. I can however, tell you what worked for me. I think that the most important message is to have a life!! In a society that judges us by what we do, and what we have, it is important to realize that happiness is not in things, it is in us. This is also a time to cut back on your clinical work, so that you have time to reflect, review, and do something creative. Take time out to recharge your batteries. This can be a stressful time for older physicians, and some thought may have to given to changing your practice situation. The important thing to realize is that at this time of your life you have a choice. No longer do you have to support your children and you and your spouse should be able to enjoy these precious years doing what you want to do.

I was fortunate that I was able to get off call, and work less without a penalty. This change allowed me to be rested, and have time for travel. I think that reducing my stress at this time of my career has allowed me to continue to be productive for much longer than I would have been if I have to keep working at full throttle.

Volunteer for orthopaedic oversees, medicin sans frontiers, do a locum up north.

Develop the hobby, and nurture and cultivate the outside interest.

Help develop new arthroscopy products

Communicate and disseminate arthroscopic information through traditional publishing, the internet, and by presenting the results of your techniques.

Patient care.

Medicine has been good to us. One of the most rewarding things that you can do is to perform a procedure, improve the patient's function, and then have him thank you after he has returned to sports. What could be more gratifying?

We should strive to provide excellent patient care. Dedicate yourself to lifelong learning in order to provide state of the art care. This means keeping up to date, and reviewing your clinical results.

Keeping up to date.

A recent study in Annals of Internal Medicine, Feb 2005, showed that older physicians are not keeping up to date

Almost three-quarters of the studies reviewed showed that the average physician's performance declined over time.

There is definite evidence that the number of years in practice is inversely proportional to quality of care provided.

You can reverse this trend by going to regular AANA CME meetings and courses.

The Epiphany

A sabbatical in 1995 allowed a time to re-focus, a time to re-charge the batteries, a time to smell the roses, a time to develop an outside interest in computers and photography, a time to confront my vulnerability, and a time to find that there was life after orthopaedics. During this period, I attacked the computer just like everything else in life, with full fury. Nothing is ever done in moderation. But in the end, I did learn how to communicate, publish, present, and keep databases. I became interested in the digital documentation of arthroscopy images, as well as the use of databases to document the arthroscopic procedures.

Remember, the computer is just a tool, not a religion.

In summary - Get involved with AANA. Once again to paraphrase, ask not what your association can do for you, but what you can do for your association.

This is great family of likeminded individuals who will continue to stimulate and inspire you. "This is our thing"

AANA is on the leading edge of teaching arthroscopy with the fall course, the learning center courses, the resident courses, and the scientific spring meeting. There is a strong committee structure to bring innovative ideas to the board to implement. There is an emphasis on talent not status. Young members are encouraged, and will be mentored.

AANA Showing the Way

Remember the AANA/Inukshuk symbolism to show the way. AANA is a family of likeminded people who will encourage and motive you in your educational pursuits.

In conclusion:

Learn how to enjoy the sunsets... There are only so many left.

There are some folks out there trying to make 60 years of age look bad, so here is some of my sage advice to those of you in the sunset years:

Take care of yourself, exercise regularly.

Eat in moderation. No white at night!

Make friends inside, and outside of medicine.

Have a buddy; remember that wives can fill that role!

Give back to medicine; it has been good to you.

Simplify your life.

You have a choice, make the right one.

Learn how to say NO. Remember the rule that says that when you are over 50 years of age you don't have to do anything that you don't want to do. Don't sweat the small stuff.

Have fun, smell the roses. Savor the Kodak moment. That is those moments when you were happy, creative, and having fun.

The key to happiness lies within us, not in possessions. Electronic gadgets have a special dispensation, and are exempt from this rule.

And finally, to show the way, I will paddle off into the sunset looking for the perfect wave, and doing it in style.