Early Career Reflections: Observations From the First 5 Years in Practice

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I recently reflected on the past 5 years, which also happened to be the first years of my practice. It is amazing how fast the time has passed. I have seen my partners change, my skills increase, and my family expand. It seems like just yesterday I finished training and officially began my practice. According to Plato, “an unexamined life is not worth living.” To that end, I would like to reflect on some of what I have learned with the hope that it may be helpful to others who are just starting their careers.

You Never Get a Second Chance to Make a First Impression

When I was still in fellowship, a mentor advised me that the first 6 months at a hospital can dictate the trajectory of one’s entire experience. I saw that principle unfold for a new attending during fellowship, so when it was my turn, I felt prepared for the experience. I found that decisions, attitude, language, facial expressions, appearance, and speed are evaluated by hospital staff, especially those in the operating room. They keep track of details such as music choice and how demanding one is during surgery. Further, they are quite willing to share their impressions of you with one another. As promised, the phenomenon was most intense for approximately 6 months. With the mentor’s sound advice, I was able to endure the scrutiny and maintain a good reputation with staff throughout the hospital. Those who do not know or choose to ignore this valuable pearl of wisdom can expect strained relationships and a poor reputation.

Importance of Mentorship

My fellowship director once remarked, “Andy is a good guy. I think he will be a great mentor because he is well established and won’t view you as a threat.” These words helped me decide which job opportunity to pursue after fellowship. Although there was no guarantee of mentorship, the possibility seemed promising. As it has turned out, my senior partner Andy King far surpassed all imagined possibilities. I have learned a great deal from his stories and experience. His advice has proved invaluable. His presence allowed me to tackle the most challenging cases from the beginning. In fact, the first several years in practice essentially became a second fellowship. I will be forever grateful for the time and effort Dr King invested in me. As a result, and to honor him, I now seek to intentionally mentor interested students, residents, and fellows.

Young Practice, Young Kids: How Do You Decide?

My daughter was born 2 years ago, which changed both my responsibilities and my perspective. Good parenting demands a lot of effort and time—time that was already scarce in a busy career. With so much to balance, I have at times felt pulled in multiple directions. That is when priorities help to clarify things. Of note, each individual will (and should) have different priorities. For me, the logistics have sometimes been difficult, but the decision is always simple: my daughter and my wife always have to come first. I realize that this may mean fewer manuscripts...
published, fewer conferences attended, and less career advancement, but I am at peace with this. The important lesson I have learned is to establish priorities and then stick to them. It is also important to regularly revisit your priorities to ensure that you stay on course.

**COWORKERS AREN’T NECESSARILY YOUR FRIENDS (NOR DO THEY HAVE TO BE)**

On several occasions, my wife has reminded me that the people I work with are colleagues and not necessarily friends. My personal disposition is to assume that individuals, whether they be colleagues who are partners or hospital staff, are my friends. I have thoroughly enjoyed my relationships with staff at the hospital. However, my wife’s wisdom rings true as I am sometimes disappointed by a lack of the loyalty that I would expect from friends. People can be selfish. When push comes to shove, they often choose themselves. This is not something to be disheartened by; rather, this, as well as the distinction between friends and colleagues, is just something to be aware of and to understand.

**RESIDENTS RESPOND BETTER WHEN POSITIVE COMMENTS PREDOMINATE**

It seems that a primary method of physician instruction includes constructive criticism. Throughout training, I was consistently told what I needed to work on or how I fell short. This information was valuable. It helped mold me into the surgeon I am today. So, when I began my academic career, I likewise reminded residents of the areas in which they needed to improve. However, my experience suggests that isolated correction is not effective for most current trainees. This may be generational. Last year, I changed my approach and emphasized positive comments that highlighted what the residents did well. The response was clear: laying a foundation of positivity opened the door to criticism that did not feel personal to the residents. I have seen the residents improve and flourish with this alternative method of instruction.

**THE WORST-OFF PATIENTS OFTEN BECOME THE CLOSEST**

Fear is part of the human experience. As a physician, it is natural to experience fear when patients are in troubling situations. When I started taking call, pulseless supracondylar humerus fractures and raging osteomyelitis were cause for anxiety. Interestingly, I have noticed that these patients and families tend to be the most grateful and the most personally engaged. Although I have enjoyed all of the relationships I have developed with my patients and their families, each year 1 to 2 patients presenting with severe problems end up becoming lifelong friends. One patient came to our emergency department with impending compartment syndrome and segmental tibial bone loss from osteomyelitis. I remember discussing the possibility of amputation with his mother. Although we were able to reconstruct the tibia and he is now doing well, there was a time when his potential prognosis was not as promising. Years later, his mom continues to send me photographs and best wishes each holiday. Another patient presented to clinic in significant pain with severe progressive scoliosis. Other physicians had referred her to our program due to the severity of her condition and her body mass index of 55 kg/m². She fell a few days after a successful surgery, fracturing her lowest instrumented vertebrae. She presented with essentially no motor or sensory function in her lower extremities. This situation was obviously terrifying to all involved. After additional surgery and several months at our institution, she regained full function and experienced a complete recovery. In fact, she now has higher levels of activity and walks better than she did before her initial surgery. I got to know her family well during her stay in the hospital, and our families have gotten together since. My point is that you should not avoid or fear the patients with the most severe conditions. After the storm has passed, you may have the most meaningful relationships with these patients and they may become your biggest supporters.

**HIT THE RESET BUTTON AT THE BEGINNING OF EACH YEAR**

Several years ago, I started a new tradition: I spend quiet moments in January reflecting on the previous year and assessing priorities for the future. I compile a written account of the exercise and continually edit portions of it. Several priorities remain atop the list, including my faith and family. It is easy to get busy with aspects of life that clamor for attention but are not on the priority list. I find that this process allows me to refocus on what is most important. Further down the list, entries can be shuffled around from year to year. The reflection process allows me to prioritize goals (both personal and professional) for the upcoming year. Two years ago, establishing an opportunity to annually participate in international service trips made the list as a high priority. That goal was realized this past July when I traveled to Jamaica with an amazing group of dedicated individuals from the Duncan Tree Foundation and the Scoliosis Research Society. Although I had that desire for years, formulating a written goal facilitated its materialization. I find that regular evaluation of priorities helps me to stay on track with what is truly important.

**FINAL THOUGHTS**

My initial years in practice have been filled with opportunities to learn both professionally and personally. I have enjoyed the process, and I look forward to continued learning and growth throughout my career. It is my hope that those embarking on the journey will glean insight into the first 5 years in practice from my experiences. Good luck!