A PIECE OF MY MIND

Taking a Dive

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One year ago, at the age of 51, I said goodbye to my private practice, sold my house, and moved my family to another state to begin a 1-year fellowship at the institution where I had completed my residency 21 years earlier. On that hot day in June, I transformed from expert to trainee, private practitioner to academic, and employer to employee.

My decision to leave a successful partnership and busy practice for fellowship was a sort of Rorschach test for other physicians. "Why are you doing this? What is it like?" they asked me, typically awed or irritated, rarely neutral. Some of these physicians seemed to be internally exploring the direction they would personally choose to leap, and at what cost. "I've thought about …" they would say, lowering their voices to confide unfulfilled goals or secret vocational passions. Others were instantly skeptical, as if my unusual midcareer choice was a negative commentary on their lives. The bolder ones asked, "At your age?" and "How can you stomach the opportunity cost of leaving your practice? How will you support your family on a fellow's salary?"

My answer to the "Why?" question was mainly a desire to learn something new, and not just an incremental update to what I had been doing every day for 20 years. Every evening, my kids would be at the dining room table boisterously discussing fruit fly genetics, the battle of Stalingrad, and how to code a stoplight in Python. At the same time, I would talk by phone with my 77-year-old father and hear about the new skills he was acquiring and the bright people he was meeting through volunteer work. Months passed before I was able to identify the emotion washing over me. It was envy. Learning is delightful. Thrilling. Kids and retirees shouldn't have all the fun. Actuarially speaking, I might live to be 100 and want to be problem-solving most of that time. The surgical side of my job is unlikely to last into my 70s, but if I am fortunate enough to be healthy, I could continue with a career of wisdom. I didn't want to leave my specialty; I wanted to re-engage with it in a new way.

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Changes in private practice also influenced my decision. The trend is either to become an employed physician or to sell to a private equity group that will wring out the profit before flipping the group to a health care system. The pressure to maximize billing and see more patients while spending less time with each is intense. Despite my best efforts, I was spending more time facing the computer screen than facing each of my patients. They need "face time," and so, it seems, do I. While my older partners could reasonably ride out the changes and uncertainties, I was only about half way through my career and had to decide what I wanted to be doing every day in 10 or 20 years, not just the next 5. I felt like the frog in the pot of water just starting to boil.

Autonomy, meaning, and mastery motivate us.[1] In private practice, I enjoyed autonomy in areas such as taking time off, hiring and firing, and having things done a certain way. The meaning behind my efforts, however, was overshadowed by the emphasis on financials and seeing patients at a faster pace. Opportunities for mastery became scarce, as the goal was to quickly refer any patient with a complex or time-consuming problem. The meaning came back into focus working with bright-eyed students and residents. I mastered new concepts every day. Although autonomy dried up during fellowship, the flood of meaning and mastery were a worthwhile trade-off for 1 year.

The experience changed my understanding of mastery. When I originally completed my residency, I felt that I knew it all. I passed my boards and stuffed my laboratory coat pockets full of guides and cheat sheets. However, my knowledge was like a block of ice carved out of a river frozen only for a nanosecond at midnight on June 30th, the last day of my training. I committed to a conscientious professional regimen of attending annual continuing education meetings and reading journals. And then inevitably, there came some years when I skipped the meeting and the journals piled up unread while I attended to a newborn or sick family member, or later, my daughter's sports schedule. There was that lost year when our group transitioned from paper to electronic records. Of course, when I saw a patient with an unusual problem, I would do some reading. But as the posttraining years passed, evenings and weekends were increasingly subsumed with parenting, housework, and volunteering. As the flow of medical knowledge was expanding, I was distracted by life, barely dipping a toe in each year.

In 1996, the year I finished my residency, fewer than 500 000 new articles were listed on PubMed. In 2017, that number grew to 1.4 million, a tsunami of information. Starting in the mid-1990s, the World Wide Web grew until online publishing predominated over print. Like other technological advances, electronic publishing did not just replace paper and ink but changed the product, allowing for longer articles as well as the addition of video and interactive enhancements, color, comments, collaborations, multiple languages, submission from all over the world—a breathtaking expansion of available information. In the same 2 decades since my

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original training, the average scientific journal subscription cost rose from about $300 to more than $2000 a year, another impediment to keeping up with the literature for nonacademicians like me.

Other physicians ask me what was hard about being a fellow in midcareer. Two things (3 if you count learning a new electronic health record). One was when others expected me to know everything because I have a few wrinkles. The second was that I was no longer as adept as I was in my old job where I could thin slice or make a diagnosis with a few sentences of history and a glance at the patient. I had no fine-tuned heuristics for my new subspecialty and had to go through a laborious thinking process for every patient. I felt like I was driving on the interstate in a downpour and my windshield wipers were not keeping up.

For better or worse, I was learning with a 50-year-old brain instead of the 30-year-old brain I had during residency. On average, memory and verbal fluency decline after 40. However, with middle age comes stronger moral decision-making and emotional regulation, as well as enhanced ability to read social situations. I often benefitted from approaching my training more like an anthropologist doing fieldwork than a trainee doing scut work.

Three things struck me as markedly unchanged since my first round of training. First, it is still true that the most inspiring and effective teacher is the one who models diligence and humility, genuinely cares for trainees and peers, and shows respect for the personhood of each patient. Second, the patients are heavier, take more medications, are living longer, and are more disillusioned with health care, but they still want the same things—to be heard; to have as much control, capability, comfort, and calm as their condition will allow; and to feel cared for.[2] Third, despite meaningful improvements and additions to diagnostic tools over the past 22 years, it is still true that no matter how many tests are ordered, an accurate diagnosis is elusive without a solid history and careful physical examination.

People in my parents' generation tended to remain in their chosen career fields for many decades. I sense that the physicians in my generation are going through a restless stage, scrutinizing their priorities and goals, weighing their options. When we were completing training at age 30, our opportunities seemed wide open. At 50, we become more aware of doors closing. As a generation, we are healthier than our parents were at this age, and many of us want meaningful work into our 70s and beyond.

Midcareer fellowship training is not for every doctor. Logistically, financially, temperamentally. The needs of partners and other family members add complexity that often cannot be overcome. But going back to school in midlife can be a powerful antidote to the complacency and ennui that seeps in over the years. On June 30, 2018, I graduated with the understanding that my newly acquired knowledge was neither complete nor enduring. The only thing I am still sure of is that mastering the practical details of scientific advances and then using that knowledge to make a patient's life better is positively bracing.

Some physicians buy a boat in middle age. I recommend diving into the river instead.

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