

Chapter Two: Reawakening Your Passion for Clinical Practice

As Richard Boyatzin, Professor of organizational behavior at Case Western Reserve, and his colleagues wrote recently in the Harvard Business Review, “We all struggle with the question of personal meaning throughout our lives. Many executives hit their professional stride in their forties and fifties, just as their parents are reaching the end of their lives—a reminder that all of us are mortal. What’s more, many of the personality traits associated with career success, such as a knack for problem solving and sheer tenacity, lead people to stick with a difficult situation in the hope of making it better...then a creeping sensation sets in: Something is wrong.”

That realization, this awakening, Dr. Boyatzin suggests, launches a process that is healthy and necessary. “Leaders need to go through it every few years to replenish their energy, creativity and commitment. Indeed, leaders cannot keep achieving new goals and inspiring the people around them without understanding their own dreams.”

This, of course, is much, much harder to actually do than to read about in a book or journal article. Which is why so few surgeons I know stop even once in the course of their careers to re-evaluate their goals and dreams.

They are animated, to be sure, in the salad days of their careers by the challenge of learning and then applying their knowledge. But if you think about it, the path to becoming an ophthalmologist is a kind of gauntlet one runs down, often whipped on to the far end by the external goading of parents and professors, all standing on the sidelines, more than by your personal, internal drives. Once you pop out the far end of the chute, you often have enough velocity to keep you going on, unthinkingly, for several years before you slow down enough to wonder, “Is this what I really want? And if not, what *DO* I want?”

One’s first really adult moment is not truly reached until you first ask these questions, which may not take place until you’re well into your forties if your development has been suspended in the usual way during your professional training. Whether you’ve been laboring under a low-grade, slowly growing sense of purposelessness, or are in the midst of a jolting, feverish mid-life epiphany, it may be time for an awakening of your own.

Here are some thoughts on how to get energized without spinning your wheels. And it begins with a story I love to tell. Perhaps you’ve heard it before. On a beautiful spring day, not so long ago, in a remote Utah canyon, 27-year-old climber Aron Ralston committed what, for the rest of us, is a profoundly implausible act. Alone, thirsty, hungry, his hand and forearm pinned by a shifting boulder for the past five days, trapped like some wild animal, Aron amputated his arm with a dull pocket knife. He then hiked out, bleeding along the way, to food, water...and life.

Few of us working in ophthalmology will every be faced with such a heroic feat. But over a life-long career we are confronted by a series of implausible, unpleasant experiences that taken one at a time simply test our will, but that taken together, if we allow ourselves to think about it in that way, can make us feel nearly as confronted by impossible choices as Aron Ralston. Indeed, to hear some ophthalmologists speak today, a few seem willing to amputate themselves from a profession they feel has them pinned down.

It may not take superhuman effort to extricate yourself from the daily grind of owning or managing an ophthalmology practice, but it does take a supreme level of self-discipline to

efficiently attend to the myriad details of an increasingly constraining and constrictive field. Keeping Aron's ordeal in mind may help give you perspective as you push ahead with the obligations, large and small, attendant to successful practice. Here's a short list of some of the least pleasant tasks and disciplines required to thrive in practice today, and things you can do to reawaken your commitment to your patients, your practice and your professional life.

Arrive in the Office on Time

It clearly trivializes things to start off the list of disciplines by contrasting something as painless as coming into the office on time to Aron's painful ordeal. But for many doctors, especially those who stand at mid-career and are a bit jaded and bored, this tops the list of under-performance. Arriving late sets the practice up for delivering poor service to patients and sends the wrong message to staff. If a young hiker can remove his own arm, surely you can get to the office a few minutes before your first appointment of the day to settle in, rally the troops and accelerate the first encounters.

Ask Yourself: "Do I feel Trapped in This Practice?"

Control is happiness, and it's only slightly less enjoyable being trapped in your job than to be trapped by a fallen boulder. If the answer is, "Yes," try to get in touch with the source of your entrapment. Is it purely financial? Are you still trapped by the old expectations of others? Or are you pinned down by the fear that you'll eventually get bored or burned out by anything you might do in the career world?

Being Nice to Patients and Staff You

Don't Really Enjoy...Even on Your Worst Days

Thankfully, the vast majority of the people you serve and manage are probably pleasant to be around. That leaves the rest—these you can either dismiss, tolerate, or bend over backwards to and present a nice demeanor, even if you don't really feel like being nice at the time. Practical realities being what they are, the latter approach is the logical choice in most settings. Make it a game to see if you can get the grump in Room Two or the sourpuss in the billing department to crack a smile today.

Do Whatever it Takes to Fight the Potential for Boredom Inherent in Ophthalmology

Unlike attorneys, rocket scientists and other smart people who work daily with intellectual peers, most ophthalmologists work in environments that get pretty mundane, and with staff and patients who are often delightful, but being blunt, are simply not as smart as you. Even if you have practice partners, you may only gather for weekly or monthly meetings—you don't engage much in the course of your typical workday. Make sure you're learning and applying new techniques and technology at a fast enough pace. Use your ample, under-flexed brain to figure out how to run your business better. And make sure that if you're not getting enough mental stimulation at work, that your spouse, friends and hobbies make up the gap.

Pay Attention to Details and Learn All the Trivial Minutiae of How Your Practice Really Runs

When I am called by practices on the verge of financial collapse—an increasingly frequent event, I'm afraid—the most common underlying cause is that the doctors have not paid enough attention to the day-to-day operating details of their business. They glance (or less) at monthly financial reports. They don't know how to turn on their computer system, much less submit a third-party claim. And they have only a low level of engagement with each staff member. Only in the largest practices, with layers of staff redundancy and a fully-engaged managing partner, can any

providers attend merely to the clinical details of their patients. For everyone else, success, nay survival, requires that durable attention be paid to the details of the practice, as well.

Hold and Attend Staff Meetings, Even Though They Sometimes Seem to Be a Waste of Time

Only about one out of five practices that I visit in the course of a year have optimal all-hands staff meetings, held at least quarterly (monthly is better), with all of the doctors in attendance for most of each session. Such meetings are fundamental to good communication and coordination in your practice. Excuses include, “We don’t have time,” “We used to have meetings, but we ran out of things to talk about,” and “It’s too expensive to have a meeting—just think how much income we’re missing out on!” Excuses notwithstanding, it’s false economy to skip this basic element of good practice management hygiene. If your meetings are boring, or seem a waste, spice up the agenda and send whoever chairs the meetings to school to learn how it’s done right. If you’ve been AWOL from meetings, just having the doctors present will increase the “pucker” factor sufficiently to increase staff engagement with whatever you include on the agenda.

Put Yourself on Time Out

Law firms and universities routinely allow sabbatical time away. This is nearly impossible in solo practice, but should be strongly considered as a perk in every group practice. The adverse financial consequences need not be great. Consider: what would be more damaging to the company, a couple month’s lost production, or a partner who reaches burnout and quits altogether? If it’s not practical for you to get away for months at a time, but routine vacation allotments of time off are not recharging your batteries, find a balance between the two extremes. By using the pearls throughout this book to allow you to see more patients per day, you may find yourself financially ahead, even if you take off a bit more time.

Learn Something New

This can be a new clinical or surgical maneuver, new business skills, or something out of left field. Spend a week in a micro-fellowship somewhere on the other side of the country. Pursue a new athletic interest that will not only tickle new parts of your head, but leave you more energetic. I’ve known a number of surgeons who have recharged by going back for an MBA or law degree. A junior version of this can be had through the ASOA’s periodic Wharton program, or weekend workshops on selected business topics available in most large communities throughout the year.

Help Others

I’ve long been fascinated by this paradox: when doctors who are burned out on medicine go to a third-world country to help even more desperate patients in far more stressful work conditions, their passion for medicine and work *increases*. Opportunities for this abound, not only around the world, but domestically. Start small. Arrange with your local public health department to open your clinic one Saturday morning a month to care for indigent patients, using voluntary staff from your own employee base. Not only will your own burnout potentially melt away, but you’ll get favorable local publicity, and your staff will be as renewed as you.

Find a Coach or Cheerleader

Chapter Nine describes the coaching and the role of coaching to monitor and improve clinical efficiency. Perhaps you’ve gotten as far as you can self-coaching, and you need someone in your life who can watch how you “play the game” and show you a few new moves. This can be your administrator, another lay staff member, or a peer (in or out of the practice.) You can hire a consultant. Or perhaps you just need a louder cheering section. Quite often, when I visit with dispirited clients, they’ll report that they’re no longer the hero with their patients (because they

have to dash through each exam), they're no longer the hero with their staff (because they have had to hold down wages), and they're no longer the hero at home with their family (because they have to spend more time at the office to make ends meet.) Ask yourself, "Who's my biggest cheerleader?" If the answer makes you a little sad, that could all the insight you need to make changes in appropriate areas of your life.

Set Aside Time Each Day or Week for Private Reflection

Leadership consultant Warren Bennis calls this "reflective structures," time and space to for self-examination, whether this takes place during a set time each day, or each week. This is a core activity of most religious practices, but obviously need not be reverential in this context. You may find it possible to reverse burnout through the simple discipline of a half-hour walk each morning or evening, or a half-day a week that is pure "me-time." Although you may not feel you have time in your already hectic life for this luxury, it may be impossible for you to reach the next level of practice efficiency without a clearer head.

Keep Reaching Out to Referral Sources Even Though You Have Reached Full Practice Capacity

Here's a familiar pattern. Dr. Young starts his practice, and spends hours every week on outreach to curry referrals. After a few years, Dr. Young gets busier and busier, and eventually quits calling on colleagues, not only because he's time-poor, but because he never really enjoyed the process. More years pass, new and hungry young doctors move to town, and referring colleagues die off and retire. Dr. Young's practice falters, perhaps sharply, but by now, Dr. Young is old and disinclined to start all over again with outreach. The solution? Fake yourself out. Pretend that if you don't stay in touch with everyone who's supporting your practice, you'll go out of business (actually, true in some settings.) As with all personal relationships, small gestures every week trump infrequent blow-out efforts.

Write Down What You Want to Accomplish and Experience Before You Die

This is not as macabre as it first sounds. Devote a full hour to this exercise. Sit down alone, with a blank page or a blank screen. Set a timer. And don't get up until the hour has passed, even if after the first ten minutes you can't think of anything else to write down. If you're the typical doctor, you'll first start by writing down business and professional goals, but the majority of what you write down will be personal. What you list may form a pattern that gives you new insights about the balance you'd like to strike between work and the rest of your life. An important thing to note here, in the context of this book you're reading on efficiency, is that what starts out as a search for greater meaning and effectiveness at work often evolves into a search for meaning and effectiveness in the rest of your life.

Are You Adequately (But Not Overly) Psyched Up?

Sports psychologists know that athletes don't do their best when they are underaroused or overaroused...maximum performance comes with an optimal level arousal in-between these extremes. How do you feel when you face a building full of patients, including a big day for work-ins? Are you so calm that your pace slackens, or so aroused that you flutter and flub every encounter? How are you at switching gears to meet demand? Try this: During one morning or afternoon clinic, monitor your arousal level on a 1-10 scale. Ask yourself, "What number am I at right now? Is that allowing me to do my best/fastest work?"

Be Willing to Confront Problems in Your Practice

In counseling circles, it's called, "The elephant in the room," the obvious interpersonal problem in families and businesses that everyone conveniently overlooks to avoid confrontations. You

may have one or more of these in your practice. The partner who is abusive to staff. The office manager who really should have been replaced by a stronger person years ago. The office romance that colors business decisions. Most eye surgeons in my experience are terrific at confronting diseased tissue, but find it impossible to confront their staff and partners on issues like these. Like Aron, the climber in the story, it may be worth a few days seeing if the problem will resolve, and if not, maybe it's time to grit your teeth and chop away.

Skirt the Greed, Risk and Chronic Fear of Performing Unnecessary Services or Billing Excessively

It's a testament to the profession that remarkably few eye surgeons take advantage of elderly, dependent patients and the generally loose reimbursement system. The potential for abuse is grave. But in fact, most surgeons I know are circumspect to a fault, purposely under-coding to avoid even the hint of excessive billing, and taking pains to inform patients of the alternatives to surgery. Only a very small minority of abusive surgeons lack the discipline to operate within ethical boundaries. For the benefit of patients and the profession, as well as themselves, these few surgeons could take a lesson from Aron and muster the personal discipline to step back from their inappropriate behaviors. In every case, from my late-night conversations with such on-the-edge doctors, the incremental income gain is hardly worth the fear of being found out.

Work Both Harder and Smarter

It was once possible to get ahead by simply working a little "smarter," as the banal saying goes. Now it's incumbent on all surgeons and managers to work both harder *and* smarter to stay ahead in the current environment. This takes discipline, especially for the large cohort of surgeons I know with limping retirement portfolios reaching their sixties and beyond who find themselves involuntarily chained to their practice for more years than they expected. For such clients, it's time to gulp down the youth tonic needed to shoulder—with a smile—another few years of hard work.

Fight Your Natural Tendency to Be a Workaholic

Balancing work and play is easier said than done. As with all addictions, the toughest step is recognition. If co-workers and family members have moved beyond just joking about your work schedule, and are now openly concerned, maybe you have a problem. For gonzo surgeons acculturated to hard work since birth, and rewarded financially for their disease, it may take outside counsel to break this habit.

Spend Money, If You've Been a Miser;

Save Money, If You've Been a Spendthrift

In medicine, health is a question of balance; too much or too little hormone results in disease for the patient. In business, too much or too little spending is also abnormal and unhealthy. I have "ant" clients, with more capital saved up than they or their children will ever spend. And I know many "grasshopper" surgeons who are chronically on the verge of economic collapse, surrounded by toys and gadgets they never use and can ill-afford. The happiest surgeons are those in the center, who sustain a dynamic understanding of the line dividing their real needs and their imagined wants.

By working daily against your human nature—and your human limits—you can achieve any goal you have for your practice. If Aron Ralston can cut off his own arm to save his life, surely you can muster the discipline it takes to be more efficient and run a better practice.

###