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Your career and life board of directors

James M. Horton, MD

Dr. Horton (AΩA, University of North Carolina School of Medicine at Chapel Hill, 2019, Faculty) is on the faculty, Department of Internal Medicine, Division of Infectious Disease, Carolinas Medical Center, Atrium Healthcare, Charlotte, NC.

The COVID-19 pandemic has been disruptive to personal lives, the economy and to physicians careers.[1] Some specialties such as critical care and infectious diseases have been overworked and risked burnout.[1] Many physicians have sustained a decline in income and some have faced bankruptcy.[2,3] Paradoxically, emergency medicine physicians have endured exhaustion and have had difficulty finding new jobs.[4] The pandemic has been particularly stressful for careers of women, with women of color having been hit hardest.[5] Thousands of physicians have decided to retire early or change careers; eight percent of private practice physicians have closed their practices.[3,6] Concurrently, many physician scientists have switched the focus of their research to study myriad aspects of SARS-CoV-2 infection.

The dramatic alterations of life caused by the pandemic also have provided an opportunity for reflection on the careers of physicians. Four patterns have been described by Arthur Brooks of Harvard Business School and researchers at University of Southern California.[7,8,9]

Steady state

A steady state career is one in which physicians' first and last day of work are similar. No new skills would be required and the business of medicine would not change. Most physicians who trained in the 1970s thought they would have steady careers, but their experience has been very different. The business of medicine has been transformed by managed care, physician extenders, hospitalists, electronic medical records, and the purchase of medical groups and practices by large hospital systems. The technology of medicine has been altered by interventional radiology, laparoscopic surgery, interventional cardiology, and new medicines. The pandemic has made this career pattern even less likely.

Linear ascending

Linear ascending describes a physician scientist who has a successful academic career focusing on one disease. Over time, they may develop a reputation of being the world's expert on a specific illness, acquire more grants, publish research, and have numerous citations. Most physicians with successful academic careers have had linear ascending careers. There are diagnostic tests, treatments, and vaccines for COVID-19 because some physician scientists pivoted from their linear careers to address the crisis.

Transitory

In the transitory career a physician changes jobs regularly and appears to have no direction or focus. This describes a physician who by the age of 50-years-old has worked at six different institutions. Physicians should avoid this pattern of career; physicians should change jobs with caution and wisdom. This risk with the pandemic is that physicians will have a transitory career because of unwise decisions made under stress.

Spiral

In the spiral pattern the physician's career has direction but requires a different skill set for the next stage of their career. Examples include physicians who become administrators, learn new procedures, and/or change to a different field such as teaching or work in government or industry. Many current students will have this career pattern. The spiral pattern is a preferred change in career for a physician who must pivot because of the pandemic.

To manage career transitions, *Science* magazine has encouraged scientists to "appoint a board of directors"—three-to-five wise mentors.[10] Physicians should do the same.

I have relied on a board consisting of my physician wife, ministers, mentor from fellowship, and personal physicians to guide me through illness, a career pivot, and then retirement.

Physicians are not invincible; we can become patients. I had ulcerative colitis during training; my decision to enter my specialty was based partly on my illness. Having a colectomy 40 years ago during fellowship refined my career choices. My board, at the time, including my physicians, guided me throughout my illness and treatment. My own experiences as a patient have helped me mentor medical students with long-term disease.

My foremost career transition was leaving private practice for a teaching position 30 years ago. After training in infectious diseases I joined a multi-specialty medical group. Five years later, a regional hospital offered me a faculty position, which would mean leaving my patients at the former practice. Partners and patients put tremendous

pressure on me to stay. They had a vested interest in my decision. My board strongly advised that I take the teaching job. My minister told me I was working too hard and needed more family time; my spiritual leaders helped me address the big picture that included family life. My mentor noted my passion for medical education and encouraged the move. I initially struggled with the decision, but eventually moved to the faculty job where I thrived with teaching students and following my AIDS patients. Years later, my former practice group filed bankruptcy. A wisely selected board provided the guidance I needed.

Sixteen years ago, I considered changing careers again, but my board discouraged me. I had been working more weekends, our research program was floundering, and I was emotionally exhausted from providing hospice care for my dying father. After discussion with my board I renegotiated call, pivoted in research, took time off, and sought counseling about my grief. The best years of my career occurred after deciding not to move. My decision to stay was as important as the previous decision to move.

With time, my board has evolved. I still consult my wife and my fellowship mentor. My original minister retired, so I now consult a different minister. With moves and time, I have had six different personal physicians. As I neared retirement, I added a financial advisor to my mentors. When I was 60-years-old, some of my board members recommended practicing retirement by working part-time, however others suggested a different approach. Consensus is fine but not crucial; choice rests with the mentee.

Although I encourage students to have a broad skill set, some mid-career transitions require new training. One physician returned for a rheumatology fellowship after many years of internal medicine practice. A surgeon returned to train in care of patients with dementia, and another surgeon moved to wound care. A fourth physician obtained his master's degree in health care administration and worked for an insurance company. All were happy with their decisions.

Medical schools appropriately assign a mentor to each student; but having more than one perspective on a career is absolutely necessary, because sometimes career advice is wrong.[10-13] My medical school advisor strongly recommended that I not couples match with my future wife. My wife and I have had a successful marriage for 43 years, and our couples match did not hurt either of our careers.

Both the mentor and the mentee have the responsibility for a successful relationship. The mentor should be available, capable, and wise. The mentee needs to be prepared with data and expectations.[10,12,13]

I have had a wonderful, dynamic career in medicine largely because my board of directors wisely guided my decisions. My hope is that all my students and residents will enjoy their careers as much as I have enjoyed mine. They will need wisdom to navigate the changes that are coming in medicine. Choosing a wise board of directors is a good place to start.

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The author's E-mail address is James.Horton@atriumhealth.org.