

How to Pitch the “Perfect Game”

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Philadelphia, the city in which I practice orthopedics, also boasts a remarkable 32-year-old pitcher, acquired before the start of the 2010 season, named Roy Halladay. I was intrigued by an article¹ that I read about the great athlete at the start of the season and found certain relevance to what we might do to develop and hone our surgical skills. Although he is considered by many to be one of the elite pitchers of all time (he thrilled us this year with a “perfect game” and only 4 pitchers have a better winning percentage since the year 1900), it seems that he wasn’t drafted particularly early, and, at one point, at the age of 23, he was sent down to Class A ball by his former major league team because he was underperforming.¹ This adversity ignited in him a passion and drive to improve his skills and work his way up to the top. The story about his efforts and work ethic brought to mind something that Geoff Colvin would call “deliberate practice,”² meaning a concerted, focused effort to work to develop one’s competence in a given field, sport, or endeavor. Colvin’s argument is that raw “talent” only would get us so far, but not to the pinnacle of our potential.

While reading the article about Halladay, I wondered what orthopedic surgeons can do after Residency and Fellowship to “practice” our trade—to become the best. We all have that quirky family member or friend who jokes that they don’t want to go to a doctor who is still “practicing,” using the obvious play on words. But really, how do we keep our skills sharp or, better yet, refine our skills to learn new techniques and methods of surgery and fulfill our ultimate potential? If we don’t advance and “practice” while in “practice,” we run the risk of becoming stale or, worse yet, obsolete. I remember back 20 years ago feeling rather unimpressed with my own surgical skills as I tried to sew a couple of flimsy pieces of Swiss cheese together during an interview for Residency at a prestigious orthopedic hospital and wondering if



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perhaps I should’ve chosen an alternative career path! All orthopedic surgeons will acknowledge the obvious development and evolution of surgical skill and judgment that progress during the years of Residency and Fellowship, but it also is critical that we continue to improve and refine our surgical craft after training through a process of self-evaluation and deliberate practice. How do we stay on top of our game?

Mentoring by senior or more experienced partners is an invaluable method of continuing education that few of us appreciate or capitalize upon, either as mentor or mentored. The potential benefits of having a mentor for junior surgeons are obvious, but even the mentor may benefit from the relationship with a more junior partner who may offer insight into fresh ideas, concepts, and techniques. Be willing to break down conventional hierarchical barriers. Residents, Fellows, and Physician Assistants often ask the most challenging questions and sometimes have the best suggestions for surgical techniques, naïve or not. These colleagues also often work with other surgeons who have different techniques, and conversation about those procedures and differences should be a natural curiosity that is not inhibited by a possible threat to one’s ego.

Encourage critique from your operating room team. Consider a postoperative debriefing with those who observe your surgery, who have seen others do similar surgeries, and who do not feel threatened by providing honest feedback regarding your cases. I often recall fondly an invaluable experience after I had joined a new practice over 9 years ago. One of our operating room nurses pulled me aside after a few days of surgery and respectfully asked whether he could point out what he thought were inefficiencies. Needless to say, I genuinely appreciated the offer and was delighted that he and other members of my team have had no problem

stepping over traditional job descriptions and boundaries. Incidentally, I incorporated some of his suggestions then and still consider his insight of value today.

Preparation and repetition help refine surgical skills, making it logical to conclude that those of us who “super-specialize” have more opportunities to become highly proficient because of the volume of cases. I certainly would struggle at this point around a spine or shoulder. But simply repeating surgical procedures does not make surgeons stay atop the mound. Self-evaluation of techniques from videotaped surgeries can give us valuable insight into our performance, and this window can help us eliminate inefficiencies and potential errors, ultimately improving our game. Having a partner or mentor critique our performance requires a sound ego balance, but can help further refine our surgical techniques.

Surgical skills courses are offered by the American Academy of Orthopaedic Surgeons, specialty societies, and implant manufacturers

who understand the need to educate surgeons in practical skills and not just theory. I’ve had an opportunity to teach a large number of cadaver-based courses over the years. While the courses are valuable for skill development, for many, the training should be extended and repeated. I encourage surgeons with limited experience with certain procedures to take courses several times to optimize surgical skill development. From a selfish perspective, as enjoyable and rewarding as it is to teach courses, they also often are a tremendous vehicle for my own personal edification and ongoing education. I’ve been honored to teach cadaver labs with skilled surgeons with names like Caborn, Rand, and Wood and have taken full advantage of our time together to pick their brains, study their techniques, and gain insight into their approaches and thought processes.

So how do we “practice?” How do we keep ourselves at the top of our game? The answer of course, is preparation, deliberate practice, self-awareness, and critique. We should

recognize that our time in the major leagues is limited. We should train hard to refine our pitches, have our teammates and coaches make suggestions and critique our performance, collaborate with an experienced coaching staff, and understand why we sometimes throw balls and figure out how to improve our performance so that, ultimately, we might throw the ideal strike. I don’t personally know “Doc” Halladay, as he’s nicknamed, but I suspect he would agree.

AUTHOR’S DISCLOSURE STATEMENT

Dr. Lonner reports no actual or potential conflict of interest in relation to this article.

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