We Are Physicians First, Orthopedic Surgeons Second

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If you (an orthopedic surgery resident) are reading this, congratulations are in order. You have displayed a level of dedication and sacrifice that most people could not even fathom. As a result, you most likely graduated at the top of your medical school class by excelling in the classroom and on the wards to achieve your goal of becoming an orthopedic surgeon. Your friends and colleagues probably will say that you are extremely gregarious, intelligent, driven, and a natural leader. For the most part, your patients would agree, except for the fact that communication and empathy are not your strongest suits.[1] As hard as it is to accept, we (orthopedic surgeons) have been branded as "high tech, low touch" by most of our patients. To make things worse, our medical colleagues respect our decision making on the city league basketball court more than on the hospital floor. How did we apparently regress from medical school, when we were the most affable person our patients talked to every day and when our internal medicine chief resident was shocked (and embarrassed) at how well we knew acid-base disorders (better than some of the internal medicine residents on our third year medicine rotation). In other words, what caused us to change in the views of our patients and peers from the wide-eyed medical school graduate who took the Hippocratic oath, reciting that "warmth, sympathy, and understanding may outweigh the surgeon's knife,"[2] to the type-cast orthopedic surgeon who says, "There is a fracture, I must fix it."? The answer: orthopedic surgery residency.

Maintain Optimism

In medical school, our curriculum exposes us to the basic foundations of internal medicine, not orthopedic surgery. During the preclinical years, we learn basic science (physiology, microbiology, biochemistry, etc.) and medical science (pathology, cardiology, nephrology, etc.). Unlike other medical and surgical specialties, where residency builds upon a vast fund of knowledge acquired in medical school, orthopedic surgery residents only have anatomy as a primer. For 5 years we undergo a crash course on how to optimize joint reactive forces in total hip arthroplasty, achieve flexion-extension balance in total knee arthroplasty, and understand the principles of fracture reduction and fixation. All accomplished while trying to master the technical art of orthopedic surgery. I believe we start off optimistic, thinking that we will not emulate the prototypical "bone broke, me fix" orthopedic surgeon. However, amidst the late evenings preparing for the next day of surgery and waking up in the dead of night to start rounding on a floor full of trauma patients, we find that it is easier to play the role of the stereotypical orthopedic surgeon. That way, our medical colleagues don't resist when we ask them to comanage our patients, in an attempt to buy more time to stay afloat and learn orthopedics. Unfortunately, in trying to learn orthopedic surgery we often fail to seize the opportunity to enhance our communicative skills and to develop the traits of compassion and empathy.

Orthopedic surgery is an incredible specialty that allows us to impact the lives of our patients dramatically. Whether it is on an elective basis (when we give a grandmother the ability to carry her grandchild without incapacitating arthritic shoulder pain) or in an emergent manner (when we perform a closed reduction on a grossly unstable trimalleolar ankle fracture-dislocation), patients look to us for hope and comfort in their most vulnerable state. The arena to express compassion is present everyday as we see our preoperative patients before they go to sleep anxious and scared, or on morning rounds when our patients are exhausted and in pain. I urge you to pick 1 random act of compassion

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to be performed daily despite your busy day in residency. Whether it is by covering your patient's eyes when you turn on the bright hospital room lights in the early morning, holding your patient's hands as they slowly fall asleep under general anesthesia, or by sitting down and offering a tissue as they weep from their frustrations. Similarly, take the time to improve on your communication skills as you draw out the fracture pattern of an intertrochanteric hip fracture and explain the manner in which a cephalomedullary nail can allow your trauma patient to weight bear the next day after surgery. Although these actions may seem trivial to you, Sterling Bunnell, MD told us, "To someone who has nothing, a little is a lot."

Treat The Whole Patient

With the immense knowledge that one must learn throughout orthopedic surgery residency, it can be easy to forget that we are physicians first, orthopedic surgeons second. As we all know from the orthopedic in-training examinations, there are many medical syndromes and co-morbid conditions with orthopedic manifestations. Therefore, we must not forget that a patient is more than just a broken bone, an arthritic joint, or an apex right thoracic curve. I am as guilty as the next surgeon of performing a cursory review of symptoms, glossing over the past medical history, and neglecting to ask for a social history so that I can focus on a patient's orthopedic issues while the emergency department consultations pile up. Although seemingly inconsequential, understanding and optimizing a patient's glycemic control in addition to surgical debridement of a diabetic foot ulcer, determining the need for aggressive deep vein thrombosis prophylaxis due to a history of prior pulmonary embolism, referring a patient to endocrinology for initiating bisphosphonate therapy to treat the underlying osteoporosis that contributed to a proximal humerus fracture, or prescribing varenicline as a patient attempts to quit nicotine products to promote wound healing, all can affect orthopedic outcomes dramatically. Again, I challenge you to think of the patient as a whole and to treat them and their medical co-morbidities as such, not only as a specific orthopedic disease or injury.

The bottom line is that orthopedic surgery residency is extremely trying, both physically and mentally, and it is even understandable why we may seem uncompassionate, arrogant, and brash to our patients and colleagues. The intense and fast paced nature of our training makes it difficult to retain our holistic approach to diagnosis and treatment that we learned in medical school. Similarly, compassion is not a required rotation alongside adult reconstruction and hand surgery. Nonetheless, our residency training will define the type of orthopedic surgeon into which we develop. Therefore, this is the time to make an effort to mature into a compassionate physician as well as a technically gifted surgeon. When the busy clinic and operating room schedule finds you barely talking to your patients on morning rounds, or when you are rushing home to see your family (whom you haven't seen in a few days) instead of performing a thorough post-operative check, repeat the words quoted by William J. Mayo, MD who stated that "the best interest of the patient is the only interest to be considered." These simple words always will guide you towards the morally sound and empathetic decision.

Remember That Little Things Can Mean Alot

Lastly, draw upon your own experiences to help develop your skills in communication and compassion. My wife recently had unexpected, emergent surgery, and, as a husband, I can recall the indescribable relief that I received when the anesthesiologist called immediately when she safely awoke from surgery or the immense comfort she experienced with warm blankets (of all things). Therefore, I make it a point to communicate with my patient's family members as soon as I scrub out of the case and to offer all of my patients a warm blanket when they arrive into the operating room. In the end, it is important to realize that despite all of our interventions and heroics in the emergency department, the hospital floor, or the operating room, "a loveless world is a dead world, and always there comes an hour when one is weary of prisons, of one's work, and of devotion to duty, and all one craves for is a loved face, the warmth and wonder of a loving heart."[3]

Author's Disclosure Statement

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