

MAKE IT Happen

The key to creating your perfect job is to exploit your own special talents and passions.



BY TEN IN THE MORNING, IT WAS already sweltering outside when Thomas Devlin (not his real name) was wheeled into Sherif Osman's medical practice in late July. The sixty-two-year-old white male had undergone coronary artery bypass and graft surgery six months prior to his first visit to Dr. Osman's Bel Air, Maryland, office.

Devlin's cardiologist had referred him to Osman for non-healing leg wounds at his venous graft site. Overweight and suffering from diabetes and congestive heart failure, Devlin presented with significant generalized edema. The infected, open sores at Devlin's venous graft sites oozed pus, and he ran a low-grade fever.

Devlin's cardiologist had tried multiple antibiotics, both intravenous and oral, as well as topical antibiotic creams and ointments in his attempts to heal Devlin's wounds. When his best efforts failed, he turned his patient over to Osman, the "go-to" wound-care specialist in Harford County, Maryland.

Wound care was not always Osman's specialty. After a residency in internal medicine, Osman developed a

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successful general medical practice, eventually growing it to three full-time physicians, four nurses, and two technicians over a 15-year period. But the pleasure he gets from constantly challenging his medical skills gradually led him to appreciate the unique issues involved in wound care.

"I discovered that I really liked wound care," Osman says. "It had a bit of medicine, a bit of surgery. It was a new field at that time, and it's one where new technology is emerging constantly. I started to go to wound-care conferences. The more I learned about it the more interesting it became. Eventually I

started a wound-care center within my practice and hired a couple of wound-care nurses."

Osman's efforts led to increasing success caring for his patients' wounds, and referrals began to pour in. By 2004, Osman had developed a larger vision for his practice and his patients. He would create a self-

Forging Your Own Path?

Any change in career path—especially one where you may be taking the road less traveled—can be daunting. Here are 10 suggestions offered by physicians who have been there, done that.

1. Arrange your priorities.

Is this what you really want to do in your career? Will this fulfill you both financially and personally? If it isn't, it may be time to look for something else. "If you go about it in that kind of structured way, you'll never be disappointed," says Michael Duffy, MD, a family practitioner in Twin Falls, Idaho. "If you have to compromise, compromise on those things further down on the list."

2. Think boldly. A move from Boston to Twin Falls, Idaho, may initially sound bizarre. But, it may be a smart decision if it means you can stay in your chosen specialty and trade the pressures of urban life for the beauty and slower pace of rural America, for example. Whatever you do, don't feel stuck doing the same old thing just because that's what you were trained in. "As a physician you have the ability to adapt to many environments and you have the skills to do many things," says Sherif Osman, MD, an internist-turned-wound specialist. "You

may not realize you have so many options."

3. Be proactive. If you have your sights on a specific practice, call the physicians and ask to spend time with them and get to know them. "Nobody would hire you if they didn't know you," says Douglas Keel, a San Diego dermatologist. "Try to spend as much time as possible in the practice you're interested in. You need to get a feel for the way things are run. Long-working relationships always help."

4. Be persistent. Map out a strategy that includes both exiting your current situation and maximizing your new opportunity. "And keep knocking on doors," suggests Osman. "You never know which one has the perfect opportunity behind it."

5. Research carefully. With the Internet, it's easy to research things thoroughly. Conferences are also a great resource, where people always

seem willing to share information. You meet people with similar interests but who may have used different ways of approaching the same goals.

6. Get opinions from others.

"I talked to a lot of other people who are in the business of wound care, but I also talked to general business consultants who knew nothing about medicine. The more views you get, the better off you are," says Osman.

7. Think out of the box.

If you are looking for geographic desirability, you may need to alter your notion of what your practice will be. "In my case, those two happened to agree," says Duffy. "In small towns in a mountain area, you are the guy who is expected to do everything from delivery of babies, to care of babies, to caring for their parents and grandparents. You also must be able to do all the procedures attached to that practice. That just won't happen in your typical man-

aged care practice back East."

8. Excel. The best way to increase your options is to excel at what you do. "You need the knowledge base and the clinical skills and the proper licensing to accomplish what you want to do," says Osman, who planned to be board-certified in wound care, a new specialty, in October.

9. Make it win-win. "It has to be a win-win deal, for the benefit of both the hospital and the physician," says Osman. That thinking extends to any business deal. How can you make it a positive deal for both sides? How can you foster a long-term, positive working relationship?

10. Hire an attorney. If your dream opportunity involves a partnership, an entirely new venture, even joining an established practice, be sure to get an attorney's input. Physicians are best at treating health issues. Leave the legal work to an expert and avoid high drama later. ■



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standing wound-care facility dedicated to state-of-the-art treatments, essentially reinventing his chosen profession.

As he explored the logistics of a stand-alone wound-care facility, Osman was approached by the regional hospital about jointly developing a wound-care center. As a former president of the medical staff for the hospital, Osman was already well respected for his medical skills, smoothing the negotiations process. Each side quickly determined that there were enough wins to make the partnership viable. Osman would be able to lower his overhead

From the time he was a 20-year-old patient in Mitchell Goldman, MD's office, Douglas Keel, DO worked toward joining that dermatology practice in San Diego. He had a rotation with the practice during medical school. "I just fell in love with what I was seeing ... My month with him confirmed that dermatology was the path I wanted to take."

and increase his marketing budget by virtue of the hospital's involvement. The hospital would gain critically needed fees and would also expand its patient pool.

Over the ensuing months, each side drafted a vision of what the center would be like. Finally, in the summer of 2005, the hospital began the build-out of a 1,150 square-foot

wound-care facility within its walls, with Osman as its director. For Osman, now 47, it is a dream come true and a picture-perfect model of how physicians can create new opportunities for themselves that are both satisfying and rewarding.

Diverging paths

While the manner in which Osman seized the day is hardly unique in American medicine, it occurs more often today than it did in the past, according to those in the health-care industry. A generation ago, a

✓ **A generation ago, a physician could count on a long and lucrative practice simply by doing what he was trained to do. However, the evolution of health care has changed that quaint view.**

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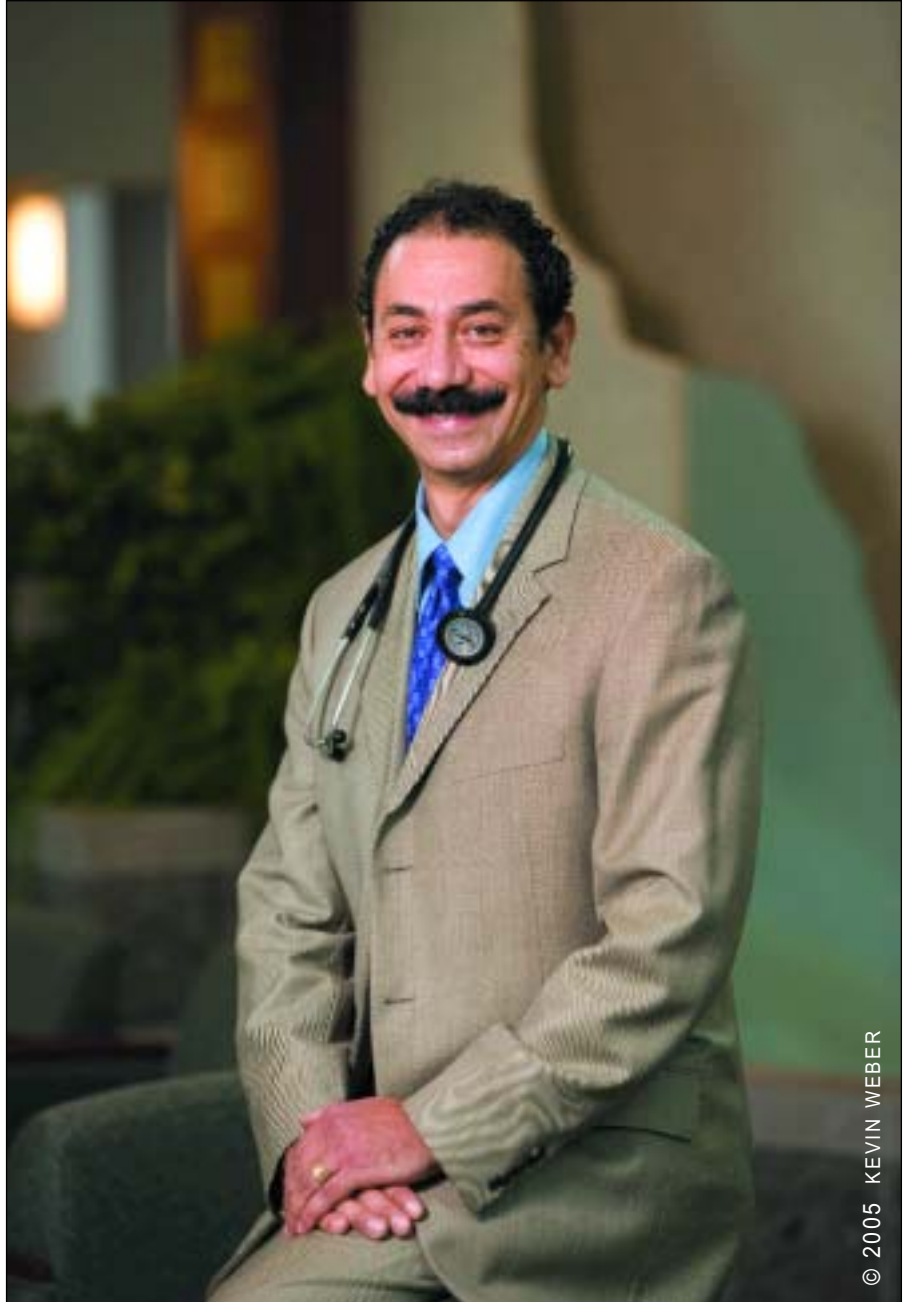
physician could count on a long and lucrative practice in his community simply by doing what he was trained to do. However, the evolution over the past 20 years of the American health-care system to its current mega-business model has changed that quaint view. Newly-minted physicians face hurdles in earning a fair living that would have been inconceivable to previous generations of doctors. That, plus the frenetic pace of medicine today, the burdensome paperwork, and the ever-present legal dangers, have made many physicians question whether they want to ride what they perceive to be a runaway train.

From hospital administrators to physician recruiters, medical lore today is rich with stories of physicians giving up lucrative practices to sail around the world or of moving out of profitable urban practices to serve rural communities in idyllic settings that allow them to have more time with their families or to enjoy leisure pursuits.

Michael Duffy, MD, is one of those physicians. Now 35 years old, Duffy made lifestyle and service his key priorities in deliberately and proactively choosing a medical practice. After growing up in Boston, Duffy was lured by the rugged western lifestyle he experienced during his college travels and knew he wanted to practice near the mountains and be able to pursue the outdoor activities he loves. He chose a family practice residency in Casper, Wyoming for the range of skills it taught but also for its immediate proximity to fly fishing, bicycling, camping, and canoeing.

“Those three years in Casper were my best ever,” Duffy says. “The pro-

Sherif Osman, MD originally trained as an internist, but developed a special interest in wound care. That has led him to jointly develop a wound-care center with the regional hospital in Harford County, Maryland.



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gram had everything I wanted, including lots of obstetrics, which I knew I'd eventually need to be able to practice in the rural areas I wanted to live in. After residency, I wanted to stay as

close to Wyoming as possible. The outdoors and open space is so valued in this part of the country. The priority everyone attaches to the outdoors is something I respect.”

But location was only one of Duffy's requirements. Ever since he was a child he has wanted to serve a disadvantaged population, one where his skills would literally be life-saving. That opportunity appeared when he was offered a position in Twin Falls, Idaho, in a community health center, providing services primarily to migrant Hispanics who labor in the region's agricultural industry. Twin Falls is a federally-designated health professional shortage area and since Duffy received his medical training under a National Health Service Corps scholarship, the choice of Twin Falls also repaid his service requirement.

Duffy's community health center is involved in an innovative partnership with the internationally renowned Children's Health Fund (CHF), founded in 1987 in New York City by Dr. Irwin Redlener and Paul Simon, the singer-songwriter. CHF provided the community health center, one of its 17 sites nationwide, with a fully equipped medical van, complete with both medical and dental examination rooms, along with continuing training for Duffy.

"I love working with CHF," Duffy says. "They're an advocacy group that is actively trying to change policy, so no child in this country goes without excellent health care. They are respected in Washington. I feel like we are trying to get to a better place through constructive change rather than just trying to temporarily fill a gap."

Like most physicians who have created their own opportunities, Duffy was able to prioritize clearly what was most important to him, and not just professionally. He candidly assessed his entire lifestyle. "For me, priority

number one is my love of the outdoors. That's what drew me west to begin with. My next priority is caring for underserved populations. That's my kind of medicine. That turned me toward a community health center and The Children's Health Fund."

A singular focus

The ways that physicians create their own opportunities are as varied as physicians themselves. In terms of sheer determination and focus, however, few can beat how Douglas Keel, DO, came by his position as a dermatologist working in the practice of prominent dermatologist, researcher, and author Mitchell Goldman, MD, in San Diego.

At the age of 20, Keel was Goldman's patient. He fell in love with the tenor of the practice: Goldman's bedside manner, the nursing staff, the office ambience, the focus on the patient. Even more, he admired Goldman's intellect and was impressed by his commitment to his craft. Right then and there, Keel decided that he not only wanted to be a dermatologist, but he specifically wanted to work in Goldman's practice.

While he was in osteopathy school on a Navy scholarship, Keel spent a month with Goldman in his practice. "I just fell in love with what I was seeing," Keel says. "He had all the state-of-the-art equipment, he was very involved with research, writing journal articles and textbooks. He was a well-respected member of the community. My month with him confirmed that dermatology was the path I wanted to take."

During his internship experience as

a Navy flight surgeon, he reconnected with Goldman to do some original research and co-authored a paper with his mentor. With a recommendation from Goldman in hand, he was later accepted to a Navy dermatology residency in San Diego.

"I was on track and focused on eventually joining his practice," Keel says. "It's easy to want to be in a practice that's so cutting-edge. It's absolutely focused on the best people, the best equipment, and the best science. Dr. Goldman has always been on the forefront of that."

The locale of Goldman's practice in no way detracted from its allure. Keel is an avid runner and is actively involved in water sports as well as golf. San Diego offers the lifestyle opportunities that he and his family desire.

So, toward the end of his Navy stint, Keel approached Goldman and popped the question about joining his practice. "He had told me years ago that if and when I became a dermatologist, I'd have a job. So I called him up and said that I'm six months from leaving the Navy and am still interested in his practice. He invited me down and showed me around, and when we were done he offered me the job on the spot."

After spending 10 years in the Navy, Keel was honorably discharged on August 5, 2005. "I feel like I'm living a dream. Everything seems to be finally coming together," 37-year-old Keel says.

All roads lead from excellence

Back in his Maryland office, Sherif Osman completed a thorough workup of his patient, Thomas Devlin. After measuring the size and circumference of the wound, the type of tis-

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sue in the base of the wound, even the odor, Osman's technician took pictures and a culture. Osman put the finishing touches on Devlin's medical history and physical. With this comprehensive groundwork, he put together a treatment plan that included teaching Devlin's son how and when to change the dressings and checking to be sure the patient elevated his legs and wore support hose.

But Osman went beyond the traditional approach to wound care, which has become the hallmark of his patient-centered practice. "We took a complete nutritional history. I worked with him and his son to increase his protein intake, decrease his carbohydrate intake. I put him on multivitamins, zinc, vitamin C, vitamin A. I had him check his blood sugar more frequently than he had been doing and increased his diuretic to reduce the edema."

After writing a prescription for regular blood monitoring, Osman said goodbye to a grateful Devlin and his son. Within six weeks, Devlin's heal-

ing was nearly complete. The bonus was that Devlin also lost weight, and his diabetes is now more easily managed. Successes like these have cemented Osman's reputation in his medical community.

The moral of the story is clear. Doing what you do well helps open doors. Success doesn't hurt either. "I've been in practice for many years," Osman says. "I've been in leadership positions in the hospital, so it's easier for the administration to trust that I will do what I say I will do."

For now, Osman looks forward with anticipation to the opening of the wound care center in spring 2006. With that event, the opportunity he created will literally transform his practice of medicine. His dream will finally be born. ■

Les Picker is a regular contributor to Unique Opportunities.