

REVIEW ARTICLE

MY PATH AS AN ORTHOPEDIC SURGEON: TIPS AND TRICKS FOR JUNIOR DOCTORS

MOJA DROGA JAKO CHIRURGA ORTOPEDY: WSKAZÓWKI I TRIKI DLA MŁODYCH LEKARZY

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ABSTRACT

Although medical school and orthopedic residency prepare orthopedic surgeons for the technical and scientific aspects of their careers, training programs often under-emphasize topics such as health policy, advocacy, business, finance, practice management, and professionalism. These areas, however, often determine a physician's success just as much as the ability to diagnose and treat pathology of the musculoskeletal system. Formal training can also focus too much on the surgeon as a professional and not enough as a person – underestimating the importance of individual's family, friends, personal finances, and mental, physical, and spiritual health on their ability to perform their job at the highest level. Whether practicing in Poland, the United States, or elsewhere in the world, many commonalities for success exist for junior surgeons as they begin their careers, and these pearls can be taught and shared just like the finer points of surgical technique or radiographic interpretation. This article attempts to provide some advice for early-career doctors that can help to launch them towards personal and professional fulfillment, based upon things I have learned along my own path as an orthopedic surgeon.

Keywords: practice management, advocacy, tips and tricks, business basics, junior doctors, the journey, things I wish I had known

STRESZCZENIE

Chociaż studia medyczne i rezydentura z ortopedii przygotowują chirurgów ortopedów do technicznych i naukowych aspektów ich kariery, programy szkoleniowe często nie kładą wystarczającego nacisku na takie zagadnienia jak polityka zdrowotna, adwokatura, zarządzanie biznesem, finanse, prowadzenie praktyki oraz profesjonalizm. Tymczasem to właśnie te aspekty mogą w równym stopniu decydować o sukcesie lekarza, co umiejętność diagnozowania i leczenia schorzeń układu mięśniowo-szkieletowego. Formalne kształcenie koncentruje się również zbyt mocno na roli chirurga jako profesjonalisty, a za mało na nim jako człowieku – niedoceniając wpływu rodziny, przyjaciół, sytuacji finansowej oraz zdrowia psychicznego, fizycznego i duchowego na zdolność do wykonywania pracy na najwyższym poziomie. Niezależnie od tego, czy chirurg rozpoczyna praktykę w Polsce, Stanach Zjednoczonych, czy gdziekolwiek indziej na świecie, istnieją uniwersalne wskazówki, które mogą pomóc młodym lekarzom w pierwszych latach kariery, tak jak uczy się ich zaawansowanych technik

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Authors reported no source of funding
Authors declared no conflict of interest

Date received: 17th February 2025
Date accepted: 27th February 2025

chirurgicznych czy interpretacji radiologicznych. Niniejszy artykuł przedstawia praktyczne porady dla początkujących chirurgów, które – na podstawie mojego własnego doświadczenia jako chirurga ortopedycznego – mogą pomóc im osiągnąć zarówno zawodowe, jak i osobiste spełnienie.

Słowa kluczowe: zarządzanie praktyką, orędownictwo, wskazówki i triki, podstawy biznesu, młodziency lekarze, droga zawodowa, rzeczy, które chciałbym wiedzieć na początku

Introduction

Orthopedic surgeons spend many years in training as they learn their craft and hone their skills. University, medical school, residency, fellowship, and additional specialty education can take a decade or more to complete. After this extensive time in training, surgeons often find themselves feeling lost, intimidated, confused, and frustrated as they begin their careers in the “real world” as a practicing physician. When clinical and surgical challenges arise, young doctors at least feel somewhat prepared to meet them – given that medicine has been the main focus of their lives for a long time. When challenges arise in other areas, however, neophytes can realize that their training simply did not prepare them to answer some of the questions that *really* matter. How does a private practice surgeon run their business? How do the most famous physicians build their name brand? How does a doctor build and protect personal financial security? How do great orthopedists still make great spouses, moms, and dads? Finding answers to these types of questions quickly becomes the new focus of most doctors after they finish their formal career preparation.

I decided that I wanted to be a physician when I was about seven years old. I grew up in Athens, Georgia, watching my grandfather serve our community for 53 years as an internal medicine physician. He was my hero, and his love for his patients and his profession provided an inspiring model for me. I graduated from Vanderbilt University with a degree in Religious Studies and then attended medical school at the Medical College of Georgia. I completed a general surgery internship and an orthopedic surgery residency at

the University of North Carolina, followed by a sports medicine fellowship in Denver, Colorado at the Steadman-Hawkins Clinic in Denver. In 2009, I joined the Harbin Clinic in Rome, Georgia – the largest multi-specialty private clinic in the state. Since that time, my practice has focused mostly on knee and shoulder surgery, with a particular interest in shoulder research, advocacy promotion, and professional leadership at the state and national levels. Once in practice, I earned a Master’s degree in Business Administration from Auburn University and have lectured extensively about career development for medical professionals. Ten years ago, I even published a small book about business basics for junior doctors (Larson et al., 2012).

My friend Przemysław Lubiatowski asked me to share some of the lessons along my path in orthopedics at the 2025 Meeting of the Polish Shoulder and Elbow Society, and to put together a brief paper about the same topic. In doing so, I’ve enlisted the help of my trusted cadre of physician assistants – wonderful people and consummate professionals who make up the core of my “work family.” I hope that this paper can provide some tips and tricks to younger doctors as they begin their careers, and maybe even some of our seasoned colleagues can also find a few pearls herein.

Health policy and advocacy

No surgeon practices in a vacuum. Whether in Poland, America, or elsewhere, the practice of orthopedic surgery occurs within a complicated environment. The practice ecosystem is developed and influenced at the local, regional, and national levels, and it determines what a surgeon can do, where they can do it, how

they can do it, and how they are paid for it. While in training, physicians tend to “put their head down and work through it” when it comes to interaction with the intricate web of rules and regulations governing their professional existence. Indeed, they are often just too busy learning orthopedics and caring for patients to do much else! In practice, however, understanding the systems in which you operate and the policies that inform those systems becomes absolutely critical. Surgeons actually *can* influence the policies that impact their professional environment, but they must *understand* policy first. After you understand health policy, you can advocate for change and optimization of it.

Advocacy is the complex process of pursuing the best interests of patients and physicians as it relates to the governmental, regulatory, and financial institutions that impact the delivery of care (Kassam, 2025, Lubiatowski et al., 2025, Williams, 2025). Like many physicians, I became interested in advocacy and health policy only *after* I had finished training and started a “real job” – mostly because I began to realize how they impacted me and my patients on a daily basis in that job. I first became exposed to organized orthopedic advocacy at the state level through involvement with and leadership in the Georgia Orthopedic Society (GOS) – a state-level group that remains deeply connected with our state-level government. I also participated in advocacy efforts at the national and international levels through leadership positions in the Arthroscopy Association of North America (AANA) and the American Shoulder and Elbow Surgeons (ASES). Through these organizations, we have impacted health policy and made things better for our patients and our profession. In fact, I consider our advocacy work to be some of the most meaningful contributions of my career, and I strongly encourage early-career surgeons to seek out their own opportunities to participate in advocacy and health policy development. Regardless of where you live and practice, *you* the surgeon are best suited to advocate on the issues you know best.

Practice management – business and finance

The business and financial aspects of starting or joining an orthopedic practice can prove just as complicated as the most challenging surgery. Consider, for example, an infected total elbow replacement or a revision arthroscopic Latarjet. You learned how to handle these surgical conundrums through devoted study and then by starting out first with the successful performance of more straightforward surgical procedures. You could not yet handle such tough surgical situations as a medical student, but the point is that you *started* the process of learning to handle them. The same approach holds true for learning about business and finance. Just because these topics may seem foreign to you, your discomfort with them does not abdicate you from your responsibility to begin to understand them – especially as they relate to your ability to provide care for your patients.

In the United States, a surgeon’s practice model (e.g., private practice versus hospital-employed) directly influences their motivation to become involved with the financial aspects of a practice. Obviously anyone working as a business owner will seek to understand their business well, and an aspiring partner in an orthopedic practice should behave no differently. Even an employed physician in a large hospital system, however, also has a responsibility to their employer, their colleagues, and their patients to understand departmental finances and business practices. Optimization of these aspects of a practice will result in more efficient care and improved organizational health – both of which usually translate to job security and potentially increased pay (Rahman et al., 2024). In Poland, the same concepts apply. Regardless of your practice model, learn about business and finance. Understand the revenue cycle (Ouillette et al., 2024). Investigate business courses online, through one of many professional societies, or even through formal university-based training programs. Advanced training or a degree in business can pay significant dividends if you seek to assume a leadership

position – whether it might be as an institutional department chair or as the managing partner of a private group. But even those at the highest levels of education in business must begin with the desire to start learning.

Practice management – teamwork and culture

Orthopedic surgeons have the honor, privilege, and responsibility of leading teams in the provision of care. In understanding their role as a *servant* leader, doctors can create a culture of excellence for their team (Andrews, 2019). The attitude of team-building applies whether your team consists only of the nurses, technicians, and assistants in your clinic or operating room, or a large group of medical students, residents, fellows, and even other surgeons. Culture permeates and informs behavior at all levels. During my time in private practice, I've tried to build a culture wherein my teams can easily quote a few pithy sayings that we use to govern our approach to care.

“Availability, Affability, Ability.” – In order, these traits lead to success as a surgeon and as a team. Patients want a surgeon who is *able*, but a certain level of skill and expertise are usually assumed by patients. As such, patients tend to choose a physician that they *like* (or whom they have heard their friends like) above one who is perhaps not as *affable*. Finally, especially in the modern American “Amazon Prime” culture of rapid access, patients tend to hate waiting – even if they wait slightly longer for the best surgeon in the world. They will often choose the first *available* option over the “best” option (Andrews, 2019). As such, seek to be all three – available, affable, and able – but remember the order.

“Take your job seriously, but not yourselves.” – As surgeons, we should always strive to maintain our humility and remember that the privilege of providing care to patients is *ours*, not the other way around (Hawkins, 2019, Mallon, 2018). Our teams function better in a relaxed atmosphere where the sanctity of our professional calling remains paramount – not the ego of the surgeon.

Remember to smile and to laugh! You will encounter enough sadness and hardships along the way, and sometimes you will have to deliver tough diagnoses or results. So don't forget to celebrate the good days and the successful patient outcomes.

“Take a second.” – At times, taking an extra second in a world as busy and demanding as ours may seem impossible. However, when you step back and consider the bigger picture, you'll realize that 300 seconds add up to just five minutes of your day. Some seconds are expendable; when applied deliberately, however, they can accumulate into something meaningful. Take an extra second with a patient and spend a moment longer with them or their family. Step back and take a second *look* at the problem in front of you – you may notice something critical or different about it. Likewise, understand your limitations enough to take a ‘second fiddle’ role: knowing when to bridge the end of your knowledge to someone else's expertise. Take an extra second in the hallway to commend the work done by hospital staff who might otherwise go unrecognized. Lastly, take a second for yourself. Medicine demands our time, but no one has ever regretted taking an extra moment to reset, refocus, and breathe. The small, humble moments – when approached with intention – can have the greatest impact, so take that second.

“Silence is a killer.” – We seek to create and maintain an environment where no member of the team fears to speak up about issues of patient safety. We emphasize that everyone's observations matter equally when it comes to equipment, medications, positioning, orders, etc. Failure to speak up can result in complications or other problems, so all team members feel safe and supported to raise concerns.

“Don't let the sun go down on questions.” – Do your best to answer patient questions and messages about their care with minimal delay. Respect their concerns and try to prevent them from reaching out to other providers who may not give them correct information. Prompt replies can prevent unnecessary

visits to the ER and other wasteful, reactionary responses to patient concerns. Patients may also perceive delay in response as an implication that you simply do not care about them. So end each day with an empty inbox and voicemail.

“Practice medicine in person.” – Even in today’s age of telehealth and digital communication, no substitute exists for direct interpersonal contact. Bring patients into the office for evaluation instead of trying to resolve difficult problems over the phone or via messages. Patients and families may not be able to accurately describe what they are seeing. Also, therapists or a patient’s friends may create anxiety by making comments about their postop appearance. Seeing the patient in person allows you to address their concerns face-to-face and to identify an impending problem that can be caught timely. On the other hand, if their progress is appropriate, then the patient can be directly reassured that there is nothing abnormal and will return home with confidence and appreciation.

“Take care of the troops.” – Your team has multiple members whose level of dedication to patient care and to your professional success can either make or break your practice. Make sure your team knows that you support them and their judgment. Treat them as professionals without micro-managing them. Say “thank you,” and “I appreciate you,” as often as possible. When your team feels recognized and appreciated, they will maintain a high level of commitment to their work and to you.

“To demand team excellence, first you must teach it.” – We have high standards in our practice for all team members – whether they are a new Medical Office Assistant (MOA) or a longstanding Physician Associate (PA). However, these standards must be taught before they become inherent within the team culture. Invest time in training all staff members to make sure they know what they are doing and why they are doing it. Have everyone on the same page with how to take

care of common patient issues and questions so that patients hear a harmonized message from the team.

“Learners make the best teachers, and teachers make the best learners.” – Whether your role as a teacher involves your own employees or an entire medical university, seeking lifelong learning in all areas will make you the best possible teacher (Hawkins, 2019, Sterett, 2024). One of the beauties of orthopedic surgery is its constant pursuit of new clinical and scientific knowledge – meaning that we will always have more to learn. Even early in your career, when you at times may feel clueless, you may find you have ways to share your knowledge with others. Seek these opportunities and invest in them. Also remember that teaching can go both ways when it comes to your employees and subordinates, who often can provide valuable contributions to educating you about things at work. Involve staff feedback to develop clinic flow and efficiency, and meet periodically to talk through potential process improvements. Staff see all the inter-office issues that can create inefficiency and wasted time/effort in getting patients seen. Harnessing their unique insight can help eliminate these problems.

“Always tell the truth.” – Especially in the most stressful situations, always handle patient complaints and complications with honesty and sincerity (Andrews, 2019, Sterett, 2024). Most of the time, poor outcomes and patient grievances are not the fault of the surgeon or the team – but poor communication can exacerbate the situation. Our patients realize that we are human and in most cases prove willing to forgive us when we have made a mistake. Open, honest, compassionate, and deliberate communication has the power to defuse tense situations and even to strengthen the bond of trust between patient and physician. Some of my closest patient relationships have been forged in the fires of complications and suboptimal outcomes. When I’ve happened to ask why these patients stayed with me during our tough times together, the answer seems

universal – “because I trust you.” Trust comes from truth: do not deviate from it no matter how painful it may seem.

“Doctors must also be translators.” – The famous theologian C.S. Lewis encouraged his readers to “Translate every bit of your Theology into the vernacular. I have come to the conclusion that if you cannot translate your thoughts into uneducated language, then your thoughts were confused. Power to translate is the test of having really understood one’s own meaning” (McCusker, 2014). The same holds true for us. Translating complex orthopedic concepts and surgical techniques into plain language allows patients and their families to understand their care plan. It also improves the bond of humanity between doctor and patient by meeting them at their own level. Finally, it also helps us to make sure our own thoughts and surgical plan are not confused when we can translate them from jargon into vernacular.

“Make friends.” – Teamwork also applies to being a part of the larger setting of health care delivery in which other physicians and health care professionals play roles complimentary to yours. Remember that your enemies are pain, suffering, and disease – not the “competitor” orthopedic practice down the street or across town who also does shoulder and elbow surgery. Develop a network of colleagues both within and outside of orthopedics. This network will generate plenty of referrals, and it can prove vital for managing difficult cases and handling the clinical and psychological stress of complications (Richard et al., 2024).

Personal finances

When I was a medical student, one of my favorite residents – now a family practitioner – told me, “Don’t keep your medicine and your money in the same pocket.” This aphorism implies that as surgeons, we should never make clinical choices for our personal financial benefit. If you have financial pressures on the personal level, whether from debt, over-spending, family demands, or other reasons, you will certainly face temptation to make

decisions that lead to higher reimbursement. I teach my medical students that surgeons in the United States get paid to *operate* and not necessarily to *do the right thing* – and in many situations, surgery is not the best answer for the patient. It is infinitely easier to make the *right* clinical decision if your personal finances do not create a source of stress that can cloud your professional judgment.

A detailed discussion of personal finance could fill books and blogs (Dahle, 2025, Dahle, 2014, Larson et al., 2012), but I think that the best advice in this area is “If you want to be rich, don’t *act rich*” (Bushnell, 2015). You can either spend your money, or you can save and invest it. Spending too much money early in your career creates an illusion of wealth, but it does not create *actual* wealth. Make a plan for paying off debt and building long-term wealth through savings and investments. Debt makes the “debtor a slave to the lender” (Proverbs 22:7) and can be a major cause of burnout and mental health issues – so pay it off as fast as you can. Meanwhile, “live like a resident” in your spending habits and refrain from wasting your money on material items such as an expensive house, vehicle, jewelry, clothes, etc. (Bushnell, 2015, Dahle, 2025, Dahle, 2014). Maintaining a modest “resident-level” budget after you begin to earn “attending-level” salary can prove extremely powerful.

Mental and physical health

In the United States, orthopedic surgeons have one of the highest rates of suicide amongst medical professionals, often attributed to high rates of burnout (Pearl et al., 2023, Ross et al., 2025). The stress factors that lead to burnout are common in orthopedists in other Western countries as well (Bischoff et al., 2023, Kollias et al., 2020). Younger surgeons can be particularly prone to burnout, especially in the early years of establishing their practice while still adjusting to the transition from the long hours of their training (Pearl et al., 2023). As health systems, especially in the

United States, become more corporatized and influenced by governmental and health insurance companies, “moral injury” can occur when surgeons know the right thing to do for their patients but are not allowed to do it by the system (Gebhardt, 2023). Longstanding exposure to moral injury can lead to burnout and depression. Unfortunately, surgeons’ mental health is a factor that often goes vastly underappreciated, unmeasured, and unsupported in many health systems (Wallace et al., 2009). As such, surgeons must recognize the risk and potential for mental health stress and burnout, and seek out wellness programs and support networks. Meanwhile, our professional societies need to continue to advocate for systemic change that minimizes moral injury to physicians.

I have found that the most challenging times for my mental health have often corresponded with times that I have marginalized my physical health and personal fitness. Even though I have finished two full Ironman Triathlons, there have been times as well when I could not even run a 5K without feeling exhausted. Those out-of-shape times correlated with periods of burnout and frustration on the professional side. Prioritizing physical health absolutely improves professional performance (Pearl et al., 2023, Ross et al., 2025). Forming habits that make exercise part of a daily routine is critical for junior doctors – because it certainly doesn’t get any easier to begin an exercise regimen as you age!

Spiritual health

I grew up as a Christian, and my personal faith in Jesus continues to guide and inform all that I do in my professional and personal life. As a Christian, I believe that all of us are imperfect and make plenty of mistakes – but that God forgives us. As a surgeon, perfection remains our constant standard, even if many times we cannot quite reach it. My faith and its emphasis on the primacy of forgiveness serves as a critical counterbalance to the orthopedic culture of perfection.

My faith has immensely helped me at dark times in my life work through complications, challenges, depression, illness, death, and uncertainty. I cannot imagine walking this path alone in the spiritual realm. Whatever your own faith tradition may be, cling tight to it, nurture it and develop it, and find your rest in it as you go.

Family and friends

Professional responsibilities for the young orthopedic surgeon can rapidly expand and, if poorly managed, can completely dominate one’s time and attention. We do have a critical responsibility to our patients, and all of us took an oath to act in their best interest (Mesko & Spiegel, 2022, Morrey, 2019). That commitment, however, is best fulfilled from the stable foundational platform of a solid family situation. Indeed, many of us also made vows to a spouse, and indirectly to our children. We ignore or minimize those vows to our personal and professional peril (Morrey, 2019). As I learned from many of my own trusted mentors, “Family is number one.” (Andrews, 2019, Hawkins, 2019, Mallon, 2018, Morrey, 2019, Sterett, 2024). Problems at home quickly become problems at work, and serenity at home can lead to more effective professional pursuits. Our family and friends understand that our careers require some sacrifice, but they also know that such sacrifice need not be complete. In *Choosing to Cheat*, the famous author Andy Stanley teaches us that striking a balance between work and home requires constant management, and that every decision of where to spend our time in one area of life involves choosing to “cheat” another area (Stanley, 2003). We must never “cheat” too much in one area.

In addition to prioritizing my “home family,” I have also sought to treat my patients, staff, and colleagues as my “work family.” Just as a nuclear family cares for one another even in the midst of challenges and disputes, a work family maintains a culture of mutual respect, concern, and support (Mallon, 2018). While

such culture begins with an attitude, it also encompasses direct planning – from simple celebrations of birthdays with lunch in the office to bigger endeavors, such as social events for members of the team hosted by the surgeon playing the proverbial role of “matriarch” or “patriarch” of the work family. For example, I host a “Team Bushnell Christmas Party” each year that encourages my “work family” to build and enjoy their relationships outside of the work environment. It has paid dividends in terms of attitude, efficiency, and performance at work – plus it is a ton of fun!

Conclusion

My friend and mentor Richard Hawkins has presented an amazing lecture he calls “The Journey” at numerous professional meetings (Hawkins, 2019). In it, he shares lessons learned over the course of his career that has spanned five decades. He concludes it with his favorite quote: “The journey home is never a direct route. It is in fact always circuitous and somewhere along the way we discover that the journey is more significant than the destination and that the people we meet along the way will be the traveling companions of our memories forever” (Hawkins, 2019). Our careers do truly constitute a journey of amazing privilege and responsibility, wherein we are invited into some of the most sacred spaces in the lives of our patients. As we seek constantly to improve our medical knowledge and surgical skills along this journey, we must likewise develop our abilities in the non-medical and personal realms. Success in our life depends on achieving and maintaining balance across these domains as our careers progress. While I certainly cannot claim to have perfected this art of balance, I can definitely say that my own journey has taken me to some amazing places. Never did the shy kid from a Southern college town ever expect to write an article of orthopedic career advice at the invitation of his Polish friend that grew up behind the Iron Curtain. But I hope that you’ve found some things within it that will make your journey just as special as mine.

Acknowledgements

Dr. Bushnell declares the following Conflicts of Interest:

None of which are related to the content of this manuscript.

Consulting fees, research support, and speaker fees from Smith + Nephew, Inc.

Consulting fees from Ossio, Inc.

Board/Committee Positions in American Shoulder and Elbow Surgeons (ASES), Georgia Orthopedic Society, Georgia Shoulder and Elbow Society

Ms. Leonard, Mrs. McEver, and Mr. Baudier have nothing to declare.

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