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a Difference**

# President's Page

## WANTED: A Perfect Practice Partner

by Todd Pollock, MD



My emotions are bittersweet as this year comes to an end. The reasons for my mixed emotions are twofold. First, as I complete my year as DCMS president and reflect on the experience, I have come to believe that it has been one of the most rewarding and meaningful of my life, and in many ways, I hate to see it end. You might say that I entered into the position with a good deal of ambivalence and a bit of trepidation, uncertain whether what I brought to the table was right for the organization. What I learned is that, as humans, we grow to meet the challenges set before us, even more so when those challenges are outside our comfort zone. I can't begin to express how much I appreciate this opportunity and how much I have taken away from my experience. I only hope that I have served the organization and its membership half as well as what I have gained from it in return.

The other reason that the end of this year is so bittersweet is that my father and practice partner is hanging up his scalpel and retiring. After 43 years of practicing plastic surgery in Dallas and 56 years in medicine, he made the difficult decision to give up a central and defining part of his life. Although I dread his leaving the practice, I

am glad it is he who made the decision and not illness or infirmity.

My father has been a mentor, a role model and a great friend over the 18 years we have been in practice together. Although this has been true over my entire life, it has been even more so while working together. I have been the beneficiary of so much wisdom and experience. But in these days of deeper, retrospective reflection, I have come to realize that our relationship and experience have been truly symbiotic. Early in my career, we shared ideas — his, “tried and true” and forged out of experience, and mine from fresh, untainted imagination and the recent influences of academia.

I hungrily learned by watching him operate, care for patients and run a business. He learned from me, as well, but to a much smaller degree. He always was open to listen and agreeable to change. I kept him on his toes through constant questioning, and he kept me honest, humble and grounded. I brought a renewed enthusiasm, which reignited his own passion that had inevitably worn after decades in practice. We shared an ideal, as well — an “all for one and one for all” attitude, with competition between us taking a back seat to mutual success. Much like his encouragement toward my position as DCMS president, he continually pushed me to step outside my comfort zone in order to grow personally, professionally and intellectually. Together we engaged in academic pursuits of clinical studies, publications and teaching that I likely would have put off indefinitely for more pressing day-to-day concerns, if left to my own devices.

I have come to realize that there is a “big picture” lesson in this for all physicians, no matter your specialty. Too often I see colleagues taking on a young partner solely as an “exit strategy” or for its financial

advantages. While these are valid reasons in these days of increasing overhead and decreasing reimbursements, I can tell you from experience that a professional partnership can be so much more than just a business strategy, especially one between a seasoned practitioner and a newly minted one. To physicians with the proper mindset, it can be a means of deeper enjoyment of practice and a springboard for greater personal growth. In fact, I would go as far as to say that it also is important to the advancement and evolution of one's field and the medical profession as a whole. The partnership can be a means for the whole to be greater than the sum of the individual parts.

For the young physician entering practice, a professional partnership is an opportunity to have a mentor with the wisdom that only experience can bring. This can be the passing of experience in the field of practice as well as mentorship through the more mundane aspects of a medical practice. Traditionally, our education focuses on the science of medicine, and little is taught about the practical aspects of practicing medicine and running a business. We learn these through trial and error. I suppose that is why we call it “practicing” medicine and why doctors have gained the reputation of being poor businessmen. An experienced partner who can help the practice avoid some pitfalls can be worth a great deal, allowing for further advancement rather than the “two steps forward, one step back” approach.

For the more established physician, adding a young partner brings benefits beyond the obvious financial benefits such as sharing in overhead and economies of scale. A young physician can inject a renewed enthusiasm into practice that is often worn out of us by the pressures of the business. This enthusiasm and intellectual curiosity are

## WANTED:

### A perfect practice partner

Must have experience and wisdom willing to be shared. Desire for the best interest of the team and not the individual. Be respectful of others' opinions and open to suggestion. Push each other to be the best they can be. Revel in the accomplishments of each other without jealousy. Treat your partner's patients as your own and vice versa.

something we all possessed at one time, and are so abundant and palpable in the freshly minted doctor that it can be infectious to even the most battle-hardened practitioner. Anyone who regularly interacts with medical students and residents understands this phenomenon.

The young doctor brings with him a wealth of up-to-date academic knowledge that is readily tapped by those willing to listen. And there can be a great benefit in viewing aspects of a clinical practice through fresh eyes. For example, when I joined my father, I noticed a technical variation of his. I pointed it out and questioned him about it. His concept made great sense to me. We worked together to refine the technique, studied a series of patients, and reported our experience in the literature. This technical modification has become well-accepted and has made a common procedure safer and better tolerated by the patient. Our collaboration drastically changed the direction of our practice and brought us a modest amount of acclaim. This observation, which probably would have been overlooked without our association, not only changed our practice but has been

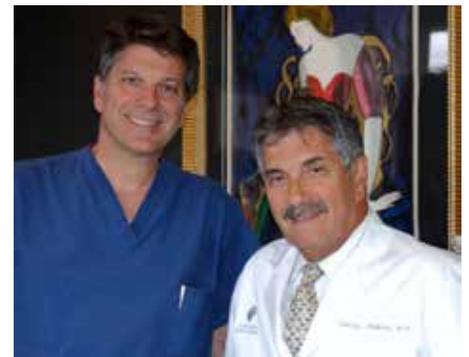
a significant contribution to our field.

This type of practice — a partnership in the basest sense of the word — requires a deep commitment on both sides. Each partner must commit to being a team player and putting the team first. The overarching goal must be to support the advancement of each partner and help him to achieve his best. Each partner must revel in the other's accomplishments, successes and growth, not allowing jealousies to poison the relationship. There must be a mutual respect for each other's ideas, not writing them off as the naivety of the inexperienced or the ramblings of the "old guy." Each must be prepared to accept questioning of his position as an attempt to better understand and not as an attack on the idea.

In the end, both physicians can benefit from a healthy, symbiotic partnership more than the individuals alone. In the bigger sphere, these relationships advance medicine as a whole by avoiding the waste of energy spent on trial and error, and allowing more energy to be put toward progress. Medicine traditionally is a profession learned through apprenticeship. But the old ways of the one-way street apprenticeship should give

way to a more symbiotic "give-and-take" relationship where both parties bring benefits to the whole. Partners need not be related to enjoy the benefits of this model, as with my father and me. They simply must possess the right mindset.

This belief may be a little "pie in the sky," but I have seen it in action and when it does, it is a thing of beauty. I will miss my father, as he is a great friend and wonderful mentor, but also because together we have made each other better than we could ever be as individuals. I'm on the lookout for someone to fill this void in my practice. I'm open to being mentor or mentee. Those qualified, can apply within. **DMJ**



*Drs. Todd and Harlan Pollock*