

ASPHO Career Path Spotlight

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Career Description

1. **Current position:** Pediatric Hematologist/Oncologist
2. **Institution:** Essentia Health, Duluth, MN
3. **Years at institution:** 6 years
4. **Did you complete additional post-fellowship training? Was it an important factor in your current position?** I did the standard three years of PHO fellowship.
5. **Years out of Fellowship:** 6 years
6. **Type of institution:** Non-profit/Community-based institution, however, we work alongside a medical school and have ability to do clinical research in this setting.
7. **Approximate number of attendings in your PHO department/division:** 3
8. **How do you allocate your effort? (*Please provide a % for each area)**
Clinical 85% Education 5% Administration 5%. Marketing 5%
9. **Position Specifics (Please give a brief description of your current responsibilities in these areas)**
 - a. *Clinical activity-* workup and diagnosis of new cancers or rule out cases, hematology patients including sickle cell, hemangiomas, bleeding disorders, thrombus, NICU hematology issues and numerous consultations. We each cover the hospital, take call, etc. Recently have been developing a palliative care program for not only oncology patients but the general pediatric population as well
 - b. *Scholarship/Research-* Have worked with local medical students in developing some small research work, chart review, case reports.
 - c. *Education/Teaching-* Work with the residency program providing lectures and we also have students with us as well as an occasional outside resident interested in a more community setting for PHO experience/exposure. I facilitate our peds grand rounds at our hospital.
 - d. *Administration-* I sit on a few hospital and committees for clinical practice and head the peds council which is our pediatric voice within our organization.
 - e. *Other-* Marketing! I work a lot with our marketing department with how we interact with the community across all different formats. Helping create and consult on content for TV, print, radio, etc. I have also recently started and advocated for our organization to be more versed and interactive with social media both as a communication tool and a

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branding, advertisement tool. I am not always the person in front of the camera, although I work a lot with local media generating stories that benefit our peds population and spread the word of what we do throughout our community. I also am on the board of a local foundation that raises money for local children who are facing life threatening diseases through various events. I also get to work with people in the community to do their own fundraising or throw events that benefit our oncology patients. Working with our local community is so engaging and fun. I have met so many generous people who are willing to lend financial support to local children in our community. That is very rewarding to be a part of this work.

Career Perspectives

- 1. What were important factors in your taking on this role (e.g., professional interest, family, geography, spousal profession)? What made this career path appealing?** I wanted to be back someplace near Minnesota as both my wife and I's family are here as well. I went to college in the city I am currently practicing in. I think there is a bond formed when I am familiar with this area, culture and where patients are from. It is not necessary to practice, but I think it builds trust. I have always wanted to care for patients. Research is very important, but my heart is not in the lab. Burnout is a real challenge in medicine. I feel that living in an area that allows me to be a husband and father and a doctor with good balance will help with the longevity of my practice.
- 2. Is there specific training or experience that helped you obtain this position?** Not really, basically through personal connections and word of mouth is how I learned this was even an option. Friends of the family were related to the doctor who started this practice and mentioned that I was in fellowship. They reached out to me about the job.
- 3. Is this career path what you expected? Please explain.** Yes, it actually is. Long before I even knew the nature of our field, I would tell people that I wanted to be a pediatric oncologist in Duluth, Minnesota. This was BEFORE there was even a program here! Many different pieces fell into place for this to happen obviously. During training I didn't think this was where I would be however. The path I thought was going to start with a bone marrow transplant extra year or two followed by being at an academic position first. I don't think that most fellows know positions like this exist in the form of small programs. So much of our field are at larger centers and doctors there (sometimes for good reason) are becoming more and more specific and specialized in the patients they see narrowing their scope of patient. There is a good-sized population of patients that can be treated closer to where their family lives with board certified providers and access to COG studies. We work very closely with the two large pediatric centers in our state. Sometimes we have treatment given between the two centers when it is safe and possible. Ultimately putting the patient's health first and then convenience. With the current level of communication and technology I think this is many times a safe and feasible option for care.

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4. **What do you find most rewarding about your current professional role?** I like seeing kids and parents get through something they never thought they could do. I like being an encourager. I like telling a parent or a patient “I am so proud of you.” I love the medicine, I enjoy the tumor lysis and stabilizing a challenging case. I take pride in providing stability, having people trust me with their most precious person in their lives. What is neat is when I connect with them because I know their hometown, or we share stories about growing up here. I just really enjoy this level of work, as I know so many of us all do. I feel so grateful to have the opportunity to do it.
5. **What do you find most challenging about your current professional role?** So many patients who could be treated in our facility, closer to their home, never make it here because the referring provider or person who diagnoses the patient in the middle of the night doesn’t know that we have our services available here. A doctor may only see one leukemia in her entire career, and when she does, it is whatever facility she has heard of recently (or the family has heard of) that they are likely to be sent. We are constantly working with the outside facilities to engage and reach out to help with this referral network. However, we can certainly improve and use technology to decrease the travel burden patients face while continuing to enroll on studies and give investigational agents. It just takes a little more planning. Planning that is worth the effort.
6. **What do you see yourself doing in 5 years and 10 years?** 5 years, probably in the same place, helping to grow our local foundation and expand our patient scope of care. There might be a radio hosting segment or a weekly television segment but who knows? The quality of life/palliative care service is the next target first. 10 years, probably still here. Maybe working more with physician resiliency and overall staff happiness. I believe that healthcare (any job under that umbrella) is some of the most meaningful work one can do. Each and every single day I have an opportunity to make someone else feel better. That may not be curing a disease, and for some of our team it may mean emptying the trash, doing a surgery, obtaining blood or a scan, or keeping a room clear to decrease the risk of an infection. However, we all have daily opportunities to do something for someone else who may need it, that to me is what this work is all about, no matter where I practice. That fills my tank and gives me joy. Also, you never know when the need to receive care will become a personal one.