

2014 Summary of the Late Career Transition Workshop

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The ASPHO Late Career Transition Workshop was held May 16, 2014, with more than 50 participants. The program included two invited speakers, Phillip Pizzo, MD, and Ernest Frugé, PhD, and a panel of distinguished leaders in the field: George Buchanan, MD, Beverly Lange, MD, Naomi Luban, MD, and Bill Woods, MD.

The workshop was a follow-up meeting to the previous ASPHO workshop in 2008 during which a needs assessment was performed for mid- to late-career pediatric hematology/oncology faculty. The assessment results were later published in 2010 by Frugé, Margolin, Horton, Venkateswaran, Lee, Yee, and Mahoney in *Pediatric Blood & Cancer*.¹

The purpose of the 2014 workshop was to review the data from the original 2008 assessment, hear keynote speaker Dr. Pizzo present “New Beginnings: Continuing the Life Journey,” discuss topics raised by the speakers, and answer participants’ questions.

Highlights from Invited Speakers’ Presentations

During his presentation, Dr. Frugé briefly summarized the challenges faced by late-stage pediatric hematologists/oncologists as identified during the 2008 ASPHO workshop. The challenges were divided into four categories: management and finances of organizations; balance of workload, personal life, and companion issues; and keeping up to date with the field. The most prevalent theme, however, was transition and succession, which focused not only on how to identify successors for those in leadership positions but also how to personally transition from established roles into new roles such as that of an advisor or educator.

Dr. Pizzo then presented his view of late career transitions. Preparing for a pediatric hematology/oncology career typically requires 6–8 years of training after medical school, usually during the physician’s third decade of life. Pediatric hematologists/oncologists almost invariably practice in children’s hospitals or academic medical centers and pursue career paths that can include clinical care, research, and teaching. Though their contributions are impactful, caring for children with complex medical disorders can be emotionally and physically demanding. For many, the balance of responsibilities is likely to change over time. Some clinical responsibilities will change and for others it will be research, education or administration. Because a number of these responsibilities are additive, they are usually incremental. Traditionally, productive careers evolved over 20–30 years, spanning early to mid to late phases. However, longer lifespans have developed during the past century and raise important questions and pose new challenges regarding career planning. Whereas retirement generally began at the age of 65 years, the increased lifespan of a recent survey Stanford University School of Medicine faculty indicates that more than 86% of faculty (basic and clinical science) anticipate retiring when they are older than 65 years and 43% project they will wait until they are 70 years or older. Indeed these projections are likely to further increase in the years ahead as the lifespan continues to expand.

Although these changes offer many positive opportunities, they also raise questions and concerns. The Stanford Medical School indicated that financial security and personal health concerns are important

issues for them. Dr. Pizzo raised this as an issue to be explored. His view stated that we should share concerns about when or if the normal declines in cognitive and physical acuity should be considered for physicians who wish to continue practicing medicine in their mid-seventies and beyond. It is important to balance the later retirement age of the physician with the safety of his or her patients. To address these concerns, the Stanford University Medical Center recently instituted a policy that requires physicians who are 75 years or older to have an annual peer assessment as a condition for clinical privileges. Rather than limiting the opportunities for individuals who seek to work later in their careers, it is equally important to create new opportunities that permit self-transformation. Higher education could play an important role in shaping the personal and professional lives of individuals in midlife. In 2009, Harvard launched its [Advanced Leadership Initiative](#), and this program already offers seminal insights and observations. In January 2015, Stanford will begin its [Distinguished Careers Institute](#), for established leaders from all walks of life who seek to transform themselves for roles with social impact at the local, national, and global levels. Rather than having pediatric hematologists/oncologists burn out along their career path or stay in it for too long, it is beneficial to find ways to open new doors and opportunities. Higher education can develop unique programs that meet the needs of pediatric hematologists/oncologists and others by offering a scaffold for life transformation, transition, and well-being.

Following the session, panel members were asked to reflect on their reactions to the workshop. Below are some of their comments.

George Buchanan, MD

Many of us who are late in our careers have both kept up with and have used much, if not all, of the new technology that drives our professional and personal lives. Unfortunately, I'm not one of those people, so I'm sure that all of those who work with me will comment on my extremely poor computer skills and the difficulties I have with virtually any technological advance that has occurred during the past 10–15 years. Even though my contributions in many areas requiring such technology are not up to speed when compared with those of my more junior and mid-career colleagues, the one thing that I and others like me have is wisdom. I have been there and done that. I participated in the diagnosis and management of hundreds (possibly thousands) of children with hematologic disease and (at least prior to 10 years ago) cancer. I have a good idea of the “big picture” as do many others like me in the final stage of an academic career. We are still capable of seeing and even understanding the big picture of progress in medicine, including our wonderful subspecialty, that many of our younger technologically inclined colleagues and trainees do not fully appreciate. I am convinced that we still have much to offer to our faculty colleagues, trainees, and especially our patients and their parents who appreciate the experience and common sense approach that often goes along with having wisdom about how one best provides mentoring, practices medicine, and asks important research questions.

My second thought relates to a different area: the exciting challenge of learning something totally new and delving into a clinical or investigative arena within hematology/oncology that has been previously ignored or understudied. I have seen examples of how “old timers” have taken on a new and challenging research area during the last few years of their careers, have made their mark by offering creativity to the research area, and have provided to young folks opportunities to continue to move the field forward after they have retired. The new area that I have taken on is one of the most common hematologic disorders in the world, iron-deficiency anemia. It's very common, nobody dies from it, it's often taken for granted,

and there is virtually no original research being conducted on how best to treat it (other than just administering iron). An explosion of information has occurred during the past decade in fundamental iron biology but virtually no studies exist on how to treat children who are affected by it. I don't have much time left in my professional career to make meaningful steps in this area, but I find it a fun challenge to learn and mentor young colleagues interested in this area. There are truly many other aspects of pediatric hematology/oncology that could benefit from special attention by hematology/oncology doctors late in their careers who are challenged to tackle something new before calling it quits.

Naomi Luban, MD

“We need to be aware and take advantage of opportunities within the institution that would otherwise be out of your scope of thought.” Dr. Luban suggested establishing a mentorship team; developing a grants improvement program; and joining the local IRB (which she now chairs at Children's National Medical Center).

Beverly Lange, MD

“Those of us on the panel all work at university-affiliated medical schools [and] have tuition benefits for retraining in a related or unrelated field or simply for the pursuit of knowledge. However, those who are in practice or with hospital affiliations only do not have these options. Phil [Pizzo] had mentioned there may be scholarships for some in his program but did not go into how competitive they are. There seems to be an unmet need for information about other resources for those without these benefits or other alternatives for learning and remaining involved or simply to be of use. I imagine that some of those not affiliated with universities are much more tied in with their local communities.”

Bill Woods, MD

“First, it confirmed that there are no wrong answers here, but that we have to treat this as a ‘new beginning,’ continuing life's journey. There was a lot of discussion about making a difference, which I think is critical for ongoing self-esteem. We need to strive to transform ourselves as well as the world! I am intrigued by the Stanford Distinguished Career Institute, interesting idea [though pricey!]. And maybe the Boomers can create a “corps” to help change the world (e.g., gun control, global warming). I am no closer to what I will do, except that I have goals of 1/2 work, including seeing kids.”

Follow-Up Survey of the Late Career Transition Workshop

Approximately 50% ($n = 23$) of workshop attendees completed a follow-up survey. All responders agreed that the Professional Development Committee should produce symposia or workshops on mid/late career development issues in the future. Most of the attendees desired a workshop at the ASPHO Annual Meeting every year or two. Suggested topics for future offerings mirrored results of the earlier needs assessment. Two clusters of topics were most frequently mentioned: (1) succession and transition issues, including moving from established roles (e.g., laboratory or leadership) to new roles and finding meaningful ways to contribute after semi or full retirement, and (2) balancing work-life, workload/compensation, and burnout. Respondents also indicated that keeping up to date (e.g., advances in technology) and learning about financial planning for retirement were important topics for consideration. In addition, respondents thought that future offerings should include mid-career members and address the needs and interests of those from small as well as large programs.

In conclusion, this is only the beginning of the dialogue in discovering paths to be taken during the late-career stage. The next steps are to focus on specific issues and how to address them at each of our own institutions.

Reference

1. Frugé, E., Margolin, J., Horton, T., Venkateswaran, L., Lee, D., Yee, D. L., & Mahoney, D. (2010). Defining and managing career challenges for mid-career and senior stage pediatric hematologist/oncologists. *Pediatric Blood and Cancer*, 55(6), 1180–1185.