

What it's like to specialize in orthopaedic surgery: Shadowing Dr. Templeton

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Staff News Writer

As a medical student, do you ever wonder what it's like to specialize in orthopaedic surgery? Meet Kim Templeton, MD, an orthopaedic surgeon and a featured physician in the AMA's "Shadow Me" Specialty Series, which offers advice directly from physicians about life in their specialties. Check out her insights to help determine whether a career in orthopaedic surgery might be a good fit for you.

The AMA's Specialty Guide simplifies medical students' specialty selection process, highlights major specialties, details training information, and provides access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.

Learn more with the AMA about the medical specialty of orthopaedic surgery.



Kim Templeton, MD
"Shadowing" Dr. Templeton (@kimtempleton3)

Specialty: Orthopaedic surgery.

Practice setting: Academic medical center.

Employment type: Employed by hospital.

Years in practice: More than 20.

A typical day and week in my practice: Depends on the day. In addition, things have changed because of the pandemic. I see patients one half day per week and am in the operating room for two days a week or more, depending on the acuity of patient conditions that I see in clinic or in consultation in the hospital. I am a residency program director, so that involves time planning the education program, meeting with residents, discussing remediation efforts, attending graduate medical education [GME] meetings—I'm a member of the institution's GME executive committee—and meeting with medical students interested in careers in orthopaedic surgery.

I'm working nationally on curricular changes, specifically to increase education in sex and gender-based medicine and give lectures on this a variety of other topics to organizations and institutions around the country. One of my other areas of focus is burnout and other issues that can differentially impact women physicians. This has resulted in my giving a lot more presentations over the past couple of years. I'm also active locally in the medical school providing lectures, participating in medical student events, helping develop curricula and policies, and, during the course of my career, chairing all of the primary school of medicine committees. I'm a member and past president of the state medical board, and a prior member of the board of trustees for the Kansas Medical Society.

This—in addition to my work nationally with the AMA (past vice chair of the Women Physicians Section and past chair of the Orthopaedic Section), American Academy of Orthopaedic Surgeons, American Medical Women's Association (past president), U.S. Bone and Joint Initiative (past president), Association of American Medical Colleges Council of Faculty and Academic Societies (American Osteopathic Association and now American Medical Women's Association representative), Accreditation Council for Graduate Medical Education Orthopaedic Residency Review Committee, , National Institutes of Health Office of Research on Women's Health Advisory Committee, and National Committee for Quality Assurance Osteoporosis Expert Task Force—requires variable demands on my time for conference calls, meetings and reviewing materials. I'm working on a variety of research projects, many of them focused on issues faced by women physicians.

The most challenging and rewarding aspects of orthopaedic surgery: There is a myth that one of the primary challenges to women in orthopaedic surgery is the strength needed to perform many procedures. That is indeed a myth. Some patient interactions are more challenging than the physical strength or stamina needed for the field. For example, in my world of orthopaedic oncology, it can be challenging to work with patients with cancer who are worried about their prognosis and the impact of their disease on their lives and their families. Not being able to give people a precise timeline or tell them exactly what their future will hold can be frustrating.

As a cancer survivor, I understand that the fear of the unknown, at times, can be worse than receiving bad news. It is also challenging to tell patients that things are not going as anticipated or that there are no additional options for treatment. However, it is important to take your lead from them and what is important to them—quantity (length) or quality of life.

One of the most rewarding things is to work with patients long term, seeing them return to their lives, and seeing them thrive. It is also rewarding to see how they change during the course of their treatment. Most of them gain a different perspective on what is important to them. As a cancer survivor, I understand what that means. I went from someone primarily interested in working as a surgeon and being successful in that arena to wanting to change and improve the world.

How life in orthopaedic surgery has been affected by the global pandemic: Life in orthopaedic surgery has changed because it has become somewhat more unpredictable—it is hard to know when a surge is going to strike that is significant enough to warrant limiting elective surgeries. It makes it difficult to know how to plan and what to tell patients. As a residency program director there is the additional stress of assuring that residents are remaining safe and healthy while continuing to make progress with their education and training.

The long-term impact the pandemic will have on orthopaedic surgery: The pandemic has led to situations in which surgeons needed to be nimbler in organizing their time, reorganizing their clinic and operating room schedules, etc., so that may have some long-term impact.

As with other physicians, there has been a greater use of telehealth by orthopaedic surgeons during the pandemic, although there are limitations on using that modality in dealing with patients with musculoskeletal condition—more so than others—as much of the diagnosis is informed with hands-on physical exams and testing maneuvers. I'm not sure that telehealth—at least for initial patient evaluations—will continue in the future to play a significant role in orthopaedic surgery.

In terms of how I'm coping and impact for me, the stressors of the pandemic have made me even more committed than I already was to encouraging physicians to seek the health care that they need—mental and physical—especially by working on changes to state licensure and hospital credentialing language.

Additionally, I have worked on the physician re-entry issue for the past several years. The exacerbation of the physician shortage as a result of the pandemic has resulted in my spending more time and additional focus on this area. My work on physician well-being and re-entry are being done through the American Medical Women's Association (AMWA) and are initiatives that I started while president of AMWA.

Three adjectives to describe the typical orthopaedic surgeon: Compassionate, relentless and empathetic.

How my lifestyle matches, or differs from, what I had envisioned: I had not anticipated during my education and training the need for physician involvement in advocacy and health policy, and opportunities to affect change that are present in that area. Practicing medicine, to me, goes beyond talking with and operating on patients.

It involves tackling important questions, such as: How do we affect change to improve health and the health care system? Increase access to care? Improve the knowledge of the public about a variety of health conditions to facilitate prevention or early intervention? Improve understanding of health and healthcare among policymakers?

The access to care issue has been highlighted during the pandemic, as we attempted to see more patients via telehealth and ran into roadblocks with the number of patients without sufficient broadband internet access to do so.

Skills every physician in training should have for orthopaedic surgery but won't be tested for on the board exam: The ability to rapidly develop trust with patients and their families. This is especially needed in circumstances when there is limited time between when you first meet the patient and when they require surgery or other interventions. Patients are putting their lives and livelihoods in your hands—we need to respect that and the degree of trust that that requires.

One question physicians in training should ask themselves before pursuing orthopaedic surgery: What is your degree of comfort in working with patients who may be at the worst place in their lives? Are you comfortable enough talking with them not only about treatment, but how their diagnosis impacts their lives? Patients exist outside of the exam or operating room. We need to be curious about that and then help them incorporate their diagnosis and any treatment into the demands of their lives and their sense of self.

Quick insights I would give students who are considering orthopaedic surgery: Everyone is welcome in this field. If you are female or an underrepresented minority in medicine and are interested in this field, do not be deterred if you don't see many people who look like you. We need to continue to increase diversity, and you may be the person to help do that.

Mantra or song to describe life in orthopaedic surgery: American cultural anthropologist Margaret Mead: “I personally measure success in terms of the contributions an individual makes to her or his fellow human beings,” and “Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.”