

Career Planning and Maintaining Well-being in Academic Plastic Surgery

Katie Egan, MD*

Zain Aryanpour, MD*

George Kokosis, MD†

Lambros K. Viennas, MD, FACS‡

Summary: Success in academic plastic surgery is based on the traditional pillars of promotion: clinical excellence, teaching, research, leadership, and service to the university and community. The time commitment and workload for career advancement are highly demanding and, therefore, well-being is essential to avoid burnout. A congruent healthy work environment that meets institutional goals and surgeons' objectives can be established through inclusive, transparent, strategic, and operational planning. In this Special Topic article, we will review the requisites and challenges to promotion in academic plastic surgery and will discuss longitudinal strategies for well-being during the early, middle, and late academic career. (*Plast Reconstr Surg Glob Open* 2025; 13:e6441; doi: [10.1097/GOX.00000000000006441](https://doi.org/10.1097/GOX.00000000000006441); Published online 29 January 2025.)

INTRODUCTION

A career in academic plastic surgery is based on promotion.¹⁻³ Career development and advancement can be complicated, and therefore, a clear vision of goals and long-term strategies should be implemented early with institutional support to create a pathway for success. There are, of course, life or workplace circumstances that may skew a planned course requiring modification. Nonetheless, developing a plan during early career will bring focused energy and efficiency toward one's short-term goals and will facilitate achieving mid- through late-career academic opportunities and leadership roles. Maintaining a healthy work-life balance is essential for the well-being of the academic plastic surgeon as they strive to achieve departmental expectations in all academic domains. We will review the professional attributes conducive to promotion, and the strategies for maintaining wellness during the early, middle, and late academic career.

EARLY CAREER

Choosing an Academic Position

A career in academic surgery starts with interviewing, negotiating, and accepting the first position after

residency or fellowship training. Although early opportunities in your first job may define your academic trajectory, it is important to note that 40% of plastic surgeons will leave their first practice, with 50% of these changes occurring within the first 3 years of practice.⁴ Several important factors to consider when choosing a position include but are not limited to location, family, clinical needs of the institution, academic opportunities, protected time, and compensation plan.

Academic surgeons, compared to nonacademic, are more likely to be satisfied with their case mix but less satisfied with compensation.⁴ Although it is important to assess the financial compensation plan, clinical responsibilities, and academic opportunities that an institution can offer, understanding the workplace culture is vital. The operational and social dynamics of an institution or practice can affect early trajectory, the ability to achieve the prerequisites for board certification, and whether staff relations will be collegial and supportive. A poor cultural fit is a major reason that physicians change practices.⁵ The culture should be evaluated through personal interactions and exploring the external reputation in the plastic surgery community. Meaningful mentorship is vital to consider when choosing a first job. Mindful, selfless, and compassionate leaders will promote and provide opportunities for faculty. Evaluate if mentors are available in your subspecialty that will provide connections for both institutional and societal growth or inquire about how this support will be provided if not available internally. Availability of academic mentors internal or external to the institution should be explored within and outside of the plastic surgery specialty. Finally, work-life balance and lifestyle should be considered to prevent burnout while achieving professional goals and meeting job demands.

From the *Division of Plastic and Reconstructive Surgery, Department of Surgery, University of Colorado, School of Medicine, Anschutz Medical Campus, Aurora, CO; †Division of Plastic and Reconstructive Surgery, Department of Surgery, Rush University Medical Center, Chicago, IL; and ‡Department of Plastic and Reconstructive Surgery, The Ohio State University, College of Medicine, Wexner Medical Center, Columbus, OH.

Received for publication June 27, 2024; accepted October 4, 2024.

Copyright © 2025 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of The American Society of Plastic Surgeons. This is an open-access article distributed under the terms of the [Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 \(CCBY-NC-ND\)](https://creativecommons.org/licenses/by-nc-nd/4.0/), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

DOI: [10.1097/GOX.00000000000006441](https://doi.org/10.1097/GOX.00000000000006441)

Disclosure statements are at the end of this article, following the correspondence information.

Defining Your Clinical Practice

The institution typically defines your clinical practice during the hiring process. For example, based on fellowship training or expertise, your primary focus may be in micro, hand, or craniofacial surgery; however, there may also be a need for burn, trauma, or wound care. These additional clinical demands may be addressed by delegation to new faculty members who may benefit from valuable learning experiences and opportunities for professional growth. It is important to have a long-term vision and goals for your practice, but it is also important to be adaptable. Understanding the institutional demands and how they align with your practice goals is essential for success and well-being.

Building a clinical program such as microsurgery, lymphedema, craniofacial reconstruction, or gender-affirming surgery as an early career surgeon can bring uncertainty and stress. Programmatic development may demand significant resources of nonclinical time such as meeting with hospital or department leadership, negotiating capital expenses, and developing relationships with referring providers. Most compensation-based academic positions include a guaranteed salary to support new faculty as they invest time in practice development.

Developing Your Academic Blueprint

Early in an academic career, it is essential to define personal and professional short- and long-term goals with guidance from a mentor who can help develop a comprehensive academic blueprint. Establishing timelines for these objectives will provide a satisfactory outcome to meet institutional promotion requirements efficiently.

Maintaining Balance

The responsibilities that come with transitioning from a trainee to an academic surgeon can quickly become overwhelming. The first year of practice has been described as being the most difficult year of training, and this aptly describes the stress associated with adapting the skills learned in training to both familiar and unfamiliar surgical encounters. We are often taught in training to be “able, affable, and available” for success in practice. Although these qualities are vital to developing relationships and growing a practice, training does not prepare us to set personal boundaries and limits.

Learning to say “no” becomes essential to avoid burnout. As opportunities arise, pause to consider what personal and professional fulfillment will be gained. Hidalgo⁶ fittingly described a career in plastic surgery as a life balance wheel with three competing forces: fame, fortune, and family. Fame is described as “psychic income” such as leadership and society contributions, academic endeavors, and treating patients. Fortune relates to not only income but also handling practice-related factors, patient reviews, and legal outcomes. These forces must be balanced with satisfaction in our personal lives (family).⁶ Although it is difficult to “say no” in the developmental period of the early career, one should be mindful to balance the trade-offs between early career development and personal factors that are most prudent to the individual’s life.

Takeaways

Question: How does an individual navigate the academic path to promotion, and maintain wellness throughout while avoiding burnout?

Findings: A successful career in academic plastic surgery is based on longitudinal factors that change throughout early, middle, and late career. Personal and professional wellness are key factors in maintaining an upward pattern of promotion while mitigating burnout.

Meaning: Success in academic plastic surgery is multidimensional and requires balanced integration of professional and personal values.

MIDDLE CAREER

Middle career is an inflection point in one’s career. By middle career, a significant amount of time and energy has been invested both professionally and personally for future success. Through actual experience, junior faculty enter the next phase of their career, gravitating toward what represents them in the professional realm. The past has taught them lessons, and the future is not that distant. Although it can be challenging, this is the time to embrace the present.

Honing Your Clinical Practice

By middle career, a practice has been established and faculty can clearly articulate their focus. A reputation has been cultivated, and a steadier flow of cases occurs through referrals and word of mouth. The anxious enthusiasm to “do cases” and to “do them right” as junior faculty is now being replaced by efforts to push the envelope. Critical review of outcomes and feedback from patients leads to innovation and improvement of techniques and approaches. This defines the “expert era” that unfolds during the middle career.

Professional Advancement

Professional advancement occurs primarily at the institutional level and can progress to national and international academic recognition. The broad range of services that plastic surgery offers to other specialties offers the opportunity to establish multidisciplinary approaches to patient care and to develop centers of excellence at their respective institutions. These collaborations can pave the way for institutional leadership roles in clinical and administrative committees. With increasing frequency, plastic surgeons are pursuing added degrees focused on healthcare management during this mid-career stage, mainly Master of Business Administration and other similar degrees that can propel one’s administrative career.⁷

The requisites for promotion to associate and full professor are unique to each institution, and therefore, it is essential to know the requirements, maintain accurate documentation of all academic activities, develop a timeline and strategy with mentorship guidance starting from the junior faculty level. The process can be overwhelming and time-consuming and could lead to delays to a well-deserved promotion. Faculty can be promoted

to additional positions within the plastic surgery service, including program director, director, or vice chair of research, clinical, or academic affairs.

Opportunities for professional advancement exist at national and international levels. There are multiple societies that faculty can be involved in and progressively advance within. This process can be complex, and mentorship can be useful in navigating the societal landscape. By this career stage, faculty will have gravitated towards their unique research endeavors. Building a research team or a laboratory for basic science is a long-term project that starts during the early stages of one's career and is slowly fostered. Mentorship is important to facilitate competitive grant applications. Recognition at national or international meetings can be achieved through meaningful, productive research or impactful clinical expertise.

Maintaining Balance

It is essential to focus on maintaining work-life balance during the middle career. Although junior faculty focus the first years on building a practice, middle career faculty should focus on refining strategies for work-life balance to prevent burnout, which is more prevalent now than ever.⁸ Family responsibilities may be growing at this point. This time will not be given back, and faculty will need to learn how to say "no" to maintain wellness. Although prioritizing family over building a practice may be challenging in the early career, surgeons should focus on self-preservation and be more reluctant to "say yes" during the middle career period. Additionally, faculty must be attentive to their own physical, mental, and spiritual well-being. Up to this point, one may find themselves going through the predetermined steps that are "prerequisites" to become an established plastic surgeon. It is in middle career that questions arise about what matters in life. The answer to these questions can vary significantly between individuals. However, many people will go through a phase in their mid-career of revisiting one's professional and life goals.

Faculty spend their lives taking care of their patients' health; however, focusing on one's own health should be a priority. Time should be allocated to routine medical care including establishing a primary care physician for regular checks, dental care, preventative screenings, and specialty care as needed. Maintaining a healthy lifestyle as it pertains to exercise, diet, and sleep should also be a priority. This time is an investment to the future self, and disease prevention is key to a healthy and prosperous life and late career transition. It is important to not just focus on prolonged years in life but also good quality years. Part of a more health-focused approach will need to be taken at work as well. Cumulative years of bad posture in the operating room can lead to occupational injuries. Ergonomics, an emerging field in surgery, is the subject of a growing body of research that focuses on prevention of chronic injuries for surgeons to ensure career longevity.^{9,10}

Finances are an important consideration during the middle career. Medical doctors, and academic plastic surgeons specifically may not be the most financially literate.¹¹⁻¹³ Student debt and average resident salaries lead to a late start in retirement planning for plastic surgeons.

Well-known strategies including long-term investing in the stock market, real estate opportunities, and side gigs (digital content creation, device development, etc.) can be a good setup for financial freedom and secured retirement. Enlisting outside counsel for financial planning may be warranted for those less familiar with investment management.

LATE CAREER

There is a paucity of literature on the transitional pathway for the late career academic surgeon that traditionally ends in retirement and cessation of professional duties. However, a well-planned late career roadmap could open new and innovative opportunities that can extend into the postretirement period while maintaining the surgeon's professional identity and academic engagement.¹⁴ The timing for retirement is a personal decision that is influenced by one's health, professional responsibilities, financial security, life goals, social circumstances, and psychosocial preparedness.

Health and Well-being

Institutions can harness the highly experienced surgeon's talents during the latter career in various roles of leadership, mentorship, research, and economic support for healthcare systems which are currently strained by physician shortages and in high demand for services.¹⁵ Yet, there is physiologic cognitive and physical decline during the aging process that may negatively affect patient outcomes, albeit, there is no conclusive evidence that surgeon age is an indicator of performance.¹⁵⁻¹⁷ The degree and the timing of one's waning mental and physical health status; the ability to endure long, complex procedures; worsening fine motor skills; and diminishing surgical acumen vary among surgeons. In the United States, there is no mandatory physician retirement age, or required cognitive/physical testing, and therefore, surgeon self-awareness of limitations and a peer review process is essential to provide safe and high-quality patient care. Modifications may be necessary for the aging surgeon to reduce workload by performing less complex and shorter procedures and by decreasing patient volume. A senior plastic surgeon can segue their practice to minor procedures such as aesthetic noninvasive facial rejuvenation treatments, Mohs closures, and wound care. For complex cases, teaming early career with late career surgeons may transfer knowledge to the less experienced surgeon and provide mental and physical support for the senior attending.¹⁸

The principles of wellness are essential for career longevity. A well-balanced diet, exercise, mindfulness, and good sleep and hygiene improve mental and physical performance.¹⁹ However, promoting wellness in an academic setting that aspires to a tripartite mission of clinical, research, and teaching excellence can be challenging due to time constraints and burgeoning responsibilities. Institutional accommodations must address physician wellness interventions by providing a well-organized supportive team, establishing metrics of success beyond financials, acknowledging individual values and contributions,

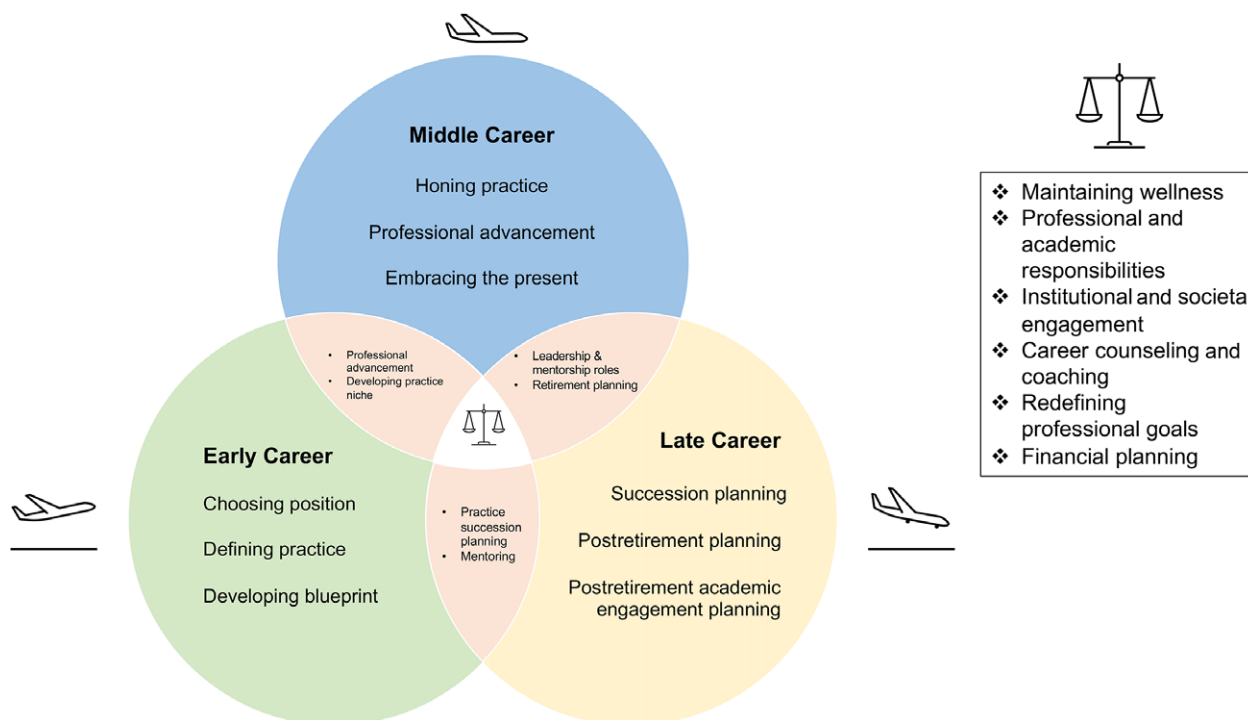


Fig. 1. A schematic figure illustrating the longitudinal overlapping wellness strategies during the early, middle, and late academic plastic surgery career.

and providing a diverse and inclusive workplace.²⁰ Implementing meaningful well-being strategies in the workplace requires physician and administrative collaboration that can mitigate burn out, early retirement, and academic attrition.

Professional Responsibilities

Early preparation for the retirement transition period is necessary for the late career physician to maintain engagement and help formulate the institutional succession plan for new growth in clinical, administrative, educational, and research activities. The University of Massachusetts Medical School has implemented a framework of policies, programs and resources for late career physicians that identifies the needs and tasks of the individual and institution over a 3-phase preretirement, retirement and postretirement period that benefits the institution's mission and promotes physician wellness into postretirement.¹⁴ Late-career physicians can also benefit from faculty development and mentoring while transitioning out of leadership positions, as they redefine their roles in mentoring, networking with faculty and departments, pursuing career advancement, or contributing to other institutional endeavors.^{14,21}

Financial Security

Personal finances among medical school faculty significantly impact the decision for retirement.²¹ Financial security is important for quality of life. Turin et al²² proposed wealth management and retirement strategies, including early savings, determining financial retirement goals, calculating retirement income needs, maximizing

retirement contributions, diversifying investments and to consider working with a financial adviser. The 3 pillars of financial planning for physicians, described by Stappas,²³ are asset protection, tax reduction and growing wealth. With long-term financial planning and stability, the prospect of retirement can be made more easily.

Psychosocial Preparedness

Fulfillment gained from patient care, performing challenging cases, mentoring, teaching, research innovation, and networking with colleagues may prolong or create indecision for planning retirement. In a survey of age 55 and older faculty at 14 US medical schools, Skarupski et al²¹ found that among 2126 responses, only 45% had begun thinking about full time retirement. Onyura et al²⁴ examined the academic physicians' psychosocial adjustment during late career transitions and concluded that identity threats including self-esteem, loss of purpose in one's existence, and sense of belonging are significant features of physician considerations about late career transitions. It is imperative to view the late career period as the third tier of one's professional life, similar to the early and mid-career where goals are set to achieve successful promotion. Although leadership and clinical roles may be relinquished at this stage, other opportunities exist to remain engaged and productive in the institutional academic mission, which brings self-value.

The timing for retirement can be difficult after dedicating most of your life to the medical profession. However, the earlier the process begins with maintaining health and wellness, developing a collaborative exit strategy, using institutional resources for faculty development, mentoring during

role changes, and securing financial investments, the more fulfilling the transition to retirement can become. Some plastic surgeons look forward to retirement and may pursue nonmedical activities, enjoy time with family and friends, or work part-time to stay connected academically.

DISCUSSION

Career progression in academia requires focus, defined objectives, and guidance to navigate through the promotion and tenure process. A successful pathway can be established through faculty development programs that offer purposeful mentorship and coaching that strengthens leadership skills to bolster the institutional mission. The advice, guidance, and support offered by an experienced mentor requires a systematic approach with consideration of multiple factors geared toward the ultimate success of the mentor–mentee relationship.²⁵ On the other hand, coaching facilitates development of the individual's psychosocial and interpersonal skills to optimize engagement and creativity.²⁶

Meeting the requirements for academic promotion can be arduous while striving for excellence in the clinical, teaching, and research domains. Although there may be a downward trend in burnout, the rate remains very high (41.4%) among US and Canadian surgeons, with the concerning negative impact on physician well-being.²⁷ Early career, female, single, younger faculty and surgeons are most susceptible to burnout and therefore require attention and support.²⁸ However, the mid-to-late career physician can also benefit from institutional well-being and developmental programs that provide mentoring and coaching as they journey through their respective career and personal challenges.

A healthy work-life balance is essential for career longevity and professional fulfillment that begins from early career through the postretirement period. Institutional and physician collaboration is necessary to establish the needs of both entities and to create a culture for a healthy work environment that promotes the academic mission and fosters physician well-being. Early planning during the career journey helps develop strategies to achieve milestones, provides focus on both professional and personal objectives at various timelines, and facilitates creation of a sensible financial retirement plan.

Longitudinal wellness is a continuum with overlapping strategies that occur throughout one's career predicated by life-time challenges (Fig. 1). Professional achievement and maintenance of well-being requires thoughtful preparation, planning, direction, and support, analogous to a plane taking off, flying high and safely landing at its destination (Fig. 1).

Lambros K. Viennas, MD, FACS

Department of Plastic and Reconstructive Surgery
The Ohio State University, College of Medicine, Wexner
Medical Center
915 Olentangy River Road
Suite 2140
Columbus, OH 43212
E-mail: lambros.viennas@osumc.edu;
lkviennas242@gmail.com

DISCLOSURE

The authors have no financial interest to declare in relation to the content of this article.

REFERENCES

1. Souba WW, Gamelli RL, Lorber MI, et al. Strategies for success in academic surgery. *Surgery*. 1995;117:90–95.
2. Klifto KM, Mellia J, Murphy AI, et al. The 2020 evidence-based promotion ladder of academic plastic surgery. *Cureus*. 2021;13:e15221.
3. Papaconstantinou HT, Lairmore TC. Academic appointment and the process of promotion and tenure. *Clin Colon Rectal Surg*. 2006;19:143–147.
4. Koltz PF, Frey JD, Sbitany H, et al. Employment satisfaction in plastic and reconstructive surgery and its influence on graduating residents in an evolving health care climate. *Plast Reconstr Surg*. 2015;136:96e–105e.
5. Zazzali JL, Alexander JA, Shortell SM, et al. Organizational culture and physician satisfaction with dimensions of group practice. *Health Serv Res*. 2007;42:1150–1176.
6. Hidalgo DA. Shaping a career in plastic surgery: balancing the “three Fs.”. *Plast Reconstr Surg*. 2015;136:1132–1133.
7. Lee CS, Ooi ASH, Zenn MR, et al. The utility of a master of business administration degree in plastic surgery: determining motivations and outcomes of a formal business education among plastic surgeons. *Plast Reconstr Surg Glob Open*. 2018;6:e1796.
8. Patel RS, Bachu R, Adikey A, et al. Factors related to physician burnout and its consequences: a review. *Behav Sci (Basel)*. 2018;8:98.
9. Catanzarite T, Tan-Kim J, Whitcomb EL, et al. Ergonomics in surgery: a review. *Female Pelvic Med Reconstr Surg*. 2018;24:1–12.
10. Aaron KA, Vaughan J, Gupta R, et al. The risk of ergonomic injury across surgical specialties. *PLoS One*. 2021;16:e0244868.
11. Krasniak PJ, Kraft CT, O'Brien AL, et al. Financial literacy in plastic surgery training: importance and current status. *Plast Reconstr Surg*. 2024;153:754–765.
12. Tevis SE, Rogers AP, Carchman EH, et al. Clinically competent and fiscally at risk: impact of debt and financial parameters on the surgical resident. *J Am Coll Surg*. 2018;227:163–171.e7.
13. Adetayo OA, Ford RS, Nair L, et al. The oxymoron of financial illiteracy in a highly educated population: are we appropriately equipping trainees? *Plast Reconstr Surg Glob Open*. 2019;7:e2329.
14. Cain JM, Felice ME, Ockene JK, et al. Meeting the late-career needs of faculty transitioning through retirement: one institution's approach. *Acad Med*. 2018;93:435–439.
15. Asserson DB, Janis JE. The aging surgeon: evidence and experience. *Aesthet Surg J*. 2022;42:121–127.
16. Schenarts PJ, Cemaj S. The aging surgeon: implications for the workforce, the surgeon, and the patient. *Surg Clin North Am*. 2016;96:129–138.
17. Waljee JF, Greenfield LJ. Aging and surgeon performance. *Adv Surg*. 2007;41:189–198.
18. Moon MR, Henn MC, Maniar HS, et al. Impact of surgical experience on operative mortality after reoperative cardiac surgery. *Ann Thorac Surg*. 2020;110:1909–1916.
19. Smith JM, Boe EA, Will R. Physician wellness in orthopaedic surgery: challenges and solutions. *Ortho Clin North Am*. 2021;52:41–52.
20. Walker HR, Evans E, Nirula R, et al. “I need to have a fulfilling job”: a qualitative study of surgeon well-being and professional fulfillment. *Am J Surg*. 2022;223:6–11.
21. Skarupski KA, Welch C, Dandar V, et al. Late-career expectations: a survey of full-time faculty members who are 55 or older at 14 U.S. medical schools. *Acad Med*. 2020;95:226–233.
22. Turin SY, Fine P, Fine N. Wealth management and retirement. *Plast Reconstr Surg*. 2022;149:323e–332e.

23. Stappas CG. Finance 101 for physicians. *Urol Clin North Am*. 2021;48:269–277.
24. Onyura B, Bohnen J, Wasilenki D, et al. Reimagining the self at late-career transitions: how identity threat influences academic physicians' retirement considerations. *Acad Med*. 2015;90:794–801.
25. Kashiwagi DT, Varkey P, Cook DA. Mentoring programs for physicians in academic medicine: a systematic review. *Acad Med*. 2013;88:1029–1037.
26. David DH. A renaissance in academic medicine-using a coach approach to develop early-career faculty. *JAMA*. 2024;331:1087–1088.
27. Etheridge JC, Evans D, Zhao L, et al. Trends in surgeon burnout in the US and Canada: systematic review and meta-regression analysis. *J Am Coll Surg*. 2023;236:253–265.
28. Nassar AK, Reid S, Kahnemouli K, et al. Burnout among academic clinicians as it correlates with workload and demographic variables. *Behav Sci (Basel)*. 2020;10:94.