# Interview with the Chairman, L. Scott Levin, MD

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In 2009, the University of Pennsylvania Department of Orthopaedic Surgery saw the twilight of Dr. Richard Lackman's successful tenure as Chairman for ten years. Longtime associate professor and resident advocate, Dr. Brian Sennett, served as Interim Chairman while the head hunters searched for a new captain at the helm. Before long, the search committee tapped Dr. L. Scott Levin to join the line of Chairman dating back to Dr. DeForrest Willard in 1889.

Dr. Levin took the top job at Penn Ortho after 27 years at Duke University Medical Center and as Division Chief of Plastic Surgery during the last 15 years. He trained for two years in general and thoracic surgery under Dr. David Sabiston, followed by four years of orthopaedic surgery training with Dr. J. Leonard Goldner and Dr. James Urbaniak. After that, he completed three additional years of plastic surgery training at Duke, along with his formal training in hand surgery at the Christine Kleinert Institute for Hand and Microvascular Surgery.

I had the opportunity to sit down with Dr. Levin to discuss his background and vision for the future.

**Dr. Levin, what drew you to complete training in both orthopaedic surgery and in plastic surgery?**

I was interested in surgery of the hand from a very early point in my career. While the early history of microvascular surgery was written by orthopaedic surgeons like Michael Wood, James Urbaniak, and Andrew Weiland in the early 70's, plastic surgeons began doing more of the free flaps and complex microvascular work. In some institutions, microvascular work remained shared, but in other institutions it fell to the soft tissue surgeons, the plastic surgeons. In 1987, when Dr. Urbaniak offered me a position to join the Duke faculty as a new hand surgeon, I told him I wanted to be a microvascular surgeon like himself—he was my mentor. His policy was that Duke could teach me everything they could in 6 years, and after that I needed to go somewhere else for a hand fellowship. He said he would send me to Harry Buncke at the Buncke Clinic in California. Dr. Buncke was a plastic surgeon, and that one year fellowship in microvascular surgery could have curtailed my training by two years. But at that time, Duke plastic surgery residency was only two and one-half years and included a hand fellowship at the very prestigious Kleinert Institute in Louisville. The program turned out to be a full three years the day I started, so I basically did three additional years of training to become a better hand surgeon. It was truly valuable, as all the reconstructive and even aesthetic plastic surgery gave me a whole new dimension of surgical care, and later, I combined orthopaedics and plastic surgery into "orthoplastic surgery," which is the specialty that I have practiced.

**Would you take the same path if you were an orthopaedic resident today?**

Because training today is limited to only 80 hours a week, and I benefited from working 130 hours a week as an intern and junior resident in surgery, the answer is most definitely yes.

**Even before you started at Chairman, you met individually with every orthopaedic resident at Penn. What were your first impressions of us and of the culture we have cultivated at Penn?**

I had a hard time formulating impressions until I arrived and I saw the camaraderie, the friendship, the commitment to excellence in academics. Our residents are unbelievable and have incredible humility. You would never know our residents do half the things they've done in terms of peer-reviewed research, and everyone including our juniors are involved in presentations, abstracts, writing, and working with faculty. It is a real testament to our faculty and our environment, and it is very impressive. I did not know that before I arrived. Meeting with every resident for 10 or 20 minutes is great and valuable, but since being here I have been able to interface more intimately with almost every resident—you and Jason in the lab, the interns when I round on the weekends. Getting face time is important; I'm not one to sit behind a desk. I operate at four hospitals across the health system because that gives me the most opportunity to interact with residents on a regular basis. I want to be in the trenches with the troops, and the best way to do that is to have a clinical practice. And doing that, I've seen the culture of self-driven motivation to excel, the work hard-play hard mentality, and the wonderful relationships between faculty and residents.

**You have a vision for what you hope to accomplish at Penn. Did that vision change after your meeting with the residents?**

I think it reinforced my commitment to becoming one of the top five orthopaedic institutions in five years. After meeting the residents, I have no reason to doubt it will happen. I am absolutely convinced that within five years we can be at the top of the orthopaedic community in research, in education, and in clinical care. Without question, we are a very competitive market. But I've said it many times: I love to compete. I love to be the best, and I love everyone here to be the best. And the residents have pointed the way with their excellence in scholarship, winning national awards, and young investigators getting OREF grants. All that said, we're so close and by many standards we're there. Look at education and our match this year. We received close to 800 applications

and interviewed 85. We got our first two picks in the science training program and went only to 12 out of 75 that we ranked for the five-year program. We are in a data driven society, and those numbers say a lot. My vision for Penn did not change after meeting the residents; it only confirmed that we could get there quicker (Top 5 in 5) with the talent we have. It's no secret that I'm talking to residents about faculty positions to bring our young talent back after fellowship to continue the legacy that is here. I have my eye on several people who have expressed an interest to stay. That will further bring strength because they understand our culture here, they grew up in it.

**What are the three most important skills that residents should learn in their five or six years here?**

1. How to work hard. It's a lesson that Osler wrote about in his teachings, and it's a lesson that every resident should keep close to the heart. 2. Having an esprit de corps and pride in oneself as a professional. That means embracing the honor of our professionalism: looking like a doctor, acting like a doctor, going the extra mile to create excellence in everything that you do, be it patient care, interactions with a patient's family, or interactions with other health care workers. Professionalism is as important today as it ever was. 3. The skills to be a life-long learner. Each of our faculty is an example of the continual desire to learn things. I read before my cases, even if I don't have to. I want residents to understand that our training program is just the beginning, not the end. It gives you the principles and groundwork to continue to grow and develop in your career.

**Describe your plan to help residents achieve those skills.**

Mentorship is important, and every one of our faculty should be a role model to residents. If I were not a good role model, I would be making a bad statement for the department. I strive to be a good role model and a balanced clinician, interested in providing excellent patient care and to shoot for excellence always. Having Dr. Craig Israelite as our new residency program director is a wonderful choice, and he will help make sure we have everything in place for residents to learn those skills. The Human Fresh Tissue Laboratory is going to be a key component of this plan, as is our influx of visiting professors.

**We have a rich history of including an international component in our residency experience. Do you see a place for an international experience for Penn Ortho residents?**

Most definitely, yes. I understand the value of this from my many humanitarian missions around the world. We need to proactively determine how best to fund it and logistically—and legally—fit it into our program. International rotations are such a broadening experience, and every resident should have the opportunity to do it. Our faculty has significant interest in this, with experienced caregivers like John Esterhai, Nader Hebela, David Spiegel, and Samir Mehta, and we need to cultivate this. In the face of recent events in Haiti, we have the potential to do a lot more of that kind of work.

**The renovations to our physical plant, specifically the upgraded Ralston Library and the addition of radiology suites to 2 Silverstein in HUP and to the clinical areas of Presbyterian, are excellent. You are planning to open a new fresh human tissue anatomy lab. What other physical changes might we see in your first years here?**

We have discussions ongoing about a new orthopaedic institute at PPMC. Under consideration is 100,000 square feet of new space for outpatient surgery, radiology, clinical exam rooms, rehabilitation, and physical and occupational therapy. Our footprint in Valley Forge is coming online in July. These are going to be the brand new buildings that will be the face of Penn Orthopaedics in the future.

**We currently have nearly 40 operative attendings at five hospitals, including CHOP, with 42 residents and six fellows. What do you predict the make-up will be in five years? In ten years?**

We will add faculty and residents at a rate consistent with our growth in clinical volume. I don't want idle residents or residents scrubbing six deep in one case. I also don't want faculty bumping into each other. But I do want to see our faculty numbers grow, and there should be an adequate number of residents to learn from them. I think people have to be on the edge of their seats, because they have so much work to do. I want the treadmill to be on high for productivity, but not so high that people get swept under the belt – and not so slow that six guys are lined up on the treadmill because there is not enough work to do. I cannot tell you the make-up in 5 or 10 years because people are coming and going for different reasons, but we're in a recruitment mode for a lot of subspecialties. The only thing certain is change. In ten years, I want our clinical volumes in all subspecialties to support a fellow or fellows, in a manner that is complementary to, and not competitive with, our residents.

**Which divisions will be recruiting faculty first?**

Spine, foot and ankle, shoulder and elbow, hand, and adult reconstruction.

**You came to Penn at a time of economic recession and health care policy overhaul. These external forces inevitably affect the education of residents and the functioning of an orthopaedic department. Hopefully the worst of the recession is behind us, and though it is early, we have seen some of the changes in government policy. What do you think this means to the future of orthopaedics?**

Our Department always provides care to all patients, regardless of their ability to pay. Our bad debt ratio and uninsured patients have risen in recent years as other institutions in the greater Philadelphia area refer these patients to us or refuse to see these patients because of their inability to pay. I have always maintained that we went into medicine to serve and not to make money. That being said, the Department is on budget and fiscally solvent. With the new

federal plans to insure the currently uninsured, we may now get something for work that previously went uncompensated. We may do better with the new federal policy, but we'll have to wait and see.

**What is the most important thing an orthopaedic surgeon running his or her own practice should do at a time like this?**

Be careful not to expand too rapidly; don't incur a lot of overhead. Be frugal with personnel hires because they are the most expensive commodity. And concentrate more on being available, with less vacation time and more investment into the practice to weather these changes and economic times.

**What is your favorite thing about Penn Orthopaedics thus far?**

I love walking through the portrait gallery of all the great leaders of this department prior to my arrival. It is clear that I have big shoes to fill. I also love that I am based at the main hospital of HUP, where I have my office, my clinic, and my operating room, because it is a real thrill to feel as though I am at the core of Penn Orthopaedics. Over 70% of our department's work is done at Presbyterian, and I get to operate weekly there. I get to do tumor reconstruction cases at Pennsylvania Hospital and help pediatric patients at CHOP. Penn Orthopaedics permeates the Penn Health System, and the fact that I can be at all those places on a regular basis allows me to see what we're really about, and it is much bigger than my offices here at HUP. The other thing I like about Penn Orthopaedics is that I can go to the cafeteria here and get a soft Philadelphia pretzel with spicy mustard, and I haven't been able to do that for 27 years.