

My retirement – An approach

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A summary of a typical academic career is offered first. Having a health care career as an internist in an academic health environment was very satisfying, especially since it included teaching medical students and post-doctoral trainees while caring for hospitalized patients and private outpatients with general illnesses, plus patients who had illness(es) within my specialty area of pulmonary medicine. In addition, a patient's care may have included basic or clinical oriented research that involved trainees and/or other colleagues [1]. Getting others to be interested in participating in this kind of health career did require some personal effort such as mentoring [2,3] to get others involved. Appropriate research may be complicated and can require various approaches [1,4]. Also, how and when to offer advice can be complex [5]. Mentoring is a helpful adjunct. Also, through volunteering and giving back service to less fortunate people [6,7], a medical care giver can also provide help in a community setting. This is a summary of some accomplishments in an academic healthcare career. I have not mentioned various national medical societies that could be added. One especially for me has been the American Thoracic Society. Many colleagues can give this type of career summary. "We" feel very rewarded and pleased to have had been in academic medicine.

But at a point, retirement looms when one reaches the 70-75 plus age or this step is suggested; hopefully, this becomes an elective maneuver and is not forced by health care concerns, nor dictated by rules that represent specific institutional limitations. Retirement planning hopefully can occur in a controllable fashion over a specific time frame. Becoming a member of an emeritus faculty organization such as we have here at the Penn State Hershey College of Medicine, provides an opportunity for elder faculty to assist younger colleagues by reviewing and critiquing grant applications, mentoring, and facilitating medical student groups in problem-based learning sessions. Already for senior surgeons, the utility of physical, visual and neurocognitive testing is being evaluated [8]. So how to proceed? One may become aware of retirement projects that friends or colleagues are pursuing; "they" may try to interest you and give related advice. So, listen and perhaps accompany them to have a look and experience their activity. Also, inwardly decide how you might best spend time and how active to be. Will playing sports or exercising in a gym give enough satisfaction, or will intellectual things such as taking courses, joining a book group; or perhaps joining an active bridge playing group suffice? Sports, such as early morning tennis [5], singles or doubles, or jogging, hunting, skiing or skating can be vigorous fun. Property maintenance with grass cutting, shrubbery trimming, gardening, leaf raking, and power blowing are obvious options. More travel, especially to places one has always wanted to visit, is on most agendas. Participating in planned travel tours is a big feature of retirement that facilitates traveling with friends or enjoying the comradery of tour groups. Such travel can be pleasurable and educational. Other possibilities that are more creative,

but not exercise related, might be playing in a musical group, taking a painting course, or doing bird or animal photography. The point is that many possibilities may include multiple friends or others who are also trying retirement options. A decision strategy that becomes an action plan is whether to redo hobbies done previously or try new things to broaden experiences.

For me, I have tried both options – continue music (violin playing) in a local instrumental ensemble group and to resume oil painting. But trying previous things does or may bring up limitations. For violin playing, finger flexibility and intonation (hearing related) can be problems. Neck and shoulder stiffness with pain can limit playing time. Painting, trying a photogenic approach of copying (a still life arrangement of fruit) may pose problems like making the accent of light spots or shadows on the objects realistic. For oil painting, making colors look delicate can be difficult.

What then might be an approach? Reviving previous hobbies where some skills persist and can be recalled and activated, or to try new things? Where might most satisfaction occur? Perhaps a mixed approach is best – doing prior hobbies but trying some new things that involve or require new friends or colleagues. Some that seem feasible might be a book group for reading and discussing new books, taking courses, or helping in a food bank. The bottom line should be to make retirement active with interests (new ones perhaps), but also continue with past successes.

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