

Nicholas Talley: A career of reinvention

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Prof. Talley is an Australian-trained clinician and researcher who has been practicing in the United States for many years. In addition to holding the positions listed, he is co-author (along with Simon O'Connor) of the well-known textbook 'Clinical Examination.' In 2010, he will be moving back to Australia to take up a position at the University of Newcastle. The editors of the AMSJ invited him to share his thoughts on his fascinating career-path.

I finished medical school at the University of New South Wales at the end of 1978 wrapping up my course with an inspiring elective at Addenbrookes Hospital in Cambridge, England; they invited me to stay on, but I returned to Australia eager to start my internship, although I had no clear idea of how my career path would progress. I have now been a practicing clinician, researcher and educator for about 30 years; I still love it. Everyone's personal journey is different, and will be influenced by all sorts of external as well as internal forces, some of which are not under one's control. However, we all learn lessons from others and perhaps a few pieces of advice will prove instructive.

Plan to periodically reinvent your career

Re-invention and renewal is the course I have chosen. I spent four years as a resident and medical registrar learning how to become a competent hospital based clinician from 1979 to 1982. I then decided I wanted a break; I was offered a research position with an outstanding academic (Prof. Douglas Piper) and decided to give it a go. I spent three very happy years from 1983 to 1985 undertaking a PhD at Royal North Shore Hospital in Sydney, then a further year as the Professorial Registrar at the hospital, years when I wrote the first editions of my most popular books, as I'll describe later.

I developed a passion for generating new knowledge and publishing it, so I next decided to move to the United States (US) to join an outstanding expatriate Australian (Prof. Sidney Phillips) for further mentorship and training. I expected to stay a year but instead spent seven years in Rochester, Minnesota, initially as a Research Fellow at Mayo Clinic for 18 months and then as a junior faculty member (first as Assistant Professor, then Associate Professor – if you are productive, you can rise very rapidly in the academic ranks in the US).

In 1993, I returned to Australia to take up a new post as Foundation Professor of Medicine at Nepean Hospital, which had just been designated a new Teaching Hospital of the University of Sydney; I was 37 years old, had virtually no administrative experience and was charged with the daunting task of developing teaching and research plus new clinical departments in a hospital that didn't even yet have a physicians training program. I spent nine exciting years developing a fresh dynamic Division of Medicine, introducing the new graduate medical program and actively engaging in research, education and clinical practice.

At the end of 2001 I was offered an opportunity to return to Mayo Clinic in Rochester for a period to pursue a new research passion; I wanted to focus on gene hunting in the functional bowel diseases. As I really knew little about how to do this, I initially undertook a Masters degree in genetic and molecular epidemiology at the University of Newcastle online; I learnt a lot about medical education trends being a virtual student! I had planned to be away about a year, but again was enticed to stay, even though returning to Mayo Clinic in 2002 required me to re-start my research program from scratch once again. I spent four years focused on building my research team and program.

In 2006 I was tapped on the shoulder to become the Chair of the Department of Medicine at Mayo Clinic Florida. My charge was to transform the Department into a cohesive academic entity, and I have



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focused on building teamwork and ensuring financial success while expanding teaching and research. The administrative experience in Florida has been exhilarating; I have learnt more about the science of leading and managing than at any other time in my career. My next (but hopefully not my last) transformation will take place later in 2010; I have decided to move back to Australia to take up the post of Pro Vice Chancellor (Health) at the University of Newcastle, where I will strive to make a positive difference in terms of research and education across the health faculties and in the country.

Strengthen your written and verbal communication skills

Some have asked me how I came to write medical textbooks so early in my career. Frankly, it was the combination of falling upon a good idea, a little luck, and a good team. I saw while having the pleasure of sitting the Fellowship examination for the Royal Australasian College of Physicians (FRACP) that there was an acute need for better guidance on how to prepare for this difficult test. I also recognized many useful clinical examination techniques were poorly discussed in the available textbooks; a detailed systems based approach was largely lacking. At the party celebrating my passing the FRACP exam, I invited Simon O'Connor to join me as a co-author; I knew his wit and style would help add life to the planned manuscript, plus I felt a team would be better equipped to cover the waterfront (and having a co-author

added moral support). I used the extensive card system I had created for the exam to help construct the first textbook. After nine months of working together, we boldly posted copies of the final manuscript to two different publishers, and this is where we had a lucky break; a large publishing house and McLennan & Petty, a small local Australian publishing firm, seemed interested. After discussing the issues with both parties, we decided to go with the local firm; we felt they would give our book their best shot. Examination Medicine turned out to be a surprise hit, and we decided in 1986 while both working as medical registrars at Royal North Shore Hospital in Sydney that we would try writing a bigger and better book for medical students, who we hoped might benefit from the approach we had finally mastered; hence Clinical Examination was born. Many helped us but we had our critics too, especially early on; we were told no one would publish our books, no one would recommend or buy them, and we would offend so many in the establishment that it would limit our careers (some were offended, and we still have our critics). We blissfully ignored the politics and thankfully the critics were largely proved wrong; the books were praised in published reviews and both have now gone through six editions. However, I must be honest; I myself continue to be amazed at the success of the books.

My advice then is to develop your written and verbal communication skills to the highest possible level; take every opportunity to practice public speaking and medical writing! This skill set will stand you in good stead whatever you do in medicine, whether communicating one on one with a patient, presenting to thousands of people in a lecture hall, or writing a book or an article like this one.



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You can make a difference

In this century of rapid change, I suspect it will be more important than ever to be prepared to learn to reinvent yourself. Medical school can lay only the groundwork; much of what you are diligently cramming now will, at best, be seen as quaint in ten to twenty years. You have the chance to transform medicine if you so desire; I am optimistic your generation will boldly grab the opportunities. Becoming an academic was the best decision for me; I hope some of you will be inspired to follow this path. We need leaders who will educate the next generation, create knowledge, and deliver new and better models of clinical care; the job is incredibly rewarding. I wish you every success in your career, wherever it takes you.