

Jefferson Faculty

Gerald R. Williams, Jr., MD: Shouldering Responsibility for Patients' Joints

For as long as he can remember, Gerald Williams Jr., MD, not only knew he would become a physician, but specifically an orthopaedic surgeon. "Maybe it's because I was constantly getting knocked down and run over — I played a lot of sports growing up," he says.

Williams' intrigue never wavered. After graduating from the Temple University School of Medicine and completing his training at the University of Texas Health Science Center, he spent 16 years on the shoulder and elbow service at the University of Pennsylvania before joining Jefferson in 2007 as a professor of orthopaedic surgery at JMC and director of the Rothman Institute's Division of Shoulder and Elbow Surgery.

An expert in shoulder replacement, arthroscopy and dislocations, Williams is past chair of the CME Courses Committee and incoming second vice president for the Academy of Orthopaedic Surgeons and past president of American Shoulder and Elbow Surgeons, the Pennsylvania Orthopaedic Society and the Philadelphia Orthopaedic Society. He has authored or co-authored nearly 200 publications, including three volumes of "Disorders of the Shoulder: Diagnosis and Management," a standard clinical reference for adult shoulder disorders.

Williams is currently the only physician in his family, but that will change soon. His daughter, Alexis, is a third-year JMC student hoping to pursue orthopaedics. "She's very dedicated, but I warn her it's hard to have a work-life balance in this field. It's not impossible, but it's hard," Williams says. Wife Robin and son Mark, an investment banker, round out the family.

What is your teaching philosophy?

In the operating room, I give fellows and residents increased responsibility over time — but I always remain hands-on. My patients are mine, and it is on me to get them the best results. My everyday challenge is teaching people how to become great surgeons without compromising the trust I have with my patients.

My teaching responsibilities do not end when trainees move on. Every other year, some of my partners and I get together with a group of our former fellows and their families. We also connect through social networking, and many of them will email or call me when they have questions about a case.

What advice would you give to medical students interested in orthopaedic surgery?

I would tell them to take a good look at their motives. They need to see taking care of patients as the best and most important part of the job, because there are a lot of hassles in medicine, and practicing is not as fun as it used to be. But as long as they get fulfillment on a basic level from interacting with patients and making their lives better, they'll be fine. With all the aggravation

happening in medicine today, our ability to help patients is the one piece that will keep doctors happy.

What is your role in research?

When I was doing basic science, I mostly studied rotator cuff tendon healing. Now, most of my research is clinical and focused on joint replacement. I am also working on comparing outcomes and resource allocation for the same procedures performed on the same types of patients but in different environments. If there's going to be any money saved in medicine, we need to take patients who don't require all the intricate services and technologies available in a tertiary-care hospital and move them to a lower-cost setting. I am looking at data to determine whether that affects outcomes.

I have also been interested in biomechanics and device development for my entire career. I initially collaborated with Johnson & Johnson, which then bought DePuy — and now I've been designing DePuy's shoulder prosthetics product line for about 15 years.

Recently, the United States has seen an increase in the marketing of orthopaedic procedures and implants directly to patients. How do you feel about the influx of joint replacement marketing professionals?

Marketing is everywhere in every field, including medicine. My job is to help patients understand the extent of their problems, explain their options and give them an idea of what they can expect from those options so they can make an informed decision. I work hard to make sure my patients don't make decisions that are unduly influenced by factors that are not medical issues. I am my patients' best advocate.

Where do you see your field going in the next five years?

Insurance companies have already begun to prioritize cost in managing their product lines. Value in medicine has been defined by Michael Porter, a leader in competitive strategy and professor at Harvard, as outcomes over cost. Proving the value of what we do will become more important than ever, and I believe we will move to a value equation to determine physician pay. To be successful in the coming years, we will need to document our outcomes — not just patient satisfaction with issues like ease of appointments but also pre- and post-operative scores — while simultaneously controlling costs. If you're not in a practice that encourages you to study, record and improve your outcomes, then in the future, you will likely struggle to succeed.

—Karen L. Brooks



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