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## A Day in the Life of an Orthopaedic Surgeon with Dr. Rachel Shakked

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**Article – Interview****A Day in the Life of an Orthopaedic Surgeon with Dr. Rachel Shakked**

By Anne Cohen, Class of 2024  
Faculty Advisor: Dr. Rachel Shakked, MD

From a young age, Dr. Shakked knew she wanted to be a doctor and started medical school with an interest in pursuing medical oncology. As a third year, she did her surgery rotation with low expectations but ended up loving it and discovering the field of orthopaedics. After completing her fellowship in 2016, she is now a foot and ankle specialist at the Rothman Institute where she experiences a mix of both private and academic practice. This conversation was born from her desire to show students what life is like beyond medical school and residency, and the importance of living a balanced life. Dr. Shakked prioritizes spending time with her family that includes her husband, also an orthopaedic surgeon, and her two sons ages 5 and 2. We sat down to discuss what her life as an attending surgeon looks like now, how to cultivate mentorship, and the importance of time management and a healthy, balanced lifestyle.

**Hometown:** Marlboro, NJ

**College:** Cornell University (B.S. Biology, Genetics), Ithaca, NY

**Medical School:** Albert Einstein College of Medicine, Bronx, NY

**Residency:** NYU Hospital for Joint Diseases, New York, NY

**Fellowship:** Foot and Ankle Surgery, Hospital for Special Surgery, New York, NY

**Walk me through your weekly schedule.**

Mondays and Tuesdays, I typically have office hours from 8 a.m. to 5 p.m. Monday morning we have 6:30 a.m. to 7 a.m. academic meeting with our entire foot and ankle department. It rotates between lectures given by residents or fellows, journal club, and case presentations. Once a month on Tuesday nights, we have a foot and ankle division meeting that alternates between research or business focused meetings. Wednesdays, I operate at our surgery center from 6 a.m. to 4 p.m. Thursdays, I have office hours again from 8 a.m. to 5 p.m. On Fridays, I do bigger cases in the main OR, starting my day around 6:45 a.m. with a variable end time ranging from 3 p.m. to 7 p.m. Sometimes operating days can be shorter and you get more administrative time. I take call some weekends which means I go in to round, see consults,

or operate. For example, this past weekend, I was on call and had to go in on Saturday for two hours to see four consultations. On Sunday, I was there for three hours to see more patients and did a surgery for a broken hip. I was fielding calls from home throughout the weekend.

On the office hour days, it's busy. Some patients are post-op and need stitches out and we have a conversation about the next set of instructions. One patient had a bad ankle arthritis, so we talked about surgical vs. nonsurgical options, and ended up scheduling her for surgery. Another patient came in and had an ankle fracture, but we decided not do surgery, so I placed her in a cast with our orthotics tech. Then I got a call from another surgeon about an ankle fracture in the emergency room that needed to be added on to my surgery case list tomorrow. I did take ten minutes during my lunch break to read my book for my book club. It's busy! The day passes fast.

**Why orthopaedic surgery?**

I picked it by accident. I went into medical school knowing I was going to be a medical oncologist. When I arranged my third-year rotations, I put general surgery first to get it done and out of the way. I was working more hours than I'd ever worked in my entire life, but I was so happy. It was gratifying to be able to fix a problem right in front of you. After that, I explored some surgical subspecialties and found orthopaedics was a great fit. I liked the mechanical and engineering aspect, the spatial relations, and realigning fractures. I take people who want to live an active lifestyle but have pain and get them back to doing the things they love.

**What is your favorite surgery to perform?**

Ankle fractures, always. It's so fun, it's like putting a puzzle together. No two ankle fractures are the same. Even though the principles of fracture fixation remain the same, you get to be creative and use your mind on each individual case. It's extremely fun and satisfying.

**What is your favorite part of your job?**

Seeing post-op patients in the office and how far they've come. With the ankle fracture patients, when you first meet them, they are injured and can't walk. And then a few months later, you see them in the office walking around without pain. They've come such a long way.

**What is the most challenging part of your job?**

The hardest part is that it's really not a job. I've dedicated my life to the practice of medicine.

You're never *not* thinking about your patients or work. You can't just turn it off. The good thing is that I love what I do, and I love my patients. It's harder now that I have two little kids and I have to make sure I share my time with them.

### **What do you like to do outside of work?**

I like to be with my two boys, ages 5 and 2. Every morning, evening, and most weekends are for them. I love watching movies and reading books. I am in my neighborhood book club. I used to love to travel but that's on hold with two little kids because they'll be monsters on the plane.

**Current book club book:** The Paris Apartment (too scary though!)

**Next book club book:** Lessons in Chemistry

**Favorite book:** The Cider House Rules by John Irving. I love all his books.

**Favorite movie:** Avatar

### **What does work/life balance mean to you?**

I am still learning how to balance it all. My husband is also a physician, and our two schedules are really complicated. We delegate as many tasks as possible. We have a wonderful nanny and house cleaning service. Planning far in advance is helpful so that call schedules, office hours, and surgery block time schedules can all be modified accordingly. We make our schedules a year in advance to figure out when we are going to see our family, when our kids are out of school, when we can get our parents to babysit to go on our own vacation. I have a weekend planned every month to see my sister and her family. I still get together regularly with friends from medical school and when we're together we look two months ahead and plan our next get together. There are so many pieces up in the air if you wind up having a family, especially with two partners who are both working full time as physicians. It's like a big logic puzzle.

### **What is one thing you wish you knew when you were in medical school?**

When I was in medical school, the focus was trying to get to the most competitive residency. Then in residency, I was trying to learn as much orthopaedics as I could to match into the best fellowship. You're in this tunnel of just getting to the next step. I wish I had looked beyond training. I don't

think I would have changed anything, but now that I'm on the other side of it, it seems like such a short time. I might have asked different questions on the subject matter, practice management, balancing everything. It's important to protect time for yourself and time for your family. This is your life. You're only in your 20s and 30s once. You can do a good job at work and have a life outside. You can't take good care of patients if you're not taking care of yourself.

### **What advice do you have for students interested in orthopaedic surgery?**

My roommate in medical school gave me the best advice. I told her how much I wanted to be an orthopaedic surgeon, but I didn't think I could to it. She told me to rise to the challenge and just apply, not to shy away from it just because I thought it was going to be hard. It seemed almost impossible to match and then complete such a difficult residency, so I almost let the challenge scare me away. But because I liked the subject material and that's what I wanted to do, I went for it, and I succeeded. It was also incredibly helpful for me to have my family nearby during school and training. My parents would sometimes even stock my kitchen with groceries on weeks that were especially busy in residency. Don't underestimate the power of having people who care about you nearby during training!

### **Is there anything else we didn't discuss yet that you think is important for students to know?**

When I was a student, I didn't have a good mentor. I didn't know how to cultivate a mentorship relationship. And now having been on the other side where I am the mentor, I have had great connections with mentees because my mentees have cultivated it. Mentorship was posed as a "magical spark" to me, and I don't think that's real or common. More often the relationship is built by meetings and regular check-ins that are scheduled by the mentee. If I had realized that when I was a student, I may have tried to make a better connection with someone and that probably would've helped over the years. I had always felt I was a bother, but students shouldn't feel that way. One of my students texts me every month to tell me what she's up to and asks me a short question like 'help me figure out where to do this rotation'. I have all of this knowledge from going through the process, all of us attendings do, and we are happy to share it.