

## Mismatched Career Expectations and Realities in Neurosurgery



Craig H. Rabb, MD

**W**hen we encounter our colleagues at national conferences, we often hear distressing tales of practices dissolving, physicians relocating, and other areas of dissatisfaction among practicing neurosurgeons. Escalating malpractice insurance costs is one widely-cited factor in physicians' changing their practice situations. Less discussed, and more difficult to study, would be the effects of a mismatch between expectations and realities for neurosurgeons entering practice.

One broadly accepted statistic holds that 25% of physicians will relocate within 5 years of entering practice. While our residency programs have historically done a stellar job training neurosurgeons, they have fallen short in educating them about the realities of practice. Having spent roughly 60% of my 12 years of practice in academia and 40% in private practice, I will attempt to address issues that affect both.

### Income

“\$750,000 – guaranteed!” Each month, ads promoting high-paying jobs fill our journals. But beware—the current means for “guaranteeing” such large salaries most often involves hospital-based forgivable loans.

It is important to understand the ramifications of these packages. When hospitals are willing to underwrite these loans, their primary expectation and desire is Emergency Room coverage. Providing the surgeon a good lifestyle is of no concern to the hospital. If the agreement results in a long-term relationship between the physician and the hospital, it generally favors the physician. Unfortunately, if things do not work out, whatever the cause, the physician may take a huge financial hit, often owing the hospital \$500,000 or more.

Hospitals will not hesitate to pursue litigation against the surgeon to recover the loaned monies in the event of a failed practice. In addition it may not be possible to make this level of income once the term of

agreement has lapsed (usually 2 years). The surgeon involved may also ultimately determine that the sacrifices required to make these astronomical figures are unacceptable in terms of either lifestyle or personal ethics.

*Salary model.* There are various paradigms for salary, ranging from “eat what you kill” to “socialism.” Both systems have their problems. In the “eat what you kill” model, neurosurgeons may find themselves competing with their partners for cases. A “socialism agreement,” in which all revenues are split equally, may generate arguments over who takes the most vacation and who handles the greatest number of cases. It is crucial to understand the pros and cons of each of these systems and the impact that they will have on relationships between partners.

In addition, physicians may be lured to join a practice based on the potential for passive income opportunity (i.e., surgery centers, etc). These can be risky endeavors and can ultimately result in a low financial yield. While some of these arrangements have paid huge dividends to investors, their success is often more related to their being in the right place at the right time.

*Reason for job opportunity.* A major reason for recruiting physicians is to share the call burden of the practice. Partners or associates may not be eager to give up parts of their practice to help get a new physician up and going. And in academia, the ability to develop a subspecialty interest may become a bone of contention, independent of finan-

cial revenues. A surgeon should attempt to ascertain whether the current faculty is providing a service which he or she would like to provide, or whether the current surgeons in place are so overwhelmed that they are eager to give up cases. It is also vital to try to determine why a physician may have left a position for which you are interviewing. It is common to hear answers like “wanted more money,” which may be overly simplistic and not represent all of the issues.

#### Stresses of Practice

*Malpractice.* No matter how well we practice, statistics indicate that most of us will be sued eventually. With that said, it is almost

Because circumstances within a practice may change, competing surgeons may end up becoming partners or sharing call duties. A surgeon may rely on a cordial relationship during a difficult peer review proceeding. Being able to relate to others professionally will carry a surgeon far in practice.

*Trauma Call.* Some surgeons may find practices in which they are not initially required to cover trauma call, but such situations do not always continue. It helps to be adaptable when circumstances change within a practice.

*Lifestyle.* Trainees must realize that it is nearly impossible to control one’s life and practice after residency. For example, if

differently than we perceive ourselves. These misperceptions may potentially (and inexplicably) result in complaints filed in peer review. A young physician might find him or herself facing potential disciplinary actions by a hospital, the origin of which may be difficult to comprehend. Alternatively, in an academic setting, a young surgeon cannot necessarily expect the same degree or type of support from a chairman that he or she had during residency training. Ultimately, we are the ones in control of how our careers evolve.

#### Expect the Unexpected

Circumstances change. Partners relocate, retire, or die. New hospitals may be built, which require covering call in multiple locations, lest the new institutions recruit new, competing surgeons. No one is entitled to a certain amount of call duty or a particular salary.

In fact, surgeons cannot expect sympathy from a hospital or medical staff when asked to provide additional call. Call paradigms differ from those seen in training; neurosurgeons may be on call for a practice more nights than they were for the Emergency Room.

#### The Bottom Line

All practices and partners experience conflict. Nothing is guaranteed, from the standpoint of lifestyle, income, or career longevity. Moreover, the grass may be greener elsewhere, or it may not. One must ultimately choose what one can and cannot live with in order to be professionally content.

If you do decide to leave a job, try to depart on good terms, no matter the cause behind the move. The future is unpredictable and you may find yourself interacting with former colleagues in new situations.

In the end, being adaptable and having appropriate expectations allows your practice and philosophies to evolve. They are keys to a successful and satisfying career.

CNSQ

## While our residency programs have historically done a stellar job training neurosurgeons, they have fallen short in educating them about the realities of practice.

impossible to be prepared for the sense of betrayal and helplessness that accompanies being a defendant in a lawsuit. However, litigation is an inevitable byproduct of the practice of medicine. (It can also be a shock to discover that there are neurosurgeons out there who will testify against you.)

*Communication.* Surgeons often cannot be frank with their associates and partners or share feeling constructively. Often these feelings are allowed to fester or are communicated to third parties in a destructive way. Developing a culture of sincere and open sharing of grievances is one means of defusing tensions that inevitably build within practices.

*Competition.* It is often difficult for young neurosurgeons to know how to interact with competing surgeons, since they are not usually called upon to do so during training. But one must learn to be collegial to competitors.

other physicians want to refer patients, trainees cannot refuse, even if the referrals interfere with previous plans. Situations like these may result in delaying vacations and other adjustments in personal life.

#### Hospital or Department Culture

The culture of a hospital, practice, or department where a neurosurgeon enters practice will invariably be different from where he or she trained. There may even be significant professional jealousies that come into play within a new practice setting, either within a neurosurgical department or between specialties. It is not uncommon for non-neurosurgeons to harbor resentment toward neurosurgeons, under the mistaken impression that we make outrageous sums of money for the same amount of work they provide.

Other physicians and ancillary personnel within the hospital frequently perceive us