Neurosurgery
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Moving into Academic Practice

Making the Transition from Trainee to Faculty is Exciting, Yet Challenging

By Bonnie Darves

Most neurosurgeons spend seven years in an academic setting during their residency, so it would seem that making the transition from training to a junior faculty position ought to be, if not easy at least relatively seamless.

In some ways it is fairly straightforward from a practical standpoint, especially for neurosurgeons who stay on where they trained. But in other ways, it's a whole new world, say neurosurgeons who've elected an academic career.

"Relationships between residents are almost family like—they suffer with each other; they grow with each other. With attendings, it's hopefully still a very positive relationship, but there is often, at least subliminally, a degree of competition that is more than in residency," says Dennis Maiman MD, PhD, Sanford J. Larson Professor and chairman of neurosurgery at the Medical College of Wisconsin in Milwaukee. "In addition, you're in charge. And that's not a small issue. It's very, very different, because even if you were the chief resident, you knew that deep down you were just a resident."

Charles Prestigiacomo MD, professor and chairman of neurological surgery at University of Medicine and Dentistry of New Jersey in Newark, concurs with Dr. Maiman that most junior faculty experience deep responses to their new reality. He describes the transition as a time of almost opposing and equally intense feelings. On one hand, he observes, "the initial feeling is extreme excitement and joy about having completed—let's face it—one of the longest residencies in medical training. But in the same heartbeat there's the sense of extreme anxiety ... you just realized that you are now the responsible physician for that patient.

"It's very different when there's always someone looking over your shoulder and tapping you gently when you're about to stray, as opposed to not having it there. That's a responsibility," Dr. Prestigiacomo says, "that can weigh somewhat heavily."

> **"That part—delegating—can be very challenging for some neurosurgeons, particularly in the operating room. It involves learning how to trust, and how to change the way you think about relationships with people around you."**
>
> —Dennis Maiman, MD, PhD
> Chair of Neurosurgery, Medical College of Wisconsin

On the other side of that picture, neurosurgeons in academic practice may have more ready access to colleagues who can counsel them when they get in a tight spot. Mentors can be found in setting, Dr. Prestigiacomo notes, but they may be a bit more prevalent in academia than in private practice.

"In academics, there seems to be a little extra cushion. That might just be a perceived cushion," he says, "but I think it's real. And I think it helps." In academics, he explains, it's OK for a junior faculty member to walk into the department

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Moving Into Academic Practice

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chair's office and say, "This just came through the doors, and I am really not sure what is the best way to deal with it." The chair won't make the decision for the faculty member, he adds, "but will always back up the neurosurgeon, unless it's an egregious decision."

In the big picture, new junior faculty will be expected to carve out their niche, or work closely with their colleagues in defining their individual practice parameters while meeting the group's expectations. In most cases, incoming academic neurosurgeons will join a group with defined subspecialties; and the onus will be largely on them to figure out where they fit in to the picture, says Lawrence Chin, MD, professor and chair of neurosurgery at SUNY Upstate in Syracuse, N.Y.

"You have to understand what you do well, determine how that fits in with the other members of the group, and then, hopefully, have that fit your expectations reasonably well," Dr. Chin says. Getting those divisions of duty and responsibility sorted out can take time—and patience, he advises. New faculty members may in some situations be expected to generalize for a while. Or they may not initially get the most interesting cases—or the ones they'd like or expected, he cautions.

"If there are other already established neurosurgeons in your subspecialty, you may be required initially to fit into a specific niche for a while because that's where the need lies," says Dr. Chin.

Conversely, the junior faculty member just out of fellowship might end up instantly being the main neurosurgeon in a particular subspecialty. That can be both exciting and daunting, Dr. Chin observes. "If you're just out of an endovascular or a functional fellowship, you could be expected to instantly be the leader of that group. That's a very different situation," he says, "so it's important to know those expectations before you join the practice."

Teaching prerequisites: aptitude & patience

New faculty members, like their private-practice counterparts, come to the position "equipped with the skills and tools, and the knowledge and experience they need to succeed," Dr. Prestigiacomo notes. The responsibility factor takes on another dimension, however, in the academic setting, because of the additional obligation of teaching residents.

Even for natural-born teachers who happily anticipate that new duty, moving into the role often requires substantial personal adjustment. It's not just the quality of the instruction and the ability to impart knowledge that matter, Dr. Maiman points out. It's also important to develop, in short order, the capacity to simultaneously delegate tasks to residents while accepting responsibility for their actions.

"That part—delegating—can be very challenging for some neurosurgeons, particularly in the operating room," he says. "It involves learning how to trust, and how to change the way you think about relationships with people around you. And that can be difficult."

> **"It's very different when there's always someone looking over your shoulder and tapping you gently when you're about to stray, as opposed to not having it there. That's a responsibility that can weigh somewhat heavily [on junior faculty]."**
>
> **— Charles Prestigiacomo, MD**
> Chair of Neurological Surgery, University of Medicine and Dentistry of New Jersey

Most junior faculty can rise to those challenges, however, and will derive great satisfaction from teaching residents, provided they possess a few basic but key attributes, according to Steven W. Chang, MD, a neurosurgeon at Barrow Neurological Institute in Phoenix, Ariz. "You have to love to teach—and to want to be a teacher to function well in an academic situation," says Dr. Chang, who joined the Barrow faculty four years ago. "You also must be confident enough in your own skills to let other people—i.e., your residents—assume a significant role in what they do within the operating room, for them to learn appropriately."

Being able to stand by and guide, without stepping in unless necessary, calls for yet another personal characteristic: patience. "You have to be willing to take the extra time to teach—because it does take time," Dr. Chang observes. "You must be able to enjoy watching someone else's growth rather than just doing a case—or standing there thinking that you could have done it in half the time."

Newly appointed faculty member Alexander Khalessi, MD, M.S., co-director of neurovascular surgery and neurosurgical director of neurocritical care at the University of California-San Diego, thinks neurosurgeons eyeing academic practice should be adept at multi-tasking and managing multiple demands simultaneously. In short, he says, there's little prospect for downtime in academia.

"In my view, the responsibilities of being in academic medicine are additive. I don't think that someone who is in academic medicine requires a different skill set than someone who is in private practice, but requires an additional skill set," says Dr. Khalessi, who recently completed a four-year term on the neurosurgery Residency Review Committee (RRC) .

"Teaching requires insight and energy above and beyond the clinical duties, and

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What Does 'Priva-Demic' Mean?

By Katie Cole

An increasing trend in employment models for physicians is a priva-demic, or hybrid, model. However, the definition of this term varies significantly, depending on the facility's definition of the term and the type and extent of the actual academic resources available to the neurosurgeons working in a priva-demic model.

This model has become appealing to many candidates who are seeking a clinically based position that incorporates production-based incentives but also offers potential for clinical research, continued publication pursuits, and possibly resident rotation oversight or teaching.

The compensation is typically based more on a hospital-employed or private-practice model that on a traditional academic model. These positions tend to be primarily volume based but do offer some type of opportunity to continue academic pursuits.

The term priva-demic is an extremely fluid one. Sometimes the affiliation with the local university is already in place; other times the potential for such a relationship exists, but the employer is looking for the incoming neurosurgeon to actually make these connections and establish the relationship with the academic center.

It is important when considering a priva-demic or hybrid model to determine which resources are in place and what the actual academic opportunities are, realistically. One indicator of a solid relationship is the individual handling the recruiting process. Oftentimes, neurosurgery departments have affiliations with local clinics and hospitals, and are recruiting for non-faculty positions directly. These priva-demic opportunities tend to be very solid, as the relationship has already been established and the resources evident when the incoming neurosurgeon starts.

Other times, hospitals recruiting for a neurosurgeon have some type of relationship with a local university, but there are no guarantees that the incoming neurosurgeon will be included in this relationship—or be provided access to the academic department's resources. The potential may be there, but it is up to the incoming neurosurgeon to actually establish the real connection and attain resource access.

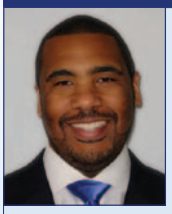
In yet another arrangement, a private practice has an actual affiliation with a local university and its partners also have academic rank. However, there are no guarantees that the incoming neurosurgeon will enjoy the same status.

If academic affiliation is an important consideration, neurosurgeons exploring priva-demic opportunities should ensure that the affiliation is clearly defined in any employment agreement to ensure there is realistic probability of attaining the same affiliation the partners enjoy.

Ms. Cole, a Denver resident, is publisher of Neurosurgery Market Watch.

LEGAL CORNER

By Roderick J. Holloman



Q: My practice is being purchased by a hospital, and in trying to determine the calculation of my base salary for the next contract term, we disagree as to what my w-RVU (work RVU) conversion factor should be. This is because the hospital uses a graduating scale, whereby the higher the wRVUs generated, the more a physician earns per wRVU. Unfortunately, as I was out on paternity leave for eight weeks, my wRVU does not reflect my true productivity potential. How should I approach this?

A. A reasonable approach, and one that should be satisfactory to both parties, would be the following: Average your wRVU productivity per month, dividing your total wRVUs by the number of months you worked a regular schedule; then multiply that sum by 12 to arrive at a reasonable assessment of what your productivity would have been if you were working full time all year.

Q. I have been in practice for 15 years and have received an offer from a hospital to come in and establish its neurosurgery program. My concern is that the compensation is only guaranteed for two years, after which I would switch to a wRVU productivity-based model with no minimum guarantee. How should I articulate my claim to the hospital that I need more security?

A. Based on your description, you have a very valid claim, especially if you are relocating your family for the position. To do so with only a two-year guarantee could potentially harm your family financially should the program not succeed.

In negotiating with the hospital, first attempt to learn the hospital's rationale for a two-year guarantee as opposed to one of longer duration. If the rationale is reasonable, request that there be a gradual withdrawal of the guarantee in the form of a year-three and -four guarantee equal to a guarantee of 50% of your year-two base salary. The logic behind your proposal, in addition to the need for financial stability in light of the relocation of your family, is that there needs to be some long-term commitment from both parties to ensure the sustainability of the program.

Q. I recently received an employment contract, but noticeably there is no "termination without cause" clause. When I asked whether this was intentional, the employer affirmed that it represents the expectation that this will be a long-term relationship. Are there any drawbacks to such an arrangement?

A: Generally yes, there are downsides, particularly in the case of a young physician, as early-career physicians tend to move around a bit prior to settling into a practice. When no termination-without-cause provision exists, neither party can terminate without cause (in most instances).

Bear in mind that other factors may affect your ability to terminate without cause, most notably applicable state laws on contract interpretation. Some states impute such a clause in employment contracts.

Author's note: Roderick Holloman is the principal of The Holloman Law Group, PLLC, a national healthcare law firm. He welcomes readers' questions and can be reached at 202-572-1000 or rjholloman@hollomanlawgroup.com.

Neurosurgery
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Incorporating Scholarship Into an Academic Neurosurgery Career

By N. Scott Litofsky, MD

One responsibility that distinguishes academic from private practice is academic physicians' need to perform scholarship—the attainment of knowledge from study or research which is original, peer reviewed, and publicly disseminated—in conjunction with their clinical practice and teaching. As most academic neurosurgical programs are associated with residency training programs, faculty members are expected to perform their own scholarship while also encouraging and supporting residents in scholarly activities.

For some neurosurgeons, scholarship, and the accompanying research and writing, are easy. A research year during residency and/or strict productivity requirements may have adequately prepared the faculty neurosurgeon for an academic career. Others may find such endeavors more difficult and may view the responsibility with trepidation. The following suggestions may help neurosurgeons ease into their academic roles.

Rather than being a burden, scholarship can enhance one's clinical practice and perspectives regarding neurosurgery, benefitting both the program and the individual. Faculty scholarship is essential for program accreditation by the ACGME; and one of the most common citations leveled by the neurosurgery residency review committee is insufficient faculty scholarship.

> **"Rather than being a burden, scholarship can enhance one's clinical practice and perspectives regarding neurosurgery, benefitting both the program and the individual."**

Besides being an ACGME requirement, generating published papers created by scholarship also enhances the program's reputation. (Ponce FA, Lozano AM: Academic impact and rankings of American and Canadian neurosurgical departments as assessed using the h index. Neurosurg. 113(3):447-57, 2010.) The well-regarded program may be able to recruit better resident candidates. Scholarship efforts may also increase patient referrals, boost faculty recruitment, and help create a more stimulating educational environment.

For the individual neurosurgeon, scholarship helps to expand knowledge and offers the opportunity to reflect on acquired knowledge. The faculty member who engages in scholarship is better able to place literature into its appropriate context and to organize new information.

When performing scholarship, the neurosurgeon practices systematic observation and documentation, and then analyzes and critically interprets results. Perhaps most importantly, participating in scholarship both encourages the neurosurgeon intellectually and offers the excitement of discovery. (Reulen HJ: Basic research vs. applied research. Acta Neurochir [Suppl] 83:45-48, 2002.) Lastly, scholarship, most of which derives from research, is essential for building neurosurgeons' dossier for future academic advancement and/or tenure consideration.

Research can take many forms, including fundamental basic neuroscience; laboratory studies simulating clinical disease; applied clinical research; research related to technical innovations and surgical technique improvement; clinical observational studies; and randomized prospective controlled trials. (Reulen HJ, Kampolat: Research rotation in a trainee's curriculum. Acta Neurochir [Suppl] 90:97-101, 2004.)

Pursuing any of these types of projects is appropriate, but clinical studies may be easiest to perform, as such studies can derive from clinical questions that occur in day-to-day practice. The project then becomes the means to answer the question.

The gold standard in scholarship is peer-reviewed papers, the articles submitted to journals to be critiqued by members of the editorial board for acceptance. Another type of scholarship is the topic-review paper, in which the author summarizes an assembled compilation of current literature. These reviews are often, but not always, solicited by journal editors. Book chapters are another type of scholarship; these are usually requested by the individuals who are assembling medical textbooks.

Presentations at national meetings, either in the form of posters or oral platform deliveries, constitute yet another form of public dissemination of research. Neurosurgeons who are just beginning to pursue scholarship might also consider writing articles for medical bulletins.

Scholarship opportunities abound

Neurosurgeons who are focused primarily on their clinical practice can participate in scholarship by taking advantage of myriad potential opportunities. One of the easiest ways to begin a scholarship project is to pose a clinical question to answer. Neurosurgeons encounter questions every day. Once the neurosurgeon defines the question's parameters, data can be collected and subsequently analyzed.

Another option, one that is becoming increasingly plentiful, is participating in hospital or department quality improvement projects. Data collected as part of such projects can be reorganized to answer questions—and potentially lead to publication. Similarly, as faculty members are frequently asked to give Grand Rounds presentations, the material organized for the presentation can be incorporated later into a topic-review paper.

Clinical neurosurgeons who practice in academic medical centers usually have access to basic science departments' faculty, and some of those individuals may have similar interests. Collaborating with fellow faculty members can benefit both parties and further the institution's research mission. For instance, by participating in laboratory meetings, the neurosurgeon can share potential clinical implications of basic science projects, creating a dialogue for future shared projects.

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Similarly, collaborating with other clinicians with similar interests, such as trauma surgeons, endocrinologists, infectious disease specialists, intensivists, and others, can lead to scholarship opportunities for all.

Regardless of the mechanisms used to formulate scholarship projects, several additional measures can help increase scholarship productivity. Creating time to do scholarship can be the greatest obstacle to productivity. Unfortunately, clinical needs often usurp such time. To ensure "protected" time, a neurosurgeon may need a grant that pays the portion of salary not generated by the nonclinical activity. Funding for National Institutes of Health and National Cancer Institute grants is very competitive, so obtaining such grants presents challenges beyond the scope of this discussion.

Another solution is to block out small portions of time during the week to focus on scholarship activities; an hour here or there can be productive. The habit of participating in scholarship should be developed early in one's career or soon after starting a new position, when clinical volume is not as robust. Fortunately, once formed, these scholarship habits are more likely to persist.

The academic neurosurgeon should also set yearly productivity goals. Three for four papers per year is usually sufficient for promotion and tenure. Working on a combination of small projects that can be accomplished quickly and larger projects that require more time for completion can help create an ongoing, more manageable stream of work.

Finally, faculty should involve residents in scholarship activities. Residents, who also have requirements to participate in scholarship, often are looking for project involvement opportunities with faculty members. The additional bonus is that collaborating with a resident on a project enables both parties to spend less time, thereby completing the project more rapidly.

Frequently, specific compensation for scholarship is not included in the neurosurgeon's contract, yet scholarship participation in academic neurosurgery is part of faculty responsibilities. Before accepting a position, neurosurgeons should engage in a detailed discussion regarding incentives for academic productivity (such as scholarship) in the position under consideration, as scholarship is essential to the mission of any academic neurosurgical department.

In summary, while participating in scholarship in conjunction with one's clinical neurosurgical practice can be difficult, by anticipating such activities neurosurgeons will be better prepared to take advantage of opportunities that can lead to productive academic endeavors.

Dr. Litosfky is professor and chief of the Division of Neurological Surgery at the University of Missouri-Columbia School of Medicine.

UPCOMING U.S. NEUROSURGERY EVENTS/CMEs

Neuro-Ophthalmology Update & Review
❏ September 14-16
Orlando, Florida

Neurosurgical Society of America Interim Meeting
❏ September 14-16
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Rochester, Minnesota

UPCOMING INTERNATIONAL CMEs

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❏ September 6-8
Nice, France

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❏ September 8-11
Stockholm, Sweden

5th Berlin Spine Annual Meeting
❏ September 13-14
Berlin, Germany

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Zurich, Switzerland

International Society of Pediatric Neurosurgery
❏ November 1-2
New Delhi, India

XXII European Stroke Conference
❏ May 28-31 2013
London, United Kingdom

▶ For more information regarding any of these events, or to post your upcoming CME or neurosurgery event, please contact ***info@harlequinna.com.***

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an investment—uncompensated—of time and energy." The upshot, he suggests, is that academic physicians must be "very effective and efficient in the conventional areas of medical practice" to be able to do perform their other duties.

Coping with a changing environment

The aspects of academic practice that have historically drawn specialists to the setting—the excitement of new research, the dynamic interaction with colleagues, and the potential for expanding relatively rapidly into new procedures and treatments—haven't changed materially in the last decade. But the economic and competitive environment in which academic medical centers operate these days is constantly evolving. And that means that the roles and expectations of junior faculty are changing in tandem.

In addition to meeting their department's productivity targets, junior faculty may also be asked to play an active role in moving their programs forward internally and externally. These days, it's not uncommon for junior faculty to be asked to help publicize the department's special expertise or make connections with community physicians, Dr. Khalessi points out.

"What this means for the trainees coming out now who want to do academics is that the culture they're walking into is different," he explains. "Ten years ago the professor of neurosurgery wasn't interacting with the marketing staff or talking to referring doctors at dinners." The era of academic medical centers counting on passive referrals has come to an end, and junior faculty will increasingly be expected to play an active role in their department's growth and be attentive to the health of its economic foundations, Dr. Khalessi adds.

"Ultimately, you need to justify the resources for your practice. You absolutely have to be a surgeon first. If you are generating RVUs and keeping busy," he says, "and walk into the administrator's office requesting more infrastructure, or protected time to do other things that are important to you, it's a very different conversation."

Regardless of the myriad responsibilities new faculty members face—in the operating room, in the research and publishing realm, or in teaching—they should keep in mind that their senior colleagues both hope and expect them to develop a personally and professionally satisfying practice. And they expect the prospective or new faculty member to proactively seek out the right balance.

"That's one thing I always stress to young neurosurgeons: In most cases you can make the job what you want it to be," Dr. Chang says, "if you've got a good understanding of your own skills and desires, and can communicate what you want to do. That's very important when you are looking for the right fit in an academic position."

Bonnie Darves is a Seattle-based freelance healthcare writer.

Endovascular and Operative Neurovascular Clinical Fellow

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The fellow will actively participate in the care and management of complex neurovascular diseases, including intracranial aneurysms, vascular malformations, and large- and small-vessel ischemic disease (acute stroke). The fellowship will involve training for treatment of patients with both endovascular and operative surgical strategies. Teaching and research endeavors will also be accomplished throughout the fellowship. Applications are now being accepted for July 2013. Applications from women and representatives from minority groups are encouraged. Massachusetts General Hospital is an equal opportunity/affirmative action employer.

- **Qualifications:** It is expected that the candidate will have completed their residency in an ACGME-accredited neurosurgery program before assuming this position.
- **MGH and Boston, MA:** Serving the greater Boston, MA area, Massachusetts General Hospital is a member of Partners Healthcare and is a teaching affiliate of Harvard Medical School.
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Under the new direction of Dr. John C. Liu, Dr. Rick Delamarter, and Dr. Hyun Bae, the Spine Surgery Fellowship Program at the Cedars Sinai Spine Center of Excellence offers an intensive, comprehensive, post graduate training in spine surgery to prepare for a career in academia or private practice. The fellowship candidate will work with both neurological and orthopedic spine surgeons with a strong emphasis in complex degenerative, minimally invasive, adult spinal deformity and spine arthroplasty.

Fellowship training will be done at Cedars Sinai Medical Center where last year more than 2,500 major spine cases were performed. Fellows will be expected to complete a 12-month clinical rotation working with experts in minimally invasive approaches, spine arthroplasty and complex spine reconstruction for spine deformity. Additional time may be arranged for clinical or basic science research working on established research in spine biomechanics, stem cell research and translational clinical research studies.

Interested candidates completing neurosurgery or orthopedic residency within North America or international medical graduates should contact:

John C. Liu, MD
Vice Chair Spine Surgery
Department of Neurosurgery
Co-Medical Director
Cedars Sinai Spine Center
Los Angeles, CA

Rick Delamarter, MD
Vice Chair
Department of Surgery
Co-Medical Director
Cedars-Sinai Spine Center
Los Angeles, CA

Contact: Elissa Rosenberg
rosenberge@cshs.org
310-423-9275

Neurosurgical Clinical Fellowship: Minimally Invasive Brain, Pituitary & Skull Base Surgery

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SAINT JOHN'S HEALTH CENTER
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- **Start Dates:** The center is currently considering applications for the fellowship years beginning July 1, 2014 and July 1, 2015.
- **Qualifications:** Applicants must have completed training in an ACGME-accredited neurosurgical residency program and be eligible for a California medical license. Applicants should provide an initial letter of intent with personal statement, curriculum vitae and 2-3 letters of recommendation, including one from a residency director or department chairman.
- **Inquiries:** Daniel F. Kelly, M.D.
  Director, Brain Tumor Center & Pituitary Disorders Program
  John Wayne Cancer Institute & Saint John's Health Center
  2200 Santa Monica Blvd
  Santa Monica CA 90404
  Phone: ***310-582-7450***
  Fax: 310-582-7495
  Email: ***kellyd@jwci.org***

- To inquire about posting a fellowship opportunity, call Katie Cole at ***303-832-1866***, or email ***katie.cole@harlequinna.com.***

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- For more information on these positions or if you are interested in hiring a neurosurgeon for a permanent position, please contact ***info@harlequinna.com***
- If you have any locums assignments available or if you are interested in locums positions, please contact Aaron Risen at The Surgeons Link at ***aaron@thesurgeonslink.com***

FEATURED OPPORTUNITY

Neuro-Intensivist Position in Wisconsin

Academic medical center in southern Wisconsin is seeking a BE/BC neuro-intensivist to join the department as a full-time faculty member. The facility prefers candidates with fellowship training in neuro-intensive care and current neuro-ICU experience.

The department currently boasts three neurologist intensivists and a strong neuro-intensive services team, as well as a 7 tesla MRI magnet. The incoming physician will have a joint appointment. The Department of Neurology is a multidisciplinary entity with a commitment to outcomes research.

Rich opportunities for clinical and basic research exist, and the incoming neurologist will enjoy collaborating, participating in ongoing research efforts, teaching, and performing administrative duties.

Academic rank and income are open, and will be dependent upon experience and qualifications. Interest in scientific investigation is desirable. The faculty play a pivotal role in upholding the mission statement of the institution. The region offers a climate featuring four distinct seasons, each with its own unique beauty and recreational opportunities.

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