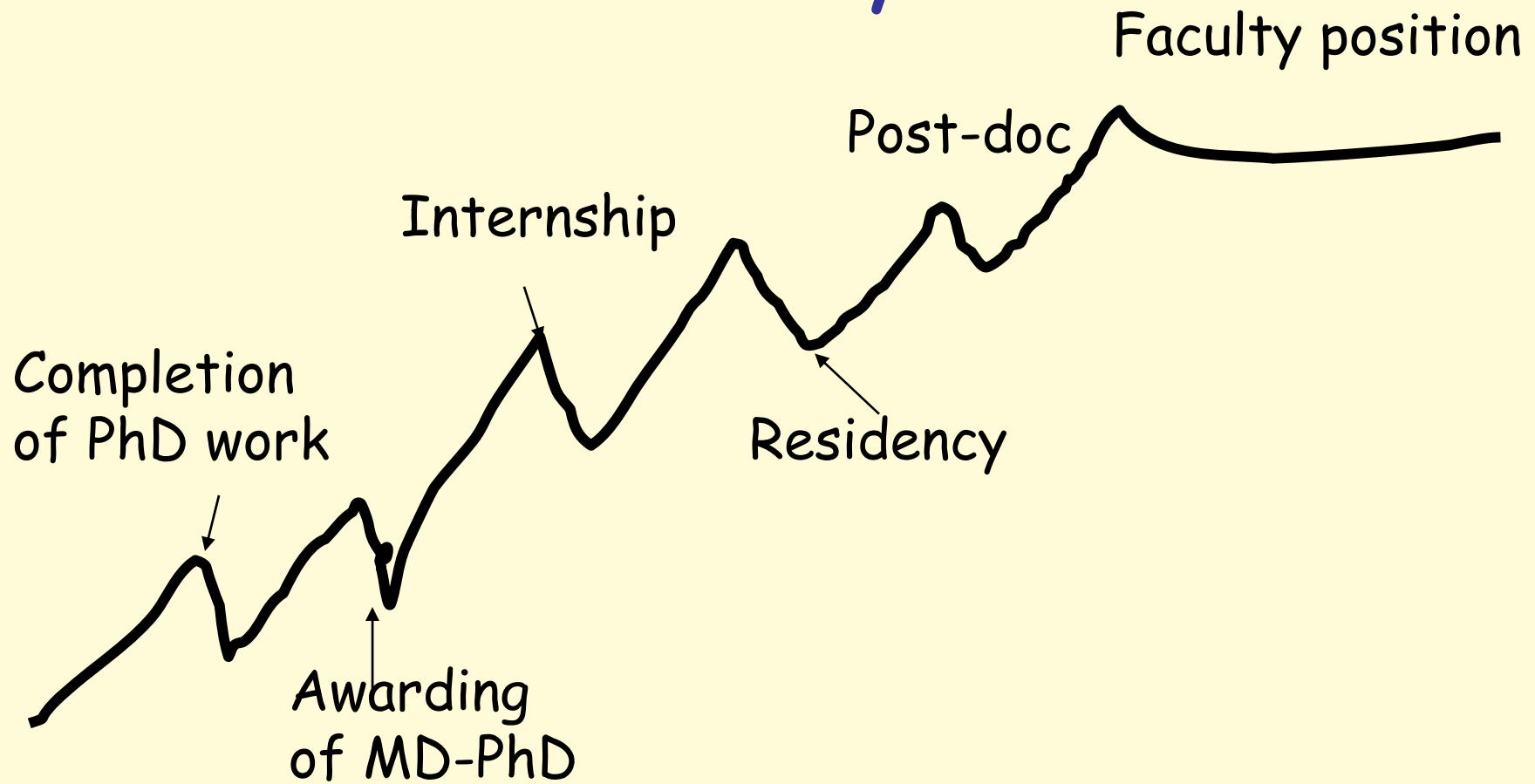


The natural history of an MD-PhD: Why it's hard



A decision tree

- Do I want to use my medicine? (I don't have to)
- Do I want to use my science? (I don't have to)
- What clinical training is attractive? (Why do I think so?)
- How would I sculpt my life 10 and 15 years from now?

A decision tree II

- Neurology?
- Psychiatry?
- Neurosurgery?
- Anesthesia, ENT, Ophthalmology, Urology.....

Why not go into a field where I can
command a really high salary
AND do my research?

- The “market forces” that drive high salaries extract a price in terms of time in the O.R., etc.
 - For example, relatively few Neurosurgeons are able to maintain successful labs in which they are involved at a “hands on” level

So is it worth it?

- Academic medicine is ***so much fun*** we should have to pay to do it
- Fully trained MD-PhD's and research-trained medical students are the most sought after candidates for faculty positions
- They command greater resources
- They have a faster “rise time” as a new faculty member

Isn't it nuts to train for a career with 10% funding rates?

- The swings in funding do inestimable damage to the momentum of biomedical research BUT:
 - *Biomedical research makes a difference* and provides an important economic benefit; Congress and the Executive branch will rediscover this
 - This happens cyclically-- it will pass
 - This time there is better buffering from foundations, philanthropy, and industry than ever before
 - The lesson from previous cycles is that those that keep going come out advantaged

What will Neurology (or other) residencies think of me?

- Are you interested in-- excited about-- excellent clinical training, given the time that requires?
- Can you explain and make relevant your research?
 - (Can you explain it to your great aunt Margaret in South Dakota?)
- Can you largely put aside research for 3 years?

- Is there still room for “triple threat” investigator/clinician/educators

YES- it may be easier than ever

- Can I have an academic neurology career and have a life

YES- it always been hard

Where should I train?

- There are LOTS of great Neurology programs-- no one program has everything
- The culture is crucial-- is there a “fit”?
- You learn most from the residents
- Look at tomorrow’s programs as well as the currently strong programs

The decision tree is individual

- Field
 - Medical vs surgical
 - "Market forces" extract a price
- Geography
- Size of a department
- Magnificent loner or a subspecialty group
- Ability to make year-to-year changes

Some aphorisms

- At the end of your Residency you will be all dressed up and ready to go... anywhere you want
- In academic medicine time is the coin of the realm
- Truly protected time comes but once- *treasure it*
- You *can* do it all- but not at the same time
- Push hard for what you need-- you have options
- Ignore gratuitous advice

Gratuitous advice

- Be clear about your needs- it's OK to assert
- Your self-interest is their self-interest (whether they know it or not)
- A failure in career development is the most expensive failure a department can make- help them help you succeed
- Don't let their short-term needs blind them to long-term goals
- Get it in writing

Expect:

- A plan for evolving independence in a mentored setting
- The ability to carry on *your* project
- A plan for time protection
- A plan for start-up resources as you move to independence
- Career development advice from multiple sources



"We're really proud of Michael... We think he might grow up to be a bureaucrat."

The new Neurobureaucracy

- ❖ IRB's:
- ❖ OIG PATH Audit
- ❖ AAALAC
- ❖ JCAHO
- ❖ Billing compliance
- ❖ HIPAA
- ❖ NIH effort reporting and Justice Dept. audits
- ❖ ACGME
- ❖ CLIA

How can we function with all this?

- ❖ Make the compliance systems work for you
 - ❖ Learn what needs to be done and the systems available
- ❖ Compliance issues can produce benefits
 - ❖ Electronic patient records
 - ❖ Physician order entry
 - ❖ Radiology on-line
 - ❖ Safety systems
- ❖ The oversights encourage meticulous research notes and files