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ReMARKS

Take Control of Your Career

Decreasing independence, not declining dollars, is driving doctors from the profession. By taking control of things you can, you can re-instill pleasure in your practice or create a plan for a new career.

BY ROBERT F. PRIDDY...Published May/June 2004



Physicians are seeking to leave practice in unprecedented numbers. Recent studies by medical associations and recruiter groups indicate that one in four graduating medical [residents](#) would not choose medicine as their course of study if they could restart their educations,¹ and 44 percent of practicing physicians age [50 to 65](#) are planning a major career change in the next one to three years.²

Why are so many physicians looking elsewhere for career options? The specific answers are as many as varied as the physicians.

For experienced practitioners, the reasons range from the high and increasing cost and/or unavailability malpractice coverage, to the "corporatization" of clinical practice, to failing family relationships and the general absence of a personal life. Among medical students and residents, feelings of being unprepared for practice, both clinically and from a business perspective, are most often cited.

Anyone who has spent time in physician lounges at hospitals or had business relationships with physicians has heard about declining incomes, increasing hours, and increasing rules and regulations which generally create a less-than-appealing practice environment.

The root of the problem

Much like the presenting symptom that seems unrelated to the actual disease, "lounge complaints" often focus on the obvious and do not acknowledge the underlying problems.

An on-line career assessment tool, the Career Biopsy, sponsored by my organization, [Physician Career Network](#) of Denver, Colorado, tracks physician opinions and concerns. Physicians go on line to www.careerlab.com/pcn_biopsy.htm, and respond to 15 personal opinion statements describing practice and personal matters. Responses are sorted into three categories representing financial, practice, and lifestyle issues, and a report is sent to the completing physician.

What do the results tell us? The raw data provides a snapshot of physicians' overall feelings. Based on compiled responses of 387 physicians, the category of greatest dissatisfaction is lifestyle, followed by

practice dissatisfaction, and lastly financial dissatisfaction. Within the raw data, several scores or ratings are noteworthy. In the financial category, actual income is the least dissatisfying component. Most dissatisfying is the effort required to produce income, which the Biopsy translates into productivity.

In the practice category, the greatest area of dissatisfaction is the perception of government regulations intrusions. That is followed by an erosion of the doctor-patient relationship.

In the lifestyle category, not spending enough time with outside interests is most dissatisfying, followed by the belief that not enough time is spent improving clinical skills (CME workshops, etc.).

Another telling factor is to compare all CareerBiopsy responses against the statement, "I'd like to remain in practice if I thought my practice could be fixed." When all the assessment's statements are correlated against this one, the factor with the highest correlation to a desire to leave practice is the absence of time for outside interests. Second on that scale is the feeling of excessive government regulations and intrusions into the practice setting, and third are deterioration of the once inviolate doctor-patient relationship and not enough time for improving clinical skills.

The control factor

In-depth career testing conducted by [The Physician Career Network](#)³ shows that most physicians possess a high need for independence in decision-making, thought, and action. When these underlying needs are compared to CareerBiopsy results, the picture comes into focus. When physicians believe their independence is threatened or impaired, they may react negatively to other challenges in their practices. That's not to diminish the importance of declining incomes and practices that don't function smoothly, when such a driving need as independence is not met, definable stress behaviors appear and increase the sense of career dissatisfaction.

How can physicians improve practice and career satisfaction? Much of it has to do with regaining control and a sense of independence. How do you take control of the seemingly uncontrollable? It's a little like the adage of learning to control what you can, accepting what you can't, and understanding the difference. While it's critical to understand the difference, the greatest challenge is recognizing just how much can be controlled.

In the practice setting, taking control begins with critically analyzing dissatisfying factors. Here are several ideas you can implement on your own:

- Talk with physicians who've "been there, done that," or with business experts to determine what is and isn't working. Put measurable processes in place to correct the problem. For example, if revenues are declining, track gross charges, net charges, and collections, basing net charges on your contractual adjustment, not actual adjustments.
- Think outside the box. Just because everybody else does it one way doesn't make it right. You might consider giving your hospital work to a hospitalist. And, if you do (or already have), increase your office time by a half hour at each end of the day.
- Reduce barriers to change among your staff. Most staff members base their actions and expectations on past and ongoing work experiences. Encourage them to be creative in proposing solutions to problems and accomplishing goals. Then take their ideas seriously—don't "kill the messenger."
- Evaluate your personal and professional priorities, and make suitable compromises.

Other options

If you determine that your practice can't be fixed, or if you don't want to continue for other reasons, the next move is often seeking non-clinical career alternatives. A comfortable way for physicians to analyze this change is to follow a SOAP (Subjective, Objective, Assessment and Plan) note to guide the way:

- Subjectively identify strengths and weaknesses, career needs and wants, as well as what would be ideal career titles and work environments.
- Take an objective assessment that will, like lab and x-ray tests, provide confirming data to support the subjective assessment. Many types are available, but select one that will provide actionable career change and management information, and not just interests, temperament, or personality styles. [The Birkman Method](#)[®] (which we have determined to yield both sound and actionable data for physicians.) or the [Myers-Briggs Type Indicator](#)[®] [Instrument](#) are examples of suitable assessments.
- Draft the subjective and objective findings and data into a blueprint—a picture of your future career: your next career moves, companies or business types, locations, position titles, job responsibilities, and reporting relationships.

- Create a treatment plan to achieve the outcome your assessment describes. List specific letters to write, people to meet, gather intelligence on, financing sources or needs, actions regarding present contractual agreements, the disposition or transition your present practice, as well as timelines for all actions.

Whether you believe your practice needs a simple tune up or your career requires a more complete overhaul, you are still in charge. Start with a simple assessment of your likes and dislikes, complete the career biopsy or other self-assessment exercises, look for creative solutions, and then develop an implementation plan that will take you into a more promising future. n

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[1 Merritt, Hawkins and Associates: 2003 Survey of Final-Year Medical Residents.](#)

[2 Merritt, Hawkins and Associates: 2004 Survey of Physicians 50 to 65 Years Old, Based on 2003 Data](#)

[3 The Birkman Method, Advanced Report](#)

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