Editorial

Trainees and Private Practice: Our Greatest Contribution from Academia

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My wife and I recently returned from a trip to Denver to see our kids/grandkids, and on the trip home I took some time for reflection on the trip we'd just completed. In addition to the obvious joy of spending time with those closest to me, I was able to spend time both with former trainees and partners from prior jobs. I wanted to share some of my thoughts I went through on this particular plane ride, and I apologize in advance for waxing philosophic and for the likely mawkish nature of this editorial.

I have always been in academic medicine, so I must claim ignorance on how the "real world" works. Although I'm uncertain of the percentage of IR trainees who graduate from fellowships who take jobs in academia, I am fairly certain it is something in the ballpark of 10–15%. And although I am incredibly proud of those physicians who choose to join academic practices, I must admit to a certain excitement when I hear of trainees who jump feet first into the private sector. Many of them join practices with the specific intent to build the IR practice of their groups, some join very established groups, and a few join groups who are foundering and trying to hold onto whatever IR they can.

As for the practices who hire trainees directly out of fellowship, I tip my hat. Make no mistake about it; there is as much mentoring that goes on in the private sector as in the academic sphere. I would suggest that there is significantly more, in fact. During residency and fellowship, very few trainees are exposed to things like group contracts, the economics of medical practices, having to prove value to health care administrators or even to one's own practice partners – the list goes on and on. Yet despite our failings in educating these exceptional young women and men on

these vital aspects of medical practice, they somehow go out into the private sector and excel at what they do. Although I remain impressed by these trainees, I must admit that I am as in awe of the more senior physicians in these groups who take on junior partners; these more senior people knowingly assume the role of teacher for these junior partners to undergo the necessary further seasoning and maturation in their own professional development.

As I enjoyed dinner with former trainees Blaze Cook and Mitch Smith, and loved to listen to their development as physicians and the balance they've been able to reach in their lives, the person I really should have thanked was their boss and president of their group, Bob Allen. Not only has Bob hired these two into his hybrid private practice group, he has also allowed members of the group time to train residents and fellows at one of their sites. This includes allowing his junior partners to carve out dedicated clinic time, which I personally think is vital to our specialty but is generally marginally compensated. Such a hybrid model – running a private practice group as well as contributing to the training of the next generation of IRs – is incredible to me. I get paid specifically to train individuals; private practice groups that do so take it out of their revenue producing clinical time.

So, a tip of the cap to all of those in private practice, the real engine that drives our field. Without such incredible representation of what we as a field can accomplish, we wouldn't exist in academia. I continue to look forward to watching as my trainees continue to outperform me – what better contribution for all of us, private or academic, to our field, our patients, and greater medicine.

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