

Top 10 Tips for Success in Private Practice

James A York, MD



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OBJECTIVES

- Discuss what constitutes “**private practice**”
- Decide what we would consider “**success**”
- Review **10 tips** for success based on literature and my own anecdotes



2

My Private Practice Experience

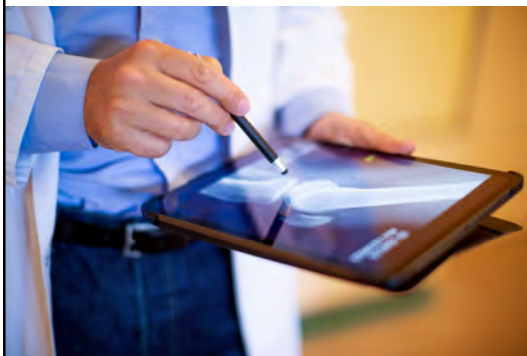


1. **Tennessee** - 4 small groups combined into 40 rad group & imploded after 3 years
2. **Georgia** - 28 rads for 15 years in ATL, built a full time IR practice, chairman of the radiology dept, many service roles
3. **Mississippi** - Last 6 years in 20 rad group in Hattiesburg, on the management team and chairman at our largest client Forrest Health System



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Top 10 Tips for Success in Private Practice: Methodology



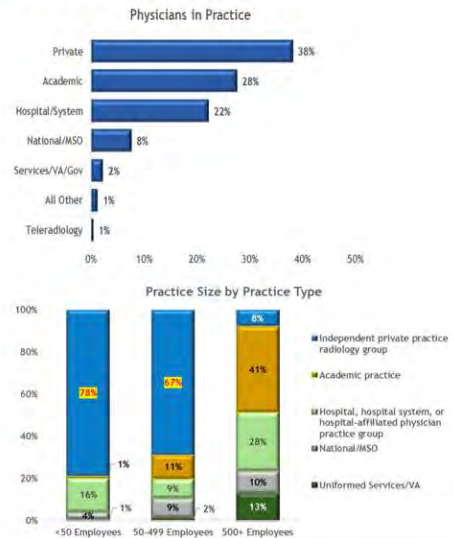
- **Polled** my group of 20 rads in Hattiesburg
- **Interviewed** with rad colleagues I've know 25 years
- **Literature review** of what I believe is relevant to be successful in private practice
- **Personal anecdotes** that have stood the test of time



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What Is “Private Practice”?

2023 ACR-RBMA Practice Leadership Forum Practice Type

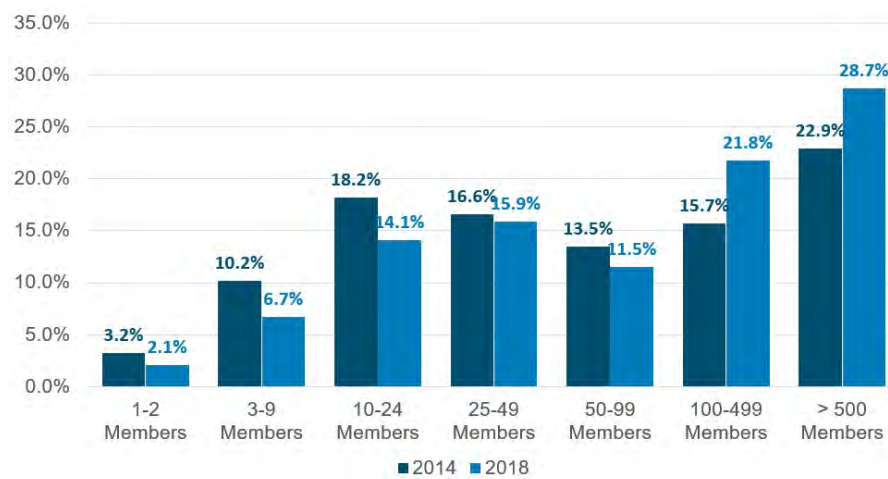


Source: Berlin, Jonathan et al. Radiology's Great Resignation Retention. 2023 ACR-RBMA Practice Leaders Forum (January 2023)



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Private Practice Size Trends



Source: Rosenkrantz AB et al. Radiology Practice Consolidation: Fewer but Bigger Groups Over Time. J Am Coll Radiol 2020; 340-48

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RADIOLOGIST SUPPLY

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Supply...

How many Radiologists are there?

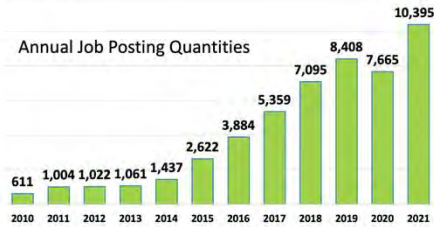
372,000: Career Explorer (Website)
Our Denominator: 53,267 (ABMS, 2018)
 49,070: Statista (2022)
 41,000: ACR members (acr.org)
 30,696-37,399: Duszak and Rosencrantz (2015)
 36,657: ACR Bulletin Subscriptions
 29,530: US Bureau of Labor Statistics (2021)



1,594 live job postings

■ **The Match 2022:**

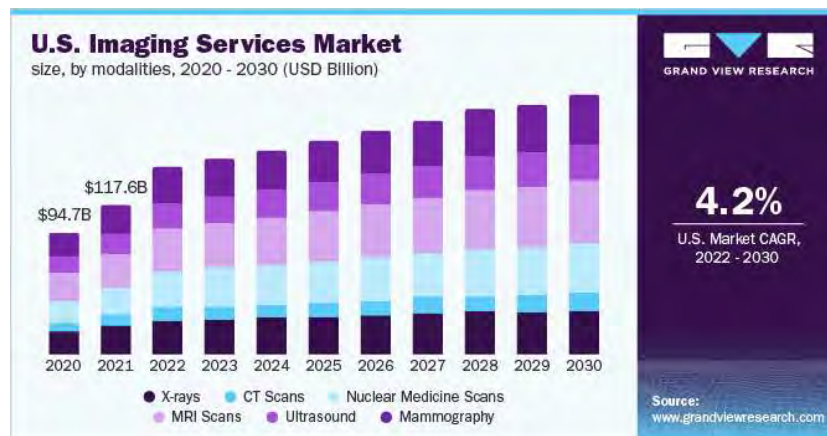
996 Diagnostic Radiologists, 99.9% fill rate



Source: Berlin, Jonathan et al. Radiology's Great Resignation Retention. 2023 ACR-RBMA Practice Leaders Forum (January 2023)

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IMAGING DEMAND



Source: U.S. Imaging Services Market Size, Share & Trends Analysis Report By Modality (X-ray, Mammography, Nuclear Medicine Scans, Ultrasound, MRI Scans), By End-use (Hospitals, Diagnostic Imaging Centers), And Segment Forecasts, 2022 – 2030. <https://www.grandviewresearch.com/industry-analysis/us-imaging-services-market>

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"...the largest physician-owned, physician-led practice in the U.S."

3,300+
Radiologists

3,000
Sites

35
States

49M
Cases per year

131
Imaging centers



"It's nice to be able to connect with so many different levels of patient care. That's what drew me to the field, it was the flexibility of diverse opportunities that breast imaging offered."

Arthy Saravanan, MD
Austin, Texas



"We spend a lot of physician time analyzing our own processes and trying to get better every day. By being a part of a bigger network we are able to take our best practices and combine them with the best practices of other leading physician groups across the country."

Heath McCullough, MD
Greensboro, North Carolina



Source: <https://www.radpartners.com/about-us/our-practices>

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What is Success?

- *Oxford*: accomplishment of an aim or purpose
- *Webster*: favorable or desired outcome
- *LinkedIn*: personal learning and growth at work, make an impact, role model



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WHAT IS SUCCESS?



Sense of wellness

encompassing physical, emotional, intellectual, spiritual, social, environmental, and occupational domains

Workplace drivers include individual factors, organizational factor, national factors



Source: Fishman MD et al. The Road to Wellness: Engagement Strategies to Help radiologists Achieve Joy at Work. Radiographics 2018;38:1651-64

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WHAT IS SUCCESS IN THE WORKPLACE?



- Workplace success is a personal definition.
- My definition of success is multifaceted:
 - I want to be seen as the **expert of the difficult case** in my field both inside and outside of radiology
 - I want to be a **net contributor** to the radiology group, hospital system, and community
 - I want to have an **overall balance of health and wellness** at work and in life



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TOP TEN TIPS FOR SUCCESS IN PRIVATE PRACTICE



CS
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RADIOLOGY SERVICES

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TOP TEN TIPS FOR SUCCESS IN PRIVATE PRACTICE

1. Show up
2. Be Professional
3. Understand, prevent, & treat burnout
4. Take Lunch
5. Communicate effectively
6. Understand "systems-based practice"
7. Know your limitations
8. Adopt orphans
9. Follow up cases
10. Understand the position you accept

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(1) SHOW UP

Have no tolerance for being late

- Contractual agreements for on-site services
- Relief needed for night readers
- Complex schedule is based on studies and manpower needs

Bring positivity

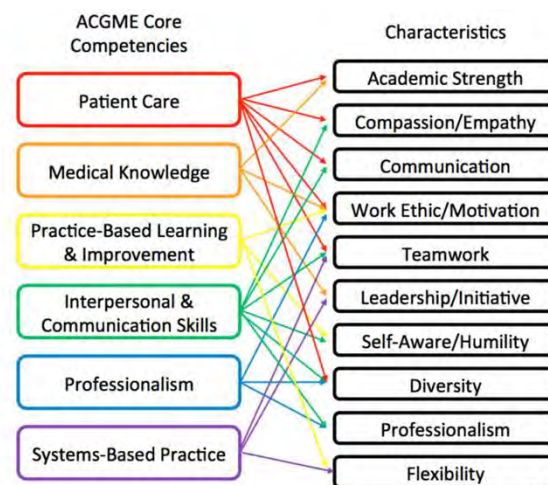
- Positive can-do attitude and humility go a long way
- License to have fun

If 90% of success in life is showing up, the other 10% depends on what you are showing up for
-Woody Allen



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(2) BE PROFESSIONAL, CONTINUED



ACGME Core Competency

- Compassionate and respectful
- Responsive to patient needs that supersedes self
- Respect for patient privacy
- Accountable to patients, profession and society
- Sensitivity and responsiveness to diverse patient populations



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(2) BE PROFESSIONAL, CONTINUED

- Skill, good judgement and polite behavior that is expected from a person who is trained to do a job well
- AAA: Ability, affability, and availability
- Handling stressors professionally
- Managing errors appropriately
- Interactions with physicians, nurses and administration
- Calling for help
- Champion of imaging





"The Doctor isn't available right now. Would you like to speak to Mr. Hyde?"



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RADIOLOGY SERVICES

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(3) UNDERSTAND, PREVENT, AND TREAT BURNOUT

Burnout is perceived to be a significant factor for **86%** of practices in the south¹

- Over half of radiologists in some surveys have signs of **burnout**
- Exhaustion** - physical, cognitive, & emotional
- Cynicism** - disengagement / depersonalization
- Inefficiency** & feelings of **lack of achievement** and productivity

Sources:

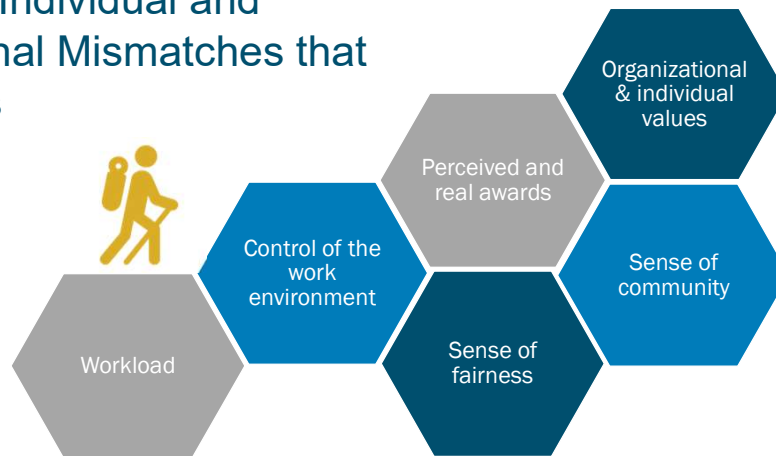
- Fishman MD et al. The Road to Wellness: Engagement Strategies to Help radiologists Achieve Joy at Work. Radiographics 2018;38:1651-64
- Parikh JR et al. Radiologist Burnout According to Surveyed Radiology Practice Leaders. J Am Coll Radiol 2020; 17:78-81

 **COMPREHENSIVE**
RADIOLOGY SERVICES

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(3) UNDERSTAND, PREVENT, AND TREAT BURNOUT...

Domains of Individual and Organizational Mismatches that Drive Stress



Source: Fishman MD et al. The Road to Wellness: Engagement Strategies to Help radiologists Achieve Joy at Work. Radiographics 2018;38:1651-64

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(3) UNDERSTAND, PREVENT, AND TREAT BURNOUT...



Figure 3. Diagram outlines drivers of stress at the individual radiologist, departmental, and organizational levels. The factors that affect wellness and stress in the workplace include external and internal issues, some of which are specific to radiologists and other physicians and some of which are generalizable to organizational practices in 21st century businesses. Organizational and national trends may result from rapidly evolving technological advancements, new health care models such as accountable care, and changes resulting from health care and payment reform.



Source: Fishman MD et al. The Road to Wellness: Engagement Strategies to Help radiologists Achieve Joy at Work. Radiographics 2018;38:1651-64

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(3) UNDERSTAND, PREVENT, AND TREAT BURNOUT...



Protect Against Burnout:

- **Socialize** with volunteer work and/or interaction with colleagues
- **Engage** in hospital or group governance
- **Get Involved** in section, peer review committee, cancer conference, epic team, templates team, etc.
- **Mentor & Be Mentored**



Source: Fishman MD et al. The Road to Wellness: Engagement Strategies to Help radiologists Achieve Joy at Work. Radiographics 2018;38:1651-64

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(3) UNDERSTAND, PREVENT, AND TREAT BURNOUT...



Protect Against Burnout:

- **Eliminate** negative influences like gossip
- **Connect** to practice mission
- **Review** your definition of success
- **Balance** health, diet, exercise, family

Source: Fishman MD et al. The Road to Wellness: Engagement Strategies to Help radiologists Achieve Joy at Work. Radiographics 2018;38:1651-64

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(3) UNDERSTAND, PREVENT, AND TREAT BURNOUT...

Protect Against Burnout:

Be Resilient

- Bounce back
- Be flexible
- Be able to remove stress
- Be connected to work community
- Identify personal sense of purpose
- Participate in projects



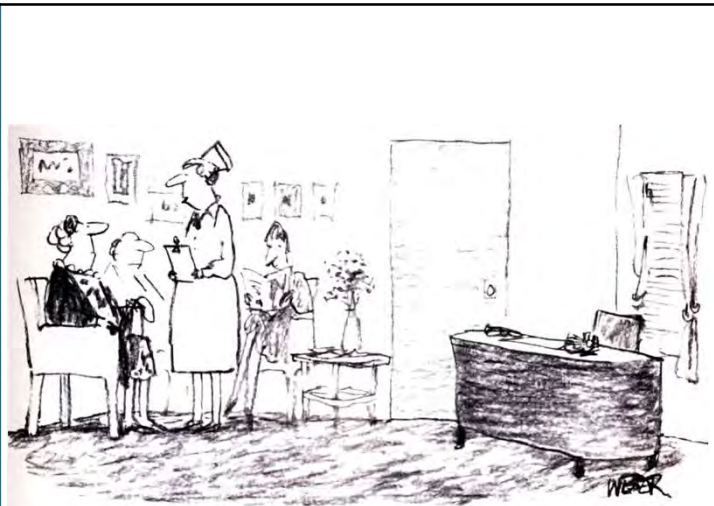
Figure 1. Diagram illustrates strategies that may help in building resilience against burnout (21).



Source: Fishman MD et al. The Road to Wellness: Engagement Strategies to Help radiologists Achieve Joy at Work. Radiographics 2018;38:1651-64

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"The doctor will see you now, Mrs. Perkins.
Please try not to upset him."



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(4) TAKE LUNCH



- Rest brain from decision fatigue
- Prevent the “hangries”
- Promote wellness and health overall
- Prevent burnout
- Eat at the doctors dining room when possible
- Build friendships
- Create social capital



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(4) TAKE LUNCH, CONTINUED



Social Capital

- Concept in social science that involves the potential of individuals to secure benefits and invent solutions to problems through membership in a social network.
- Three dimensions:
 - 1) **Interconnective networks** of relationships between individuals/groups,
 - 2) **levels of trust** that characterize ties,
 - 3) **Resources or benefits** that are gained and transferred by virtue of social ties
- Social capital enhanced through network closure such as neighbors, religion, same age children, partners
- Related to success in job, academia, economic growth, maintenance of healthy psychosocial work environment

Sources:

-Britannica online access <https://www.britannica.com/topic/social-capital> February 21, 2023

-Clark A et al. The Impact of Work-place Social Capital in Hospitals on Patient-reported Quality of Care: A Cohort Study Of 5205 Employees and 23,872 Patients in Denmark. BMC Health Services Research 2021; 21:534



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(4) TAKE LUNCH, CONTINUED



Social Capital - Danish Study

- WHALE : Wellbeing in hospital employee data
- 148 hospitals, 5,205 employees and 23,872 patients
- Measured social capital through extensive surveys
- Increased social capital demonstrated decreased length of stay and medical errors as well as increased patient satisfaction
- Improved care coordination, improved job satisfaction, reduced burnout symptoms.



Source: Clark A et al. The Impact of Work-place Social Capital in Hospitals on Patient-reported Quality of Care: A Cohort Study Of 5205 Employees and 23,872 Patients in Denmark. BMC Health Services Research 2021; 21:534

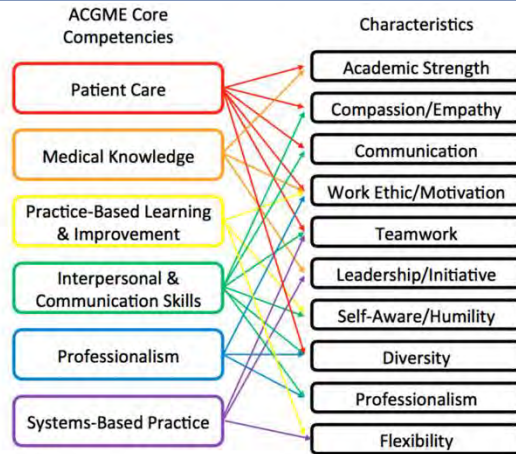
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(5) COMMUNICATE EFFECTIVELY



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(5) COMMUNICATE EFFECTIVELY, CONTINUED



- ACGME Core Competency - Communication defined as the exchange of information between parties to change understanding
- **2/3 of sentinel events involve communication errors**
- Handoffs are involved in over half of errors
- Radiology handoffs occur at multiple sites along the imaging cycle from ordering to final report
- Newly trained rads often get sideways with referring clinicians communicating the results effectively and often don't appreciate the downstream ramifications

Source: Burns J et al. Handoffs in Radiology: Minimizing Communication Errors and Improving Care Transitions. J Am Coll Radiol 2021; 18:1297-1309



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(5) COMMUNICATE EFFECTIVELY, CONTINUED

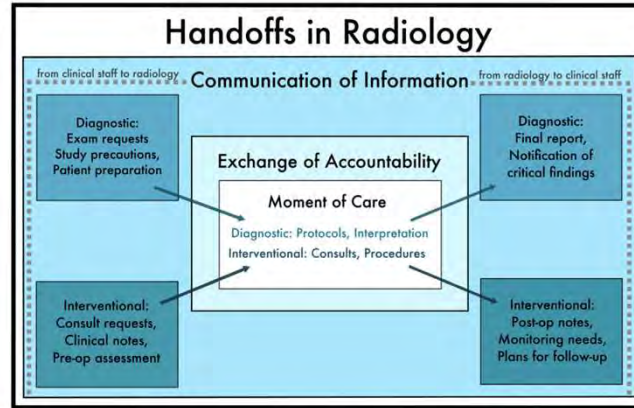


Fig 1. Handoffs in diagnostic and interventional radiology, depicted within care transitions as the communication of information and exchange of accountability surrounding moments of care. Pre-op = preoperative; Post-op = postoperative.

1298

Journal of the American College of Radiology
Volume 18 • Number 9 • September 2021



Source: Burns J et al. Handoffs in Radiology: Minimizing Communication Errors and Improving Care Transitions. J Am Coll Radiol 2021; 18:1297-1309

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(5) COMMUNICATE EFFECTIVELY, CONTINUED

Handoffs in Diagnostic Radiology
From clinical staff to radiology
Exam requests
Special precautions (allergies, isolation)
Initiation of consults
Physical transfers
Patient registration/identification
Technologist notes
From radiology to clinical staff
Return of consults (communication of a choice of appropriate imaging, protocol, follow-up recommendation)
Physical transfers
Preliminary reports
Final reports
Notification of critical/incidental findings

Fig 2. Handoff communications in diagnostic radiology.



Source: Burns J et al. Handoffs in Radiology: Minimizing Communication Errors and Improving Care Transitions. J Am Coll Radiol 2021; 18:1297-1309

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(5) COMMUNICATE EFFECTIVELY, CONTINUED

Table 1. Level 1 strategies, targeted toward the individual

Strategies That Raise Awareness of Possible Errors, Provide Education on How to Avoid Errors, and Standardize

Error-Prone Processes

Training and reminders

- Typed or clearly written order requests
- Posttranscription proofreading of reports
- Active listening skills
 - Interactive questioning
 - Note-taking
 - Repeat-back
- Closed loop communication
- Face-to-face communication to promote active listening
 - In person
 - Screen-sharing, virtual consults

Written standardization

- Checklists of potentially relevant patient information on order forms
 - If digitalized, free-text entry with checklist-style buttons for order names, protocols, and examination indications
- Pre- and postprocedural safety checklists
 - RADPASS
- Templates for structured reporting and postprocedural notes
 - Standard lexicon
 - BI-RADS, RadLex
- Evidence-based follow-up recommendations
 - BI-RADS, RADCAT
- Unification of order names and protocols across sites
- Time-stamped documentation of verbal communications

Customization

- Flexibility with included material based on receiving party or provider familiarity with patient
 - Lay letters as per Pennsylvania Act 112 and MQSA
 - Supported by comprehensive written reports
 - Prevents practice drift

Verbal standardization

- Mnemonics
 - I-SCAN

Table 2. I-SCAN framework for standardized radiology communication

Handoff Framework	Handoff Elements
I-SCAN	Importance of results and identification of study, patient, sender, and receiver Summary of imaging findings and interventional procedure Clinical context Any questions or additional concerns? Next steps (further imaging, clinical workup, and other care recommendations)
Handoff Scenarios	Example Dialogue
Scenario 1: urgent abdominal x-ray results after emergency department visit for abdominal pain	I: I am calling to report urgent results for patient X's abdominal x-ray. S: Air fluid levels are visualized in the small bowel loops. There is no free air in the peritoneum. C: Considering these findings and the presentation of abdominal pain, vomiting, and prior surgery, I believe this could represent small bowel obstruction. A: Do you have any questions or other concerns? N: I recommend obtaining an abdominal CT to help identify a potential transition point. I would also recommend consulting surgery.
Scenario 2: vascular interventional radiology team sign-out to intensive care unit after mesenteric angiogram	I: I want to share some details about patient X's procedure, which will require monitoring. S: His femoral puncture during angiogram was high, and we had difficulty maintaining hemostasis when the vascular sheath was removed. C: He is at increased risk for developing a retroperitoneal hematoma. A: Do you have any questions or other concerns? N: I would extend strict bedrest up to 6 h to minimize the potential for bleeding, repeat a CBC, and carefully monitor the puncture site and patient vital signs due to the risk of hematoma.

CBC = complete blood count; I-SCAN = importance of results and identification of study, patient, sender, receiver; summary of imaging findings or interventional procedure; clinical context; any questions or additional concerns; and next steps.

Source: Burns J et al. Handoffs in Radiology: Minimizing Communication Errors and Improving Care Transitions. *J Am Coll Radiol* 2021; 18:1297-1309

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COMMUNICATION IN RADIOLOGY REPORTS

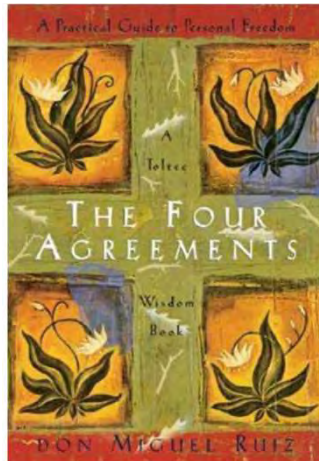


"You don't know how lucky you are! A quarter of an inch either way, and it would have been outside the area of reimbursable coverage!"

- End user of the report includes the following:
 - Referring clinicians
 - Other radiologists
 - Patients
 - Hospital administration (matching order to study, quality improvement, TAT)
 - Billing company (billable elements, MIPS)
 - National databases
 - Lawyers
- If you know what it is, say it -- if you don't know, say you don't and what to do next.
 - "Often right, frequently wrong, but never in doubt"
 - "Sometimes you have to go out on a limb, that is where the fruit is"

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(5) COMMUNICATE EFFECTIVELY, CONTINUED

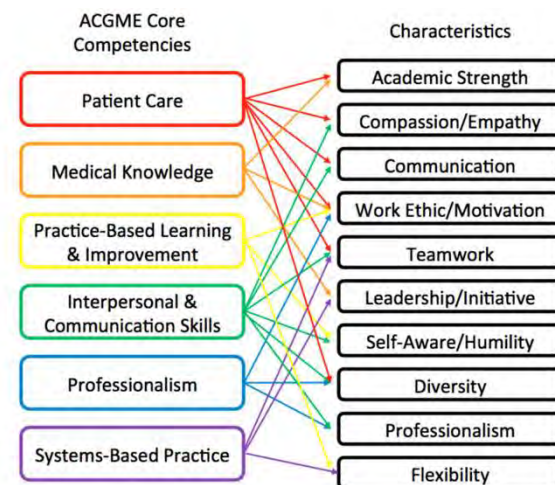


- Be impeccable with your words
- Say less and mean more
- You are paid for your opinion, be confident and give it
- Avoid gossip
- 1000 pleasant interactions



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ACGME Core competencies



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(6) UNDERSTANDING SYSTEMS-BASED PRACTICE

What is a system?

Box 1. Handy question guide: is it a system, or just a collection of stuff? (adapted from Meadows 2008).

- Are the parts identifiable? If yes, then...
- Do the parts interact with each other? If yes, then...
- Is there a difference between the combined interactions of the parts (or function of the parts together) compared to how each part behaves on its own? If yes, then...
- Does the function persist in a variety of situations?

If yes, then... it's a system!



Source: Betley, E et al. Introduction to Systems and System Based Thinking. Lessons in Conservation 2021; Vol 11: 8-23

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(6) UNDERSTANDING SYSTEMS-BASED PRACTICE



What is a system?

- Group of two or more parts/elements that interact over time to form a whole that has a purpose or function
- Simple, complicated, or complex adaptive
- **Simple system** is easily knowable with few parts, stable relationships and predictable function.
 - *Example - a pet goldfish, straightforward managing, does not deviate, caring for a fish*



Source: Betley, E et al. Introduction to Systems and System Based Thinking. Lessons in Conservation 2021; Vol 11: 8-23

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(6) UNDERSTANDING SYSTEMS-BASED PRACTICE



What is a system? (Continued)

- **Complicated system** is definable and solvable but may require high levels of experience to maintain and is technically or socially complicated
- Do not adapt but rather a high degree of certainty
 - *Example is a radiology schedule of procedures with anesthesia on certain days*
- Socially complicated but solvable built around relationships, finding common ground, creating respectful dialogue, agreed upon solutions and implementation



Source: Betley, E et al. Introduction to Systems and System Based Thinking. Lessons in Conservation 2021; Vol 11: 8-23

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(6) UNDERSTANDING SYSTEMS-BASED PRACTICE



What is a system? (Continued)

- **Complex Adaptive Systems (CAS)** have many different parts, nonlinear relationships and feedback loops across time and space (i.e. tipping points).
- Evolve and adapt, have elements of self organization to structure themselves without central control
 - *Human immune system is a CAS*
 - *Hospitals have many CAS within their confines*
 - *Radiology practices are CAS*



Source: Betley, E et al. Introduction to Systems and System Based Thinking. Lessons in Conservation 2021; Vol 11: 8-23

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(6) UNDERSTANDING SYSTEMS-BASED PRACTICE

Table 1 Features of Complex Adaptive Systems (CAS) described as team characteristics [1, 3]

1. Team members act autonomously guided by internalized basic rules
Each team member can act in an autonomous way, guided by basic internalized rules. These rules can be expressed as instincts, constructs
2. Team members' interactions are non-linear
Each team member can act autonomously but the actions have an effect on other team members (and vice versa). This is called the interdependence of the team members. These interactions encompass an exchange of information. An important aspect of the interactions is their non-linearity: small inputs may have large effects and vice versa.
3. The team has a history and is sensitive to initial conditions
The non-linear effects observed in a team result from the modifying influence of initial conditions on the interactions between components. As a result of evolution in the system, the 'initial conditions' for future interactions will be different. As such, a team has a history and a memory, which means that changed conditions are 'remembered' by the system.

4. Interactions between team members can produce unpredictable behaviour

As the interactions can cause non-linear effects, it is impossible to always predict the behaviour resulting from the interactions. Secondly, since the internalized rules are not necessarily equal for all components, the influencing factors for a cause-effect mechanism are not always clear.

Interactions between team members can generate new behaviour characteristics of the individual team members.

A team is an open system and interacts with its environment

Teams are connected with their environment in different ways. Some internalized rules come from the environment; if these rules change, the team changes. As such, the emergent behaviours of the team can be seen as adaptations to the environmental conditions, called 'self-organisation'. This self-organisation is informed by feedback loops by which the environment feeds the outcomes of the actions back into the system. Next, depending on the scale we are looking at, the borders of a team are not fixed but can open or close as the team interacts with the environment. Finally, the environment and the team co-evolve during this interaction.

The actions and interactions of team members are influenced by a set of basic rules as described earlier. Rules push a team member towards a certain action. As a mirror image, attractors attract team members towards a certain action. The trajectory of a team (i.e. the usual pattern of behaviour) is for a great deal determined by its attractors. The precise behaviour of a team on a precise moment is still unpredictable but the 'usual' behaviour will always incline towards the attractors.

To assess the learning progression of system thinking, Gray et al. (2019) find that it can be useful to evaluate how well a systems thinker understands four fundamental dimensions of systems thinking: system structure, system function, identification and negotiation of leverage points, and trade-off analysis.

Structure: System thinkers use a combination of logic, conceptual understanding, and a supported by scientific research to discern system structure. Can a systems thinker identify the conceptual boundaries of a system, and the relationships between parts, including its components?

Function: The structure of a system influences how a system functions, and function influences structure. Can a systems thinker identify the system's components and their interactions over time or through qualitative descriptions of system function that can reveal how a system functions or operates. System thinkers can identify the outcomes of system functions.

Identification and Negotiation of Leverage Points: Once a systems thinker is able to demonstrate understanding of structure and function of a system they can identify places to intervene in a system to change the system. They can then test a variety of possible solutions and functions within that system—i.e., trade-offs. They are able to anticipate trade-offs and foresee adverse effects when trying to modify a system to achieve desired outcomes.

Resource: Pype P et al. Healthcare Teams as Complex Adaptive Systems: Understanding Team Behavior Through Team Members' Perception of Interpersonal Interaction. BMC Health Services Research 2018; 18:570-83



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CAS EXAMPLE - CONTRAST SHORAGE

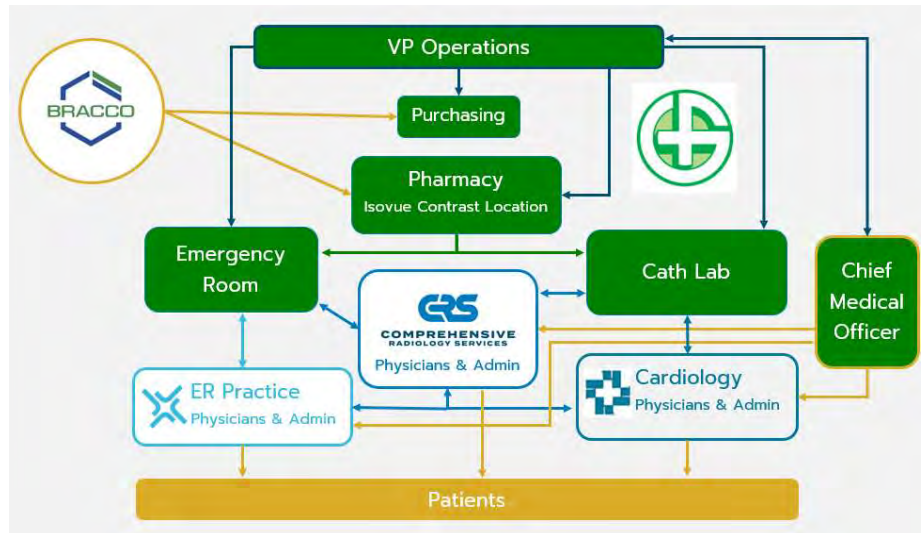


- Iodinated contrast potential shortage last summer
- GE medical/omnipaque supply affecting Bracco/Isovue demand
- Monthly Bracco order frozen at last year levels and delayed and reduced
- Unknown current consequences and uncertain future supplies
- Many rads felt now was the time to "finally get the ER to stop ordering unnecessary exams"
- Many stakeholders concerned



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CAS EXAMPLE - CONTRAST SHORAGE



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CAS EXAMPLE - CONTRAST SHORAGE



- Convened first meeting before we had any actual shortage or any delayed deliveries
- VP operations, CMO, director of pharmacy, director of the Cath lab, director of ER and radiology attended
- Many great unexpected things learned, many new friends and allies made
- Even though we had our supply delayed and cut, we had a surplus of contrast
- Radiology was seen as a facilitator of a process to address complex problems in a complex time



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(7) KNOW YOUR LIMITATIONS

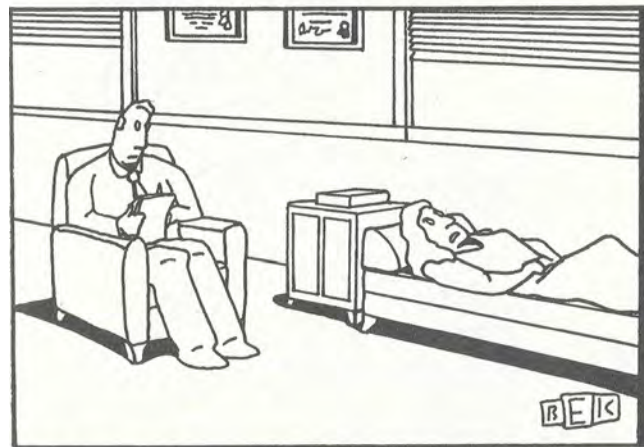


- **Slot Expectations**
 - If you are a not an MSK, do you read those studies?
 - Practice might expect everyone to read stroke alerts
- **Group Policies**
 - "Our policy is to follow the policy, in the absence of a policy our policy is to make a policy",
 - When to override policy?
- **Personal Capacity**
 - What is your capacity to participate? Can you say Y or N?
 - Ask for help

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1. Show up
2. Be Professional
3. Understand, prevent, & treat burnout
4. Take Lunch
5. Communicate effectively
6. Understand "systems-based practice"
7. Know your limitations
8. **Adopt orphans**
9. Follow up cases
10. Understand the position you accept



"Well, I do have this recurring dream that one day I might see some results."

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(8) ADOPT ORPHANS



- Every group has cases or jobs that no one wants ... **"the orphans"**
- Partners and referring clinicians will love you
- Add value to you group and community
- Increase your sense of input and accomplishment
 - One of my examples in Hattiesburg was prostate MRI's. Everyone hated, poor correlation, few done
 - Last 6 months we did a total of 371 prostate MRI's between August 2022 and January 2023(3-5/day)

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(8) ADOPT ORPHANS



Practice Governance

- Management Team
- Director of an imaging center or medical center
- Project done for the group
- Schedule
- Recruiting
- PA supervisor
- Section protocol team
- Peer review
- Many other items



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(8) ADOPT ORPHANS



Service-Hospital Governance

- Committees (Med Exec, Credentials, MPIC)
- Officer of a hospital committee
- Modality director and supervision of protocols
- Meetings with hospital administration
- Board level interaction with physicians
- Trauma team
- Cancer committee
- Radiation safety committee



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(8) ADOPT ORPHANS



Community Service

- Foundation participation/leadership
- Attending free health fairs/director
- Serving on community health board
- Participating in church/social functions related to health care
- Fund raising...relay for life
- Media health information spots



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(9) FOLLOW UP CASES



"It's got to come out, of course, but that doesn't address the deeper problem."



- Keep note pad of cases you read and follow up

Examples:

- Prostate MR if I call a lesion, I check
- Body CT follow up after the surgery
- Continually improve your reads and adds to the sense of being part of the health care team

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(10) UNDERSTAND THE POSITION YOU ACCEPT



- What is the **mission** of the group?
 - *Actual vs. Stated*
- What is the **culture** of the practice?
 - *How are decisions made?*
 - *What is the level of trust amongst physicians?*
 - *What is the expected amount of work vs time off?*
- What are the practice's **strategy & growth** pattern?
 - *Is the practice growing, shrinking, taking more or less time off, hiring more, investing in technology or streamlining?*

Source: Muroff LR. How to Evaluate a Private Practice Radiology Job Offer. J Am Coll Radiol 2014; 934-5



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(10) UNDERSTAND THE POSITION YOU ACCEPT...



- What opportunities exist to **be involved** in your subspecialty?
 - *i.e. new service lines, updated protocols, recruitment, etc.*
- What **community** will I live in?
 - *Will my family (**significant other**) be happy in the community, school, culture?*
- Is the practice a good fit for your **personal goals and gifts**?

Source: Muroff LR. How to Evaluate a Private Practice Radiology Job Offer. J Am Coll Radiol 2014; 934-5



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FINAL THOUGHTS



"Doctors said that although the approach is still experimental, it may prove an effective weapon in the fight against health-care reform."



- Define success so you know what you are trying to achieve
- Identify your role, be confident, know your limitations
- You get out what you put in, ask to serve
- Navigating in complex adaptive systems like a hospital or a radiology group requires understanding things like effective communication, burnout, social capital, and systems-based practice
- "Glory Days" are over...not so fast

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Top 10 Tips for Success in Private Practice



- 1 Show Up
- 2 Be Professional
- 3 Understand, Prevent, & Treat Burnout
- 4 Take Lunch
- 5 Communicate Effectively
- 6 Understand Systems-Based Practice
- 7 Know Your Limitations
- 8 Adopt Orphans
- 9 Follow Up Cases
- 10 Understand the Position You Accept

