

## Developing a Career in a Hybrid Academic/Community Practice



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### Choosing a Hybrid Practice

The prospect of finding a job as I neared the end of my fellowship was both thrilling and anxiety provoking, given that I was unfamiliar with how to navigate the process. As a fellow at NYU Langone Medical Center, I had a wealth of mentors who offered advice, including the option of staying an extra year to complete an ongoing research project. I decided that I was most passionate about clinical medicine, which also aligned with my need for enough flexibility to spend time with my family. Going into private practice was not ideal because I would miss out on opportunities for teaching and research, which I enjoy. I therefore searched for positions that offered a mix of clinical and academic responsibilities, and that did not have strict requirements to secure research funding.

In order to be closer to my family, I canvassed local oncology practices. I also signed up for job notifications posted by the *New England Journal of Medicine* and the American Society of Clinical Oncology. In order to increase my job prospects, I sent my CV and cover letter to institutions even if they had not advertised positions—including to the growing number of satellite practices of large academic campuses in Manhattan that were expanding into Long Island. This led to a call from NYU Winthrop Hospital, the hybrid academic/community medical center where I ultimately accepted a job offer. What attracted me to my current position was that it would allow me to be part of a clinical faculty practice, to train house staff—including residents and fellows—and to enhance the hematologic malignancies research program. I was pleased to be tasked with building a programmatic focus in multiple myeloma, which has been my long-standing area of interest since medical school. I was also charged with increasing the volume of the existing autologous stem cell transplant program. Although it was exciting to start my first year in practice, I faced several challenges, in particular immediately after my fellowship training.

### Challenges of Building a Specialty Practice

One of the privileges of transitioning to an attending position is having the support of a team that includes advanced practitioners, nurses, and patient navigators. As a fellow, I was often solely responsible for time-consuming tasks that were now handled by other individuals, such as obtaining insurance approvals for medications. Although I felt confident taking care of patients, I still had a sense of self-doubt—sometimes referred to as “imposter syndrome”—when giving directions to other staff, such as clinical trial coordinators, many of whom had more years of clinical experience than I had. Scheduling weekly group meetings to review charts was helpful and allowed everyone to contribute to patient care decisions, which built rapport among my team. My office assistant and nurse practitioner have been especially helpful in coordinating patient care, and they both adapted to my frequent use of e-mail for group communications. Over time I realized that by giving constructive feedback to my staff, they became more efficient.

I enjoy the fact that oncology is challenging. Because all of my patients were unfamiliar to me as a new attending, I felt compelled to prepare for the unexpected by reviewing my patients' charts a week in advance. This had the added value of making me more effective during my office hours. For those cases where I felt I needed advice, I initially contacted my former mentors. It was easy to keep in touch with them because they were within the same health care system, and I benefited from their invaluable recommendations. I later found that discussing cases with other faculty within my practice made me feel supported and collegial. Eventually these faculty began approaching me for advice on managing complicated myeloma cases.

One of the challenges of entering a practice and trying to build a specialty-specific case load is accumulating a patient base and being recognized in the community. The other faculty in my practice had been seeing patients with hematologic malignancies within their case mix, whereas

I was building a myeloma practice and getting referrals for autologous transplant. As a result, I risked losing my colleagues' faith by giving the impression that I was going to assume long-term care of their patients after an initial consultation. I negotiated this delicately, offering to meet patients during the time when they were scheduled to see my colleagues so that we could coordinate follow-up discussions on clinical trials or transplant options. If bone marrow biopsies or additional tests were required, I would defer those to the primary oncologist when possible. I was also proactive about updating referring physicians and those from other specialties about the management plan. Building trust and being a good citizen at my institution were key to being productive and developing a referral base during my first year in practice.

### **Building a Collaborative Network**

One of the most important lessons I learned over the past year was the value of time management. Although residency and fellowship training also had time constraints, I was now faced with more opportunities to become involved at an institutional level. Strategically declining prospects for research or faculty development was difficult but necessary in order to avoid becoming overextended and risk burnout. In addition, being a junior attending with young children of my own, I had to meet high expectations and demands at both work and home. In order to increase my productivity, I sought out colleagues throughout my first year in practice to function as potential mentors or research collaborators. These relationships provided the necessary guidance to become more productive. Serving on institutional committees was time-consuming and did not necessarily add to my clinical productivity (which justifies my position), but it allowed me to meet the organization's leadership and make others aware of my presence. Serving on the research council of our Center for Cancer Care, our clinical trial protocol review board, and eventually, a committee to conceive a new three-year medical school in Long Island all allowed me to foster strong collaborations within my institution and spread awareness of my expertise. Being afforded two academic days a week without scheduled patients was essential to balancing clinical responsibilities with committee and research work.

In addition to collaborating within my institution, I found it both gratifying and productive to partner with extramural organizations, such as the Leukemia & Lymphoma Society. Not only did these partnerships provide resources for my patients, they also allowed me to give community lectures, organize philanthropic events, and further engage with my patients outside of the office. Attending local and national conferences proved useful not only for continuing education but also for the goal of networking. By scheduling meetings in advance of conferences, such

as I did with medical science liaisons from industry at the American Society of Hematology annual meeting, I had key opportunities to learn about potential trials I could open at my institution. At the meeting exhibit halls I also had a chance to discuss new technologies that were being developed, and this ultimately led me to apply for and be awarded a grant through a company that was developing tools to study the gut microbiome in cancer.

Social media is an evolving platform that can also be leveraged for networking, and professional organizations are encouraging its use for career development. Over the past year I joined several groups on Facebook related to medicine, research, and work-life integration, all of which have been valuable resources for garnering advice beyond my local network of mentors. In addition, I have found collaborators to work on various research projects. For example, I co-moderated a webinar sponsored by the American College of Physicians on dual-physician families, a secondary interest of mine, after speaking with a fellow oncologist who created a social media group about this subject. I also contacted my institution's public relations department, which offered to share some of my achievements on the hospital's social media sites. Although I found that I did not have as much time as I would have liked to curate my personal page with scientific updates in my field, I think that social media platforms are valuable resources for independently disseminating information about one's area of interest. This is especially important for faculty developing a specialty focus.

My past year in practice has represented an incredibly engaging and swift transition from being a fellow to becoming an attending hematologist/oncologist, and every day I arrive at work excited about the challenges that await me. Having a spouse who understands my commitment to academic medicine and who has been helpful in coordinating our work schedules to allow for dedicated family time has been an integral part of my success. My productivity over the past year can be attributed to several factors. I was amicable and fostered cooperation. Equally important, I sought out multiple opportunities to network and collaborate. After all, improving the management of patients with cancer through clinical care and research requires teamwork.

#### **Summary**

- Hybrid academic/community practices offer a balance between clinical and research activities.
- Collaborating with colleagues can help foster the development of a subspecialty practice.
- Exploring different avenues for networking is critical for professional development.