

By Marcelyn Coley, MD

Diverse Perspectives: Academic vs. Private Practice

The field of dermatology is very alluring, largely due to the breadth of career opportunities available. With so many options to choose from, be it medical versus cosmetic dermatology, treating adult versus pediatric patients or a mix of everything, deciding on a focus can be daunting for many young physicians. Here, we explore the options of academic versus private practice from the diverse perspectives of two senior level dermatologists: **Amy McMichael, MD** (Academic) and **Cheryl Burgess, MD** (Private Practice).

Why did you decide on your chosen path?

AM: I felt that there were not enough role models for students of color and those with alternative backgrounds teaching in medical schools, and wanted to show that cultural competence is as important in teaching medicine as it is in practicing medicine.

CB: During an elective in residency I did a rotation with a respected mentor who was in private practice. I spent some time observing the office manager and the front office. Getting this perspective was very influential, and I began to feel confident that running my own practice was something I could do.

What part of your career do you find most satisfying?

AM: I enjoy interacting with the residents the most. Watching them grow into confident physicians who find their own passion in dermatology is wonderful every time it happens.

CB: I am an artist at heart. I enjoy painting, sculpting, and design. I look at dermatology as an art form. The facial enhancements and treatments that I perform are my art projects, the most enjoyable aspect of my practice.

What part of your career do you find most challenging?

AM: As Department Chair, I'm starting to explore the business of medicine. It is an interesting challenge balancing physician productivity, patient care, the cost of training residents and budget issues.

CB: Balancing the business aspect while at the same time trying to please your patients. This is something I didn't learn in training.

Is there something you know now that you wish you had known when you started your practice?

AM: I wish that I had spent time doing a fellowship to jump-start my career. Developing a relationship with a researcher in the field early on would have made publishing and establishing a research platform more streamlined.

CB: I learned to trust my gut feeling and to be fully involved in my practice. While it's okay to delegate, I sit down with the office manager routinely. If you know your business, you know when things aren't right. Not doing so early on almost got me into trouble on the business side.

The same is true clinically – sometimes one gets into trouble by proceeding with treatments in patients when your gut is telling you otherwise.

What aspects of our healthcare system as it stands now hinder (or support) you in your daily practice?

AM: Some of the hindrances include: (1) the mandate for electronic medical recordkeeping, which slows down physician productivity and was not adequately supported in our institution at first; (2) rising prescription costs; (3) narrowing insurance networks - determining who can be seen and in what practice setting, restricting many dermatologists and increasing patients at academic centers across the country; and (4) shrinking GME funding used to train residents - a big issue for our future as dermatologists, as there is already a relative shortage of physicians in our specialty.

CB: Diminishing reimbursements, which led me to the decision not to accept insurance. It was difficult initially, but eventually worked out as it allowed time to get to know patients and offer a better quality of service. Although the system hindered my practice initially, it also supported it by prompting me to make a decision I would not have otherwise. Now I practice in a more stress-free and enjoyable work environment, and it was the best business decision I've made.

How do you balance your professional and personal responsibilities?

AM: This is always a work in progress for me. Since I am married with 2 children, I am constantly deciding what must take priority. I employ a theory of looking into the future 5 years. For example, if I feel that being present today for my daughter's school event will mean a lot to her 5 years from now, then that will win out over travel or a meeting. I have a supportive husband who does a lot at home, without him I would not have been able to do what I do.

CB: My days are busy and I am a hands-on person in my office. When you love doing something this much, you also look at work as a hobby.

Do you have any advice for someone interested in this type of practice?

AM: I would recommend making sure you are in a supportive department with faculty who cover for each other and there is consensus regarding the academic mission. I would also take advantage of mentoring from senior faculty, and advanced training if you have a special interest.

CB: You don't have to recreate the wheel. People feel they can't go into private practice because of cost. You don't need all the fancy devices. Start with the basics. Seek mentors. Look for people who are doing things that you want to do. Also learn business operations. This is a valuable thing to learn when you're a resident. I tell residents rotating with me that the benefit they should be seeking from me is how to run a business.



Amy J. McMichael, MD

Dr. McMichael practices in Wake Forest, NC and serves as Chair of the Department of Dermatology at Wake Forest Baptist Health Medical Center. She has a special interest in hair disorders.



Cheryl M. Burgess, MD

Dr. Burgess practices medical, cosmetic, and surgical dermatology, with a focus on fillers and neuromodulators. She owns and operates practices in Washington, DC and Annapolis, MD.