

Protecting Personal and Family Life While Building a Rewarding Professional Life

As an intensivist, you dedicate your career to delivering care to those who need it most and need it now. Your full-time work is fulfilling, but it is all-consuming and you have a life outside of work. Or, at least you would like to.

Intensivists need not work nearly 200 hours a month or live in the city or town where they work to follow a career path that is fulfilling, exciting and remunerative. Many hospitals are currently seeking critical care fellowship-trained intensivists who wish to commit as little as 1 week per month to lend a hand in both newly developed and established 24/7 true intensivist programs.

From a lifestyle point of view, part of critical care's appeal is its reinvention as a shift specialty, much like emergency medicine and other hospital-based specialties with concrete hours. The intensivist can work 7- to 10-day blocks of 10 to 12 hour shifts, 26 weeks a year, and still get in 2,000 hours of work, which is what most of America considers to be full-time.

This is not traditional locum tenens work where the physician fills in for a time, temporarily taking the place of another.

These part time, flexible opportunities are best described as "long term-part time." The long-term means a commitment to work at least 7 days a month for a term of at least 36 months. The long-term commitment achieves continuity, maintains quality, decreases length of stay, lowers nurse turnover, decreases cost, and improves throughput. The part time is the 7-day block, and the rest of the month is yours.

Because the work is done in block shifts for 7 to 10 days at a time, the intensivist no longer has to live where he or she works. The physician can live wherever they want and commute with paid travel expenses. This also provides opportunities for community hospitals and rural hospitals to utilize intensivists, improve clinical and quality outcomes and have access to physician manpower not formerly recruitable.

The long-term commitment also gives the physician the opportunity to develop personally rewarding long-term relationships with colleagues and administrators. The part-time can mean as little as 7 days each month, 12 weeks each year, or 40 out of 52 weeks off.

For example, a critical care fellowship-trained physician who works in a regional medical center and enjoys teaching residents and fellows can work a regular job teaching residents and working as an attending. But for another week per month, a physician can work as a long-term part-time intensivist and have a hands-on role, performing procedures and caring for patients. Physicians enjoy these arrangements because they are not just flexible, but they offer a new place with new people and a new set of challenges.

For some physicians, supplementing their regular job as a part-time intensivist diversifies their skill set and provides supplemental income. Physicians can work two jobs in two different states and still have approximately 10 days off per month while earning a competitive salary.

Compensation for intensivists varies based on multiple factors, including the size of the hospital, type of unit, number of beds managed, acuity, and case mix index just to name a few. Intensivists can expect starting compensation around \$350,000 for full-time work for 14 days per month, or about \$175,000 for 7 days per month. Full-time work equals salary plus benefits. Benefits packages include health benefits for the employee and his or her family, malpractice insurance, disability insurance, life insurance, pension, profit sharing, and deferred compensation savings plans. Benefit packages are generally tax-free with values that range from \$60,000 to \$100,000, depending on the benefits included.

Fewer than 20% of hospitals in the country have true intensivist programs, and the ones that do are usually located in large urban settings. Community hospitals and rural hospitals that once stumbled with recruitment hurdles of attracting and retaining manpower from a finite and dwindling intensivist pool can now implement intensivist programs and staff them utilizing a long-term part-time staffing model.

Intensivist programs bring best practices and better quality care to regions where they would otherwise not have access, connecting communities with better clinical outcomes. Long-term part-time shift staffing not only provides for work-life balance, but it propagates critical care and permits rural and community hospitals to expand their capabilities so that they can deliver the best care to the most fragile patient population in the hospital.

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