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Are we eating our seed corn?

C. Douglas Phillips, MD, FACR

I grew up in rural West Virginia, and I am rather proud of that fact. Lots of great people, country air, room to run around, trees to climb, and close friends. There were way fewer cellphones back then, and you were expected to greet and smile at all the people you passed on the street—both of them.

I grew up surrounded by small farms, and I had to help bale hay a few times, move a few cows into pastures, hoe the corn, you get the idea. Nothing bad about any of that. The farmers were a wise and hearty group, and I also got to hear them share their wisdom on a wide range of topics. One that's come back to me recently, and relates to my topic today was this particular nugget: "Son, don't go eating your seed corn, you understand?"

I heard it often, and I've been reflecting on it a lot lately. You got the corn from your fields. Some was for silage; some was for feed; and maybe some was for eating. But some was put away as seed for the next year. It was there in your hand, and you for sure didn't want to eat the seed corn—you eat the seed corn, you had none to plant for next year.

That turns out to also be a cornerstone rule of investing: the "seed corn" is the principal you put away for the future. Don't spend it.

So, here we are in radiology turning out these incredibly well-trained rookies—our residents and fellows. We pour ourselves into them. We worry about them constantly. We nudge, cajole, and sometimes shove them through. They finish, and a great looking bunch they are. But then they go looking for jobs.

Unfortunately, the radiology job market hasn't expanded much. Not many people retiring. We're reading more, and more efficiently, but also covering longer hours. We're trying to cover those odd and late-night shifts. Trainees need jobs. They take those jobs, ostensibly hoping to soon be moved to the regular day shifts. But they wait. And wait. And wait.

We need these folks to be the next generation of academicians, strong clinical radiologists, researchers, and all-around great people. But we put them on odd/late shifts, and work them hard.

We are eating our seed corn.

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Late-night shifts alone have some particular issues associated with them, not the least of which is not being around and functional with most of humanity. Not so good for a young family. Maybe you've got people working odd and variable shifts at your place. Maybe you have worked some yourself. Clearly, this is a killer of sleep cycles, and also a practice shown to interfere with cognitive function.¹ If you sell an odd-hour shift as a temporary measure, I hope that the time frame is clearly spelled out and understood.

We hear so much about physician burnout these days. How do these late night/odd-hour people do in that regard?

Worse. Overall, odd-hour and late evening staff demonstrate lower job satisfaction, more feelings of being controlled, higher stress levels, and on and on.²

I don't have a solution. I am simply pointing out something that I and I believe many others see as a problem. I hear there are increasing numbers of positions open to new radiologists. I certainly hope so. I hope more and more radiologists find satisfying practices doing what they love in a place they can be happy, and with the chance to spend time with friends and family. However, I also see trainees taking more unusual practice opportunities and with trying shifts.

There are many ways to approach this issue, but obviously, at some point, we need to acknowledge that we can't have our best and brightest (youngest) colleagues consigned to an indeterminate period of diminished work satisfaction and stress.

Talk about a way to kill interest in your specialty, eh?

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