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The aging radiologist's wisdom, Part II: Guard your time

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"Wisdom is the reward for surviving our own stupidity."

-Basil Rathbone

When I started out as a staff radiologist, I could hardly contain my excitement. I got to work early. I got back home late. I read books and journal articles, and I worked on papers at home on the weekends. I was breathing radiology. If I ever got an academic afternoon, I hammered through stuff in my office. I measured things for the articles I wrote. I hassled people about projects to get involved in.

That period of unbridled enthusiasm lasted about five or six years, but faded fast. To some extent, I got more efficient, but I also got smarter. I started recognizing **time sumps**. Considering I have spent my career in academics, here are my Top 5 time sumps, à la David Letterman:

No.5. Book chapters. Junior faculty understand you need to write to be an academician. Correct. Peer-reviewed scientific papers with good science will get you promoted. Write them. Book chapters, though, are *anti-writing* for junior faculty. They don't go into the column that promotion committees read (the aforementioned peer-reviewed paper column). They take inordinate amounts of time. They always (**ALWAYS**) need edit upon edit upon edit. And, as the final insult, they get updated by **someone else** three years later.

No. 4. Impossible cases. Everyone knows when a case rolls past that **no one** on this green earth has a single idea what it is. Usually, these cases are destined for the OR. Someone (named Joe/Josephine Pathologist) is going to have the last word. But, we love our games. We start hitting the literature, pulling everything, doing the most ridiculous Google searches, and exhausting PubMed. We pull ourselves away from the ever-increasing case queue and continue hunting. We make ridiculous requests of our colleagues ("Huh? You want a spectroscopy, a CT, and an angiogram on that? **AND** a PET?") **Stop it**, already. Reasonable differential, benign or malignant. Pathologists need jobs, too.

No. 3. Arguing with clinicians. Don't. Just don't.

No. 2. Trying to avoid training. You and I both know that you already did that fire training and the sensitivity and communication training, but somehow it's due again. Here's what trying to avoid this training will get you: Exhaustion and frustration. Just smile, log on, and answer the questions.

No. 1. Technology failures. The PACS is down. My friends, nothing will fix this, short of someone finally typing in the right line of code. Suffer. Voice transcription is down. Ditto. CT/MRI scanner down? You pay a lot for service; hopefully, they get on it soon. If I were able to take every moment of our lives that has been crushed by a technology failure or some other time sump, and somehow magically get them all back (being financially rewarded for it, of course), I wouldn't need to be a radiologist anymore. And, the years returned would leave me way too young to be contemplating retirement.

Keep doing that good work. Mahalo.

Next month, The Final Chapter.

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