

# The age-old dilemma: Academics versus private practice as a cardiac electrophysiologist



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This year begins my 22nd as a private electrophysiologist (EP). My journey has not been intentional because in the dark ages when I trained, we lived in silos without resources such as this.

If you asked me, when I graduated from UCLA School of Medicine in 1992, what I envisioned myself doing in 30 years, I would have told you that I would be at a large academic center and author a chapter on ischemic ventricular tachycardia ablation. The reality is startlingly different! For the last 21 years, I have been working as a private EP in suburban Dallas. Although I have regrets regarding what could have been, in the end I made hard choices, which turned out for the best.

As an MS4, I met my mentor Dr William Stevenson, and my life was altered. The ability to map and ablate reentrant circuits in the beating heart seemed magical. Dr Stevenson was everything I aspired to be. I presented our research on entrainment mapping at NASPE and ACC in 1992. Our paper<sup>1</sup> was published in *Circulation* in 1993 and the heady taste of academic fame was intoxicating.

From UCLA, I went to UCSF, where I did my internship and residency, and—gunner that I was—stayed an extra year to be the chief resident. Although UCSF was a wonderful experience, I missed Dr Stevenson's mentorship, so I reunited with him at the Brigham as an EP fellow. Along the way my long-suffering husband had followed me across the country and I had 2 children.

At the end of my training in 2001, I was thrilled to be asked to stay on as faculty at the Brigham as a clinical instructor. My husband, however, was not. An academic EP position in Dallas also fell through and I found myself pivoting to private practice with Dr Jodie Hurwitz. Dr Hurwitz was my first female EP mentor and taught me the ropes of the “real world.” What I missed most was teaching, but what I loved was being in the lab.

In 2022, the lines between academics and practice are increasingly blurred. Our hospital now has both general cardiology and electrophysiology training programs, so I get to

teach! As a busy EP, I have been a principal investigator in clinical trials and a co-author on a study published in the *New England Journal of Medicine*.<sup>2</sup>

I made a choice in 2001. I loved performing procedures and my husband and children were obviously a priority. My husband had made many sacrifices for my training and it was now my turn. My sons are grown, and looking back, I realize that I chose wisely. The lab is my happy place, but, in the end, I come home to my other happy place: my family. I love EP but there is more to life than work!

The training to become an EP is one of the longest in medicine. As you make decisions about your life moving forward, my advice is to choose a path that gives you joy. Let go of the expectations of others and choose either private practice, academics, or a hybrid because you truly love it. Work and life are a pendulum and you can have it all, but just not at the same time. Although I am not where I thought I would be when I started 30 years ago, I have cared for thousands of patients with arrhythmias while simultaneously being a mom and a wife. I would be lying if I said I did not feel inadequate at times when I see my co-fellows and peers as full professors at prestige institutions and viewed as leaders in EP. But then I remind myself, less than 6% of EP procedures are done by women like myself as of 2019.<sup>3</sup> I remind myself that I am 1 of only 7 women in this country who implant leadless pacemakers and 1 of only 45 women in this country who perform >10 atrial fibrillation ablations per year.

Private practice or academics, there is no wrong choice. Cheers to your future; our specialty is incredible.

## References

1. Stevenson WG, Khan H, Sager P, et al. Identification of reentry circuit sites during catheter mapping and radiofrequency ablation of ventricular tachycardia late after myocardial infarction. *Circulation* 1993;88:1647–1670.
2. Tarakji KG, Mittal S, Kennergren C, et al. Antibacterial envelope to prevent cardiac implantable device infection. *N Engl J Med* 2019;380:1895–1905.
3. Howell SJ, Simpson T, Atkinson T, Pellegrini CN, Nazer B. Temporal and geographical trends in women operators of electrophysiology procedures in the United States. *Heart Rhythm* 2022;19:807–811.

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