Why I Chose Private Practice

Asad A. Shah, M.D.
Rex Cardiac Surgical Specialists
Rex Hospital
Raleigh, NC

COMMERCIAL RELATIONSHIPS: Nothing to disclose

A Little About Me…

- On path to academics…
  - Graduated fellowship June 2016
  - Trained at Duke
  - Publications, presentations, committees, etc.
- Looked at academic, hospital-employed, and private practice jobs
- Chose job at Rex Hospital
  - "Community" hospital recently bought by UNC
  - Adult cardiac surgery
    - 750 cases/yr

REX UNC HEALTH CARE | Cardiac Surgical Specialists

Factors That Were Important to Me

- Moderate-high case volume
- Area with good schools
- Area my wife likes
- Reasonable schedule

Factors Not as Important to Me

- Big Name Institution
- Basic Science Research
- Living in Large City

Benefits of Private Practice

- *You* get to do the cases
- Autonomy, freedom, flexibility
- Efficiency
- Family life
- Treated like a true partner from the beginning
- Collegial environment

Downsides of Private Practice

- Academic environment is missing
  - Gratification from teaching residents and students is missing
- Less likely to commonly do the more complex cases
  - More “bread and butter” cases
- You most likely won’t be famous
- Less “street cred”
- Less likely to get new trials, newest technologies, etc.

Downsides of Private Practice

- Less job stability
  - More susceptible to changes in healthcare environment
- With hospital-based employment, you are an employee who reports to an administrator
- Competition over money and cases
- “The Group” may take priority over you

My Concerns About Academics

- Many positive factors from the good old days are fading
  - Less experienced (dedicated?) residents
  - Government regulations require attending surgeons to be closely involved
  - Few CT surgeons are successful at becoming fully funded, independent R01 investigators
- More hierarchy and bureaucracy
- Glorified fellow for first year/years?

What I Miss About Academics

- Doing the more complex cases
- Extensive resources and support
- Teaching residents and students

Concluding Remarks

- I think many academics and private practice jobs are becoming more and more similar
  - Operate most days
  - Significant administrative duties
  - Scrutiny of outcomes
- Compensation depends on many factors, but overall data indicate hospital-employed/private practice earn more on average
- Must be a personal decision looking at all factors and seeing what will make you *and your family* happy

Concluding Remarks

- What is most important to you right now as a graduating fellow (call, pay, etc.), may be much less important to you in the near future
  - Think long and hard about it!
- Can always change
  - But it is easier to go from academic to private vs. the opposite, in my opinion

Thank You

- Questions?

Why I Chose Academics

January 28, 2018

Mara Antonoff MD, FACS
Assistant Professor
Thoracic & Cardiovascular Surgery

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

COMMERCIAL RELATIONSHIPS

Nothing to disclose

Outline

- Background: my current practice
- Benefits to academics
- Drawbacks—and why they're tolerable
- Can you get the same things outside of academics?

My background

- General Surgery training at Univ of MN, including 3 years of research
- General Thoracic Surgery track at Wash U (2012-2014)
- Current position: UT MD Anderson Cancer Center
  - Clinical practice: thoracic surgical oncology
  - Assistant Professor & Associate Program Director for training program
  - My contract: 80% clinical effort
  - My workweek: 1.5-2 days in clinic; 1 block day in OR + 1-2 additional days in OR on standby
  - Research: early detection of lung cancer, pulmonary metastatic disease, gender disparities, and surgical education; surgical PI of translational single institution studies and multi-institutional prospective clinical trial
  - Education: 4 CT trainees, rotating general surgery residents, medical students, and dedicated research residents
- Non-institutional academic/administrative commitments:
  - WTS leadership
  - AATS committee
  - STS (member of 4 workforces, member of 3 taskforces, chair of one taskforce)
  - TSSMN delegate and coordinator
  - TECoG chair
  - Editorial board for CTSNet, Annals of Thoracic Surgery

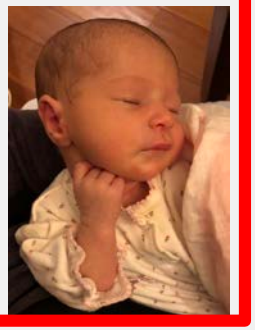
My life outside of work

- The setup:
  - Working spouse with demanding career
  - 4 kids (10, 8, 2, 0)
  - No family in town
- Happy chaos

My life outside of work

- The setup:
  - Working spouse with demanding career
  - 4 kids (10, 8, 2, 0)
  - No family in town
- Happy chaos

(Mostly)



Disclosure

- Every job is different.
- Generalizations are exactly that.
- Each of us has our own values—and what's important to me might not be important to you.

What drives happiness?

	Day-to-day	40 years from now
As a surgeon		
As a human		

So what makes me happy?

	Day-to-day	40 years from now
As a surgeon	• Giving good news to families in the OR waiting room • Thank you notes from patients	• Having trained future surgeons who will shape our field • Leaving an impact in the way we treat patients
As a human	• Spending time with family and friends • Working in an environment of collegiality and respect	• Teaching my kids that they can make an impact on others by working hard toward a goal

What makes *YOU* happy?

	Day-to-day	40 years from now
As a surgeon	?	?
As a human	?	?

Benefits of academics

- Lots of touted benefits—what's the reality?
  - Opportunity to change practice
  - Access to leaders in the field
  - Doing the most complex cases
  - Extensive resources and support
  - Give-and-take relationship with residents and students
  - Continued growth
  - Mentoring others

Who should go into academics?

- We **all** like operating—that's why we are here!

- A few more disclosures:

Who should go into academics?

- We **all** like operating—that's why we are here

- A few more disclosures:
  - I really like writing
  - I really like teaching
  - I enjoy mentoring students and residents

Who should go into academics?

- We **all** like operating—that's why we are here

- A few more disclosures:
  - I really like writing
  - I really like teaching
  - I enjoy mentoring students and residents
  - I'm not very good at sleeping

Drawbacks to academics

- Common concerns—how daunting are they?
  - Pressures of historical model of academics with modern day pressures for productivity, efficiency, and cost-savings
  - Limited “bread and butter” cases
  - Yet another hierarchy
  - Lack of autonomy or freedom
  - Giving up the cases to residents
  - Deemed to be less collegial than private practice
  - Impact on family life

For me: only one clear choice

- The job that I *always* envisioned included
  - Operating
  - Teaching
  - Innovating
  - Writing
  - Collaborating

I feel like I have it all!

Inspired kids

Exciting cases

Network of support

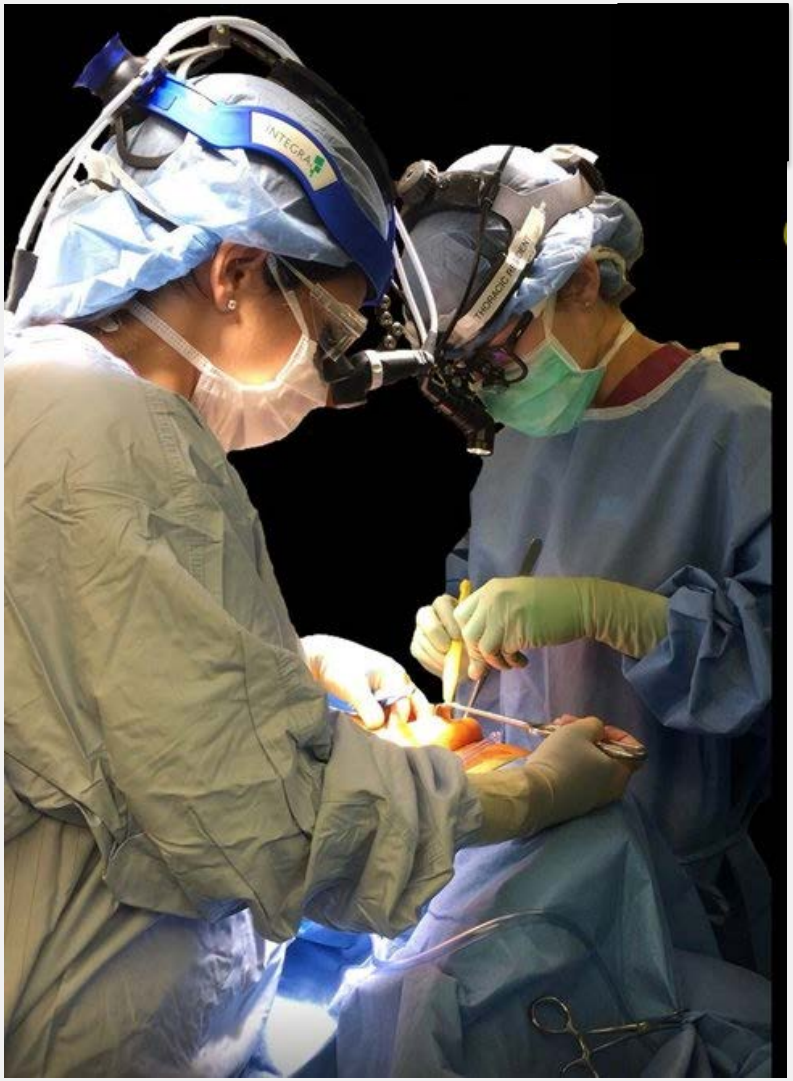
Leadership opportunities

Talented team

Grateful patients

I feel like I have it all!

I feel like I have it all!



An important question

- Question: Can you get many of these things in some private practice jobs?

An important question

- Question: Can you get many of these things in some private practice jobs?

- My response:
  - Yes, but…

An analogy

- Choosing a life partner…
  - They may not love everything about you.
  - It's ok if they just tolerate some of your quirks.
  - When it comes to the things you really LOVE, the things that *define* you, it's important that you are not only tolerated, but actively encouraged, supported, and enabled.

An analogy

- Choosing a life partner…
  - They may not love everything about you.
  - It's ok if they just tolerate some of your quirks.
  - When it comes to the things you really LOVE, the things that *define* you, it's important that you are not only tolerated, but actively encouraged, supported, and enabled.
  - For example:
  - My spouse *tolerates*
    - My OCD cleaning
    - My movie preferences
    - My vegetarian diet
    - My driving?
  - My spouse *actively enables*
    - My desire to raise good kids
    - My desire for exercise
    - My love of travel
    - My demanding career

An analogy

- Choosing a type of practice…
  - It may not outwardly be strong in all areas you seek.
  - It's ok if some of your interests are just potentially feasible.
  - When it comes to the things you really LOVE, the things that *define* you, it's important that you are not only tolerated, but actively encouraged, supported, and enabled.

An analogy

- Choosing a type of practice…
  - It may not outwardly be strong in all areas you seek.
  - It's ok if some of your interests are just potentially feasible.
  - When it comes to the things you really LOVE, the things that *define* you, it's important that you are not only tolerated, but actively encouraged, supported, and enabled.
  - For example:
  - My job *tolerates*
    - My "unusual" instruments
    - My use of RG G-tubes
    - My peri-op caveats
  - **My job *actively enables***
    - **My interest in research**
    - **My desire for innovation**
    - **My love of teaching**

What about you?

- The most outstanding academic surgeons share several qualities
  - Innovative: pushing boundaries of current practices
  - Passionate: for surgery and scholarship
  - Committed: tenacious, eager as mentees and mentors
  - Always teaching
- The *happiest* academic surgeons chose a career path based on their own values, goals, and interests

Great insight from a brilliant surgeon:

At the end of the day…

- Operating on a patient impacts a few lives
- Training residents affects thousands of lives
- Innovating and changing practice affects hundreds of thousands of lives
- Advocating for policy change affects potentially millions of lives

For me

- I want to make an impact on our specialty and the lives of people whom I will never meet
- I want to set a positive example for the people about whom I care the most

Questions?

Any questions?

Questions from microphones will be addressed live at this time.

Thank you for your attention.
I will be glad to address any further questions and comments after the session via email at mbantonoff@mdanderson.org

The Mechanics of Finding a Job

Ravi K. Ghanta, MD

Associate Professor of Surgery

Chief, Cardiac Surgery Ben Taub General Hospital

Texas Heart Institute, Baylor-St. Luke's Medical Center

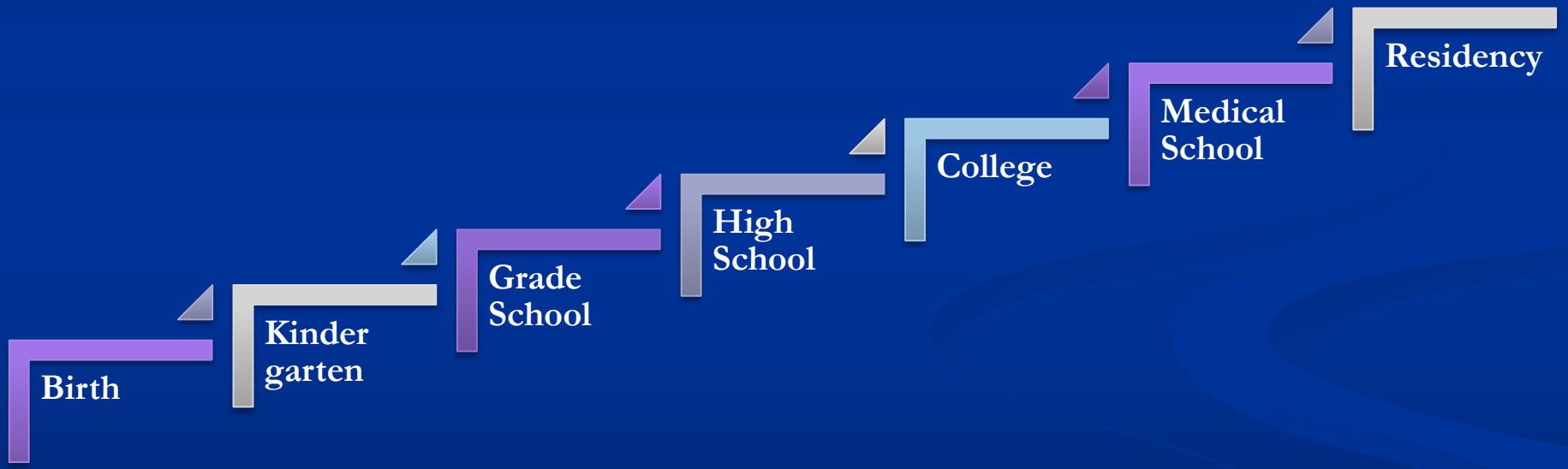
Michael E. Debakey Department of Surgery

Baylor College of Medicine

Houston, TX

Disclosures: None

Congratulations



Steps to Getting Your First Job

1. Write a Good CV
2. Find and Target Opportunities
3. Ace Your First Interview
4. Determine Interest Level
5. Ace Your Second Interview
6. Get Offer & Negotiate
7. Get Your Job!

Writing a Good CV

- No right way
- Must be:
  - Clearly Formatted
  - Concise
  - Relay all Relevant Information
  - Free of Errors
- The CV is your First Impression

Writing a Good CV

- Include:
  - Education, Residency & Fellowship
  - Board Certifications, Licenses, Awards
  - Publications / Patents
  - "Special Skills" / Certifications
  - Unique Life Experiences, Outside Interests
  - Case Numbers (if strong)
- Don't Include Irrelevant Past Experience
- Get feedback from a faculty mentor!

Writing a Good Cover Letter

- Must be concise and highlight your strengths
- 3 Paragraphs of 3-4 Sentences
- 1st Paragraph: I am interested in position X in July 2017. My specific clinical interests are Y. My research interests are Z.
- 2nd Paragraph: Summarize your CV.
- 3rd Paragraph: Highlight what you can bring to position.

Do Some Introspection

- What are your interests & goals?
- What are your strengths and weaknesses?
- Make a draft 5 year academic plan.
- Make a draft 5 year clinical development plan.
- Make sure you speak with family and significant others about their views.
- Speak with recent graduates.

Find & Target Opportunities

- Be Proactive / Recognize the Interview Calendar
- Meet with your Mentors at the Start of the Academic Year
- Consider Private and Academic Positions
- Word of Mouth, Alumni Network
- Job Sites
- Email CT Surgeons

Interview Invitation

- Phone Call from Surgeon
  - They will tell you more about their program and the opportunity.
  - Gauge your interest and fit for the position
  - Opportunity for you to ask questions
- Formal Invitation
  - Often via email
  - Often coordinated via HR or Practice Manager
  - They will pay for it!

Interview Preparation

- Respond & Schedule Promptly
- Get to know the surgeons and important physicians
- Learn about the area
- Speak with friends and colleagues in the area to get the "inside scoop"
- Prepare a list of questions

Good Interview Skills

- Draw on experience from medical school and residency interviews
- Dress Professional, Act Professional (to everyone)
- Be Confident (but not arrogant)
- Be Enthusiastic
- Never be Negative
- Always maintain eye contact
- Body Language & Demeanor Matter
- Smile! Relax!

First Interview

- Usually meet several people of different specialties over 1-2 days
- Get to know them and they get to know you
- Listen and be brief
  - Not interested in a monologue
- Collect Data from Everyone
- Ask Questions & Answer their questions
- Take notes between interviews

First Interview

- Rare to be offered a job on this interview
- Don't discuss salary
- More a fact finding process for both parties
- Try to find out could you be a fit at the place interviewing

After First Interview

- Collect your thoughts and impressions
- Discuss the opportunity with your family
- Call/email your primary contact 1-2 days later to thank them and relay your interest
- ± Thank you notes
- Wait……. (and keep cultivating other opportunities)

Second Interview

- They are seriously interested in you
- Spouses are usually invited to see the area
- Often meet with a realtor
- More comfortable interview
- Usually a group dinner, often with spouses
- Often an offer will be discussed
- Reasonable to discuss salary / benefits

Get Offer / Negotiate

- Speak with Recent Graduates
- Speak with Mentors
- Compare Offers
- Remember you can and should negotiate

Negotiating a Contract

Michael Robich, MD

Surgical Director, Advanced Heart Failure

Cardiovascular Institute

Maine Medical Center

Portland, Maine

Assistant Professor of Surgery, Tufts University School of Medicine

Maine Medical Center

COMMERCIAL RELATIONSHIPS: Nothing to disclose

- Adult cardiac surgery
- 655 bed academic hospital
- Entered practice 2015
- 6 surgeons
- Hospital employed

- Interviewed at 8 programs
- Reviewed 6 contracts

Maine Medical Center
MaineHealth

Components of a Contract

- Salary
- Benefits
- Schedule and call
- Termination
- Duties
- Effective date
- Length of contract

Compensation Models

- Salary
  - 100% income guarantee
  - Salary plus bonus/incentive
- Equality shares
- Productivity based
  - Billing
  - Collection
- Capitation

Components of a Contract

- Salary
  - Is it fair?
  - Is it guaranteed? For how long?
  - Is it comparable?
  - What is the salary trajectory? 3 years? 5 years?
  - Overhead
  - Can I earn incentive compensation?
    - wRVU
    - Quality
    - Efficiency
    - Cost
    - Communication

Components of a Contract

- Benefits
  - Health insurance
  - License fees
  - Medical staff dues
  - Professional dues
  - Stipend for CME
  - Retirement plan (401K/403b, Highly compensated employee plan)
  - Vacation
  - Malpractice coverage
  - Disability/Life insurance
  - Dental
  - Parking

Components of a Contract

- Other support
  - Start up
  - Signing bonus
  - Relocation expenses
  - Loan repayment
  - Research package
  - Stock options

Components of a Contract

- Schedule and call
  - Can often be vague
  - Ensure call and coverage obligations equitable

Components of a Contract

- Terms
  - What is the duration of the contract?
  - Will it terminate or renew automatically?

Components of a Contract

- Terms
  - What is the duration of the contract?
  - Will it terminate or renew automatically?
- Termination
  1. Termination without cause: both the employer and the physician-employee having the right to terminate the contract without cause
  2. Termination for cause:
     1. *Employer initiated*- following full due process rights afforded to Physician under the Medical Staff Bylaws
     2. *Employee initiated*- Employer fails or refuses to perform or fulfill any of Employer's material duties, obligations or covenants

Things to Avoid

Things to Avoid

- Inadequate research on prospective employer

Things to Avoid

- Inadequate research on prospective employer
- Overlooking vague terms

Things to Avoid

- Inadequate research on prospective employer
- Overlooking vague terms
  - “physician must reside locally as per the current and past policies of the practice”

Things to Avoid

- Inadequate research on prospective employer
- Overlooking vague terms
  - “physician must reside locally as per the current and past policies of the practice”
  - “new physician will share work and call duties with the employees of the company”

Things to Avoid

- Inadequate research on prospective employer
- Overlooking vague terms
- Restrictive covenants

Things to Avoid

- Inadequate research on prospective employer
- Overlooking vague terms
- Restrictive covenants
- Not specifying the conditions of employment

Things to Avoid

- Inadequate research on prospective employer
- Overlooking vague terms
- Restrictive covenants
- Not specifying the conditions of employment
- Not fully evaluating fringe benefits

Things to Avoid

- Inadequate research on prospective employer
- Overlooking vague terms
- Restrictive covenants
- Not specifying the conditions of employment
- Not fully evaluating fringe benefits
- Not protecting additional income

Things to Avoid

- Inadequate research on prospective employer
- Overlooking vague terms
- Restrictive covenants
- Not specifying the conditions of employment
- Not fully evaluating fringe benefits
- Not protecting additional income
- Not disclosing deal breakers early on

Things to Avoid

- Inadequate research on prospective employer
- Overlooking vague terms
- Restrictive covenants
- Not specifying the conditions of employment
- Not fully evaluating fringe benefits
- Not protecting additional income
- Not disclosing deal breakers early on
- Not asking questions

What can be negotiated

What can be negotiated?

- Everything!

What can be negotiated?

- Everything! (technically)

What can be negotiated?

- Everything!
- When?

What can be negotiated?

- Everything!
- When?
- What?
  - Incentive
  - Start up
  - CME
  - Vacation

What can be negotiated?

- Everything!
- When?
- What?
  - Incentive
  - Start up
  - CME
  - Vacation
- Who?

Tips for negotiating

- Have a clear idea of:

Tips for negotiating

- Have a clear idea of:
  - What you want

Tips for negotiating

- Have a clear idea of:
  - What you want
  - What is minimally acceptable

Tips for negotiating

- Have a clear idea of:
  - What you want
  - What is minimally acceptable
  - Set priorities

Tips for negotiating

- Have a clear idea of:
  - What you want
  - What is minimally acceptable
  - Set priorities
- Strategy:
  - Start with easy points
  - Hardest midway and finish with easier points
  - Return to unresolved issues near the end

Tips for negotiating

- Have a clear idea of:
  - What you want
  - What is minimally acceptable
  - Set priorities
- Strategy:
  - Start with easy points (get to know the players)
  - Hardest midway and finish with easier points
  - Return to unresolved issues near the end
- Be flexible
- Try to create win-win
- Get it in writing

Due process

- Have a lawyer review
  - Ask a partner or colleague
  - Call local attorney with specialization in physician contracts
  - Websites

physician contract negotiation

All News Images Videos Shopping More Settings Tools

About 644,000 results (0.63 seconds)

Physician Contract Negotiation - Your Contract Could Be Better

Ad www.resolvephysicianagency.com/

Experience with every specialty, in every state with every major health system

A+ Rating – Better Business Bureau

Contract Negotiation - OncallAdvisors.com

Ad www.oncalladvisors.com/ (888) 848-0786

We **Negotiate** for **Doctors**. Improve **Contract** Terms in Any State

Satisfaction Guaranteed · Remove Non-Competes · Attorney Reviewed · Traps/Pitfalls to Avoid

Highlights: Free Consultation Provided, Professional Lawyers, BBB Accredited Business

Contact Us · Q&A for Contract Reviews · Contract Review Pricing

Physician Contract Review - HollomanLawGroup.com

Ad www.hollomanlawgroup.com/

Endorsed by **Physicians** Nationwide Free 20 minute phone consultation

1000+ physician contracts · National Leader · 10+ years experience · Physician Preferred

Types: The Business Of Health Care Law, Commercial Agreements Law, Small Business Law

Competitive Flat Fees · Proven Quality · Real Endorsements

$350 - Three Days - Guaranteed - Physician Contract Review

Ad www.physicianscontractreview.com/

Line by line **contract** review and editing by nation's best healthcare attorneys.

Services: Flat Fee Contract Review, Expedited Review Options, Satisfaction Guaranteed

Due process

- Have a lawyer review
  - Ask a partner or colleague
  - Call local attorney with specialization in physician contracts
  - Websites

- Feel comfortable with what you are signing

Closing thoughts

- Carefully consider all aspects of each offer
- Respond in a timely manner
- Don’t be overly aggressive
- Try to address all issues the first time
- Each party gains insight into the other
- Be honest
- Act in good faith

Thank you

- Resources:
  - American College of Physicians- Employment contract guide
    - https://www.acponline.org/practice-resources
  - Negotiating Your Employment Agreement: A Physician's Checklist
    - Steven A. Eisenberg and Emily Williams
  - Employment Contracting: Five Key Elements of a Physician Employment Agreement
    - https://www.aafp.org/practice-management/payment/contracts.html
  - How to Negotiate like a 5 Year Old: Little kids usually have no problems getting what they need. You can too, with these tips for successful employment negotiations.
    - https://journal.practicelink.com/job-doctor/how-to-negotiate-like-a-5-year-old/

Building a Successful Clinical Practice: Challenges and Solutions

Edward P. Chen MD

Emory University School of Medicine

STS Resident Symposium, January 28 2018

COMMERCIAL RELATIONSHIPS

Nothing to disclose

My background

- Emory Faculty in Cardiothoracic Surgery
- Adult Cardiac Surgery
  - Thoracic Aortic Surgery
  - Valvular Heart Disease
  - High Risk/Complex Cardiac Surgery

EMORY HEALTHCARE

The Premise

- You're a well-trained cardiothoracic resident
- Nearing the end of training
- Great interest in [___]
- Just offered a great opportunity
- New partners/hospital recruit you to:
  - Be the [___] person
  - Start the [___] program
- So you think to yourself…..
  - *How am I supposed to do that*
  - *What can I do to make it successful* ?

EMORY HEALTHCARE

Essential Items to Assess in Opportunities

- Is there strong support and backing for success from:
  - Institution/Higher Level Administration
  - Department Level (Chair, Section Head, etc)
  - Hospital Staff
  - Marketing-support will vary amongst institutions
- Is there commitment to providing outstanding patient care?
- What is the overall culture/attitude of the Institution?
- Physical plant also important, but not top priority
- *One's instincts can be extremely important here*

EMORY HEALTHCARE

Two Broad Areas in Which to Focus

- Acquiring/gathering resources within the institution
- One's professional behavior and interaction with professional colleagues and hospital support staff

EMORY HEALTHCARE

Acquiring/Gathering Resources

- Essentially a “shopping list” of things to consider:
  - Infrastructure/physical plant
  - Staffing
  - Scheduling
  - Finer Details

EMORY HEALTHCARE

Infrastructure/Physical Plant

- OR Rooms-is there ample room for additional growth/surgical volume?
- ICU/Telemetry Beds-is the hospital always on diversion?
- Blood Bank
- Cath lab/Echo Lab
- Bronchoscopy/Endoscopy suites

EMORY HEALTHCARE

Staffing

- Anesthesia
  - Number of staff adequate for your arrival?
  - Dedicated CT Anesthesia?
  - Experience level
  - Intraop TEE experience
  - ?Ability to have team approach toward:
    - TAVR
    - Descendings/TAAA surgery
    - Robotic Cases
    - VATS
  - Is patient safety/outcome a top priority?

EMORY HEALTHCARE

Staffing

- Cardiology Services
  - Cath and TEE expertise
- Pulmonary Services: Bronchoscopy
- GI Services: Endoscopy
- Critical Care Services:
  - Who is primary in the ICU?
  - Closed unit?
  - Collegial/Team Oriented?

EMORY HEALTHCARE

Support Staff

- Nursing:
  - OR staff/ICU staff
  - ?Constant turnover ?Team Morale
  - Team leader for each of these groups-positive person?
- Perfusion:
  - Experience in your special area
    - Aortic surgery
    - Heart Transplant/Lung Transplant
    - ECMO
    - Minimally-Invasive

EMORY HEALTHCARE

Scheduling

- OR Block Time:
  - Make sure you are promised some dedicated time
  - Be wary if your new group wants to “play it by ear”
  - However, you are new and don’t expect equivalent treatment to senior partners
  - Increased block time beyond initial allotment is earned by demonstrating a need over time
- Clinic time:
  - Usually one day per week
  - Important to have dedicated time

EMORY HEALTHCARE

Finer Details

- Preference Lists:
  - A lot of detail in those lists
  - Start gathering your favorite attendings' lists
  - You should feel good when the new OR asks for your preferences-you made it!
- Hardware:
  - Special instruments/retractors for your niche procedure
- Software:
  - Sutures/cannulas/stents/wires/thoracoscopes
- *Adapt to your new environment-unrealistic to recreate what you were used to in training*

EMORY HEALTHCARE

Professional Behavior

- Factors for Success:
  - Approach to patient care
  - Approach to oneself
  - Approach to referring physicians
  - Approach to support staff
  - Approach to introducing change into a new system

EMORY HEALTHCARE

Approach to Patient Care

- WORK HARD
- Care about the people upon whom you operate
- Providing great service and patient care is my absolute top priority
- Above all else-THE PATIENT COMES FIRST
- You’re a doctor, after all

EMORY HEALTHCARE

Approach to Oneself

- Start with the routine operations, BUT
- Never be afraid to take on tough cases
- *Know your limits*
- Be confident in your skill set, yet humble
- Asking for advice or assistance from a senior partner is a sign of great judgment, not weakness
- “Stay on the edge of anxiety”
- Maintain at ALL times a Positive Attitude

EMORY HEALTHCARE

Approach to Oneself

- Embrace your new location
- Don’t say “This is what we used to do @...”
- No matter how skilled you are, any initial arrogance will take away focus from your abilities and cast a negative impression
- Avoid drama and negative comments
- *This is very hard to undo*

EMORY HEALTHCARE

Approach to Referring Physicians

- Promote yourself in a tasteful way
- Stay humble, please-let your work do the talking
- Be available and flexible in providing service
- ALWAYS communicate with referrings
- NEVER say “no” when a referring physician asks you to accept a patient
- This is a business and your referrings are the customers
- Can be very much an individual, “grass roots” effort

EMORY HEALTHCARE

Approach to Support Staff

- Treat everyone around you with respect and courtesy as an equal
- You are under constantly the microscope as a new surgeon
- Everything you say and do is being watched
- People talk constantly-this can spread to other institutions

EMORY HEALTHCARE

Approach to Introducing Change

- Don’t expect to change the world overnight, especially as a brand new physician
- “Chip away”
- Success is measured in terms of months and years, not days and weeks
- Overall process is an ongoing one
- Be patient

EMORY HEALTHCARE

Concept of “Team” and being a Leader

- Is it just the surgical staff?
  - Attendings
  - Residents
  - PAs
- What about non-surgical staff?
  - Anesthesia
  - OR Nursing
  - ICU Nursing
  - Perfusion
- *IT IS THE ENTIRE HOSPITAL*

EMORY HEALTHCARE

Characteristics of an Effective Leader

- Self-awareness/know yourself
- Honesty
- “Walk the talk”
- Engaging/empowering/foster collaboration
- Show and sow compassion
- Transparency

EMORY HEALTHCARE

Practical Tips

- Realize that all team members may not equally talented
- Value/Embrace everyone on the team
  - Can be as simple as calling them by their name!
- Maintain composure and constant encouragement/positivity at all times
- Empower individuals to be the best they can be

EMORY HEALTHCARE

Practical Tips

- Every person, no matter how high up the food chain or how many titles, has a need to feel appreciated
- Great leaders constantly show that appreciation to their team members
- Great leaders are not threatened by the success of individual team members, but instead applaud any/all triumphs
- Praise of even the smallest things goes a long way
- “Please” and “Thank you” still have a role in today’s society

EMORY HEALTHCARE

Practical Tips

- Don’t assume the worst in people
- Own your mistakes and avoid blaming others
  - Learn from them, get over it and bounce back
- Concerns about individual performance/conflict should not be addressed in public
- *Don’t say anything that can be damaging when put in writing*

EMORY HEALTHCARE

How to criticize effectively as a leader

- Criticism should always be given with a positive spin (“while I appreciate your trying your best, … I might have tried this instead”)
- Avoid use of the word “but”
  - ”But” is negatively impactful
  - Everything that is said before the word “but” is lost
- Add on an “and”
  - “and” is positive

EMORY HEALTHCARE

- Thanks very much

The Cardiovascular Institute
Rhode Island Hospital • The Miriam Hospital
Lifespan Partners

BROWN
Alpert Medical School

STS Residents Symposium

Transitioning from Training to Practice:

Early Career Development

Neel R. Sodha, M.D.
Assistant Professor of Surgery
Alpert Medical School, Brown University
Providence, Rhode Island

COMMERCIAL RELATIONSHIPS: Nothing to disclose

Early Career Development

- You have the job.
  - Now what?
  - What happens when you get there?
- This is the point in your career where you will have the most “free” time – make the most of it!
- Can be like intern year – regardless of preparation, need to develop a new skill set
- Need to know what ***you*** want to develop into
  - Be honest with yourself, you’re not applying for residency anymore
  - Recognize that you and your goals can change over time

Early Career Development

- General Considerations
  - Have a 5-year plan in place before you start
    - Career
    - Personal
  - All environments are different
    - Where you practice may be very different from where you trained
    - Learn to adapt
  - Job and circumstances can change – academic to private, vice versa, different role in the same place
  - Know the expectations of the job…and do them. Do what you were hired to do. Expectations may differ between chair, chief, partners, hospital

Early Career Development: Core Components

- Clinical
  - Competence
  - Administrative
  - Technical Growth
- Administrative
  - Financial
  - Systems / Organizational
- Academic
  - Education / Teaching
  - Research
  - Clinical Excellence

Clinical Development

- Three components of early clinical development
  - Clinical Competence – Survival depends on it. You have to prove it early on.
  - Clinical Volume
  - Technical Growth

Clinical Development: Competence

- Pass the Boards
  - Provides an objective metric that your knowledge base is sound
  - Try not to delay taking the exam
- Read, Read, Read
  - May have more time to read now than as a resident
  - Memorize clinical guidelines
- Operate, Operate, Operate
  - Competence and confidence can only improve with experience
  - Volunteer to help with case coverage if your partners are busy
  - Don’t turn down a case without discussing it with your partners first
- Find multiple mentors, remember your old mentors

Clinical Development: Competence

- Preparation
  - Evaluate the patient yourself even if you have residents / fellows / PAs
  - Double check everything – trust no one!
  - Optimize all the preoperative variables in your control
  - Review your old notes from training and run through each step of the operation mentally
  - Get preference cards from your training program
  - Review your instruments and set-up prior to each case early on
  - Discuss each case with your partners and ask for help on high-risk cases
  - Remember your training faculty as a resource
  - Find the “go to” consultants (radiologist, general surgeon, echo)

Clinical Development: Competence

- Operation
  - You are the attending now – need to strike a balance between knowing when to make a decision and when to ask for help
    - It is okay to ask for help, but you have to struggle at times to develop
    - Make sure help is available if you anticipate you may need it
  - “Do” your first 50 cases even if you have trainees
  - Communicate effectively with your team (anesthesia, nursing, perfusion, assistants)
  - Learn to be flexible and open to new (institutional) methods
  - Do the best operation ***you*** can – know your capabilities
  - Listen to senior members of the team (nurses, PAs) – they can often give valuable advice under adverse conditions

Clinical Development: Competence

- Outcomes
  - **Develop a thorough understanding of STS Metrics**
  - Continually review your outcomes – everyone else will!
  - Keep a personal log of cases including complications
  - Discuss complications early and directly with families and referring physicians
  - Debrief after a complication with your partners

Clinical Development: Volume

- Case volume will come with time and demonstration of clinical competence
  - Don’t be nervous if you’re not busy in the first few months
- Initial cases will likely be “gifts” from partners or consults while on call
- To build volume, referring physicians initially need to know who you are and what you do, and later that you do it well
  - Actively participate in creating your faculty biopage and any mailings / announcements of your arrival
  - Volunteer to give Grand Rounds / Talk to your referring specialty

Clinical Development: Volume

- Remember residents and fellows in your referring specialty
  - Volunteer to give them talks – they are often calling in the consults and will one day be attendings
- Build relationships with other specialties (Pulmonology, Critical Care, Internal Medicine)
  - They will often see surgical pathology and call you prior to cardiology
- Reach out to other hospitals
  - Attend their conferences
- Try to arrange your clinic time around other specialty clinics – can get referrals by proximity

Clinical Development: Volume

- Communicate with all referring docs (PCPs, cardiologists) via phone, letter, and at times email
  - Try to speak with them directly
- Attend local society chapter meetings for referring specialties to meet referring physicians who may work at other hospitals
- Most importantly - **Be available!**
  - Don’t leave early
  - Make sure your office staff know you are available to handle incoming calls
- Track your volume
  - Recognize and correct any issues if there is not steady growth over the first few years

Clinical Development: Technical Growth

- At the start of your practice, you will have strengths and weaknesses
  - Be introspective and identify these early on
- It is still okay to be a “fellow” and learn new techniques from your partners
- Even if you’re the designated “____ specialist”, take the time now to enhance your skill set in other areas
  - Your practice / area of focus may change over time
  - As your practice volume increases, you likely won’t have time later
- Double scrub cases with your partners
- Ask your partners to scrub cases with which you are not as comfortable

Clinical Development: Technical Growth

- Find your niche – don’t compete with partners, fill a void, be ready to try new areas
- If your recruitment was to fill a specific specialty need – keep detailed records for the outcomes and growth in that area
  - Be ready to present your contributions!

Administrative Development

- Important skill set to develop, especially if you have aspirations for leadership positions
- Now is the time to get involved…because you have the time
- Develop management skills
- Meet and work with administrators

Administrative Development

- Financial
  - Learn how coding, billing, and reimbursement work
    - Office Manager
    - Service Line Business Manager
    - STS Coding Workshop
- Structural
  - Service line
  - Hospital
  - Health system
    - Volunteer for committees (Quality, Infection Control, Outreach, etc)

Academic Development: The Pursuit of Professorship

- Four Core Components
  - **Teaching / Education**
  - **Research**
  - **Clinical excellence**
  - Service
- Find out the pathways and requirements of promotion **at the start**, pick a track and start checking the boxes
- Find multiple mentors
- Document everything you do!
- Make sure your chief and chair are in agreement with your plan
  - Is this the intended plan at the time of your recruitment?
- Go to faculty development seminars and grant writing work shops

Academic Development: The Pursuit of Professorship

- Teaching / Education
  - Volunteer to give lectures to medical students, residents and fellows
  - Keep a portfolio of attendees, and evaluations from every talk
  - Retain records of all evaluations of you by trainees and students
    - Ratings and awards can be helpful for promotion
  - If this is your primary focus, consider research in the field or advanced teaching certificates

Academic Development

- Research
  - When to start? Establish clinical practice or research program first?
- What kind of research?
  - Basic Science
  - Translational
  - Clinical
  - Outcomes / Health Services
  - Education
- Have a research plan before you start
  - Proposal
  - Timeline
  - Funding plan
  - Is it feasible?

Academic Development

- Review the application requirements for NIH K and R awards when you start developing a research plan, even if you are not applying for one
  - Your initial / start up research efforts should focus on strengthening an NIH application
  - Understand the protected time requirements for NIH awards
- Proposal
  - Review old applications from mentors
  - Find a collaborator (? PhD)
  - Discuss feasibility with mentors to avoid wasting time
- Timeline
  - Set realistic goals for what you can accomplish in a month, a year, three years with your clinical responsibilities

Academic Development

- Funding
  - Part of your start up package?
  - Intramural grants
  - Extramural funding
    - Society grants – great place to start for early data development
    - Industry – multiple unrestricted grants available
    - NIH K, R
      - You must know the requirements before you begin!
      - Have a good timeline, can your job give you the time?

Academic Development

- Clinical Excellence
  - Difficult in early career stage - Will take time to develop a reputation
  - Find an area of clinical interest and focus on establishing expertise
  - Attend conferences dedicated to that area to network and collaborate
  - Will require support of your partners

References

- Success in Academic Surgery. Ed. Chen H, Kao LS. Springer 2017
- Sonnenday, C. "How to Build a Successful Clinical Practice and Add Value to Your System". *13th Early Career Development Course, Association for Academic Surgery* 2017.
- Pugh, C. "Current Pathways to Promotion". *13th Early Career Development Course, Association for Academic Surgery* 2017.
- Rosati, CM et al. "Characteristics of Cardiothoracic Surgeons Practicing at the Top-ranked US Institutions". *J Thor Dis* 2016. 8(11)
- Carrillo SA et al. "Transition to Practice in Pediatric Cardiac Surgery: Preparation, Execution, and Balance". *JTCVS* 2016. 151(4)
- Tsai PI et al. "How to Build Effective Mentor-Mentee Relationships: Role of the Mentee". *JTCVS* 2016. 151(3)
- Kilic A. "How to Develop a Niche: Focus on Adult Cardiac Surgery". *JTCVS* 2016. 151(3).
- David EA et al. "Transition to Practice, Lessons Learned: Academic General Thoracic Surgery". *JTCVS* 2016. 151(4)

What do I need to know about finances?

Frederick Y. Chen, MD, PhD
Chief, Division of Cardiac Surgery
Tufts Medical Center
Professor of Surgery
Tufts University School of Medicine

STS Resident's Symposium
28 January 2018

Tufts Medical Center

I have no disclosures.

Tufts Medical Center

Who am I and what is my background?

- Traditional triple academic surgeon: about 200 cases per year, ran an RO1 funded lab, was former Program Director

- Staff at Brigham and Women's for ten years

- Currently Chief of Cardiac Surgery at Tufts Medical Center

Tufts Medical Center

How am I judged as a surgeon?

- What does your direct supervisor expect?

- Your actions and professional effort are determined by the expectations of your direct supervisor

- Have an honest and open communication with what his or her expectations are; there is typically a compensation policy outlining incentive pay

Tufts Medical Center

How am I judged as a surgeon?

- Academic productivity?
- Publishing papers?
- Teaching?

Tufts Medical Center

How am I judged as a surgeon?

- Program Development?
- Running a Laboratory?
- Obtaining an RO1?

Tufts Medical Center

How am I judged as a surgeon?

Am I in a job in which my compensation is tied directly to how many cases I do?

Institutions always look at you financially, always.

You need to know how the institution looks at you and judges you, in addition to what your Chief expects of you: both should be consistent

Tufts Medical Center

How am I judged as a surgeon?

Am I in a practice in which I “eat what I kill” ?

(if so, you will be in competition with your partners)

In this situation, one really need to know finances, because one’s compensation can potentially be affected significantly (by the hundreds of thousands) by your knowledge

Tufts Medical Center

One should know the institution's culture

Such understanding of the culture will determine how you will act and how you will leverage and negotiate for yourself.

Tufts Medical Center

Money makes the hospital run.

No Money, No mission: it's that simple.

Institutions always care about money.

Tufts Medical Center

How are hospitals paid?

Every procedure and a diagnosis is classified as a Diagnosis Related Group = "DRG"

Based on the DRG (e.g. garden variety CABG) and the hospital's case mix index (CMI), insurance companies (like Medicare) reimburses the hospital for a specific procedure and admission

E.g. $55,000 for a routine CABG

Tufts Medical Center

How are hospitals paid?

The hospital gets a set fee for a “DRG”

- This is often called the “Technical fee” for unclear reasons

Tufts Medical Center

How are hospitals paid?

As an aside, some definitions:

Medicare A: Government Insurance for all hospitalizations

Medicare B: Government Insurance for all outpatient care

All insurance companies follow the Medicare fee schedule loosely.

Tufts Medical Center

How are hospitals paid?

Everything that the hospital expends on patient care for that hospitalization is the hospital's business, not the insurance company's:

nursing
room
board
in patient testing

Tufts Medical Center

Why is length of stay important?

The hospital gets to keep any money left over after a DRG reimbursement.

The shorter the length of stay, the more money the hospital keeps.

The difference between the DRG reimbursement and hospital costs is the hospital “margin” on that case

Tufts Medical Center

What is a healthy overall hospital margin?

Probably about 3-4%

Tufts Medical Center

Why is length of stay important?

You better believe the hospital keeps individual stats on your individual length of stay.

Tufts Medical Center

How do surgeons get paid by the insurance companies?:
“professional fees = pro fees”

For any particular procedure, there are codes (“CPT codes") that specify what is done. Insurance reimburse physicians for each code submitted.

e.g. Garden variety single vessel arterial CABG reimburses surgeon about $2000 CPT code 33533; lobectomy CPT 32480 $1500

Tufts Medical Center

How are doctors paid?

If you are in traditional “private” practice, you are a small business

Your compensation is all professional fees minus all practice expenses.

Tufts Medical Center

The Profit ("P") and Loss ("L") Statement

- This is the institution's balance sheet on you

- Surgeon brings in money from patient surgery (from CPT codes; these are the professional fees; the "pro fees") and other avenues (e.g. organ recovery)

- Surgeon expends money by all practice expenses

- The balance is how much you, as a business, add or subtract from the institution's bottom line

Tufts Medical Center

The Profit ("P") and Loss ("L") Statement

- If your P and L is positive, congratulations – you are in surplus: time to ask for a raise?

- If your P and L is negative, you are costing the institution money: watch out, will your salary be cut?

Maybe you should, maybe you shouldn't: it depends on the institution culture as much as anything

Tufts Medical Center

You are not always compensated for what you "deserve" necessarily.

You are compensated, however, for what you negotiate, all the time

Tufts Medical Center

There are different ways to judge

- That previous P and L statement was based on real dollars in and real dollars out, dependent on insurance

- What if you work at a big public safety net hospital with patients with typically no insurance

- RVU = “relative value unit”
  - Single vessel arterial lima to lad : 55 RVUs

Tufts Medical Center

RVUs:

- An accounting of a surgeon's work ignoring patient receipts
- Average cardiothoracic surgeon annual RVU = 10,000

Tufts Medical Center

Congratulations

- There are so many jobs out there, you'll be feasting
- You are an elite specialist in surgery
- The profession is rewarding and challenging and worthwhile– don't let anyone tell you otherwise

Tufts Medical Center

Achieving Successful Work-Life Balance

SIDHU P. GANGADHARAN, MD

Chief, Division of Thoracic Surgery and Interventional Pulmonology

BETH ISRAEL DEACONESS MEDICAL CENTER

BOSTON, MA

COMMERCIAL RELATIONSHIPS

- Nothing to disclose

Millennials Desire Better Work-Life Balance

33%

say managing their work, family, and personal responsibilities has become more difficult in the past 5 years

75%

want the ability to work flexibly and still be on track for promotion

47%

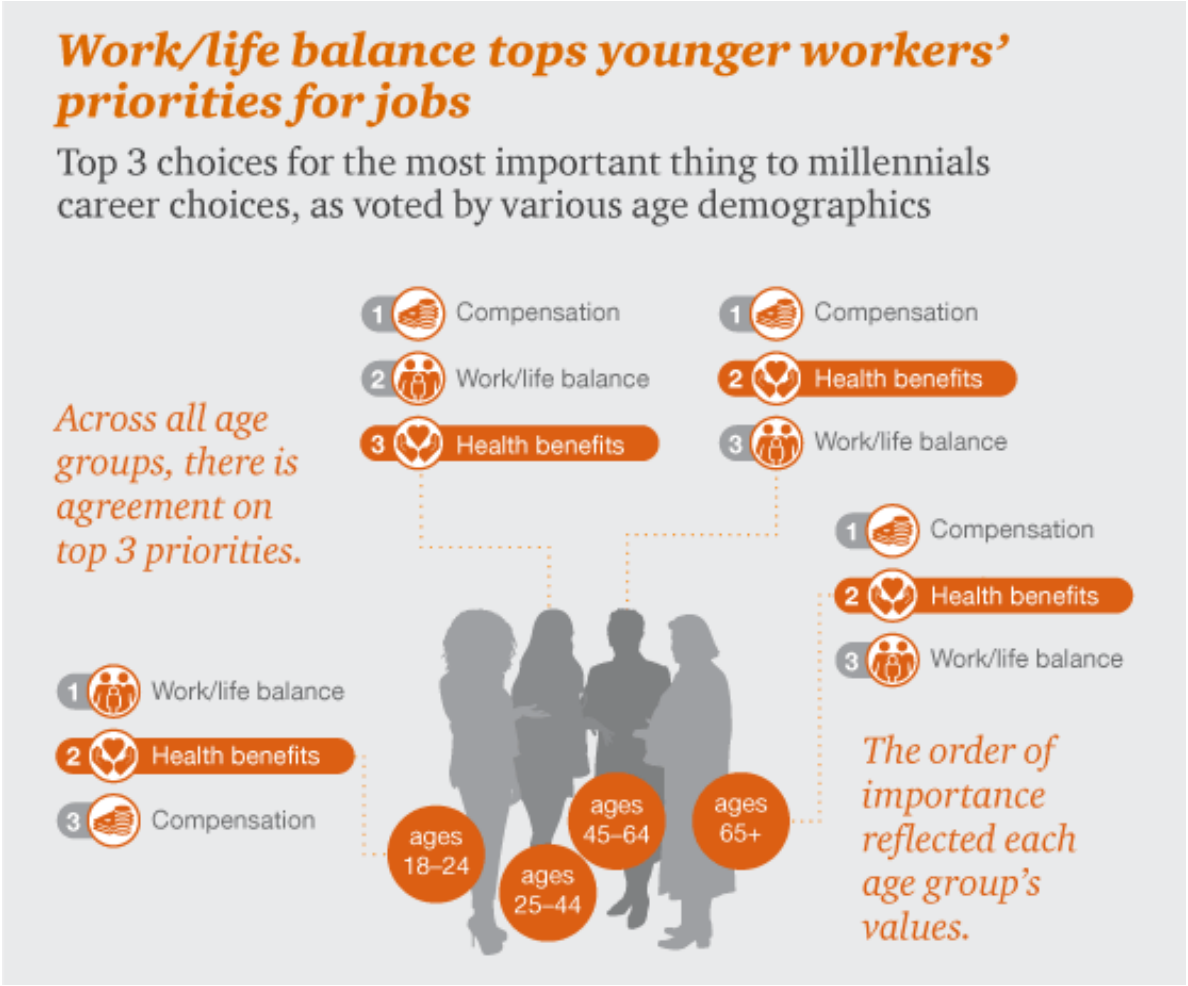
say work hours have increased in the last 5 years

78%

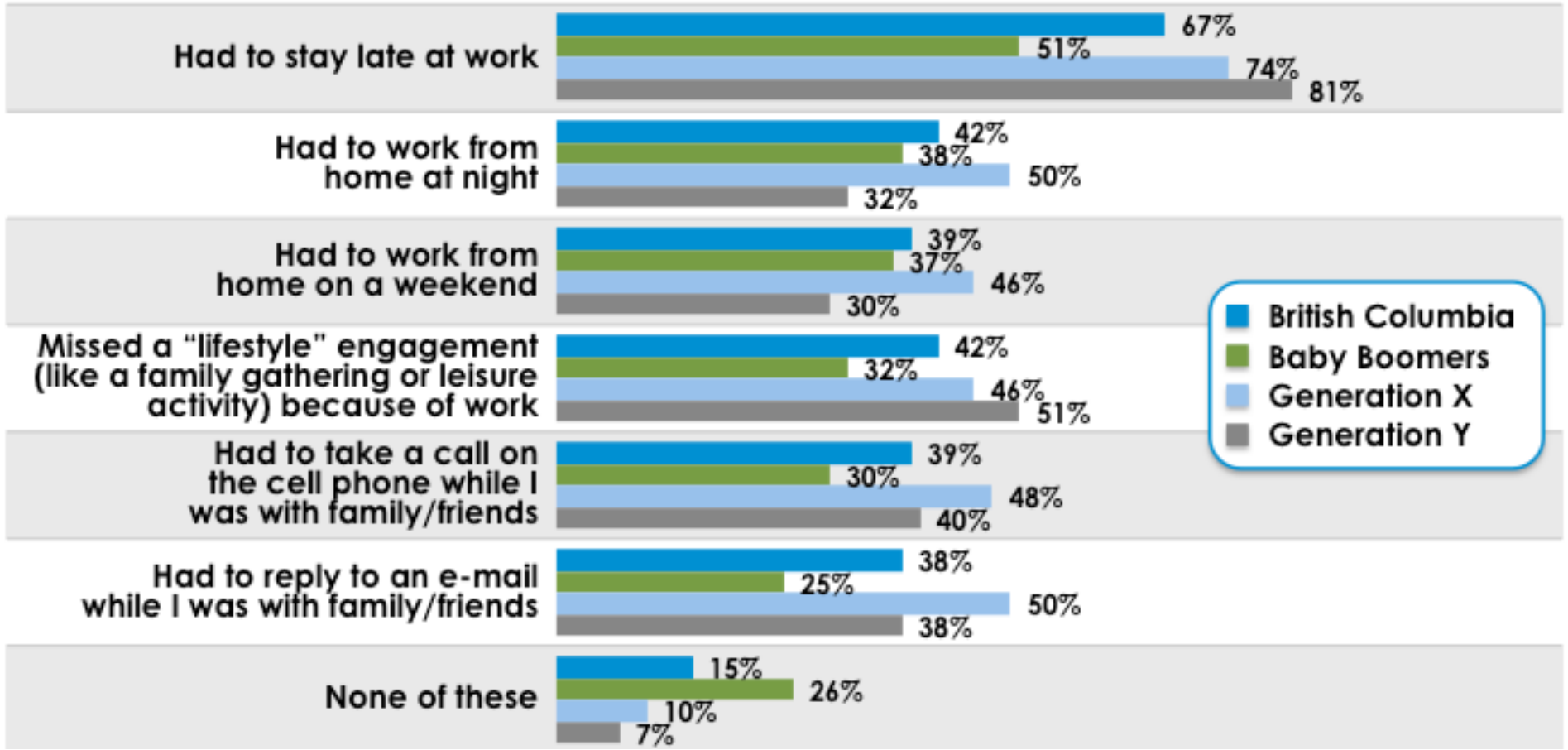
are part of a dual-career couple, compared to 47% of boomers

Source: 2015 Survey from Ernst & Young, Work-Life Challenges Across Generations

The importance of balance

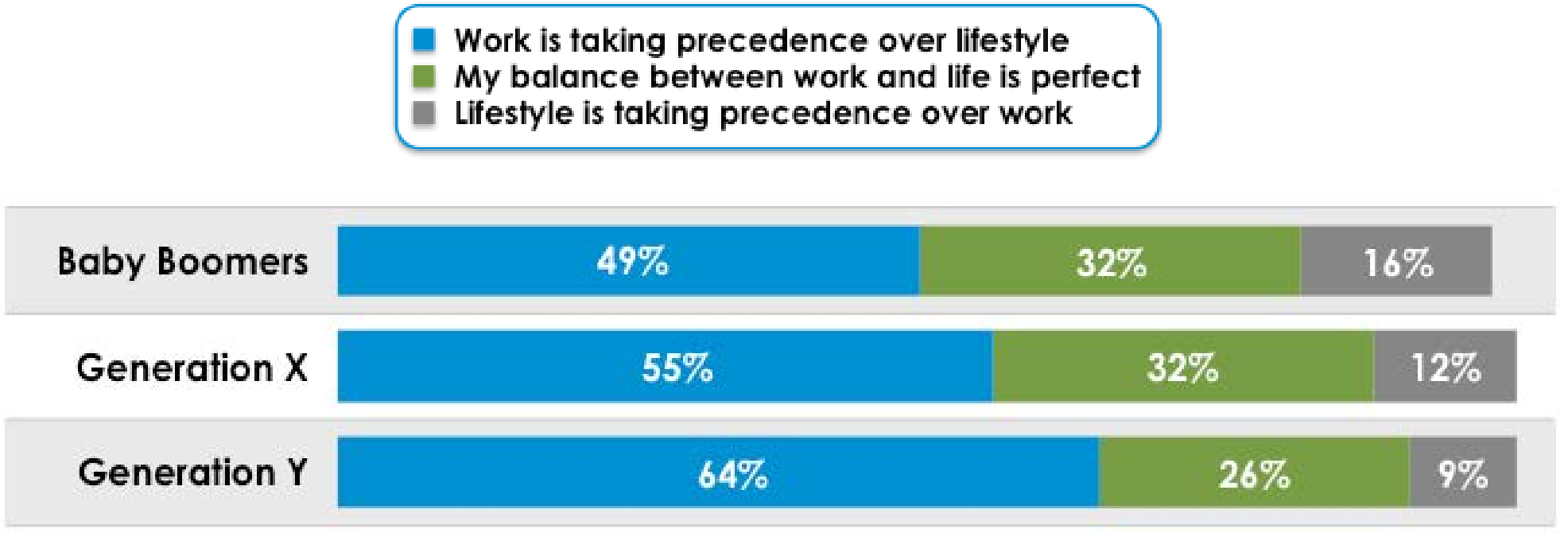


Over the course of the past six months, have any of the following happened to you?



The importance of balance

There have been many discussions over the past few years about people having a work-life balance, which means placing priorities on "work" (career) and "lifestyle" (including health, leisure, family and spirituality). All things considered, which of the following statements comes closest to describing your own current work-life balance?



Boomers complain more?

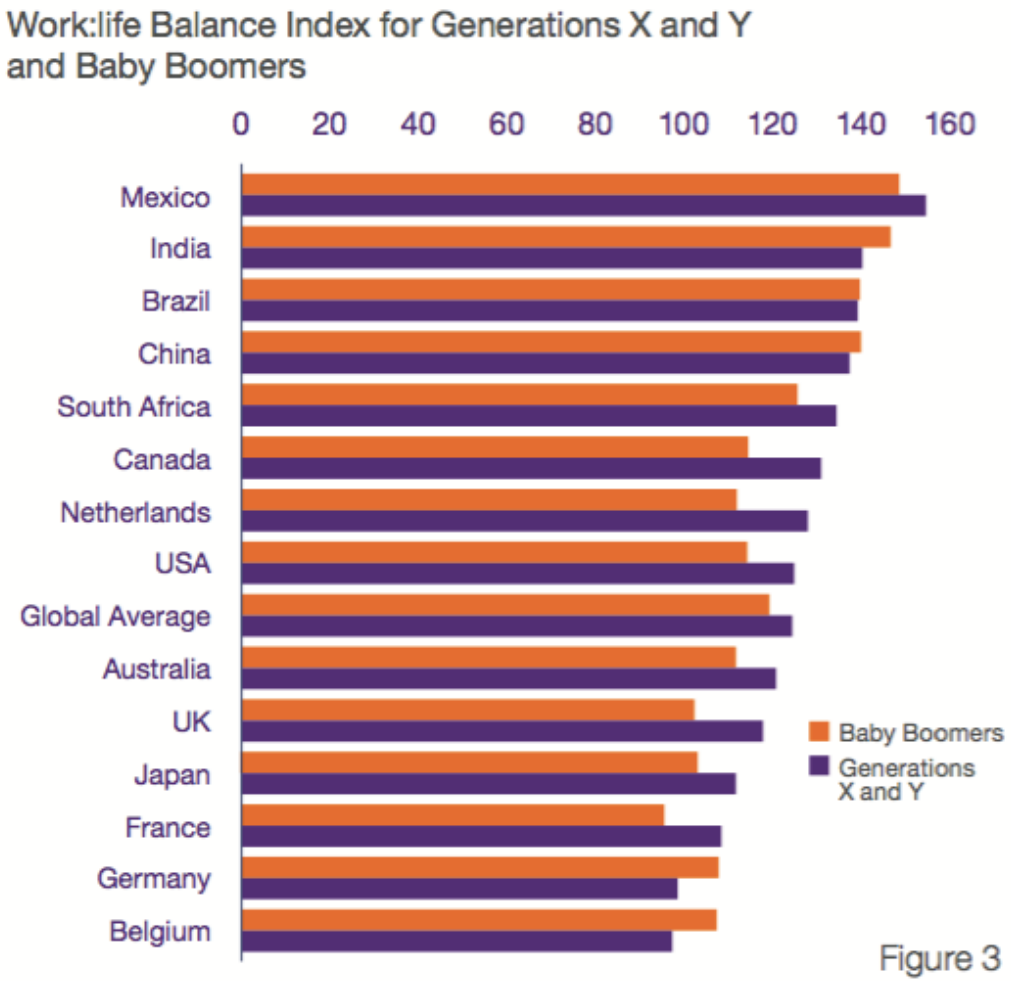


Figure 3

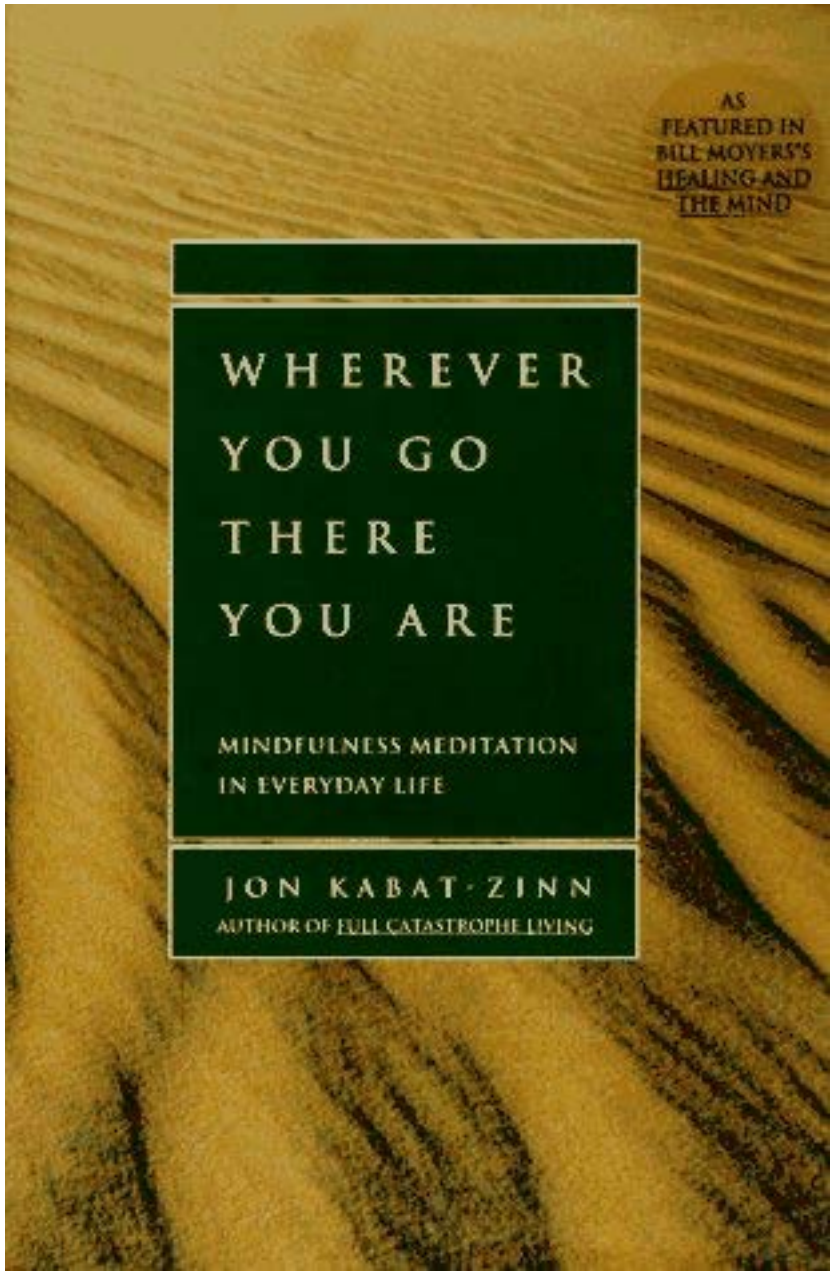
Dumbed down

Achieving successful work-life balance

requires

an acceptance of the balance

you have achieved



Dumbed down

Achieving successful work-life balance

requires

an acceptance of the balance

you have achieved

Osler's training model

- Residence in hospital
- Little/no pay
  - Laundry services
- Pyramidal
- Indefinite length

Otium

583. Straddle a hobby and ride it hard.

The young doctor should look about early for an avocation, a pastime, that will take him away from patients, pills and potions.... No man is really happy or safe without one, and it makes precious little difference what the outside interest may be—botany, beetles or butterflies, roses, tulips or irises, fishing, mountaineering or antiquities—anything will do so long as he straddles a hobby and rides it hard.

THE MEDICAL LIBRARY IN POST-GRADUATE WORK. BRIT MED J 1909;2:925-8.

584. Maintain outside interests.

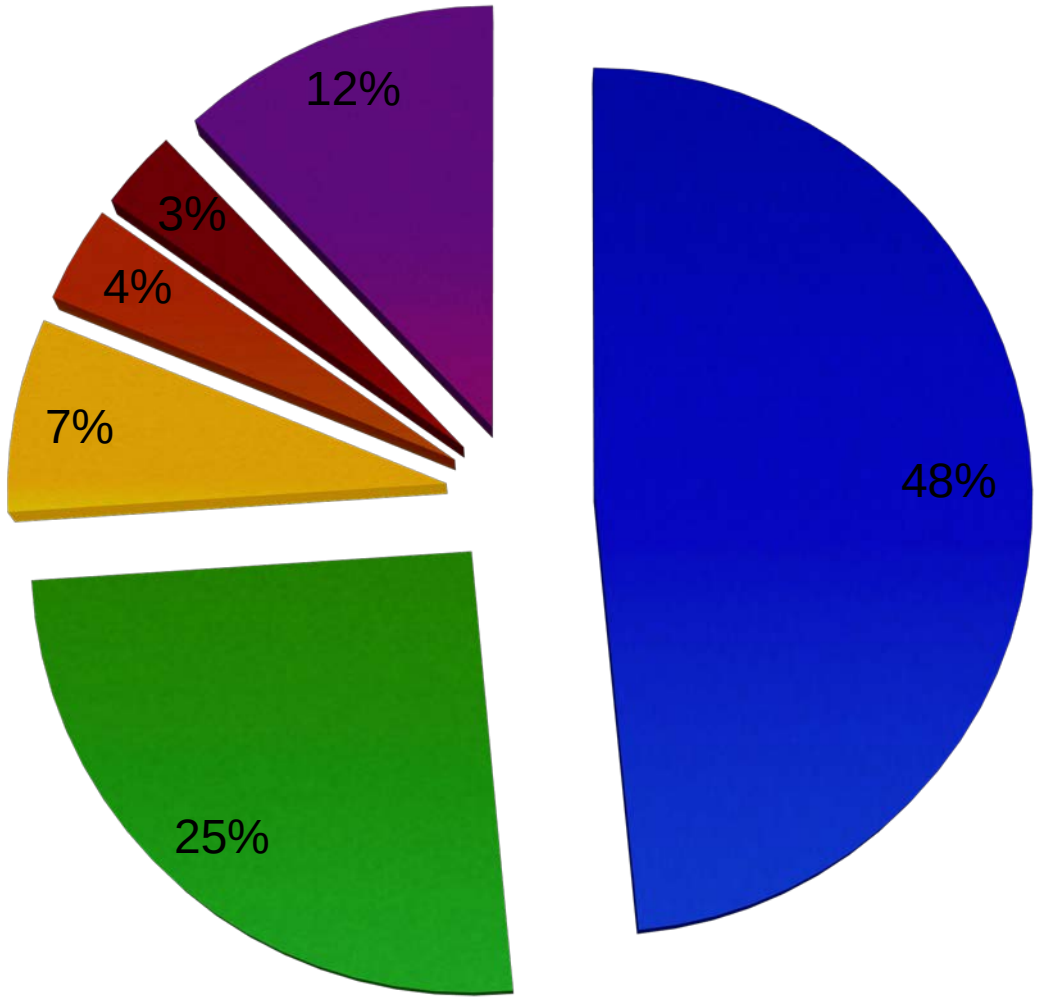
Get early this relish, this clear, keen joyance in work, with which languor disappears and all shadows of annoyance flee away. But do not get too deeply absorbed [in your work] to the exclusion of all outside interests. Success in life depends as much upon the man as on the physician. Mix with your fellow students, mingle with their sports and their pleasures.... You are to be members of a polite as well as of a liberal profession and the more you see of life outside the narrow circle of your work the better equipped will you be for the struggle.

AFTER TWENTY-FIVE YEARS, IN AEQUANIMITAS, 203–4.

Domains of ‘Life’

- Family
- Faith
- Recreation/social/entertainment
- Health/exercise
- Arts
- Travel
- Civic
- Self-improvement/Learning
- Nesting

What to do with your 168 hours?



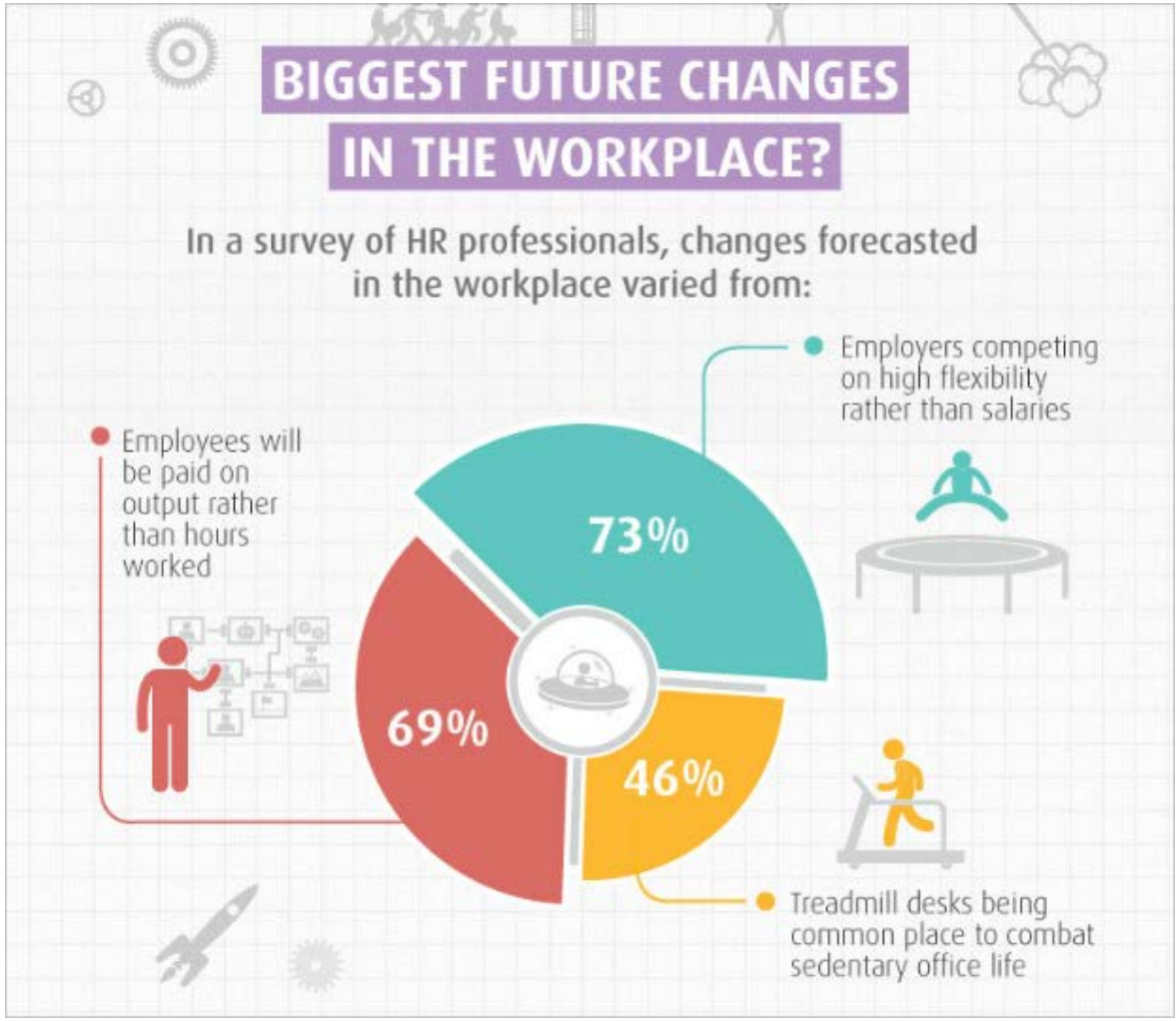
Value-based healthcare

$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$

Assigning value to life domains

Value = Meaningfulness x Time

Meaningfulness

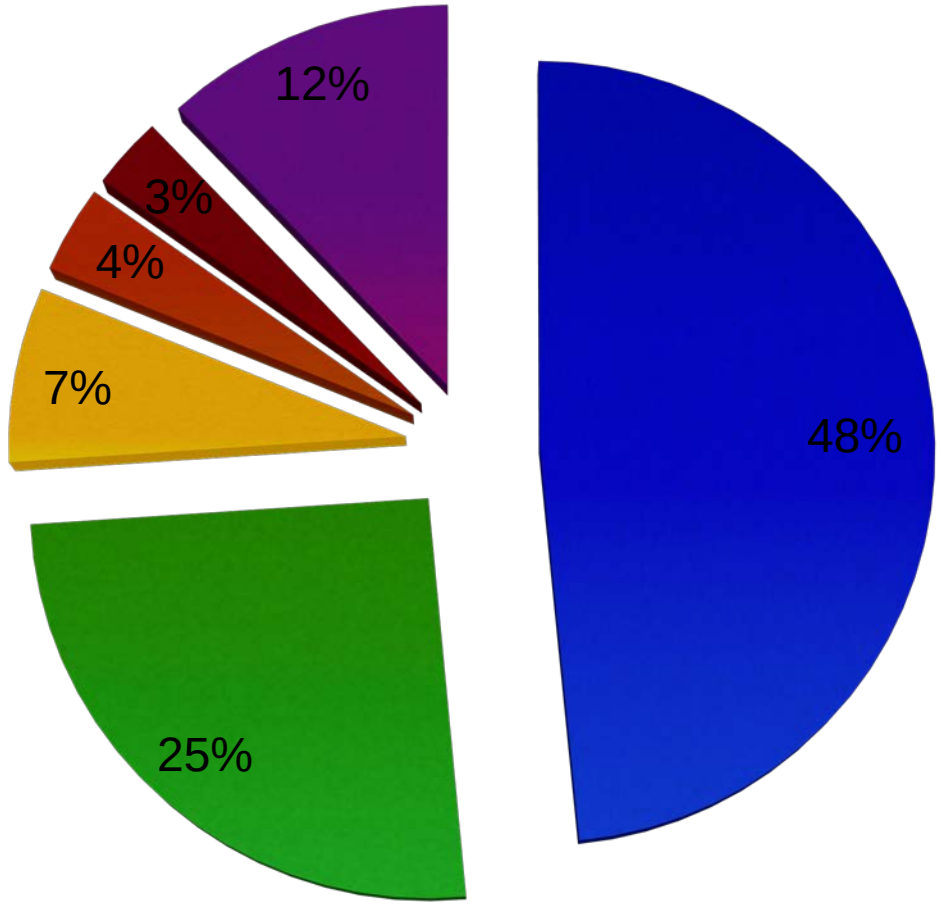


Assigning value within your 168 hours

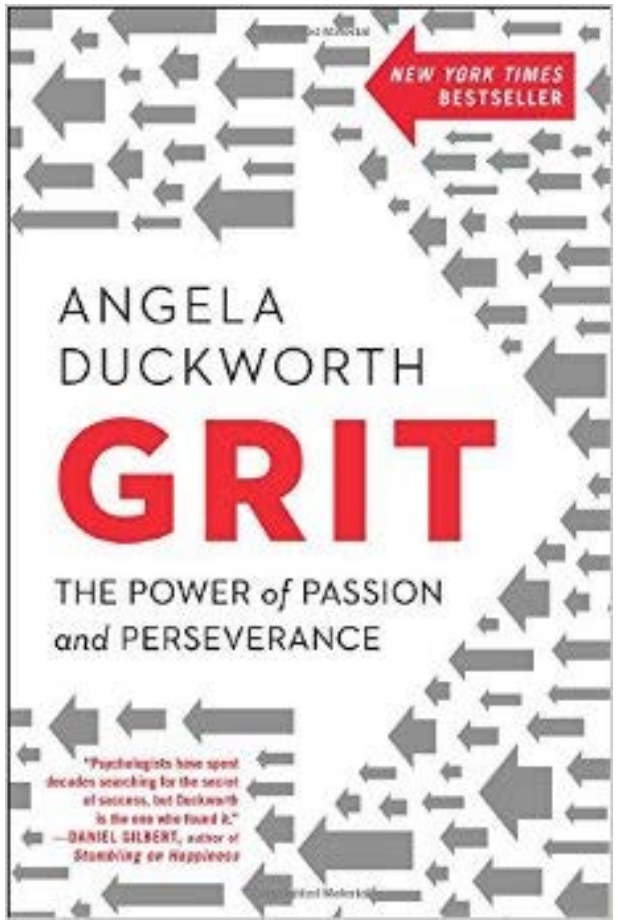
Observation 1

Time is not the metric

(meaningfulness is)



Understanding your relationship to your job

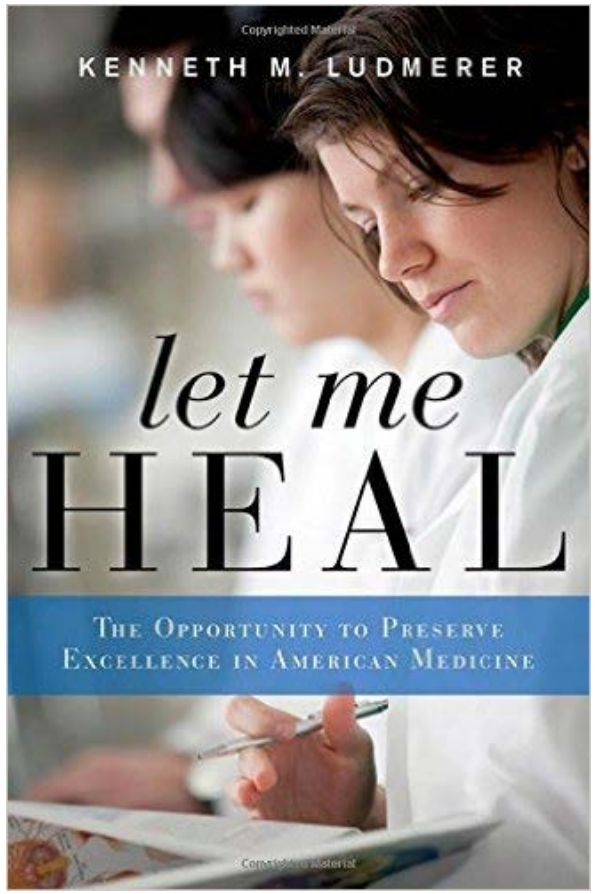


In a 2014 Gallup poll, more than two-thirds of adults said they were not engaged at work, a good portion of whom were "actively disengaged."

The picture is even bleaker abroad. In a survey of 141 nations, Gallup found that every country but Canada has even higher numbers of "not engaged" and "actively disengaged" workers than the United States. Worldwide, only 13 percent of adults call themselves "engaged" at work.

So it seems that very few people end up loving what they do for a living.

We are different

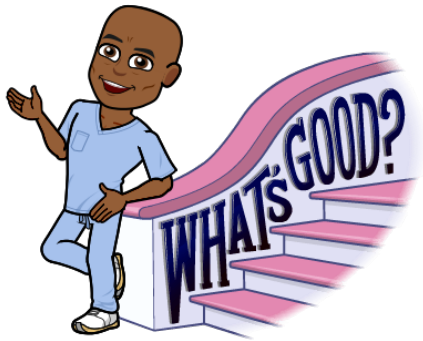


- Between WWI and WWII
  - Educational era- highest priority

"house officers learned that medicine is a calling, that altruism is central to being a true medical professional, and that the ideal practitioner placed the welfare of his patients above all else." Commercialism was antithetical to teaching hospitals in the era of education. "Teaching hospitals regularly acknowledged that they served the public," writes Ludmerer, "and they competed with each other to be the best, not the biggest or most profitable."

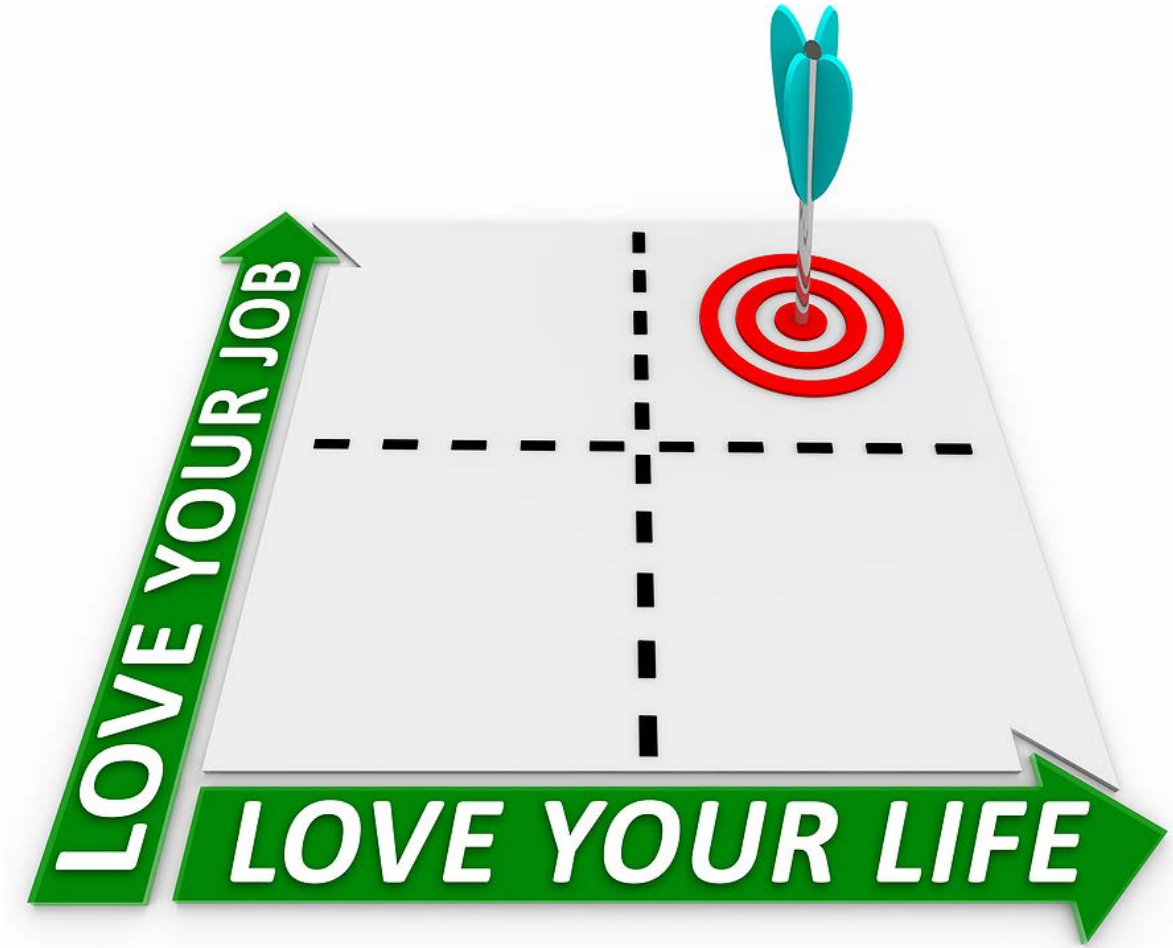
The importance of passion

Observation 2



Cardiothoracic surgery

is more than a job



Imbalance

Prioritization is important

Sunday morning test case

Observation 3

Prioritization is dynamic

Sunday morning test case

Observation 3

Prioritization is dynamic

- Rounds then soccer
- Rounds then hockey ~~soccer~~
- Hockey soccer
- Hockey ~~soccer~~
- Rounds ~~hockey soccer~~

Thursday evening test case

Observation 3

Prioritization is dynamic

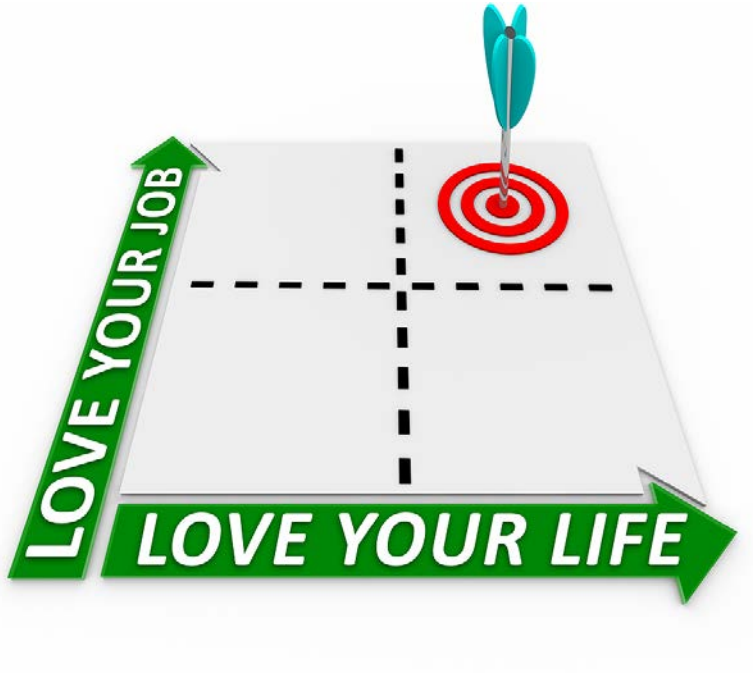
Your colleagues and work environment

Observation 4

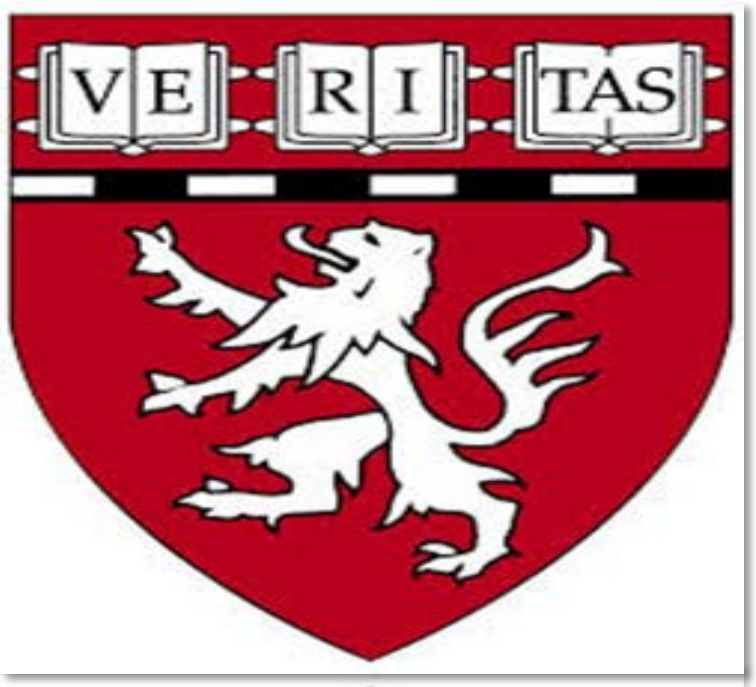
Optimization of infrastructure is key

- Coverage
- Vacations
- Travel
- Atmosphere
- Capacitance

Summary



- Time is not the sole metric; meaningfulness counts
- Work must be a calling
- Prioritization is dynamic
- Your colleagues and work environment are important; choose them wisely



THANK YOU

sgangadh@bidmc.harvard.edu
617.632.8252