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
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
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)
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?

<table>
<thead>
<tr>
<th></th>
<th>Day-to-day</th>
<th>40 years from now</th>
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<tbody>
<tr>
<td><strong>As a surgeon</strong></td>
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<tr>
<td><strong>As a human</strong></td>
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So what makes me happy?

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

The BEST partners!

Colleagues = Friends

Healthy, happy family
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...
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
• 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
• 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
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
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
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- 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 - Your Contract Could Be Better
Experience with every specialty, in every state with every major health system
A+ Rating – Better Business Bureau

Contract Negotiation - OncallAdvisors.com
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
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
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
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?
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*
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
Acquiring/Gathering Resources

• Essentially a “shopping list” of things to consider:
  – Infrastructure/physical plant
  – Staffing
  – Scheduling
  – Finer Details
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
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?
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?
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
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
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*
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
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
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
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*
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
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
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.
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**
Characteristics of an Effective Leader

• Self-awareness/know yourself
• Honesty
• “Walk the talk”
• Engaging/empowering/foster collaboration
• Show and sow compassion
• Transparency
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
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
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*
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
• Thanks very much
STS Residents Symposium

Transitioning from Training to Practice:

Early Career Development

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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 workshops
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
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What do I need to know about finances?

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Professor of Surgery
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STS Resident’s Symposium
28 January 2018
I have no disclosures.
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
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
How am I judged as a surgeon?

• Academic productivity?

• Publishing papers?

• Teaching?
How am I judged as a surgeon?

- Program Development?

- Running a Laboratory?

- Obtaining an RO1?
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.
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.
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.
Money makes the hospital run.

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

Institutions always care about money.
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
How are hospitals paid?

The hospital gets a set fee for a “DRG”

- This is often called the “Technical fee” for unclear reasons
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.
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
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.
What is a healthy overall hospital margin?

Probably about 3-4%
Why is length of stay important?

You better believe the hospital keeps individual stats on your individual length of stay.
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
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.
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
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.
You are not always compensated for what you “deserve” necessarily.

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

- An accounting of a surgeon’s work ignoring patient receipts
- Average cardiothoracic surgeon annual RVU = 10,000
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
ACHIEVING SUCCESSFUL WORK-LIFE BALANCE
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

Work/life balance tops younger workers’ priorities for jobs
Top 3 choices for the most important thing to millennials career choices, as voted by various age demographics

Across all age groups, there is agreement on top 3 priorities.

The order of importance reflected each age group’s values.
Over the course of the past six months, have any of the following happened to you?

- Had to stay late at work: 51% British Columbia, 74% Baby Boomers, 81% Generation X, 67% Generation Y
- Had to work from home at night: 38% British Columbia, 42% Baby Boomers, 50% Generation X, 32% Generation Y
- Had to work from home on a weekend: 30% British Columbia, 46% Baby Boomers, 46% Generation X, 37% Generation Y
- Missed a "lifestyle" engagement (like a family gathering or leisure activity) because of work: 32% British Columbia, 42% Baby Boomers, 46% Generation X, 51% Generation Y
- Had to take a call on the cell phone while I was with family/friends: 30% British Columbia, 39% Baby Boomers, 48% Generation X, 40% Generation Y
- Had to reply to an e-mail while I was with family/friends: 25% British Columbia, 38% Baby Boomers, 50% Generation X, 38% Generation Y
- None of these: 15% British Columbia, 26% Baby Boomers, 7% Generation X, 10% Generation Y
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?

- Work is taking precedence over lifestyle
- My balance between work and life is perfect
- Lifestyle is taking precedence over work

<table>
<thead>
<tr>
<th>Generation</th>
<th>Work Precedence</th>
<th>Balance</th>
<th>Lifestyle Precedence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby Boomers</td>
<td>49%</td>
<td>32%</td>
<td>16%</td>
</tr>
<tr>
<td>Generation X</td>
<td>55%</td>
<td>32%</td>
<td>12%</td>
</tr>
<tr>
<td>Generation Y</td>
<td>64%</td>
<td>26%</td>
<td>9%</td>
</tr>
</tbody>
</table>
Boomers complain more?
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
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.


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?

- 48% (Blue)
- 25% (Green)
- 12% (Purple)
- 7% (Yellow)
- 4% (Orange)
- 3% (Brown)
Value-based healthcare

Value = \frac{Quality}{Cost}
Assigning value to life domains

Value = Meaningfulness × Time
Meaningfulness

BIGGEST FUTURE CHANGES IN THE WORKPLACE?

In a survey of HR professionals, changes forecasted in the workplace varied from:

- Employers competing on high flexibility rather than salaries (73%)
- Employees will be paid on output rather than hours worked (69%)
- Treadmill desks being common place to combat sedentary office life (46%)
Assigning value within your 168 hours

Observation 1

*Time is not the metric*  
*(meaningfulness is)*
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.”
Observation 2

Cardiothoracic surgery

is more than a job
Prioritization is important
Observation 3

Prioritization is dynamic
Observation 3

Prioritization is dynamic

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

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