Why I Chose Private Practice

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

- On the path to academics...
  - Graduated fellowship June 2016
  - Duke trained
  - 40 publications
- Looked at academic, hospital-employed, and private practice jobs
- Chose job at Rex Hospital
  - "Community" hospital recently bought by UNC
  - Adult cardiac surgery
Benefits of Private Practice

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

- You most likely won’t be famous
- Less respect?
- More susceptible to changes in healthcare environment
- Less likely to do the most complex cases
  - More “bread and butter” cases
- Academic environment is missing
- With hospital-based employment, you are an employee who reports to an administrator
My Concerns About Academics

- The good old days are gone
  - Residents now require close supervision
    - No more coming in just to sew distals
  - Government regulations require attending surgeons to be closely involved
  - Very few CT surgeons are successful at becoming fully funded, independent R01 investigators
My Concerns About Academics

- Hierarchy
- Bureaucracy
- Having to trust trainees
  - Less experienced
  - Less dedicated?
- Glorified fellow for first year/years?
What I Miss About Academics

- Doing the most complex cases
- Extensive resources and support
- Teaching residents and medical students
Concluding Remarks

• I think 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
• Can always change
Why I Chose Academic Surgery
And why I continue to choose it...

Shanda H. Blackmon, M.D., M.P.H., FACS
Associate Professor, Thoracic Surgery

STS, 2017
Disclosure

• Advisory Board for Dextera
• Advisory Board for Boston Scientific
• Medtronic clinical trial support
• UP Patents
  • Esophageal Anastomotic Buttressing Device
Why did I choose Academic Surgery?
I want to make a difference in the world

• I want to have impact that extends beyond my reach
  • Teaching residents
  • Mentorship
  • Inventing new devices
  • Changing policy
  • Solving problems
  • Changing patient lives
  • Teaching advanced surgeons
My Pathway
My Uncle Tony, M.D. General Surgeon
My Pathway
My Pathway
Surgeon Personality

David Feliciano, M.D.
My Pathway
Cardiac Surgery?
Key Points

• Grow where you are planted
• Follow your bliss
• Never settle for “just good”
• Learn what makes you enjoy your job and do more
  • complex cases
  • working on a team
  • relationships
  • advocating for our specialty
Building a Thoracic Division….

- Patient Support Group
- Clinical Trials
- Innovation
- Teaching VATS Lobectomy & Endoluminal Tx
- Resident Training
- Partners
- SPJ program/ “the cleaner”
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
More reasons why to choose academic surgery
I love the relationships
Making policy changes and affecting the lives of our patients through the STS-PAC
I like to solve difficult problems
Innovation will make a difference
Watching others have academic success is amazing…

Woman shatters glass ceiling of pediatric heart surgery

Updated: 11:37 PM, March 23, 2016

1 Comment
I like a challenge: Iron does sharpen iron

I like being around people who are smarter than I am…
Academic Surgery is always about a team
International meetings are a great way to learn different ways to do things
Teaching our new technology has impact
I enjoy making a difference in other countries
The other countries have a lot to teach us as well…
Fellows may learn from us and then go back home and make a difference…
I love training residents
I love training residents
Sometimes, I think the residents are training me…
I love watching residents fledge
I love to regularly participate in meetings
I like toys...
I like to work in teams…

Mayo Lung Ablation Tumor Board

Members: Radiation Oncology, Medical Oncology, Thoracic Surgery, Radiology, Pathology, Interventional Pulmonary Specialists, & Research Staff
The key is putting all of the players on the same team…
Warning

- Balance can be difficult; your family needs to understand this is about something bigger than all of us and they need to be on board
- It takes a village
- It is easy to become overcommitted
- Don’t be afraid of failure, comparison, or judgement
- You will not get much sleep
What will the future of lung cancer treatment look like?
Because I care about our future…
I want to make a difference in the world

• I want to have impact that extends beyond my reach
  • Changing patient lives
  • Teaching residents
  • Mentorship
  • Inventing new devices
  • Changing policy
  • Solving problems
  • Teaching advanced surgeons
The Mechanics of Finding a Job

Ravi K. Ghanta, MD
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Texas Heart Institute, Baylor-St. Luke’s Hospital
Michael E. Debakey Department of Surgery
Baylor College of Medicine
Houston, TX
Disclosures: None

KEEP CALM
IT'S JUST MY OPINION
Congratulations

Birth

Kindergarten

Grade School

High School

College

Medical School

Residency
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

"Excellent interview, you're hired!"
What do I need to know about finances?

Frederick Y. Chen, MD, PhD
Chief, Division of Cardiac Surgery
The CardioVascular Center
Department of Surgery
Tufts Medical Center
21 January 2017
I have no disclosures.
Who am I and what is my background?

• Traditional triple threat surgeon: about 200 cases per year, ran an RO1 funded lab, was Program Director

• Staff at BWH 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 position in which my compensation is tied less directly to how many cases I do?

Even so, it is very wise to know finances, because to know how the institution looks at you and what you are worth because the institution always do look at you financially.
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 by the way)

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 my institution’s financial culture as well as the finances of cardiac surgery.

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, period.
How are hospitals and doctors paid?

The hospital gets a set fee for a certain diagnosis and procedure; a certain procedure and a diagnosis is a “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 set kind of case

E.g. $50,000 for a routine CABG
How are hospitals and doctors paid?

The hospital gets a set fee for a certain diagnosis and procedure; a certain procedure and a diagnosis is a “DRG”

- This is often called the “Technical fee” for unclear reasons
How are hospitals and doctors 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 Medicare sooner or later.
How are hospitals and doctors 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.
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 do surgeons get paid by the insurance companies?

If you are in private practice, your compensation is all professional fees minus all practice expenses.
You are not always compensated for what you “deserve” necessarily.

You are compensated, however, for what you negotiate, all the time.
The Profit ("P") and Loss ("L") Statement

- This is the institution’s balance sheet on you, treated as a pure business entity.

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

- Surgeon loses 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

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
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
Building a Successful Clinical Practice

Edward P. Chen MD

Director Thoracic Aortic Surgery
Division of Cardiothoracic Surgery
Emory University School of Medicine
Atlanta, Georgia

STS Resident Symposium, January 22, 2017
Disclosures

• This discussion was:
  – Not based on evidence-based data or literature review
  – Formulated on observations made from real world experience
My background

• Emory Faculty in Cardiothoracic Surgery
  – January, 2004-Present

• Director of Thoracic Aortic Surgery/Emory Aortic Center

• 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

?

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?

• *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
  – Is patient safety/outcome a top priority?
Staffing

- Cardiology Services
  - Cardiac Catheterization
  - TEE and echo expertise
- Pulmonary Services; Bronchoscopy
- GI Services: Endoscopy
- Critical Care Services:
  - Who is primary in the ICU?
  - Closed unit?
  - Collegial/Team Oriented?
  - Neurology/nephrology support
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
- You’ve only scratched the surface in residency
- Asking for advice or assistance from a senior partner is a sign of great judgment, not weakness
- Maintain at ALL times a Positive Attitude
- *PROTECT YOUR FAMILY TIME*
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 referring physicians
- NEVER say “no” when a referring physician asks you to accept a patient
- This is a business and your referring physicians 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
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
  - PA

- What about non-surgical staff?
  - Anesthesia
  - OR Nursing
  - ICU Nursing
  - Perfusion

- **It is the entire hospital**
What makes an effective team leader?

- 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
What makes an effective team leader?

• 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.
What makes an effective team leader?

• Don’t assume the worst in people
• Own your mistakes and avoid blaming others
  – Learn from them, get over it and bounce back
• Criticism should always be given with a positive spin ("while I appreciate your being on top of it, I might have tried this instead")
• Concerns about individual performance/conflict should not be addressed in public
• Don’t say anything that can be damaging when put in writing
Early Career Development

Elizabeth A David MD
Associate Program Director
Cardiothoracic Surgery Residencies
Resident Symposium, January 22, 2017
53rd STS Annual Meeting
Disclosures

- None
Early Career Development

- How to develop a reasonable and achievable 5, 10 year plan
- How to find a mentor
- How to succeed as a junior attending
  (HOW NOT TO FAIL)
- Things I wish I knew before I started my first job
Who am I?

- Thoracic Surgeon
- Clinical Researcher
- Surgical Educator
- Graduate Student
- Mentor
- Mentee
Early Career Development

- How to develop a reasonable and achievable 5, 10 year plan
- How to find a mentor
- How to succeed as a junior attending (HOW NOT TO FAIL)
- Things I wish I knew before I started my first job
How to develop a reasonable and achievable 5, 10 year plan

- Set goals
  - Personal
  - Financial
  - Professional
How to develop a reasonable and achievable 5, 10 year plan

- Where do you want to be in 5, 10 years?
  - Location?
  - Position level?
  - Another degree?
  - Academic track? – what is required?
  - Do you want a niche? Or a broad practice?
  - Do you want to build something new?
  - Interest in admin, politics, education, industry?
  - Attend courses, small meetings
How to develop a reasonable and achievable 5, 10 year plan

- Meet a lot of people
- Keep your CV updated and accessible
- Participate in activities/committees that will help you achieve your next step
- Be careful what you say yes to
- Maintain balance between work and life
- Reevaluate your goals and actions frequently
How to develop a reasonable and achievable 5/10 year plan

- **Years 1-3**
  - Boards
  - Research/Career focus
  - Join impactful societies
  - Build your professional reputation

- **Years 4-6**
  - Professional commitments align with goals?
  - Seek leadership roles
  - Expand your reputation from regional to national
How to develop a reasonable and achievable 5-10 year plan:

- Understand CME and MOC requirements
- Keep a caselog
- Try to stay 3 steps ahead
- Don’t be afraid to aim high, but be willing to work hard
<table>
<thead>
<tr>
<th>Goal</th>
<th>Ways to achieve</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Be hired as Associate Prof when AF commitment is up | Need to publish frequently  
Serve on committees  
Establish pattern of mentorship/leadership  
Attend SAE or ETE course  
Attend ACS outcomes research course |
| National leadership          | Serve three years at WTS oracle editor then seek other officer position  
Continue on STS workforce – join another?  
Become more active in the STSA  
Attend a leadership course |
| Research                      | Develop a clinical research niche  
Figure out grant funding  
Publish! promote Lung cancer screening MPH |
| Clinical activity             | Increase esophagectomy numbers  
Increase robotic case volume >200 cases in 2015  
promote Lung cancer screening in the DOD  
become an expert in something besides SC joint |
| Personal                      |                                                                                |
| Run a marathon in 3:40        | Get mile pace down to 8:30                                                      |
| Run the Boston marathon       | Run a marathon @ 3:40                                                           |
| Travel to South America/Africa| Figure out how to take time off from work and running and still see family      |
Early Career Development

- How to develop a reasonable and achievable 5, 10 year plan
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  (HOW NOT TO FAIL)
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Embrace being “Early Career”

- **First 5-6 years of career**
- **Special**
  - Development opportunities
  - Funding opportunities
  - Educational opportunities
- **Less competitive**
How to find a mentor

- **Mentor**
  - An experienced and trusted adviser
    - Guide
    - Guru
    - Counselor
    - Consultant
    - Confidant
How to find a mentor
How to find a mentor
How to find a mentor

- Anyone can be a mentor!
- Keep in touch with everyone you have trained under
- Look within your department, but don’t be afraid to look in other departments for mentors or collaborators
- Attend meetings and approach people
- Look for grant/award scholarship opportunities
- Seek additional training
- Don’t be afraid to walk away from a relationship that’s not working
- Volunteer to be a mentor
Early Career Development

- How to develop a reasonable and achievable 5, 10 year plan
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deceleration injury

An injury in which a moving body hits a stationary object, as when a patient falls and hits the ground.

See also: injury

“CITE” Medical Dictionary, © 2009 Farlex and Partners
How to succeed as a junior attending

- Embrace the bottom rung of the ladder
- Be humble
- Be vigilant

You can always make it to the top with a short cut, but starting from the bottom and working yourself up will make you more experienced, powerful and successful.

- @miz_dannizle
How to succeed as a junior attending
Select the Right Cases!

- Cases are not going to be handed to you – you have to earn them
- Plan complicated cases carefully – including when you do them!
- Every challenging situation you hope doesn’t come up, does, so be ready!
- Don’t do cases that shouldn’t be done because you aren’t operating as much as you want
How to succeed as a junior attending
Select the Right Cases!

- Remember that you are not the expert, no matter how many cases you did in training
- Do not be afraid to call for help
- Make sure your outcomes are your outcomes
How to succeed as a junior attending
Select the Right Cases!

- Find other junior colleagues and build a referral base
- Be kind and gracious to referring docs
- Seek additional training if you want it
- Be patient with your practice
How to succeed as a junior attending
Select the Right Cases!

- Grand Rounds
- Control your own marketing
- Use social media sensibly
- Know what patients are seeing on the internet about you
Early Career Development

- How to develop a reasonable and achievable 5, 10 year plan
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- How to succeed as a junior attending (HOW NOT TO FAIL)
- Things I wish I knew before I started my first job
Things I wish I knew before I started my first job

- I would work harder as an attending than I ever worked as a trainee
- Patients don’t care if you are over the 80 hour work week and they need you to be
- Every decision is mine to make even the ones, I don’t want to make
- Do not expect to operate everyday as an attending
Things I wish I knew before I started my first job

- How nice it is when the patient’s always remember your name
- How great it feels when your own patient does really well and is happy
- How great it would feel when a patient says “Thank you for saving my life”
Live a story you want to tell!

#dreambig
ACHIEVING SUCCESSFUL WORK-LIFE BALANCE

SIDHU P. GANGADHARAN, MD
Chief, Division of Thoracic Surgery and Interventional Pulmonology
BETH ISRAEL DEACONESS MEDICAL CENTER
BOSTON, MA
The importance of balance

**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.

1. Compensation
2. Work/life balance
3. Health benefits

The order of importance reflected each age group’s values.
The importance of balance

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

- Had to stay late at work
  - British Columbia: 67%
  - Baby Boomers: 51%
  - Generation X: 74%
  - Generation Y: 81%

- Had to work from home at night
  - British Columbia: 42%
  - Baby Boomers: 38%
  - Generation X: 50%
  - Generation Y: 50%

- Had to work from home on a weekend
  - British Columbia: 39%
  - Baby Boomers: 39%
  - Generation X: 46%
  - Generation Y: 46%

- Missed a “lifestyle” engagement (like a family gathering or leisure activity) because of work
  - British Columbia: 42%
  - Baby Boomers: 32%
  - Generation X: 46%
  - Generation Y: 51%

- Had to take a call on the cell phone while I was with family/friends
  - British Columbia: 39%
  - Baby Boomers: 40%
  - Generation X: 48%
  - Generation Y: 48%

- Had to reply to an e-mail while I was with family/friends
  - British Columbia: 38%
  - Baby Boomers: 25%
  - Generation X: 40%
  - Generation Y: 50%

- None of these
  - British Columbia: 15%
  - Baby Boomers: 10%
  - Generation X: 38%
  - Generation Y: 26%
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?

- 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 is taking precedence</th>
<th>My balance between work and life is perfect</th>
<th>Lifestyle is taking 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>
The importance of balance
Creating Work-Life Balance: A Model of Pluralism Across Life Domains

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This article develops a theoretical framework that explains how life complexity and dynamism affect work-life balance. The authors explain the moderating effects of manifecence and accessibility of resources in one’s life as well as the personality differences and individual value systems on the relationship between life complexity/dynamism and work-life balance. The analysis leads to implications for future research and practice.

Although work-life balance issues have recently attained hot topic status in the popular press (witness Sue Shellenbarger’s weekly column in The Wall Street Journal), a rich research literature already addresses some aspects of work-life balance. For example, there is a well-developed literature pertaining to work and family domains (e.g., Aryee & Luk, 1996; Bielby & Bielby, 1989; Bowen, 1998; Edwards & Rothbard, 1999, 2000; Greenhaus & Beutell, 1985; Voyeroff, 1988; Warren & Johnson, 1995). As such, family is typically defined in terms of parent/child or dual-career relationships, and studies target specific demographic groups such as working mothers (Casey & Pitt-Catsouphes, 1994; Ozer, 1995). Research also examines employer programs, such as flexible work schedules, alternative work arrangements (Powell & Mainiero, 1999), and child care (Hughes & Galinsky, 1988; Kossek, 1990; Kossek & Nichol, 1992) that are developed to support family-

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FIGURE 1: Model of Work-Life Balance
Achieving successful work-life balance requires an acceptance of the balance you have achieved.
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.

HAPPINESS is not having what you want, but wanting what you have.
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.

**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 AEOQUANIMITAS, 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

Value = \frac{Quality}{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)
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
Sunday morning
test case
Sunday morning test case

Observation 3

Prioritization is dynamic

- Rounds then soccer
- Rounds then hockey soccer
- Hockey soccer
- Hockey-soccer
- Rounds-hockey-soccer
Your colleagues and work environment

- Coverage
- Vacations
- Travel
- Atmosphere
- Capacitance

Observation 4

Optimization of infrastructure is key
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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