So, you are looking for a job: Pearls for a successful first cardiothoracic job search

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ABSTRACT

The final year of cardiothoracic surgery residency is an exciting time for most trainees because it marks the culmination of many years of hard work and dedication. However, it is not uncommon for trainees to also experience some degree of anxiety or uncertainty, particularly when it comes to understanding the necessary steps and finer details involved in seeking out and securing that much anticipated and well-deserved first job. This article explores the philosophy, strategy, and etiquette essential to navigating the various stages of one's initial job search, providing valuable information and perspective to those hoping to find a position that is best suited to one's skill set, needs, and long-term career goals. (J Thorac Cardiovasc Surg 2018;156:1575-84)

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Central Message

This article explores the philosophy, strategy, and etiquette essential to navigating the various stages of the job search and securing that long-awaited first job as a cardiothoracic surgeon.

Perspective

The first few years in practice are pivotal to your long-term success as a cardiothoracic surgeon. Preparation is key to a successful job search. Seek out jobs that will allow you to continue to grow and thrive, ultimately setting you up for a long, rewarding, and productive career. Although important, your entry-level salary is not as critical as your comfort and happiness in your new job.

See Editorial Commentary page 1585.

The final year of residency tends to be an exciting time for trainees because it marks the culmination of many years of hard work and dedication. The ultimate goal of landing your first job as a practicing cardiothoracic surgeon is no longer just a dream, but a reality that is just around the corner.

However, many trainees also experience considerable anxiety and uncertainty during this time, particularly when it comes to understanding the necessary steps and finer details of the actual job search. The purpose of this article is to explore the philosophy, strategy, and etiquette essential to navigating the various stages of the job search process to secure that long-awaited and well-deserved first job.

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Abbreviations and Acronyms

AAMC	= Association of American Medical Colleges
CV	= curriculum vitae
MGMA	= Medical Group Management Association
RVU	= relative value unit

PREPARATION DURING RESIDENCY

The job search may seem a long way off to most residents in training. Although the tasks of searching, applying, interviewing, negotiating, and ultimately accepting a position are typically undertaken during the final year of training (Table 1), a successful job search will be greatly facilitated with the right preparation and planning well before you begin exploring the job market.

Building Your Professional Reputation

Recruiting and hiring a new surgeon require a substantial commitment of time and resources by a practice. Employers go to great lengths to make sure they make an offer to the right candidate. They will not only contact your references, they will also seek out their own trusted contacts (anesthesiologists, perfusionists) who have interacted with you to get additional perspective on the type of partner you will be. The field of medicine is a smaller world than you may realize; the cardiothoracic surgery community is even smaller. It is critical that you conduct yourself with the utmost professionalism each and every day. Having the reputation as a rude or difficult surgeon will have significant negative repercussions during the job search.

Mentorship and Networking

The importance of securing mentorship during training cannot be emphasized enough. You likely have encountered a number of mentors during medical school, general surgery residency, and outside the field of medicine. Do your best to preserve these relationships, in addition to cultivating new ones. Your program director is likely to be the most willing and accessible mentor during your cardiothoracic training. Meet with them early and often. Seek out other faculty who are also willing to take on this roll. Do not limit yourself by relying on just one mentor or faculty from a single institution. Keep in mind that although these mentors typically enjoy this role and will take great pride in your success, you must also play your part by being a good mentee.¹ Be proactive by scheduling regular meetings, keeping them informed of your career aspirations and goals, following through on opportunities they provide, and taking advantage of any chances to collaborate. A solid group of diverse and reliable mentors, each with their own unique strengths and perspectives, should provide you with

TABLE 1. Recommended timeline of job search events during final year of training

Last year of training*	Job search targets
July to September	Solidify priorities, goals, and characteristics of ideal job Begin exploring through various avenues Start applying
October to December	Phone interviews First visits/interviews
January to March	Second interview Consider offers
March to May	Negotiate contract details Begin state licensing process for accepted or high potential positions
May to July	Begin credentialing Relocate
July to September	Consider taking time between training/first job (typically 1 mo or less) Start your well-deserved first job as a cardiothoracic surgeon

*It is highly recommended that one establishes a reputation for being professional, industrious, courteous, and caring throughout training (and beyond).

invaluable guidance, support, and opportunities that will benefit you during your training, the job search, and throughout your career.

Do not underestimate the value of reaching out to others beyond your core group of mentors. Putting in the time to create a robust network of contacts starting early in residency can open many doors later during the job search. Current and past clinical faculty, research faculty, and co-residents, as well as colleagues and faculty you met on the interview trail, sales representatives, and even people outside of the field of medicine, can all be potentially helpful contacts. During residency, you will probably want to focus most of your networking efforts on meeting colleagues within our field and your specific areas of interest. National meetings are perhaps the easiest way to accomplish this goal. Although your mentors and other faculty are typically willing to make introductions at these meetings, do not rely solely on them. Be proactive and introduce yourself whenever possible. A number of surgical societies (eg, Society of Thoracic Surgeons, American Association for Thoracic Surgery, American College of Surgeons, Thoracic Surgery Directors Association) have functions at national meetings that are geared toward residents, some with the specific goal of putting trainees in contact with practicing surgeons and potential employers from across the country. Take advantage of these opportunities if you are fortunate enough to attend these meetings. Also, consider asking your mentors about opportunities to be involved in national/society committees, which frequently have resident members working alongside prominent practicing surgeons. Visiting professors are another great

opportunity to meet outside faculty. Request a brief one-on-one meeting with these faculty whenever possible. In essence, these interactions are where the job search really starts, even if you are early in your training. Each contact you make has the potential to be a future mentor, colleague, or even partner.

Subspecialty and Special Skill Sets

The current training model requires selecting a thoracic or cardiothoracic track. The former is tailored to those pursuing a thoracic-only practice, and the latter is primarily geared toward those targeting a cardiac-only, mixed practice, or those planning on additional congenital training. It is not uncommon for trainees to have a shift in their desired scope of practice, particularly if their exposure to that subspecialty was limited before residency. Many residents also develop more focused interests within a subspecialty, such as transplant, heart failure, complex aortic or esophageal surgery, and minimally invasive/robotic cardiac or thoracic techniques. The earlier you recognize and communicate the desire to change tracks or pursue specific subspecialty niches, the more likely your training can be adapted to meet your needs. Select programs may have the flexibility to permit a change in tracks or can arrange for elective, or even external, rotations to facilitate the development of specific skill sets.

If these interests develop later in training or a program is unable to accommodate your evolving interests, you may want to consider an advanced fellowship after residency. Advanced fellowships are certainly not required, nor are they necessary for every trainee wanting to have a practice including a niche skill set. In fact, programs providing a robust experience in these areas take considerable pride in their trainees not pursuing additional training. Honest self-evaluation and feedback from faculty to determine your level of proficiency and comfort with these skills are recommended when deciding to pursue additional training.² It is also important to consider how marketable the acquired skills may be in the current job market, as well as the likelihood that they will actually be used in your practice.

Maintaining Your Curriculum Vitae

You never know when a job opportunity will arise. Be prepared by maintaining a current and professional-looking curriculum vitae (CV). An outdated and disorganized CV is sure to make a bad impression, regardless of how strong a candidate you may be. Most academic institutions have a specific CV format, and you can use this to organize your CV. It is also wise to have your mentors review your CV to ensure it presents the best picture. Although not typically included in formal academic CVs, considering including any current projects you are working on. Also, keep your case log up to date and track any

specific procedures that might be attractive to future employers, such as transplants, mechanical assist devices, or robotic cases. Although not truly descriptive of your proficiency, case volume is a reasonable surrogate for experience and can serve as a nice talking point during networking endeavors and interviews.

KNOW WHAT YOU ARE LOOKING FOR

Before you begin your search, pause to consider what you are actually looking for. What things are important to you and your family? What are absolute requirements and what are you willing to compromise on? Ideally, this introspective process begins early in residency, revising your list of priorities as you evolve throughout training. Review this list with your mentors to determine what things are obtainable. Be honest with yourself and stick to these priorities throughout the job search. Although things like practice culture and compensation are important considerations, it is unlikely you will have much insight into these specifics until the interview stage. Before this, the primary things to consider when you begin looking will be the type of practice (private vs academic), practice model, scope of practice, and job location.

Practice Type

Trainees commonly have a predetermined notion that they must decide between an academic or private practice. However, this dichotomy is not truly representative of the current job market. It may be helpful to consider the type of practice and practice model as distinctly different job characteristic. Different types of practices are based on job responsibilities and can be generically described as traditional academic, semi-academic, and nonacademic. Nonacademic practices have no teaching or research responsibilities, dedicating the majority of time to clinical care. Semi-academic practices typically have an affiliation with academic centers, residency programs, or medical schools with the primary academic responsibility of providing clinical education to trainees. These positions may have an associated adjunct academic title, with or without some sort of compensation to you individually or the practice. Select hybrid positions may have resources to perform clinical or scientific research, but have no dedicated academic affiliation. Traditional academic practices typically require participation in the tripartite mission: clinical care, research, and education. The time and effort dedicated to each depend on whether a position is tenured or not and if it is associated with a defined track. Academic practices require demonstration of both scholarly and clinical productivity within a specific time frame (typically 5-7 years) not only to be promoted but also to retain the position. Tenured positions place more emphasis on academic achievement, have more stringent timelines and criteria for promotion, and sometimes lesser clinical expectations

compared with nontenured positions. Many institutions offer tenured tracks with a research or education focus. Promotion criteria for research tracks may include volume and quality of publications, reputation within a specific area of research, and securing extramural funding. Criteria for educator tracks may include developing curriculum and establishing a local, regional, and national reputation as a leader in education. Clinical tracks are typically synonymous with nontenured positions. Emphasis is placed on clinical productivity, reputation as an expert with a specific clinical focus, and program development. There is usually little to no requirement in terms of research, but some degree of teaching effort is usually expected.

Practice Model

The current health care environment has led to the evolution of a wider variety of practice models, which differ primarily by compensation model (discussed later), degree of autonomy, and how the practice is managed. Traditional private practice groups are at one end of the spectrum. Members of the group not only provide care but also have significant administrative duties managing the practice. Private practice jobs tend to be associated with higher earning potential and greater autonomy. However, some consider these models to be higher risk given the impact fluctuations in health care reimbursement can have on the financial stability of the group. There are also larger single or multispecialty employed physician groups that are contracted with academic centers, select hospitals, or health care systems to provide care. The business side of running the practice is handled entirely by the corporate entity. Hospital-employed positions and government-employed positions (Veterans Affairs) function in a similar fashion with the hospital itself managing the various practices and services provided at that location. In theory, these practice models provide more financial stability and typically have a built-in patient base to feed the practice. Physicians are not required (or are unable) to be involved in the administrative aspect of the practice, in theory allowing providers to focus more on patient care. However, a certain degree of autonomy is oftentimes relinquished. A paradigm shift has occurred in recent years resulting in the majority of the cardiothoracic surgery workforce now working in some form of employed physician model rather than private practice.³

Practice Scope

At this point, you should have an idea of your desired scope of practice: cardiac, thoracic, or mixed cardiothoracic. Be cautious of positions where you are hired with the intention of having a dedicated thoracic practice, but are asked to “occasionally” cover cardiac call (or vice versa). Although your senior partners may have no hesitation in managing any issues that arise, you may find yourself

ill prepared to cover cardiac emergencies a few months into practice, particularly if you have not done an open case since your training. Likewise, if you want to have a cardiac- or thoracic-only practice, be wary of jobs that require you to begin doing both with the plan to gradually shift to one subspecialty over time. Unless the timeline is clearly laid out in the contract, there is a real possibility this goal may never be accomplished. Look for jobs that play to your strengths and are within your desired subspecialty scope of practice from the start.

Some employers will be looking for candidates with specific skill sets to add another dimension to their group, to support their growing practice, or to fill a void left by another surgeon. Minimally invasive techniques (video-assisted thoracoscopic surgery, robotic, endovascular), foregut/esophageal, aortic, valve, and arrhythmia are commonly sought after niche areas of expertise. Lung/heart transplant and heart failure experience also may be highly desirable skills, but only by a select number of specialized centers. Even if a practice is not advertising for these skills, it may still be possible to exploit your expertise to attract these potential employers. If you have specific areas of focus that you are passionate about or are recruited with the intention of building a new specialized program, be sure to evaluate if the practice has the necessary infrastructure to be successful during the interview process.² Adequate staff support, institutional backing, specialized equipment, mentorship, and patient volume are all vital components for these niche practices. Although areas of focus and expertise may increase your market value, they can also be somewhat of a limitation if the environment is not right.

Practice Location

Important factors to consider in terms of practice location include proximity to family/social support, spouse's occupation and professional job market, climate, desired lifestyle, and cost of living. You will find that there is considerable variability in the types of practices encountered, job availability, and average compensation by region, as well as urban versus rural locations. Larger practices, academic institutions, and high-volume specialized centers tend to be located in more densely populated, competitive urban environments. Practices in smaller cities or rural environments tend to have fewer partners with greater call responsibilities and may require a broader scope of practice. Keep in mind that specific locations may not have positions that coincide with your other priorities in terms of type and scope of practice. If you are set on finding a traditional academic practice or want to have a busy clinical practice with a specific niche, your options in terms of location may be limited. Not surprisingly, jobs in highly desirable locations tend to be more competitive. If location is a top priority, do everything possible to make yourself marketable to practices in those areas during

training, such as developing niche skill sets or a high-priority research focus for more competitive urban and academic environments or a broad, well-balanced scope of practice for more rural locations.

HOW TO FIND YOUR FIRST JOB

It is a fortunate time for new cardiothoracic surgeons entering our field. Jobs are plentiful, and there are numerous available resources to identify these opportunities.^{4,5} Do not get discouraged if you do not find what you are looking for right away. Perseverance is key. The job market is fluid, and new positions become available almost on a weekly basis.

Using Your Professional Network

Residency coordinators, program directors, and division chiefs commonly receive solicitations from employers looking for new, well-trained graduates. Check in periodically to inquire about these opportunities. Talk to current faculty, mentors outside your program, former colleagues, and even medical sales representatives, because each will have their own network of contacts and may know of practices that are actively looking or on the verge of needing another partner. The Society of Thoracic Surgeons Career Fair, held in conjunction with the annual meeting, is a unique program that connects employers with available positions and potential applicants. Candidates can post their CV to a database for employers to view beforehand, in some cases facilitating an in-person interview at the event.⁶ Reach out to recent graduates from your program and other residents you connected with during residency interviews. Each will have interviewed at a number of places and may be willing to share information about positions that remain available. A job that may not have been a good fit for them may actually be the right one for you. You may also consider “cold calling” potential employers, particularly if you have interest in a specific program or practices in a specific location not currently advertising openings. Identify key personnel within these practices and send them an individually addressed hard copy letter or email with your CV and cover letter. A cover letter should be viewed as a tool to convey additional information that may not be obvious or included in your CV. Avoid redundancy, such as repeating where you went to medical school, but rather focus on describing your career goals and highlighting specific skills or other attractive attributes that will make you stand out among your peers. A well-written, concise cover letter is more likely to be read and, as a result, more likely to pique the interest of future employers. Although a bit of a long shot, this approach can uncover some great opportunities.

Recruiters

Recruiting firms provide another effective avenue for seeking out potential job opportunities. Recruiters may be

employed by hospital or physician groups to conduct confidential searches for job listings that are not available elsewhere or they may lead the recruitment for advertised positions. Other recruiters may focus on specific geographic regions, finding candidates for various employers. You likely will not have to look too hard for recruiters, because typically they are looking for you. Although recruiters can be a bit burdensome with frequent emails and phone calls, they also do a lot of leg work for you in the search process. Avoid recruiters charging a fee or want you to sign any type of exclusive agreement. Recruiters get a commission when they successfully place a new recruit and therefore may not have your best interest at heart. Independently explore positions identified by recruiters, because there will likely be some bias in the information they provide.

Online Employment Sites/Print Advertisements

There are a handful of online and print resources that advertise cardiothoracic surgery positions. CTSNet.org is perhaps the best-known site for employment opportunities in our field. Other sites, such as Indeed.com and Doximity.com, post openings for a much broader spectrum of professions, including healthcare. University, hospital, and healthcare group websites also have employment opportunity websites that are worth investigating. Finally, specialty-specific journals, such as *The Journal of Thoracic and Cardiovascular Surgery* and *The Annals of Thoracic Surgery*, will have job postings in the classified advertisements section of most issues. Online and print job postings tend to reach a large audience, and as a result may be more competitive. Of note, many of the best jobs out there are not openly advertised.

KEYS TO A SUCCESSFUL INTERVIEW

Before each visit, learn as much as you can about the practice, institution, and area. The Internet will likely be your primary source of background information, but do not underestimate the importance of your professional network. Seek out contacts who previously trained or worked in the area, at the institution, or with surgeons in the group to learn about the reputation of the practice and its members, institutional politics and culture, and local lifestyle and culture. An agenda is typically provided before your visit (if not, consider requesting one). Take advantage of this by learning a little bit about each interviewer, which will facilitate discussion and give you an idea of how to approach each interview. Prepare a list of questions to ask during your visit and remember that everyone you meet during your interview can provide valuable insight into the position, both the pros and cons.

First Interview

The first visit typically spans 2 days with a dinner the evening of your arrival. Expect all partners to be present at the

introductory dinner. Needless to say, professional conduct and attire are essential; business attire is advised for all events. The following day will usually include a full day of interviews. In addition to formal meetings with each of the practice's surgeons, expect to meet with office and clinical ancillary staff, administrators, key physicians from relevant service lines, and potential research collaborators. Job interviews are different from your previous residency interviews when you simply had to convey that you were a hardworking trainee with potential. Consider what is important to each of the interviewers, as well as the impact your hiring will have on them. Office and clinical ancillary staff will want to know if you are someone they will be able to work closely with on a daily basis. Providers from relevant service lines will be curious to see if you bring specific skills that will benefit their patients or enhance their own practice. Researchers will be interested in your previous work, as well as your willingness to collaborate. Administrators will want to ensure that you will be a safe and productive addition to the institution. First visits are rigorous given the number of people you will meet. Make every effort to maintain the same level of enthusiasm, collegiality, and composure throughout. Maintain eye contact, remember to smile, and be personable to everyone you encounter. Emphasize your skills, experience, and goals. For academic programs, be able to describe your scholarship or research plan. If there are practice areas that you are less interested in or not trained in, it is okay to let the practice know. They recognize that you are a newly trained surgeon, and your interests will continue to develop and evolve. It is important to align reality and expectations for both parties to ensure long-term success.

During this first interview, you want to obtain as much information about the position as possible to determine if the opportunity is a good fit for you. For practices that cover more than one hospital, you will want to understand what hospitals you would practice at. What is your expected scope of practice? Will it be pure cardiac or thoracic or a mix? Do your partners expect you to bring any unique procedures to their practice? You want to ensure that your skill set and interests match the position. Are there any teaching responsibilities? What about research expectations? One of the most important things to take away from the first interview is a good understanding of the "culture" and environment of the group you may be joining. Pay close attention at the introductory dinner. This will be one of the few opportunities to take notice of how members of the practice interact and treat each other. The individual meetings will also be important. Do you get the sense that all partners are excited to add to their group and willing to take a young surgeon under their wing? Do they have a similar vision for the practice? Has the practice demonstrated consistent growth and will there be sufficient volume/access to patients to allow you

to grow your practice? Can you see yourself integrating into their group? Ideal partners will help you network and grow your practice, negotiate local politics, be available to help with difficult cases, and will open doors for leadership, research, or other opportunities. Remember, these potential future partners are not only recruiting you but also trying to get a sense if you are a good fit for their group. You want each of them to walk away with the impression that you are an eager, confident, articulate, and professional young surgeon they would be willing to support, trust, and rely upon. They will be looking for a surgeon who is a good "team player," productive and credit to the practice. In many cases, the "personality fit" dwarfs most other considerations.

Unlike interviews for medical school and residency, it is customary for practices to cover interview-related travel and accommodation expenses. Significant coordination is required to schedule these interviews, and numerous people will be taking time from their busy day to evaluate and recruit you during these visits. It is best to only pursue opportunities you would give seriously consideration to. Make every effort to promptly schedule interviews and avoid last minute changes. However, if for some reason you decide that you no longer have interest in a particular position, it is advisable to inform the employer as soon as possible. They know it is a competitive market and others are likely to be recruiting you. Being upfront and honest in your intentions will be appreciated and allows them to make cancellations and continue their search in a timely fashion.

Second Interview

A second interview may be offered if a potential employer is deciding between a few finalists for the position or they are preparing to make an offer to you exclusively. Some practices may not routinely schedule second visits despite planning to further pursue a candidate. This is becoming increasingly common as employers are using videoconferencing and telephone interviews as time and cost-saving measures to take the place of formal visits. In this case, it is reasonable to request a second interview if you still have additional questions that you think would be better addressed with a second look.

The format of a second visit tends to be more variable than the first. It is not uncommon for these visits to be scheduled on a Friday, so that you have the option to explore the area over the ensuing weekend. In other cases, the visit may be shorter and more to the point. An invitation to bring your spouse is typically extended and a tour of the area with a realtor or relocation expert is usually included. Your spouse will also likely be invited to dinner with the practices partners and spouses. In addition to meeting with your potential partners a second time, you are also likely to meet key faculty and staff that you may have missed during

your first visit. If there are specific people you think would be important to meet with again or for the first time, let this be known early so the program can attempt to get them on the itinerary.

The second interview is typically when the topics of benefits, compensation, and other possible requests/needs that you may have are addressed. Unless the employer brings up compensation earlier, reserve these discussions for the second visit. Addressing these topics can be somewhat tricky, because most trainees are unfamiliar with the business side of applying for a job. Avoid underselling or overselling yourself. Again, emphasize your strengths and any special skill sets or other attractive attributes you will bring to the practice. However, remember that you are still a relatively unproven commodity and have considerable maturing yet to do in your career. Be confident, but humble. Request the things you think are absolutely necessary for your success in terms of clinical, research, and programmatic support. It is imperative that you get a good sense of the benefits, resources, and compensation model during this visit. If not clearly defined during your earlier visit, make sure you understand what kind of clinical support you will have in terms of ancillary staff (administrative assistant, nursing, advanced practitioners), call expectations, if you will be covering multiple hospitals or clinics, teaching responsibilities, and initial number of expected operative and clinic days. If you are pursuing an academic position, be sure to clarify any questions about the requirements for promotion, tenure versus nontenure, and expectations for research. Academic positions will typically have an effort allocation (clinical, teaching, research, service, and administration). You will want to understand what, if any, your research effort will be. Are you expected to do clinical or basic research? If you are planning to have a basic science lab, you will need to have dedicated research time (free of clinical responsibilities) and have a plan outlined for research mentorship and collaboration, seed funding, laboratory space, and so forth. For clinical research, you will want to understand access to databases, statistical support, and other research support such as data entry and protocol management. Some practices, particularly private practice cardiac surgery, will send one of the partners to your institution to watch you operate. It is important to work with faculty to choose an appropriate case to show off your skills.

Offer Letter

Before receiving a formal contract, most employers will provide you with an offer letter, or letter of intent, outlining the key elements to be included in the contract. This serves as an informal agreement that both the employer and the candidate are committed to working together to reach mutually agreeable employment terms. In general, a letter of intent is not legally binding, but implies neither party will pursue other options during the process of formal contract negotiations. The offer letter provides an opportunity to

negotiate any major points that may be “deal-breakers” if both sides cannot find common ground before committing to the formal contract negotiation process.

If offered a second interview, you should anticipate that an offer will be made or will follow shortly thereafter in many cases. The process tends to move faster once there is an offer on the table, because employers may be racing to beat out others vying for your services or wanting to know if they need to continue their search. For this reason, offer letters usually have a date of expiration. It is best to respectfully decline a second interview or offer if you are not seriously considering the position. Likewise, it is poor form to sign a letter of intent and go through the motions of negotiating a contract if you are not prepared to accept should your terms be met. Doing so will give the impression that you are toying with programs, creating a negative reputation that may spread through the tight-knit cardiothoracic community. However, you certainly have every right to explore all available options. Although challenging, particularly when you are at various stages of the interview process with different opportunities, be conscientious when juggling multiple second interviews and job offers.

You may be faced with a situation where you are still waiting for a second interview or offer from what you think is the ideal job, while at the same time having an offer in hand from another good program. In an ideal world, you would have ample time to explore both options, but the reality is both the employer and other candidates are anxiously awaiting your decision. You may ask for an extension on the deadline for an offer letter; however, prospective employers will want to continue their search as soon as possible because they are also likely looking at multiple candidates. In this scenario, it is probably best to express your interest to your top-rated job, tactfully explaining that you need to make some decisions. This may prompt them to expedite your recruitment or inform you that they are pursuing other candidates, at least for the time being. In either case you know where you stand. If the response is somewhere in between, you can accept the offer in hand or continue to explore other options while you wait to see what happens with your preferred job. This is the time to refer back to your list of priorities and discuss your options with your family and mentors. In most cases, you will have a few comparable, quality offers to consider, each with their own positives and negatives. Rarely will there be a perfect job that is worth missing out on another good opportunity.

THE NUTS AND BOLTS OF A CONTRACT

So now let's say you get offered what you think is that ideal job. All you need to do now is sign the contract, right? The answer is that yes, most likely, it is fairly standard. The key elements that make up most contracts are compensation, resources and benefits, duties and responsibilities, terms and termination, and restrictive covenants. We will briefly review each of these elements, as well as some red

flags that should be avoided. For a more detailed review, The American College of Physicians' Center for Practice Improvement and Innovation has published a superb "Physician Employment Contracts" document, which is a valuable resource.⁷

You should read the contract carefully and ask questions about anything you do not understand. It is advisable to have someone review the contract with you. This can be a mentor or business director for the Division/Department at your current institution. You may also elect to request legal review, which can be expensive. Be aware that the lawyer may be obligated to identify some aspect of the contract that is a problem, and activating a lawyer at this point may run the risk of sending a message concerning "trust" of the potential employer. The goal of an employment contract should be to create a win-win situation for both you and your future employer. Therefore, it is vital that you have a thorough understanding of each of the following components typically included in a physician contract.

Compensation

The basis for compensation will vary by practice type and model, but should be transparent and clearly outlined. Common compensation models include guaranteed salary, purely productivity-based, and hybrid models with a base salary plus bonuses if specific productivity targets are surpassed. Purely productivity-based models should be avoided in the initial contract, because it will take a few years for your practice to develop. Most employers offer a guaranteed salary for this start-up period, typically lasting 2 to 3 years, during which your salary is covered by the health system, the practice itself, or a combination of various resources (ie, endowments, department funds). The contract should specify whether this is considered an advance on future earnings that needs to be paid back. After the initial contract, most surgeons will transition to a productivity-based, base salary plus bonus, or a shared practice/partnership model. The opportunity to become a partner in the practice, including requirements and timing, should be outlined.

Although your initial salary will likely be guaranteed, it is still important to understand the practice's compensation model and expectations, particularly because contract renewal will depend largely on whether or not your practice has matured to the point that your productivity justifies your salary. The bulk of most surgeons' compensation comes from revenue generated by clinical productivity, which is typically assessed/distributed based on collections or relative value units (RVUs). In essence, a surgeon performs a service (ie, procedure or patient encounter), a charge is generated based on the codes applied to that service, the charge is submitted to the patient's payer, and eventually fees are collected. However, the fees collected will be less than the charges submitted. Practices contract with various commercial and government payers to determine what will

be reimbursed for specific codes/services with the collection rate, or what percent of charges are reimbursed, varying by payer. RVUs are meant to reflect the amount of actual clinical work performed to provide a service, independent of fees collected. RVUs are set by Medicare to determine how much it will reimburse a practice for various services. Total RVUs for a service are made up of 3 components: physician work (work RVU), practice expense, and professional liability insurance expense. Work RVUs make up approximately 52% of the total RVUs and factors in the time, technical skill and effort, mental effort, and judgment and stress required to perform the service. A dollar amount per work RVU is typically used to determine distribution of clinical revenue for surgeon compensation.

Compensation derived from a collection-based models will vary by patient population, payer mix, and the practice's insurance contracts. However, the amount of actual clinical "work" performed by a surgeon may be undervalued if the practice's collection rates are low. Although the RVU system provides some consistency in assessing work performed, it is also imperfect. Specific specialties, cardiothoracic surgery being one of them, and various procedures are undervalued in the RVU system. Keep in mind that a certain portion of clinical revenue will be retained by the practice, institution, or university to cover practice costs or support other institutional efforts, and salaries. For pure productivity and productivity bonus models, it is helpful to get a sense of the practice's/surgeons' average work RVUs, charges, collection rates, and percent of clinical revenue that is actually dedicated to provider compensation.

Academic practices may provide additional compensation for scholarly productivity, such as number of publications, lectures, and grants applied for/awarded. Some practices will also provide compensation for time and effort doing nonclinical work or specific clinical duties, such as salary support/protected time for research, education and administrative efforts, program development, outreach clinics/travel, and call duties beyond the norm. However, these efforts may simply be just an expected part of the job. In general, the more time dedicated to nonclinical work and travel, the less time you will have to be clinically productive and the less attractive a purely productivity-based model becomes. However, these efforts typically result in practice growth, institution prestige, and indirect generation of revenue, which ideally are accounted for in base salary or bonuses in the other compensation models.

To get a sense of what is a reasonable starting salary, many employers and candidates rely on the Association of American Medical Colleges (AAMC) and Medical Group Management Association (MGMA) published benchmarks.⁸⁻¹¹ These resources provide survey-based data on mean, median, 25th and 75th percentile salaries and work RVUs with breakdown by region, specialty, and academic rank (AAMC) or years in practice (MGMA).

AAMC data are derived from faculty surveys in academic practices, whereas MGMA data are derived from a broader survey of various practice types. Nonacademic practices typically rely on MGMA data, whereas academic and semi-academic practices may rely on AAMC, MGMA, or “blended” salary benchmarks. Starting salaries at the extremes of MGMA/AAMC benchmarks are unlikely; however, a higher salary may be negotiated if you bring specific desirable clinical skills, research expertise, or other marketable attributes to the practice. AAMC annual publications are usually available in your university medical library. Current MGMA data are available for purchase, whereas older data may be found online. The business administrator for the Division/Department in your residency program should also have access to these resources for you to reference. Another resource is asking attendings and previous fellows if an offer is reasonable.

Resources and Benefits

Standard benefits that will be outlined in your contract include medical and dental insurance, malpractice insurance, and paid leave. It is important to understand the type of malpractice insurance provided. In claims-made policies, you are insured for claims that are made while the policy is in effect. With claims-made policies, you would need to obtain “tail coverage” to insure against claims that occurred during your practice but were reported after you left. In occurrence policies, you are insured for any claim occurring during the period of the policy no matter when the claim is made. Other benefits may include a retirement plan, disability insurance, and reimbursement for professional expenses. Most employers also cover relocation expenses.

Duties and Responsibilities

In this section, your prospective employer outlines their expectations. This typically includes your scope of practice, institutions you are expected to cover, call responsibility, and teaching or administrative requirements. This section usually includes a statement regarding outside activities (such as consulting fees), whether these are allowed and to what degree, how it is reported, and how compensation from these activities will be handled.

Terms and Termination

In this section, the terms of the contract are outlined: length of initial employment, basis for renewal, and partnership opportunity. The process around termination is also outlined. There are 2 types of termination: termination without cause and termination for cause. Termination without cause usually allows either party to terminate the contract without providing a reason as long as there is adequate notice (typically 30-180 days). It is important that this is not unilateral, meaning that only the employer can terminate the contract without cause. There is typically

a requirement to pay back some or all of the start-up funding provided if the contract is terminated by the physician in the initial period. The contract will also specify situations when the employer may terminate the contract for cause, such as failure to perform duties, suspension of privileges or license, and unprofessional conduct.

Restrictive Covenants

This section typically includes restrictions placed on the physician after they leave the institution or practice. A nondisclosure covenant prohibits disclosure of employer information. A nonsolicitation covenant prohibits a physician from actively recruiting current patients or employees to their new practice. Pay particular attention to a noncompete covenant, which prohibits a physician from practicing within the same area if he/she leaves the institution/practice. The covenant will define the geographic area and the period of time. If this is too broad, you may have to relocate from the area if you decide to leave the practice/institution. Enforcement of a noncompete varies from state to state and is illegal in some states. Although you may not be able to negotiate removal of a noncompete covenant, you should ensure that the specified time and distance is limited so as not to impose unreasonable hardship should you leave the practice.

Contract Negotiation

Do not be afraid to negotiate specific elements of the contract that are important to you; however, avoid negotiating every element. You do not want to present yourself as unreasonable or inflexible. Although negotiating higher salaries based on factors such as increased clinical experience, specialized skill sets, research expertise, and extraordinary call duties or travel for clinical duties are certainly fair game, some practices may be restricted in how much guaranteed salary can be provided for new graduates. Other points of potential negotiating that practices may be more willing or able to consider include incentivized bonuses based on academic or clinical productivity, signing bonuses or salary advances, relocation expenses, student loan repayment, startup funds for research (ie, lab access, statistical support, database access), financial support to acquire additional training, guaranteed contract length, and various stipends (ie, continuing medical education, travel, and phone). Negotiations typically occur over the phone with the practice manager or business administrator. Ideally, you should come to a consensus on any areas you would like changed during this initial conversation. Repeated negotiations may result in the offer being withdrawn.

CONCLUSIONS

The first few years in practice are pivotal to your long-term success as a cardiothoracic surgeon. Preparation is key to a successful job search. Do everything you can to acquire the necessary knowledge and skills to be a safe,

competent, and professional cardiothoracic surgeon. Not only that, make every effort to earn the reputation as a polite, dedicated, and eager young surgeon while proving your worth to your mentors, faculty, and other colleagues who will be providing recommendations on your behalf. Remember, your cardiothoracic residency/fellowship is really when the interview process begins. Once you finally begin the search, have a good sense of what is important to you and your family in terms of scope and type of practice, desired lifestyle, and geographic location. Take advantage of all available employment resources and your professional network to identify opportunities. As you go through interviews, seek out jobs that will allow you to continue to grow and thrive, ultimately setting you up for a long, rewarding, and productive career. Having partners who will be your advocates and mentors is therefore critical in choosing the right job. You will be working hard, and if you do not like (and trust) your partners and the environment, no cascade of ancillary benefits will adequately compensate for this. Although important, your entry-level salary is not as critical as your comfort and happiness in your new job. If you are able to accomplish these goals and use the recommendations provided in this editorial, it is likely that you will have a handful of promising job opportunities to choose from.

Conflict of Interest Statement

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