How to Successfully Find Your First Job

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In your last year and half of training, you will need to give serious thought to your future vascular surgery career. What type of practice environment would fit you best? How does research factor in your career path? What type of practice niche would you like to develop? What is best for you and your family/significant other? What are your long-term goals? You will need to answer these questions and many more before you begin an active job search.

This practice memo briefly describes the steps involved in a job search, such as the interview process, tips on finding the right practice fit, as well as contract expectations and the preparation needed to be credentialed after you have secured a job.

Looking for A Job

The first step in finding a job is to think about the type of vascular surgery career you want rather than looking for a specific job. The line between an academic practice and private practice is not very well defined in many settings. Therefore, your career goals are the most important factor when deciding what type of practice setting is most appropriate.

There are four types of practices to consider:

- Academic
- Hospital-employed
- Private practice group (single-specialty or multi-specialty)
- Private practice solo

Through some of the fundamentals are the same for each type of practice setting, each has its own specific needs and challenges. The SVS Practice Memo – Negotiating a Compensation Plan on Vascular.org is an excellent resource for a more in-depth review of these models and the various methods by which they compensate vascular surgeons. Understanding how these compensation models work will be helpful in deciding what works best for you.

It is important to think about your long-term goals, as well as to look at the partners you will be potentially joining and
whether or not their career paths match your aspirations. Geography also needs to be considered and ultimately if there are strict criteria (e.g., family/significant other needs), this is often the limiting factor. Once you have determined these important aspects of your career, the real job search can begin 12-24 months prior to completion of your vascular surgery training.

Most academic positions hire and/or are looking for candidates to fill a position in July or August of a calendar year. State or Government institutions typically will post openings on their institutional web site once the position has been approved. If you are looking at a position in a specific city, it can be beneficial to start looking early by notifying the surgeons in the area that you are interested. Although a practice may not have a position at the time you are looking, if you show interest and are an exceptional candidate and/or bring a skill set that the group is lacking, a position may be created for you.

Additionally, while in training, coordinating time away for interviews can be challenging. Ensure that you communicate with your program director and fellow trainees to allow for adequate coverage.

Resources

Some of your best job leads could potentially come from your Program Director, Division Chief, or Department Chair. They will often receive letters or e-mails directly from practices looking for new associates.

Practices also will advertise in journals, such as the Journal of Vascular Surgery and the New England Journal of Medicine, to name just a few. There also are several online resources, for example, the Society for Vascular Surgery has an extensive listing of vascular specific positions in the Vascular Career Jobs Bank. There are numerous other physician oriented job listings readily available through an online search, but some sites that recent graduates have found helpful include the Elsevier Health Careers job bank (eHealthCareers.com), Indeed.com, Simplyhired.com, and Practicelink.com.

If location is a key factor in your job search, reaching out to local product clinical specialists in your desired area is an option. They are usually aware of open positions in their respective regions.

Attending regional meetings can put you in touch with institutions in your area of interest. You can find a list of these meetings on Vascular.org.

There are recruiting firms that are able to do the search for you and can help you narrow down your choices.

Finally, you can contact interested programs directly, or have your program director or department head contact institutions on your behalf. This may be easier when looking for academic positions as compared to private practice jobs.

The Interview Process

Your first contact with a prospective employer will typically be a short letter of interest from you and your CV. The CV needs to be organized and accurate. While it may seem obvious, mistakes in a CV will be noted and will likely reflect poorly on the candidate. Do not forget to proofread and spell-check your CV. It may be wise to have someone else review your CV.

The Society and Dr. Rzucidlo have an informative podcast on “Creating and Building a Great CV.” Prospective candidates are encouraged to review this podcast, which can be found at: youtu.be/lkCw7i5ep-8

Briefly, in your CV there are key points that you want to emphasize and certain items to avoid:
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- Make it as easy as possible to see your strengths and qualities.
- Include all professional accomplishments from college onward. Include your presentations, grants, teaching experiences, and any scientific or research techniques you possess.
- Be sure to highlight your professional affiliations, service to your current institution, and service to professional organizations.
- Many institutions post their faculty CVs. It may be helpful to review examples from several institutions to find a format that works well for you, and especially at institutions you may seek employment. This also may help you determine which areas of your CV to emphasize or place first. For example, if you are applying for a position at a teaching hospital or a research position, these areas should be higher up on your CV.
- Don’t forget to include current references with addresses and contact information.
- Be sure to keep your CV up-to-date and include the date that it was last revised.

The First Interview

Prior to your first in-person interview you should have phone interview to ensure you and the prospective employer are interested in moving forward. The first interview is an opportunity for the applicant and the prospective employer to learn more about each other. You should expect to visit the practice and meet with partners in the practice, administrators, and tour the practice facility and the hospitals. You also may meet physicians from other specialties. Typically, the initial interview is an all-day event either preceded by dinner the evening prior, or followed by dinner on the night of the interview. Depending upon the prospective employer’s comfort level, your spouse or significant other may be asked to join you on the initial interview.

The primary objective of the first interview is to gain as much information as possible about the practice and your prospective partners. The secondary objective is to make a favorable impression on those you are interviewing with at the opportunity. You should reserve questions about vacation time or salary for follow-up interviews or conversations. You also should meet the youngest or most recent members of the group to gauge their satisfaction and be certain that they are in favor of hiring an additional person for the practice.

One of the biggest mistakes an applicant can make is to keep asking what the practice will do for them, rather than informing the prospective employer of what they can bring to the table. While it is important to find out what the practice can do for you, it is even more important for you to highlight your skills and attributes.

The Second Interview

If you are invited back for a second interview and were not accompanied by your spouse or significant other at the first interview, typically they are invited. During the second interview, the prospective employer is seeking to entice the applicant, as well as determine if you are the right fit for the practice. At the second interview your main objective is to make sure the opportunity and environment matches your goals that you outlined at the onset of your job search.

It is important to understand that the interviewers are trying to get to know you a little more. While it’s clear that direct questions about your personal life, such as marital status, sexual preference, and plans for having children, are not supposed to be asked, often questions that allude to some of these topics come up. Give some thought to how you would like to handle these questions. There is no right answer. Ultimately though, whatever practice you join, your partners will end up knowing a fair amount about your personal life by virtue of sharing a call schedule, if nothing else, so be sure that you choose an environment that is supportive.

Tips for Choosing the Right Practice
Prior to accepting a job, you will want to compare it thoroughly to all other offers you have on the table. There are several important questions to keep in mind when considering an offer. First, why are they hiring another partner? Several promising reasons for groups to hire another partner include if the practice is expanding or if the new partner has an area of training or expertise that they need. Be cautious of situations where the practice is just looking for a “warm body” to help with call coverage or for another hand in the clinics or operating rooms. Keep your career goals in mind when reviewing the daily interactions and responsibilities of the other partners.

Group Interactions

Another key area to assess is your interaction with prospective partners, as well as their interactions with each other. Interviews are a great time to gauge these interactions. Be cautious if there is tension in the group, or if one or more of the partners seems aloof.

Senior Partners

During your first few years of practice it is important to have a senior partner available for advice and assistance. As a newly trained surgeon you need to be aware that there will be many practice settings where no back-up is available. When comparing offers, be sure to consider if the lack of a back-up partner would suit your needs.

Scheduling Procedures

As a new trainee much of what you learn involves endovascular techniques. Many centers still function with either C-arms in the OR or rely on sharing angiography suites with interventional radiology or cardiology. You will want to find out who is in charge of credentialing for the procedures you will need to perform. Avoid situations where you can be blocked from performing the procedures you need to perform because of lack of access to endovascular equipment.

Aligned Goals

Before accepting a job, you need to find out what is truly important to your future employer (e.g., their organizational values). If your compensation is RVU-based, the formula to create the RVU will demonstrate priorities (e.g., collections, research productivity, teaching opportunities, etc.) of the practice. This may help give further insight into whether or not your goals match theirs.

Aligned Goals

Finally, you need to determine the compensation model of the group. In other words, you need to understand how the group earns its income and how you share in the revenue. Further details on compensation models can be found in the SVS Practice Memo: Negotiating a Compensation Plan on the Vascular.org.

What to Expect in the Contract

Contracts will vary based on the type of practice: academic, private-practice, or hospital-employed.
• Academic: Base salary, plus bonus based on tenure, clinical productivity, teaching/directorship, research/academic endeavors. Also, it must address vacation time, books, travel, memberships, reimbursement for travel and/or business expenses, signing bonus, and costs associated with board certification.

• Private-practice: Various formulas based on time in the group, productivity, overhead, etc. Typically the base salary can range between 0-70% of total compensation, plus a productivity-based compensation. You also need to know the process to become a partner. In addition to the above, you should have a clear idea about the path to partnership. You must determine if you will become a member of the corporation or an employee receiving the same compensation as the members.

• Hospital-employed: Multiple variations. In general a base salary is based on a regional average (MGMA, AMGMA annual surveys). Productivity incentives vary from RVU beyond a set target, performance-goals, and possibly a percentage of down-stream revenue generated. Salary should be based on RVUs and not collections since you have no control over the collection process.

Important Legal Aspects

There are several important legal aspects of the contract you should clarify. These should be reviewed with a lawyer that has an expertise in physician contracts.

• Partnership (e.g., time frame, criteria for partnership, buy-in and buy-out costs)
• CME, call, and vacation time need to be clearly outlined
• Restrictive covenant/Non-compete agreement
  ◦ Enforceability varies from state to state
  ◦ Breach of agreement may be monetary and injunction (prohibiting from establishing a competing practice in a set geographical region), or both.
  ◦ If the contract has a restrictive covenant, try to set a prearranged liquidated damages provision that will allow you to “buy out” of the restriction.
  ◦ Covenant should terminate if you are asked to leave the practice or if you are not asked to become a member of the corporation.
• Malpractice insurance – a critical area of contract negotiation is to clarify who pays the cost of professional liability after termination.
  ◦ Occurrence policies: This covers acts of malpractice that occurred during the policy year regardless of when the alleged malpractice occurred.
  ◦ Claims-made policies: This covers acts of malpractice when the claim is reported during that policy year, even if the malpractice occurred years before. (e.g., if the malpractice occurred in 2010 but no claim was submitted until 2012, the policy that was in effect in 2010 would NOT provide coverage of the claim).
  ◦ Tail policy coverage: Most policies these days are claims-made policies. A tail policy covers any lawsuit filed after termination of employment that relates to activities performed by the physician while he/she was an employee. Therefore, a major point in the contract may be whether the employer or employee covers the tail policy. Most medical groups place the responsibility to purchase the tail policy on the employee. If you are employed by a hospital-system, be sure to confirm if they have an occurrence policy or a claims-made policy and to make sure they are responsible for the tail-coverage. You also may be able to negotiate tail coverage by the employer if you are discharged without cause.
  ◦ The employer should pay tail coverage. If they don’t then they are not providing you with coverage for the cases you performed while in their employment. From a legal standpoint, they will still be liable for your actions if you don’t buy tail coverage (you will be liable as well but they have larger financial resources). Therefore, if the employer will not buy tail coverage you need to make certain that the contract doesn’t you require you to purchase it.
  ◦ The contract should state under what conditions you can terminate the agreement without penalty (e.g., if your employer fails to make timely salary payments)

Women-specific Considerations for Negotiation
Strategies for contract negotiation constitute an entire field of study well beyond the scope of this practice memo. However, it is worth noting specifically that much literature has been published establishing that women may approach contract negotiation differently than men. The reasons for this are multiple, but can include different reactions to the ambiguity of the situation (e.g., it may be unclear what exactly can be asked for, and when is appropriate to ask for it), different concerns around the perception of those who negotiate (e.g., there may be a sense of negotiating as “demanding,” and fear of social stigma), and different valuations of resources and compensation (e.g., one may value an aspect of scheduling higher than a specific monetary sum, and therefore fail to negotiate around both). The evidence on the consequences of these gender-specific differences goes in both directions: there are many well-known disadvantages conferred, most notably, that women consistently negotiate lower starting salaries than men, but also some settings in which women have been found to excel.

The best strategy may be the simplest one: prepare yourself well. There is an abundance of resources that highlight not only the pitfalls that women fall into with contract negotiation, but also provide tips for avoiding them, and demonstrations of stereotypically female skill sets that can be employed to neutralize gender differences, and actually confer an advantage in contract negotiation. Several experts in the field have written books (Linda Babcock PhD, Gail Evans, Sara Laschever, etc.); there are also courses and seminars offered at various universities, business and law schools, that are readily identified with an online search.

What to Prepare

Once you have secured a job you will need to submit paperwork for credentialing. The most important document of this process is licensure to practice in the state. Licensure can take up to six months depending on the state. Applications can be procured from the respective state medical board. To help streamline the process, several states participate in the Uniform Application for Physician State Licensure (www.fsmb.org). Typical information needed for licensure is verification of medical education, postgraduate training, board certification, prior medical licensure, and letter of support.

In addition to state licenses, the Federal Drug Enforcement Agency application may need to be renewed or completed, as well as there may be a separate state pharmacy license application that you will need to submit.

Hospital credentialing is similar and typically the hospital medical staff office or your practice’s office manager will be the liaison to submit the appropriate documentation. This process can typically take one to three months. You should ask if there are any competing practices that will try to prevent you from obtaining privileges in general or specific procedures (e.g., carotid stenting).

At many of your institutions, you may be required to interpret vascular lab studies. Effective in 2014, earning the Registered Physician in Vascular Interpretation (RPVI) credential is a requirement to sit for the American Board of Surgery’s (ABS) Vascular Surgery Qualifying Examination. Additionally, the RPVI credential is now required for completion of many vascular surgery training programs. If you have not already obtained the RPVI credential, you may want to review the requirements from the American Registry for Diagnostic Medical Sonography at www.ardms.org.

Additionally, you will need to get the appropriate paperwork together for applying for the ABS’ Vascular Surgery Qualifying Exam and the Vascular Surgery Certifying Exam. Additional information on these application procedures and the required materials can be found online at www.absurgery.org. The SVS Practice Memo – Vascular Boards on Vascular.org is an excellent resource on how to prepare for these exams.

You should be aware that all of the above processes include application and other associated fees. Some practices will help you cover some of these expenses and/or they can be negotiated as part of your contract. Regardless, these expenses can quickly accumulate and may place a burden on your finances as you prepare to start a new job.
What if Your Job Isn’t Working/How to Switch Jobs

Every job has its pros and cons. Sometimes, the cons start to outweigh the positive factors. For example, you may encounter a change in your personal life that doesn’t fit well with your current job. Or, it can simply be that your current job isn’t what you expected. No matter the reason, before looking for another job or terminating your employment, first determine why you are unhappy with your job. You don’t want to leave your current job and face more uncertainties. Relocation can be stressful.

- Are there factors in your current position that may be correctable?
  - Personality/relationship issues
  - OR/clinic schedule
  - Workload/demands too high
- Are there variables in your job that are likely to be uncorrectable?
  - Call
  - Income
  - Types of cases referred to your practice
  - Location of the practice

Penalties

Before looking for other employment or terminating your contract, you need to ensure there are no monetary or legal penalties in your current contract if you are leaving (e.g., non-compete, loss of the “buy-in,” malpractice payments, etc.). Sound legal advice/review would be recommended at this time.

Looking for Other Employment

It is reasonable to look for other employment while working at your current position. This may prove to be difficult as you will need to take time off to interview/meet with a potential new group. This also may create conflict amongst your partners (e.g., covering unexpected call when you are out interviewing for a different job).

Be honest and professional with your partners as to why you are seeking a different job. You may need their recommendation at your future position for hospital privileges. It is never wise to burn any bridges, especially as the vascular surgery community is small.

Conclusions

The steps outlined in this memo should help you successfully navigate a job search. By realistically identifying your career aspirations, researching potential employers to find the right practice fit, and preparing well for contract negotiations you should be well on your way to landing a successful first job.

^Online resource through the Society of Vascular Surgery website.

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