

# Chapter 1

## Finding a Job—Employment Services, Word of Mouth, Job Boards

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### Introduction

After many years of medical school, the residency match process, general surgery residency training, research fellowships, and additional fellowship match processes and training programs, you are ready and excited to take care of surgical patients both in and out of the operating room. You are ambitious and idealistic, ready to emerge from all of those grueling years to finally be a “surgeon.” The training of a surgeon, however, rarely focuses on life after residency. And this life after residency starts with your first job.

Furthermore, there is startling data regarding dissatisfaction physicians in general often have with their first jobs. In fact, approximately 50% of physicians change jobs within their first 2 years, and the most common reason for this is a mismatch in expectations and practice culture [1, 2].

The goal of this section is to prepare the surgical trainee in his or her final years of training for the daunting task of navi-

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gating the surgical job market in order to maximize the odds of finding a job that fits one's expectations. Later chapters in this manual will cover both the process of choosing a job as well as salary and contract negotiations. In this chapter, however, the focus will be on the first step of the job hunt, finding a job.

## Creating Your Personal Inventory

This process starts with the difficult challenge of prioritization and creation of a personal inventory (Table 1.1) [3]. For many surgical trainees, this is the first time you need to focus on your own goals and priorities rather than the goals and priorities of your patients, attendings, and training programs/institutions. For some this will be a process of self-reflection, but for many this process intimately involves the input and guidance from an inner circle of mentors, friends, and family.

There will often be conflicts when you are creating this inventory: conflicts between location and job, job and opportunity, income and lifestyle, as well as many others. Embrace these conflicts and try to honestly answer the critical questions of what you are looking for. The goal of this step of the process should be to create a "mission-statement" for yourself that details the motivations, methods, and goals for the 2-, 5-, and 10-year benchmarks. Clinical interests, personal interests, leadership goals, roles in education, and research aspirations should all be addressed. Stretch goals should be

TABLE 1.1 The creation of a personal inventory aids in framing an upcoming job search

<b>Creating a personal inventory</b>	
Family	Culture/religion
Geography	Diversity
Income	Recognition
Autonomy	Career potential
Call	Research
Education	Academic advancement

identified, focusing on what achievements will set you apart. These can include clinical expertise, global health, academic promotion, innovations, publications, grants, administrative promotion, as well as others. You should attempt to characterize these goals as either flexible or nonnegotiable.

Creating your personal inventory and “mission-statement” is probably the hardest part of the transition from trainee to surgeon and will change every time you are faced with an opportunity to search for jobs again in your career. Once you have thought over the basic aspects of your inventory and created your “mission-statement” you will be better prepared to start looking for job opportunities.

## Matching What You Want with What Exists

Once some of the questions of your personal inventory are resolved, the real job search should begin 12–24 months prior to the completion of your training. It is important to have a basic understanding of what types of jobs are out there. Many people simplify surgical jobs into being academic or nonacademic. While it is certainly more complicated than that, if you aspire to have an “academic” career, it is important to understand what that means to you: do you want to be a clinical surgeon with academic interests or do you want to primarily be a researcher? These academic and nonacademic aspirations are essential to understand as you begin to look at what kinds of jobs are out there.

In general, there are four types of practices: academic, hospital-employed, private practice group, and private practice solo [3]. The American College of Surgeons describes these types of practices somewhat differently: private practice, academic medicine, institutional practice, as well as government and uniformed services [4]. One of the major differences in these practices is for whom you will be working, and The American College of Surgeons released a document in 2012 titled “Surgeons as Institutional Employees” that outlines many of these differences. Below is a brief overview of some

of the major differences between the diverse surgical job opportunities.

Private practice opportunities focus on patient care and often provide more professional independence and freedom. The surgeon is free to decide the organization of his or her practice, as well as the hours, the hospitals in which the surgeon practices, and the type of patients that are attracted. These opportunities require business management skills and the responsibility to provide the surgeon's own employment benefits. Academic medicine on the other hand combines teaching, patient care, and research. These opportunities suit surgeons interested in a broad exposure and allow surgeons to focus on research and become part of a research community. Institutional practice opportunities offer full-time practice that is directly affiliated with a particular hospital or clinic. Emphasis is placed exclusively on patient care but the option of combining care with research and education can exist. For more information on the different types of practices as outlined by The American College of Surgeons, one can refer to their website, <https://www.facs.org/education/resources/medical-students/faq/job-description-sthash.5Sh1zi2s.dpuf>.

Understanding these differences is essential in order to align your personal inventory and mission statement with realistic goals. When you have a sense of which type of practice matches what you are looking for, you are ready to actually start looking for a job.

## Finding Job Opportunities

Many trainees starting the job hunt begin by looking at journal ads and governing organizations' websites. These resources, while not all-inclusive, should not be overlooked. Journals often have some job opportunities listed and representing organizations' websites are excellent places to start looking. Examples of these websites include The American College of Surgeons (<http://www.facs.org/jobs>), Society of American Gastrointestinal and Endoscopic Surgeons (<http://>

[www.sages.org/jobs](http://www.sages.org/jobs)), as well as many specialty organizations' websites. It should be noted that many but not all of these resources require membership to the organization.

Unfortunately, the majority of job opportunities are not advertised [5]. It is therefore critical to network early and often. Networking starts locally but needs to occur on a broader scale. While there are both recruitment firms and career counselors that can be utilized (for either a contingency fee or direct payment, respectively), the majority of surgical trainees finishing their training forego these resources and network "on their own." A simple way to start the networking process is to engage local surgeons and mentors at your home institution. Local, regional, and national conferences are priceless in networking opportunities. Ask attendings that you know to introduce you to people at these conferences and meetings. Very often job opportunities are found by these "word-of-mouth" methods. The clearer your vision and inventory, the more functional this kind of networking can be.

Lastly, the idea of reaching out on your own to jobs that are desirable should not be overlooked, even if they are not actively or publicly recruiting. An e-mail or phone call from you or your program director/department head can go a long way and is often the way surgical jobs are found.

Once you have identified prospective employers, your initial contact will usually be in the form of a short letter of interest along with a CV. It is crucial that your CV is organized and accurate. There are many resources that can assist you in preparing a CV that is ready to show to prospective employers. If the prospective employer is interested in interviewing you, they will often contact you for a short phone conversation and then set up a first interview.

## The Interview Process

The first interview is often a full-day event where you will meet many people. You should remember that the primary goal is to gather as much information about the opportunity and at the same time make a favorable impression [6]. It is

critical to determine whether the job being offered is the opportunity for which you are looking or simply an available position. Developing a mental checklist of qualities that are of paramount importance can help frame the day and your interactions. Do their expectations and vision of your career path match your mission statement? Is there enough clinical demand to support your practice? Is there adequate research or clinical support to be successful? Is the geographical location acceptable for you and/or your spouse? You should be confident and professional while at the same time being ready to answer and ask questions. Be transparent about your goals and clinical interests. This set of interviews is the time to determine whether your career aspirations are compatible with the job that is being offered. A big mistake to avoid is bringing up salary at a first interview. These questions should be saved for later conversations. Lastly, you should look around carefully. Look at the physical structure and observe the happiness of the staff and partners in the group. As Yogi Berra so famously said, “You can observe a lot from just watching...” [7]

End your first interview with a clear communication regarding follow-up, send a thank-you note, and if your gut tells you that this is a good opportunity, set up a second interview. At the second interview you should bring your family and this is the time to really look at the geography, social aspects, and financial/benefits aspects of the opportunity. This involves taking part in tough conversations that many surgical trainees are poorly prepared to discuss. Later sections of this manual will deal with contract, salary, and benefits. Ultimately though, the second interview is the time to ensure that the job and environment match your goals that you outlined when you started this process.

## Ready to Choose

Hopefully at this point in the job search process you have some potential employment options and are ready to start the next difficult part of the process, choosing a job. This, as well

as the various components of salary structure, benefits, and contract negotiations, will be covered in the ensuing chapters.

## Editor's Note

Finding a job can be a daunting task when done for the first time (and any time after that). We wanted to get the perspective of a physician recruiter. This is an individual who hospitals and physicians contract with to help match their opportunities with surgeons looking for a job. Below are interview tips from Helen Gammons. She has been a physician recruiter for 15 years, and when spoken to, said the most overlooked thing physicians do is not prepare for the interview. Below are her tips before going to interview for a position. The goal of the interview is to not only for the hiring entity to find a good fit, but for the physician to make sure they are a good fit for the position.

## Interview Tips

- Do your homework—Go online and research the community and hospital so you will be familiar with it.
- Prepare a list of questions you want to ask.
- Once you receive the interview agenda also go online and research each individual you are scheduled to meet so that you will know a little bit about them when you meet with them. (You may have some common training, etc.)
- Be Professional. You do not have a second chance to make a first impression. We recommend that you wear a conservative suit, and have a neat and well-groomed appearance. Make sure that your clothing is clean, pressed, and presentable. Try to develop a rapport and relate with the interviewer. Always maintain eye contact and positive body language. Do not interrupt the interviewer and listen to them very closely. Always address whomever is interviewing you as Dr./Mr./Mrs. unless they tell you otherwise.

- Arrive a few minutes early.
- Maintain eye contact and show interest in everyone involved in the interview.
- DO NOT discuss salary. It's important to remember that you should never ask about salary during your first interview. If asked what kind of offer you are looking for, your response should be, "I will consider your strongest offer." This will prevent you from giving a figure that is too high or too low, which could take you out of the running because they can't afford you—or generate an offer less than desired. If and when they offer you the position, you can negotiate the offer and discuss your salary.
- DO NOT have more than one alcoholic drink at any meal or event with a potential employer.
- DO NOT take your spouse or significant other to you to the actual interview itself—this is only for the physician. The spouse or significant other is usually invited to come to the city to see it when you interview, but do not take that as an invitation to bring him/her with you when you meet everyone at the hospital or clinic on the actual interview day.
- Show equal respect to all you meet. (The receptionist is just as important as the Hospital CEO and in fact they will frequently ask the receptionist for his/her opinion of you).
- Follow up with a thank-you note to each interviewer. Even though it is common to just send an e-mail to thank someone, that is fine to do, but the hand written note will set you aside from others.
- Close the deal. Your goal in any interview is to get an offer. If you like what you see, don't leave the interview without letting the interviewer know you are really interested in the position.

### Questions to Ask: (In No Particular Order).

- What is the call schedule?
- How many other physicians in the community will call be shared with them?



- How many calls and admissions do you handle on a typical call night or weekend?
- What is anticipated # of surgeries per month? (if you are a surgeon) or What is anticipated # of patients seen per day?
- DO NOT ask “How many patients do I need to see each day.” A more appropriate question would be “What is the targeted # of patients that you would like a physician to see per day?” OR “How many patients per day do the physicians in the group typically see?”
- When you start practicing, do you receive feedback or education on billing and coding?
- How is productivity measured?
- If a surgeon, Is there block scheduling for surgery in the OR?
- If a surgeon, Do you use MD or CRNA Anesthesia or a combination of both?
- Do physicians hire and fire their own staff or does the hospital do that for you?
- Is there an office manager for the clinic or is the office manager in a centralized location?
- As the interview goes along—you will likely recognize some additional questions that you want to ask.

**Behavior-based interviews have become popular recently, replacing loosely structured, traditional interviews.** This type of interview allows employers to ask candidates questions about how they have handled previous situations, in an effort to predict future behavior. Behavioral interviewing is used to assist employers in finding a good match, lower turnover rates, and increase job satisfaction and performance. Behavioral interviewing focuses on asking about a situation in the past, the action taken to address the situation, and the outcome.

## Tips for Preparing for an Interview

Be prepared. Questions will be based on your past experience. Therefore, have specific examples and situations prepared to share. If this job will be based on seeing patients, be

prepared to answer questions such as, “Tell me about a time when you encountered a difficult patient who was unhappy with his or her service.”

Beware of questions that ask for your mistakes or personal failings. Don’t answer them in a way that will make the employer doubt your abilities. You can discuss something that was difficult, but end on a positive note by relating how you managed it.

Allow time to think of an appropriate answer, even if it requires a few moments of silence.

Answer each question concisely, with one example. Let interviewers ask if they want elaboration or another example.

Rehearse answers to potential questions ahead of time.

### *Here Are Some Examples of Interview Questions Using the Behavioral Interviewing Model*

Tell me about a project or an idea that was successful mostly because of your efforts.

Think of a time when you had to make an important decision without enough information. Explain your decision-making process.

Tell me about a time when you encountered a difficult patient who was unhappy with his or her service.

Tell me about a time when something unexpected happened that changed the way you planned your day.

Tell me about a situation in which you had to overcome or manage an obstacle to accomplish your objectives.

Give me an example of a situation in which you found a new or improved way of doing something significant.

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