



TRANSITIONS

INTO CLINICAL PRACTICE
FOR CORNEA FELLOWS

*Insider Advice for Creating
a Successful Career*

Faculty Authors

Esen K. Akpek, MD*

The Wilmer Eye Institute
The Johns Hopkins University
School of Medicine
Baltimore, MD

Ashley Behrens, MD*

The Wilmer Eye Institute
The Johns Hopkins University
School of Medicine
Baltimore, MD

Bryan S. Lee, MD, JD

University of Washington
Seattle, WA

Jimmy K. Lee, MD

Montefiore Medical Center
Bronx, NY

Marguerite B. McDonald, MD, FACS

New York University Langone
Medical Center
New York, NY

Sonia H. Yoo, MD

Bascom Palmer Eye Institute
University of Miami Miller
School of Medicine
Miami, FL

Peter J. McDonnell, MD,* The Wilmer Eye Institute, The Johns Hopkins University School of Medicine, Baltimore, MD, served as a planning faculty member for this meeting.

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INTRODUCTION

A panel of leading experts in the cornea field, including both recent graduates and experienced faculty, gathered to share their expertise one-on-one with cornea fellows. This meeting produced valuable real-world guidance for you to use as you navigate your way into clinical practice as a cornea specialist. Continue reading for a summary of the expert faculty's timeless guidance and their secrets for building a successful career as a cornea specialist.

YOUR JOB SEARCH: FINDING THE RIGHT POSITION THE FIRST TIME

Did you know that 22% of ophthalmologists in their first 5 years of clinical practice have already held more than 1 position? Reasons for leaving their first position included: finding a better position, poor pay, poor relations with fellow doctors, work not shared equitably, lack of business, lack of partnership agreement, they or their family did not like location, and work-life balance was not as expected.¹ Find out how you can optimize your job search.

"Your first job is actually probably more important than your fellowship, I would venture to say, because your fellowship is a short first year. What you do with what you've seen and learned afterwards will almost dictate your career trajectory."

– Jimmy K. Lee, MD

Types of Practice Settings: Where Do You Want to Work?

There are several practice settings where a cornea specialist can find a position. You can also learn more by talking to ophthalmologists in the community, clinical or adjunct faculty, guest speakers, and friends who are further along in their careers. If possible, visit other practices to find out more about these different settings.

ACADEMIC INSTITUTIONS

Advantages

- Forces you to stay up-to-date on current information in the field
- Research and teaching opportunities
- Potential for collaborative research with departments outside ophthalmology
- Interesting case mix
- Exposure to new procedures and technologies sooner
- Built-in ancillary support system, such as administrative assistants, schedulers, research assistants

Disadvantages

- Teaching and research time are not compensated at clinical productivity rate
- Institutional review boards (IRBs) are generally slower and more expensive
- High overhead costs for clinical research
- Must be willing to handle patient "dumps" especially on Fridays and before holidays
- Overhead is higher because of support system

SOLO PRACTICE

Advantages

- You are your own boss
- Quality control over personnel
- More aware of financial implications of all decisions (business and clinical)
- Practice may evolve into financially productive model

Disadvantages

- More financially challenging
- High start-up costs
- Requires more work
- You are human resources regarding staff recruitment, benefits, etc
- Most financially productive model may not be most interesting clinically
- Can lose touch with colleagues
- Daily interaction limited mostly to patients and technicians
- Increased risk of being excluded by carriers

LARGE MULTISPECIALTY GROUPS

Advantages

- More popular
- Wide range of sizes
- Can offer best of both worlds
- Fair representation of cornea/ anterior segment
- Can offer opportunities for partnership and the partnership track can offer passive income

Disadvantages

- Some are larger than academic departments
- Overhead can be high (ie, administrative support, subsidizing other services)
- Can be more difficult to leverage for funding capital equipment, especially if you are the only one benefiting from the purchase

Other factors to consider:

- Do they have the infrastructure in place for premium services?
- The professional reputation and vision of the practice
- The track record of associates buying into partnerships

HOSPITAL SETTINGS

Advantages

- No start-up financial risk
- May give you what you ask for out of lack of expertise (ie, femtosecond laser for cataract surgery)
- Possible immediate patient base
- Possible buy-in into hospital ambulatory surgery center (ASC)

Disadvantages

- Pressure to show return on investment
- Buy-in may be high, and ASC may not be most efficient if laden with less cost-efficient surgical services
- Ultimately, ophthalmology service will be at the mercy of hospital's goals and mission
- Conflict between what is good for the hospital and what works best for the provider

Other factors to consider:

- History, reputation, and long-term vision of hospital
- Current financial health of hospital
- Referral patterns of existing internists

Applying for a Position: Where to Look and What to Prepare

The best jobs are not necessarily posted and networking is the way to find them. Talk to your fellowship director and mentors, industry contacts, alumni network, and recruiting agencies. Check out the American Academy of Ophthalmology (AAO) job opportunities. Maintain relationships with attendings from your residency and with friends who are already further out into clinical practice. Contact physicians in the location(s) where you want to work.

Next steps:

- Get your CV and cover letter ready. Have a colleague review and proofread them
- Your references are very important. Talk to them in advance to make sure they are willing to give you strong support

"No matter how good your CV is, we just want to know your personality and your character, whether you're a team player and if you're a hard worker. We want to know more about your personality. So we call our friends and ask can you vouch for this person."

– Jimmy K. Lee, MD

Doing Your Homework: Preparation for the Initial Interview

You will need to do some additional research to prepare for your interview. First, know the practice's history, reputation, and any recent major changes that have occurred. Research the local competition for that practice. Think about what new skill set and services you would bring and how you would help grow the practice. In addition, consider interviewing prior partners who have retired, prior associates who have left, and competing practices.

The initial interview often takes place over the phone or at a conference. Make sure you are in a quiet environment with no distractions. Your goals include:

- Get more information about the practice
- Determine if there is mutual interest for an on-site interview
- Find out if you like these people and can see yourself working with them

Expect to answer the following questions. Rehearse your responses with a friend or colleague.

- Basic, get-to-know-you questions
 - Tell me about yourself
 - Where are you from?
 - Why did you decide to go into ophthalmology?
- Questions about the future
 - What do you see yourself doing in 5 or 10 years?
 - Why are you interested in location X?
- Questions about your fellowship
 - Have you liked it?
 - What have you learned?
 - Case volumes
- Psychology-type questions
 - What are your personal strengths and weaknesses?

- What are some challenges you have overcome?
- Describe your personality
- Clinical stories
 - Tell me about a difficult patient and how you handled him/her
 - Tell me about a patient who was very satisfying to take care of
 - What are your clinical strengths and weaknesses?
- Why should we hire you?
- How did you hear about us?
- What do you know about our practice?

Be ready to ask the following questions so you can learn as much as possible about the practice.

- Why are you looking to hire?
- Why did the last person leave?
- What is the competition in your area?
- What is a typical clinic/operating-room day like?
- What is the patient mix?
- What are the referral patterns?
- What are the call responsibilities?
- Do you use electronic medical records?
- What is your overhead?
- What is your ideal new hire like?
- What is the history of the practice?
- What is your culture like?
- How would you help build my practice?
- What training/mentoring would I receive?
- How does your group make decisions?
- What is your compensation formula?
- How is productivity determined?

Round 2: What You Need to Know for the In-person Interview

During the in-person interview, you want to dress well and be friendly to everyone. Make sure you meet all physicians and staff in the practice. More importantly, verify how you feel about the location and living there. Bring your spouse or significant other if possible. You also want to find out about the following:

- More details about compensation and benefits

- What your practice would be like
- Which locations you would work in
- What your office/operating room/clinic space would be like
- More details about any potential buy-in and buy-out

Contract Negotiations: Getting What Is Important to You

There is no such thing as a standard contract. In general, you want to determine what is most valuable to you and not drag out the negotiations too long. It is recommended that you negotiate directly with the other physician(s) because if you are not comfortable discussing your contract with them, how can you eventually partner with them? Finally, review the contract financials with an attorney or business consultant.

Terms of the Contract to Think About

- Basics:
 - Length of contract: expected time to partnership decision
 - Money: base salary ranges vary based on geography and supply
 - Specific duties, such as call schedules and if outside employment is allowed
 - Malpractice insurance: try to avoid tail coverage (an insurance policy that covers claims after the policy has been cancelled when a physician has left the practice, but still must pay the premiums) and request occurrence coverage (insurance coverage that is seamless regardless of job or location changes)
 - Benefits, such as health insurance, retirement plan, life insurance, disability, or vacation time
 - Expense reimbursement such as for meetings and CME
 - Notice requirement for termination
 - Moving expenses
- Non-compete clause: may not be enforceable in all states and can be reviewed for reasonableness, but negotiate regarding the terms
- Buy-in and buy-out: ask for an

overview of how both will be calculated

Lawyerly Advice Regarding Contracts

- If they say something, it should be in the contract offer
- Make sure the terms are clear and state what the parties intend
- Review non-compete clauses carefully
- Everything needs to be complete and filled in – make sure you have every document referred to in the contract
- Make sure you have your own copy of the completed contract

ADVICE FOR THE FUTURE

Take-home Messages: Information to Learn During Your Fellowship

While you are a fellow, you want to make sure you start doing the following:

- Learn about billing and coding. Watch how your mentors bill and code. If available, get individual coaching
- Start taking ownership of your patients
- Become as efficient and comfortable as possible with using electronic medical records
- Work on developing your clinical judgment, such as whether or not to perform a surgery
- Get as much operating room independence as possible
- Pay attention to how your mentors communicate and build relationships with referring physicians
- Take notice of staffing and clinical support

Don't forget to take note of the following:

- Information about your mentors' equipment (eg, type, brand, settings), sutures, and preferences
- Any type of clinical or consent forms if your mentors are willing to share this information

Most importantly, maintain your relationships with the people you trained with; you never know when you will need to ask for their advice about a complicated case.

"I never imagined seeing all these people, first-year residents for example, turning into VIPs in the field of ophthalmology. With your attendings, co-fellows, even with the residents, you learn a lot of other things, not just clinical knowledge or surgical techniques. How do they hold themselves when they're talking with patients? How do they convey bad news? How do they convince a patient to do this surgery versus the other surgery? Or how do they present a lecture? That's how you turn into a great person; by hanging out with great people."

– Esen K. Akpek, MD

"If I have a question regarding a difficult patient, or a refractive question, or whatever, I can always contact people I trained with and get their advice. It's important especially the first few years to have that mentorship available. But it's forever, you're always going to be their fellow and I keep that relationship and friendship with them."

– Bryan S. Lee, MD, JD

Practice-building Strategies: Volume Builders

In an academic setting, your referral base is built in and you already have patients coming to you who are ready for surgery, but what should you do if you're starting out in private practice? Your relationships with referring physicians are very important. It may be beneficial to have face-to-face meetings with the referring optometrists and general ophthalmologists in your area. The following conditions and cases can help you build up patient volume and keep you busy:

- Glaucoma
- Dry eye
- Corneal ulcers
- Complex cases and complications, such as unhappy premium intraocular lens (IOL) patients, patients with refractive complications or IOL

complications, and patients needing anterior segment reconstructions

- Difficult-to-manage patients

However, the main question you need to consider is: do you take every case and then cut back later or do you start out slowly and selectively?

"Another way to build your practice is to get this reputation for being willing to help other people and being willing to take the real train wrecks."

– Bryan S. Lee, MD, JD

"Once you acquire this kind of patient [with a corneal infection], it's at least several months before this patient is going to be under good control to proceed with a corneal transplantation which is what you really want to do. Before that, you will need to see these patients frequently and even over the holidays or off days which is a lot of work. But patients have family members and friends, in addition to the fact that they have "the other eye". If you have served these patients really well, if you made them happy, it could be your practice builder for you, especially as a young ophthalmologist or a specialist going out there in private practice. Word of mouth is more powerful than you think. Also, if you want to gain referrals from other professionals, you want to get along really well with the general ophthalmologist or optometrists. Whenever they have a corneal infection they should be able to refer to you as a trained cornea specialist. Once you do that, you gain good reputation and you gain more patients."

– Esen K. Akpek, MD

Practice-building Strategies: Communicating With Your Patients

When handling difficult patient cases, it is often helpful to contact your mentors from your residency and fellowship in addition to finding

a mentor at your first position. Most importantly, you want to be honest when talking with your patients especially when conveying bad news or disclosing errors.

"You cannot do a one-size-fits-all approach. Every single patient behaves differently, and you have to explain very well when you're doing all these procedures to the patient, where you are, and where you want to go so that he understands. This is one of the major complaints of patients: the doctor didn't tell me anything. Please don't do that. Try to explain to patients what you are doing, otherwise they're going to be unhappy. And if you have to do a further surgery, they're going to be extremely unhappy because they don't know what's going on."

– Ashley Behrens, MD

"If you take the mantra that I'm going to treat patients as if they were my mother, father, or sister, like a family member where something bad happens and you do all the things that you would do if they were your family member or you sitting there. Be there, have a plan, reach out to people. If you can't fix the problem, seek out somebody who may be able to and try to give some hope. Try to give some hope to the patient even in the most difficult cases where you know the prognosis is not good."

– Sonia H. Yoo, MD

COMMENTS?

E-mail us at transitionscornea@spirelearning.com to provide any comments about this article, share your experiences, or give advice to other cornea specialists who are starting out in clinical practice.

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