GET A JOB! – Pediatric Emergency Medicine

Learning Objectives
1. Recognize the large range of jobs available
   a. Figure out what type of job you want - essential
2. Evaluate jobs based on your own needs and available resources
   a. Clinical hours
   b. Academic expectations and available resources
   c. Family needs
3. Negotiate the best position available
   a. Salary & Benefits
   b. Academic support
   c. Clinical Time

“There is no perfect job” - Nate Kuppermann

I. What kind of a job do you want?
   • This is most important and may require a lot of soul searching.
   • Academic vs. clinical, most jobs will have administrative duties.
     o Definitions vary considerably – what is “protected time”
     o Pediatric Emergency Medicine (PEM) offers a wide range of "academic" jobs.

While you are considering jobs identify your needs and limitations
1. Location - family/geography play big roles in job selection.
2. Salary - a wide range is available: in general, more clinical hours = higher reimbursement
3. Developmental stage of the program – mature vs. newer program - a key issue.

II. Development of Program
Jobs across the country vary widely based on where they are in the development of their ED program.
   • More established programs generally offer few surprises and added responsibilities.
     o May offer less options/opportunities as other faculty members are already doing them.
   • Other programs vary from just starting to somewhere in between. Identity within the hospital, role in trauma, relationship with subspecialists, level of interaction with residents, and fellowship program all need to be solidified.
     o The disadvantage is that you are at risk of spend time fighting these battles (more administrative duties) without developing “academic products” that will lead to promotion. Try to turn every QI project or duty into a publishable academic product.
     o The advantage is that newer places have more options for you to have input and find your “niche”. Risk is inherent in any position.

III. Children’s Hospital vs. PEM in a non-Children’s Hospital (Hospital-within-a-hospital)
Most of us trained in free-standing Children’s Hospital EDs and take for granted the benefits of working in an environment where everybody cares for children all day, every day.
   • Jobs in non-Children’s Hospitals may be VERY different depending on how children are seen in the ED, staff available and your interaction with general EM docs. Question the people that work there very carefully about autonomy, nursing skills, and job satisfaction.
   • You may be a part of Emergency Medicine rather than Pediatrics which has positives and negatives.
   • Do your homework and make an informed decision.
IV. Calendar
Summer of Year III of Fellowship:
- Identify places that are hiring: jobs listed in journals (PEC, Pediatrics), on-line, word of mouth.
- Send out introductory emails/letters, buff your CV, ask for letters of recommendation
  - OK to send inquiry letters/emails to places you might want to work but who have not listed open positions. Many places may not know if they have funding for another position or not – good to let them know you are interested AND an outstanding candidate

Late Summer to Fall of Year III: First Interviews
- Ideally, one should try to look at 3-5 programs, maybe more.
  “Cast a wide net” - Gary Fleisher
- Home Team: Whether or not you wish to be employed by the program where you are a fellow, communicate with your Fellowship Director/Division Chief and keep your options open.

Fall to Winter, Year III: Second Interview(s)
- Be highly selective, only interview again if you are very serious, generally 2 or 3 second interviews

Winter to Spring: Get a Job! (You may get a job sooner but do not be discouraged if it takes longer)
- You may be offered a job on your first interview (there are more job openings than applicants in the current market, which is good for you).
- Interviewing at a number of places will allow you to compare and contrast jobs and to develop relationships that could last the length of your career. Usually it is fun and reassuring to see that PEM folks around the country are a lot like you.

V. First Interview
Information to be obtained
The first interview is a basic fact finding mission. Specific details about salary and benefits should be part of the first interview. Information will be obtained throughout your day of interviews and specific questions for specific individuals are listed separately.

While duties and responsibilities of jobs will vary widely, all jobs start with your clinical responsibilities. Other aspects may include: clinical, education, research, administration, child advocacy, other. Figure out what is important to you. Most believe you can be really good at 3 things which mandatorily start with #1, the clinical job and, most importantly, #2, your work/life balance. Always consider your family and personal health/well-being at the top of your priority list. Choose one other duty from the list above to concentrate on and do really well.
- Recognize that what you love to do today will probably be different in 5, much less 10, years from now. Jobs which offer flexibility and the ability to grow and change have value

1. Clinical
- Hours per week of clinical work in ED. 24-28 clinical hours per week is pretty much accepted for academic positions around the country (actual range is 20-32’). Clinical jobs will be more.
- Ask about additional clinical duties: attend on the floor or ICU, follow abuse team patients in-house, sedation unit etc. Do they cover EDs in several hospitals and how much time will you spend at the “mother ship”? What clinical resources exist at the outside ED sites?
  - These could be good or bad depending on your interests
- Ask about how holidays, weekends and overnights are distributed among the faculty – equitable?
- Is moonlighting available/allowed and do the faculty moonlight?

2. Research
- Research may be what academic programs are interested in most; be prepared to discuss your projects and interests (know about the research interests of those with whom you will be interviewing). If a faculty member has similar interests to you; ask to meet with him/her
• **What is “protected time”?** PT = 24 hours in a day - (clinical hours + time spent with administrative duties + paperwork time + your life outside medicine).
  - *If you want to be a serious researcher (seeking extramural funding) a significant reduction in clinical time and mentorship is required*

• Expectations of the institution and your own: do the resources available match the expectations?
• Will they support you in your goal to obtain an advanced degree such as MPH?
• Research conference - is there a forum to present ideas for critical review?
• Research mentors – you will be much more successful with good mentors

### 3. Teaching/Academic appointment

• Everyone is expected to be involved in the “clinical” education of medical students, residents and fellows in the ED. Some EDs have no trainees; ask about trainees.

• Find out about additional educational duties/opportunities (PALS, Simulation, Mock Codes).

• Academic appointment and what does it mean? Most PEM docs are on the Clinical Scholar Track (or equivalent). Very few receive tenure. Does this matter? Typically, if you generate your salary with clinical work, tenure does not matter much beyond prestige. However, every place is different
  o Ask how successful members of the prospective division of PEM are in getting promoted.

### 4. Administrative

Figure out who is doing what currently and everything left over may become your new responsibility. Some general duties include: Scheduling, resident/medical student overseer, fellowship director, pre-hospital care, quality assurance/improvement, PALS/APLS program director, trauma coordinator, disaster medicine, hospital committees.

• Expect **minimal** administrative duties in your first year. Expect that to increase as you go on.

• Recognize that administrative duties take lots of your time and significant administrative positions (e.g. Fellowship Director) should come with some decrease in clinical hours.

**Who should you expect to meet and what to ask them?**

Do your homework! Find out who does what at Potential Children’s Hospital and ask lots of questions. Perform a literature search on each potential interviewer/new partner.

**Chief, Division of Emergency Medicine**

This person is KEY. This is your new boss. Can I work for this person? Will this person have my best (career and personal life) interests in mind? Do they have a national presence - will I get their scraps (chapters, projects, papers they are too busy to do)?

• What are this person’s expectations of junior faculty?

• Does the hospital appropriately support the ED with staff and resources?

• Research support (stats, computer, secretarial help, start-up funds).

• “Vision” of the department’s future.

• Before you leave on the first day find out: number of positions open, time-line for hiring, and ballpark salary figure -try not to sound **too** interested in the bucks but, of course, salary is a big deal

**Faculty, Division of Emergency Medicine**

• What is working in the ED like?
  - Actual hours and shift schedules, nurses, fellows, residents, consults, surgeons, radiology?

• How is it to work for the Division Chief?

• Are the schedule, distributions of duties and resources equitable?

• How hard is it to get medical/surgical subspecialist support in the ED; are there coverage holes?
**Fellows, Division of Emergency Medicine**
- Fellows will provide a less-filtered opinion of the program; ask them lots of questions!
  - Are they being educated or are they service machines?
    - How are the faculty members at being mentors?
- Projects, conferences, journal club, is it a diverse, robust program?

**Nurse manager/coordinator department of Emergency Medicine**
- Collaborative care model of patient care - let them know you have a clue
- From where do the nurses come (other EDs, ex-ICU nurses, pediatric experience)?
- Nursing’s expectations (IV’s, bloods, caths, partners in research?)
- Nursing care initiatives (e.g. albuterol neb administered in triage for wheezers)

**Chairperson, Department of Pediatrics**
- View of PEM with regards to health care reform (is there a plan?)
- How to support academic endeavors (hours, cash, statistical support) of clinical scholars
- Does the department actively identify mentors for young faculty?

**Chiefs or Faculty from divisions within Pediatrics**
- Do they have a clue about PEM?
- Reputation of PEM within the hospital

**Personal information**
Your personal life is your own business and off limits to questioning for potential employers. However, most questions are earnest attempts to find out what type of information you need to be sold on their job and city. Offering some personal data (family needs etc.) is usually in your best interest. Unless the program is desperate for bodies, they want to hire faculty who are a good fit for their program.

**Emergency Department**
You can gain lots of information by wandering around the ED. How does it function? Watch how attendings, residents and nurses interact. Proximity to Radiology. Lab turnaround time.

**City**
“The coldest winter I ever spent was a summer in San Francisco” - **Mark Twain**
Do you really want to live here? Will your spouse live here? Is it a good place to start or raise a family?

**Preparation**
“Luck is the residue of design” - **Branch Rickey**, baseball executive

**Be prepared for difficult questions.** Find out about a place and the people ahead of time so there are no big surprises when you get there. (Somebody from your program knows them well) We operate in a small sub-specialty. There are very few big secrets. The major drawbacks of any institution become evident very early on. This is because people want to paint an accurate picture of their place. They want you to decide if you belong. Unconsciously (or consciously) they will invariably downplay the negative and emphasize the positive. But remember one of Roback’s rules on human nature: **Pediatricians are poor liars.** Do not be afraid to ask tough questions of people directly. Try to phrase them in a non-threatening manner. “Can you give me examples of things you would like to change?”

“Set yourself up for victory” - **Mark Roback**
- You are in a good position. You have a lot to offer. Tell them about your interests through questions. “I am really interested in your research on XYZ.” “I frequently did mock codes with
our residents and really enjoy education. Tell me what you all do for education with fellows and residents.” “I enjoy clinical research but I need good mentorship, are mentors available?”

- Your C.V. will get you in the door, but you have to sell yourself. Let them know what you’ve accomplished in your fellowship (besides pushing cartloads of patients).
- Options - visit several places.
  - Let ‘em know you have several options (they will certainly ask where you have looked).
  - Do not share your limitations or restrictions.

VI. Second Interview
Only go to 2 or 3 places a second time. This visit should be reserved for jobs you would more than likely accept if offered. You will meet the big shots but also try to meet any faculty (potential peers) you may have missed or would like to see again.

“You go to work cuz they pay you money” – David Roback (my brother the business man)

- More and more people will tell you up front what the salary will be. As dumb as people like my brother think it is, we in academic medicine are reluctant to talk much about money. If salary is not mentioned by the end of your first visit, ask the Division Director to give you a “ballpark” salary figure. This is only reasonable. When they offer you a job they will tell you the salary. Some places (non-academic usually) it is a dollar/hour figure that is not negotiable. If they give you a yearly salary figure it is reasonable to ask “is that figure negotiable?” Say something like, “I have large educational loans, we will be taking a bath when we sell our existing home, and we have 12 children; I was wondering if the salary is at all negotiable?” This is also reasonable. They may or may not be able to increase but if you do not ask, you will never know.
- **Signing bonus.** Due to competition in PEM, many programs are now offering signing bonuses. They may call it something else (relocation stipend?) but it is a signing bonus to get you to take their job. Make sure to find out, how much ($) and what are the stipulations attached to it. Many will require 3 years of service or the bonus must be (at least partially) returned.
- Be very careful when discussing salary. **Vigorous discussion about money/salary is NOT in your best interests and will alienate people.** Negotiate for resources that will make you more successful and enjoy your job more. Asking for research support and protected time will be much better received than asking for more money. Negotiating chips on your side (besides your “most excellent” fellowship training) include additional training (M.P.H., PhD, chief resident) or any other additional, sellable experience (research grants, administrative, people managing).
- NOW is the best time to negotiate. Once you sign a contract, your leverage is gone unless you are willing to leave

**Negotiable entities* include:**

- Salary - may be fairly rigid but if they want you badly enough...
  - it is ok to say, “Salary at the program I am strongly considering is $X. Is there any chance the salary here could be made to be closer to that number?”
- Signing bonuses may exist, especially if there is high competition or the job is having problems recruiting. Negotiate similar to salary
- Benefits? - vacation, CME time, educational fund (not negotiable at many programs)
- Research start-up funds - must display a research history and a “plan”
- Computer - display a knowledge and need
- Office space - be reasonable, you may be asked to share and to show you will actually use it.
- Starting date - bring this up at the very end – take the summer off if you can swing it

*Offices, computers, research resources etc. will probably not be part of a Clinical job offer. It all depends on what your and their expectations are for the job.
Timeline

“It ain’t over, ‘til it’s over ‘- Yogi Berra
"The opera ain’t over ‘til the fat lady sings.” - Dan Cook (sportswriter and broadcaster)

It will not take forever to get a job but it may seem that way. Patience is absolutely required. Every institution has its own timeline. Places may move slowly due to department finances and uncertainty of funding. Some places will offer you a position during your first visit. Be prepared to make an appropriate response, “Thank you for your kind offer. I wish to complete my initial round of interviews before I make a decision, but you have made a strong positive impression on me.”

Write down details and impressions after your first visit so you can compare to other places and remember details - if you see several programs between busy ED shifts, it can easily all become a blur.

No matter how weary you become, do not give in. Continue to explore options. Until the day you accept a job, ANYTHING can happen. Try not to let time influence your ultimate decision. Be patient!

Remember: “No job is forever.” - Grace Caputo

- However, no one wants to jump from job to job and if you do, you will be at risk of developing an unwanted reputation.
- We work in a small national PEM community. Think 3-5 years for 1st job, then re-evaluate.
  o Obviously, if you are certain the job is wrong for you, it is time to leave.
  o If you do leave, try not burn your bridges, we all know each other very well.
- Your career goals most likely will change over time.
  o Moving to take on a new challenge or change your focus is part of life.
  o You can always attribute your decision to leave on your spouse/family rather than undesirable working conditions or interpersonal disputes.

GOOD LUCK!

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DISCLAIMER: This document was generated with the intent of providing PEM fellows some direction/guidance in their quest to obtain employment. I first prepared this handout 20 years ago; shortly after I interviewed for my first “real job”. I found the process to be quite overwhelming and I received a rapid education, the hard way. Now that I am on the hiring side, my perspective has expanded. While I hope you may benefit from this work, it is essential to recognize it represents a single individual’s opinions and biases. Please seek further information, opinion and direction from your peers, colleagues and mentors. MGR

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