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Finding a Job That Makes Us Happy – Is It Really That Hard?

AMMI Trainee's Day

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Disclosures

- **I have received consulting fees and honoraria from the following companies:** Merck, Gilead Sciences, Bristol Myers Squibb, Pfizer, Janssen, Boehringer-Ingelheim, Abbvie.
- **I have received funding for regional and provincial programming from the following companies:** Merck, Gilead Sciences, Bristol Myers Squibb, ViiV, Janssen.
- **I currently participate in clinical trials with the following companies:** Gilead Sciences, ViiV.
- If you detect **any** commercial bias, please tell me ASAP!
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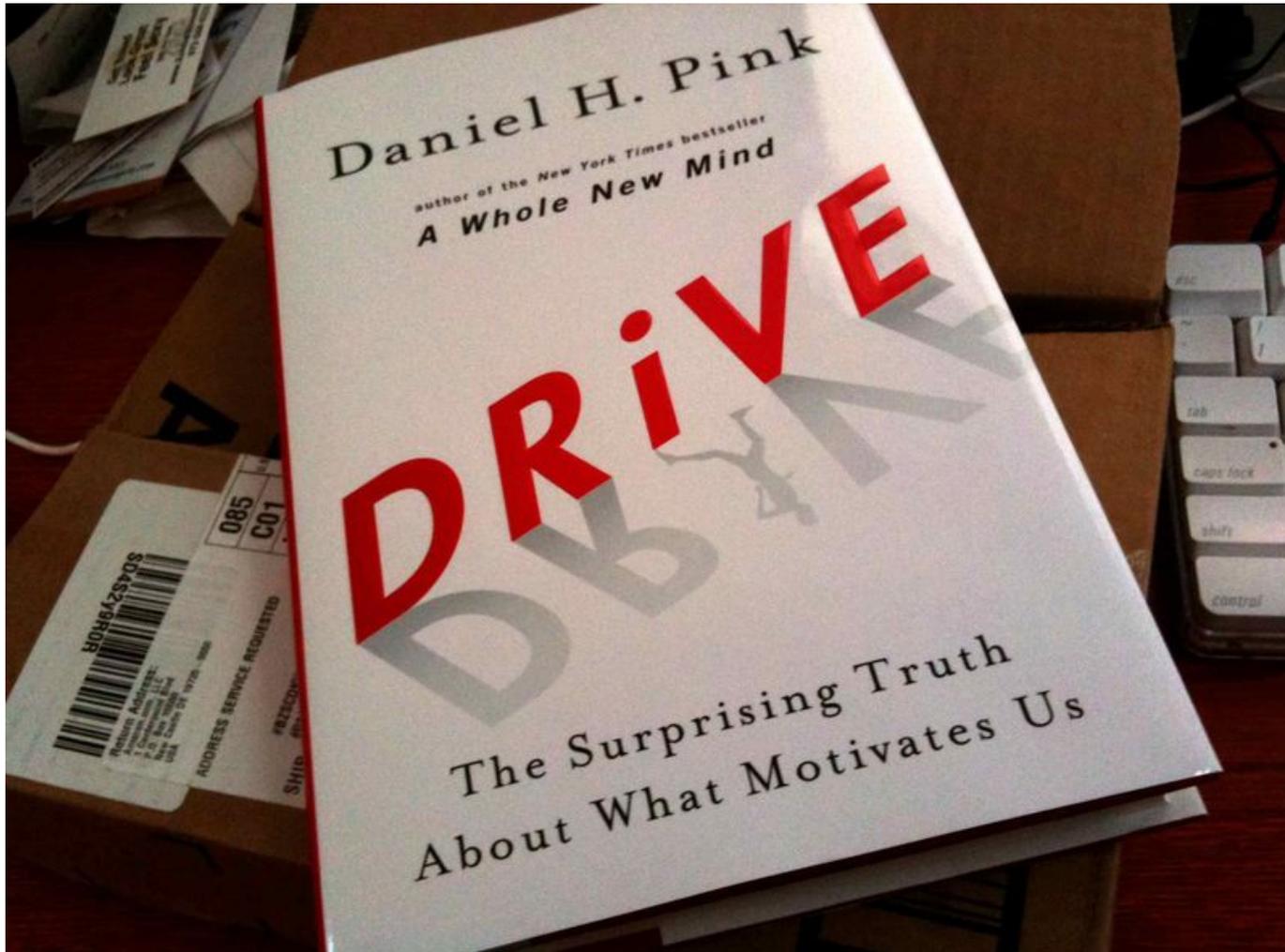
Objectives

- To understand key concepts of job satisfaction and happiness
- To understand how one identifies career opportunities and goes about negotiating for a position
- To compare and contrast academic vs community-based positions, and fee-for-service vs. alternatively-remunerated (salaried) positions.
- To share things that I did and would have done if I could do it all over again.

What Makes Us Happy?



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Motivation Deconstructed

■ Extrinsic Factors

- Money.
- Prestige/Ego.
- Avoidance of Guilt / Embarrassment / Shame.

■ Intrinsic Factors

- **Autonomy:** the desire to be self-directed.
- **Mastery:** the urge to be better at what we do.
- **Purpose:** finding meaningful motives for the work we do.

- **In cognitively challenging work, addressing intrinsic factors behind motivation leads to better performance and greater personal satisfaction.**



What About Money?

- Money is only so important such that we feel that we are being compensated in a manner that is fair and equitable.
- More money \neq better performance in cognitively challenging work.
- It's important to understand how much others around us make so that we can negotiate accordingly.
- Once you are treated fairly, excluding other personal factors, you can take money **off the table** and focus on your work, which allows you to focus on being effective instead of bitter or distracted.
- **Only you can decide how much is enough for your situation, but “at least as much as everyone else.”**



What About Other Stuff?

- Money is only one part of the equation for most of us. Many other personal factors may come into play.
- **Clinical Coverage & Call Responsibilities**
 - On vs. off? Suitability and practice patterns of colleagues?
 - Enough colleagues to allow for flexibility in scheduling, vacation, leave, etc.
 - Appropriate and balanced job description that lets you succeed.
- **Mentorship & Supervision**
 - Do you have access to mentors for clinical and non-clinical work?
 - Is there a commitment from the institution to supporting your short-term and long-term goals?
- **Control Over Work Circumstances**
 - Do you have any control or say over office and clinical staff who comprise your team?



Models of Renumeration

■ Fee For Service

- Fee-for-service work is most lucrative for procedural-based work, less so for patient care.
- Any non-clinical work must be appropriately renumerated in a fee-for-service environment (e.g. teaching, antimicrobial stewardship, infection control). Be sure that you know what constitutes reasonable FTE compensation.

■ Salary / Alternative Runumeration (ARP)

- “All in one” salary that generally covers all clinical and non-clinical work.
- Make sure that you know what your colleagues make, locally and nationally.
- Ensure that you have a clear job description and expectations before you start.

- Either way, know your **BATNA** – best alternative to a negotiated agreement. Once you sign, your leverage drops dramatically.



Comparing FFS vs. Salary

■ Fee For Service

- Infectious Diseases is, generally, a poor FFS specialty for most (complex and time-consuming work, no procedural fees, many no-show appointments for HIV / HCV).
- FFS generally does not apply for microbiology.
- Time not spent seeing patients is time not generating income, unless you are appropriately re-numerated for your time.
- You may have autonomy over office and staff.
- Incorporation usually possible – tax advantages.

■ Salary / Alternative Renumeration

- Guarantee of renumeration means less pressure to generate clinical volume, but must ensure clear job description and deliverables (e.g. education, research, reporting structure).
- Overhead expenses may be covered, but then less control over office / clinic / staff.
- If shadow billing, maintain diligence.
- Depending on arrangements, may not be able to incorporate.



Finding Opportunities.

- Many positions are unadvertised. Network aggressively, make contacts during your training, and be pro-active in reaching out to people. Ask your pre-existing network for help.
- Speak with mentors and colleagues about fee-for-service work vs. salaried work. Strengths and weaknesses? Regrets?
- Define what it is that you want to do clinically and non-clinically, and know how much you need to make.
- If possible, be flexible regarding your options. More options = more opportunity for negotiation and leverage. No options = no leverage.
- **You work so hard during training. Does it make any sense to not work as hard in finding your first job?**



My Journey.

- MD, University of Western Ontario, 2005.
- Internal Medicine & Adult ID, University of Alberta, 2010.
- Beginning of R5 year, reached out to every major academic center and tertiary care facility in the country, regardless of whether they were advertising a position or not.
 - Cover letter (1 page, very concise, interests: HIV, HBV/HCV, TB, general ID, medical education, educational scholarship).
 - CV.
- One-month elective in Windsor, ON.
- Scheduled locums in...
 - Regina, SK.
 - Moncton, NB.
 - London, ON.
 - Edmonton, AB.



My Journey.

- I chose to locum because I wanted to find the best fit for my career, and I wanted to work with the best people in a strong team environment.
- I had conversations and site visits during residency with multiple other centers that I chose not to locum with.
- **Why did I choose Regina?**
 - Negotiated contracted rate, allowed for incorporation.
 - All overhead covered, office space in hospital and clinic all enclosed in single facility.
 - Only one other ID physician, opportunity to take on additional responsibilities at an early stage of career.
 - Huge HIV / HCV outbreak, unprecedented in over a decade.
 - Great multidisciplinary team already in place.
 - “Big fish in small pond”
 - Autonomy, mastery, purpose.



So How It's Going?

- Started full-time in September 2011 after two locums.
- Only one ID, one microbiologist (resigned March 2012).
- Challenging manpower issues.
- **Now?**
 - 3 ID physicians, 2 microbiologists. All new recruits < 38, dynamic, patient-centered, collegial, fun. Recruiting another ID.
 - Additional 1.0 FTE nurse, 0.2 FTE social work, 0.5 FTE pharmacist.
 - Tons of new HIV programming: DOT, community pharmacy education, peer-to-peer program, case management.
 - Robust multidisciplinary HCV clinic modeled after Edmonton.
 - Developed standalone EMR/database to facilitate research & evaluation unit.
 - Regional and provincial responsibilities, opportunities to tour around entire province.
 - **One caveat:** working too hard, personal life suffering.



If I Could Do It Again...

- Clearly delineate plans for recruitment in short-term and long-term if current situation unsustainable. Have this written into contract.
- Defined job description with FTE equivalent and clear expectations and accountabilities.
 - 0.40 FTE clinical = 10 weeks call, 100 half-day clinics / year.
 - 0.20 FTE education = 6 lectures / year, 14 small group sessions, preceptorship of students / residents.
 - 0.40 FTE research = \$X in grants & funding, 2 conference abstracts and 2 publications per year.
- Do not be responsible for covering shortages if/when they occur, except in truly extenuating circumstances.
- More control over staffing & team structures.
- **I said yes too much at the start, now I need to pull back. Easier if I had controlled expectations at the start.**



Take Home Points

■ **Have an open mind!**

- Having many options is better than having none.
- Most candidates shoot themselves in the foot by not giving themselves any/enough options.

■ **Finding opportunities is hard work.**

- Get started early.
- Occasionally, opportunities fall into your lap. If this happens, don't ever pass it up!

■ **Always negotiate in good faith.**

- It's a small community, "what goes around comes around".
- Be honest, upfront, and think win-win scenarios for both parties.
- Know what your deal-breakers are, don't sweat the small stuff.
- **When in doubt, ask yourself this question: "Do I feel wanted?"**



Questions?

■ I' m an open book.

- I' m happy to discuss \$\$\$, negotiation tactics and strategies, incorporating, investments, building a practice, etc.
- I think we are all woefully unprepared for the realities of real-life medical practice, between politics / money & finances / negotiating / conflict resolution.
- Don' t be afraid to ask mentors / attendings for advice.

■ Interested in Regina or Saskatchewan?

- We are recruiting a full-time ID specialist!
- What are we looking for?
 - Strong patient-centered clinicians, great people.
 - HIV and HCV interest a bonus.
 - Antimicrobial Stewardship +/- Infection Control a major bonus.
- **Email:** awong37@gmail.com
- Touch base with me for advice, guidance, and to discuss opportunities.