

# Getting the Right Training and Job

Claude Deschamps, MD

## KEYWORDS

- Thoracic surgery • Training • Job interview • Contract
- Practice model

Now more than ever, it is crucial to match your expectations with those of your future employer. So many factors enter into the decision of finding the right residency, fellowship, or a first real job. The same holds true for those who will select you as a trainee or a partner.<sup>1</sup>

## FINDING A RESIDENCY/FELLOWSHIP

Apply to a reasonable number of programs to increase your likeliness to be accepted in the best program for you. Competition for spots is stiff, and overconfident candidates have sometimes been bitterly disappointed. However, at press time, there are currently more opportunities for training than qualified candidates in the United States.

### Preparing for the Interview

Interviewing can be stressful but it is also the best opportunity to shine. As the field of candidates is most often of very high quality, it is best to take nothing for granted and play it safe. On interview day, dress business and if part of a group interview, be kind to your fellow candidates. They will be your colleagues for the duration of your professional life. Be confident and in a positive mood. Often, the curriculum vitae (CV) and personnel statement are comprehensive and offer more than sufficient information about you. However, interviewers often look at how the questions are answered as much as the content of the answer itself. Positive attributes such as honesty, insight into one's strengths and weaknesses, judgment, work ethics, intellectual pursuits, interests and accomplishments outside of the world of surgery, and ability to work within and lead a team are

major pluses. Concerns will be raised if personnel appearance is poor, vague or no real answers are given, or you ramble vaguely or endlessly to answer each questions. While strong recommendations are appreciated and can help significantly, unsolicited name dropping is usually not helpful. This is more about you than anything or anybody else.

**Box 1** lists examples of questions that can arise during an interview process. **Box 2** lists potential reassuring and concerning information that that may be noted during an interview or site visit.

### Finding the Best Fit

#### **Academic versus private practice**

If your long-term goal is to have an academic career, look for a program that has a clear and successful track record in training and positioning future thoracic surgeons for a successful academic career. Once started in a program, start looking for potential projects and the appropriate mentor. Successful academic surgeons rarely start writing papers in the last year of training. Academic does not necessarily mean laboratory work. There are plenty of opportunities in outcome research, quality and safety, education, engineering of health care delivery, and other fields.

#### **Location**

There are fantastic training programs in big cities and smaller communities alike. Given you will spend a significant amount of time outside of the hospital (thanks in part to duty hour regulations), look for what fits your needs best. Considerations include life style, culture, safety, proximity to your family, your spouse/partner and his/her needs,

---

Division of General Thoracic Surgery, Department of Surgery, Mayo Clinic College of Medicine, 200 First Street SW, W12, Rochester, MN 55905, USA

E-mail address: [Deschamps.claude@mayo.edu](mailto:Deschamps.claude@mayo.edu)

Thorac Surg Clin 21 (2011) 333–339

doi:10.1016/j.thorsurg.2011.04.006

1547-4127/11/\$ – see front matter © 2011 Elsevier Inc. All rights reserved.

**Box 1****Examples of interview questions**

*Examples of interview questions asked by residency program directors*

- Why do you wish to join our program?
- What are your strength and weaknesses?
- Where do you see yourself after your training?
- Why are your board scores low?
- Which other residency programs are you interested in?

*Examples of questions to ask the residency program*

- Do you foresee a change in the program personnel in the near future?
- Where have your graduates ended up in the last 5 years?
- What research opportunities do you offer?
- Why do you favor your current teaching model (preceptorship vs pyramidal vs hybrid)?
- What are the gaps/weaknesses in your program currently?

*Examples of questions to ask the current residents and fellows*

- What are the typical work hours?
- Are duty hours respected by the teaching staff?
- What type of service (ie, scut) work do residents do?
- Do you get active assistance in finding a fellowship/job?
- What has the town/city to offer?

*Data from Residencyandfellowship.com. Available at: [www.residencyandfellowship.com](http://www.residencyandfellowship.com). Accessed May 23, 2011.*

ability to get in and out, and whether you have children.

### **The Interview is Completed. Now what?**

After the interview, do not wait too long to make a list of pros and cons for each program you have visited and are interested in. If you have identified the program you really want to be part of, call the director and make it clear that you are very interested in training there. Programs are bound by rules in terms of what they can tell you, but you are certainly free to express your interest either in writing or through a phone call.

## **GETTING THE RIGHT JOB**

You are in your last year of training, and you are looking for a job. By now, you should know if you

**Box 2****Interview process: reassuring and concerning information**

*Green flags (reassuring facts)*

- Finishing residents have high board passing rates
- Finishing residents all find jobs
- Ability to present in national meetings (for those interested in academic career)
- Solid educational offerings in addition to operative experience, such as simulation laboratory, structured conferences (morbidity and mortality, tumor board, didactic programs)
- Wide range of pathology/diverse and large case load
- Teaching faculty is National Institutes of Health (NIH) or industry funded (for those interested in academic career)
- Availability of program tracks (cardiac/thoracic/oncology/minimal invasive surgery [MIS]/transplant)
- Autonomy of the thoracic surgery (or cardiac surgery) section or division within a department
- Opportunity to travel to advance education
- There is a formal mentorship program and an identified mentor for each resident/fellow
- Web site information is practical, up to date.

*Red flags (concerning facts)*

- All the teaching surgeons do the exact same operation for a given disease/condition
- No or little innovation (eg, robotics, MIS)
- No or little traditional approach (redo/open surgery)
- No or little opportunity to see and evaluate patients preoperatively
- Program is on probation or did not match in the last 2 consecutive years without reasonable explanation
- Case numbers of finishing residents are consistently below the 20th percentile
- High turnover of faculty members
- On interview day, you meet the program director but none of the teaching faculty
- The residents and fellows tell a different story than what you hear from faculty members or flatly tell you: "do not come here for training"
- Duty hours regulation is given lip service.
- Obvious rift among teaching faculty
- Your follow-up calls or email enquiries are not answered

*Data from Residencyandfellowship.com. Available at: [www.residencyandfellowship.com](http://www.residencyandfellowship.com). Accessed May 23, 2011.*

Download English Version:

<https://daneshyari.com/en/article/4217188>

Download Persian Version:

<https://daneshyari.com/article/4217188>

[Daneshyari.com](https://daneshyari.com)