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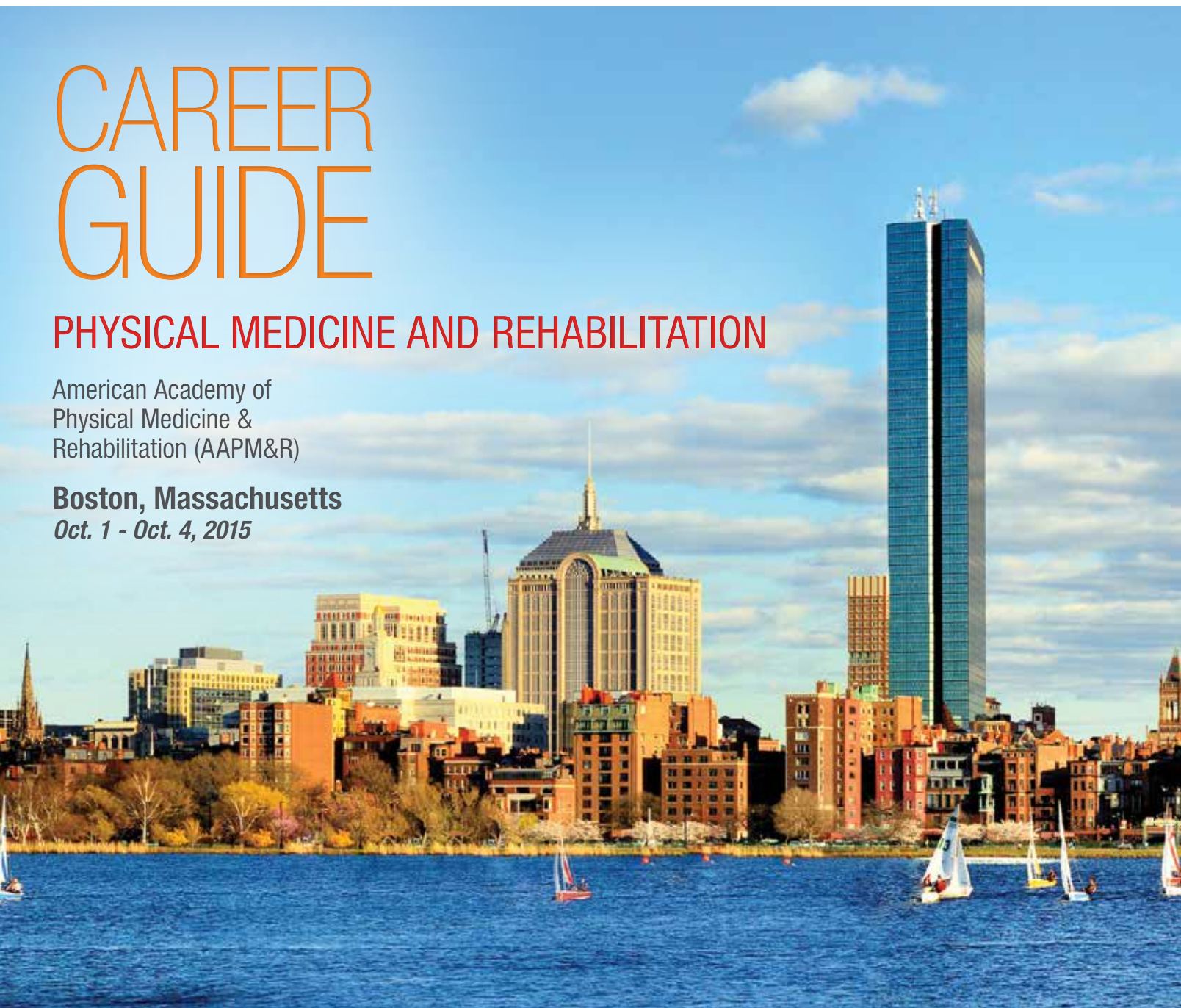
CAREER GUIDE

PHYSICAL MEDICINE AND REHABILITATION

American Academy of
Physical Medicine &
Rehabilitation (AAPM&R)

Boston, Massachusetts

Oct. 1 - Oct. 4, 2015



ARTICLE HIGHLIGHTS:

- Dr. Executive: *The Growing Popularity of the MD/MBA*
- Investing in Your Children's Future
- Work-Family Balance During Training: *Advice from a New Mother*
- Careers Beyond Clinical Practice
- Choosing Your Mentor

Physiatry Employment Opportunity

Join a Leading Healthcare System in South Florida

Memorial Healthcare System is seeking a BE/BC physiatrist to join its multi-specialty Memorial Physician Group of six physiatrists. This is a full-time employed position with competitive benefits and compensation package. The desired candidate will have a clinical focus in general Physical Medicine and Rehabilitation. Inpatient coverage and call required. The candidate will collaborate with various Memorial support services including the Memorial Neuroscience Institute, which includes a Neuroscience ICU and Comprehensive Stroke Center; a Level 1 Trauma Center; the Memorial Cancer Institute; and the Memorial Cardiac and Vascular Institute.

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About Memorial Healthcare System

Memorial Healthcare System is the third-largest public healthcare system in the United States. A national leader in quality care and patient satisfaction, Memorial has ranked 11 times since 2008 on nationally recognized lists of great places to work – in Modern Healthcare magazine, Florida Trend magazine and Becker's Hospital Review, just to name a few.

Memorial's facilities include its flagship, Memorial Regional Hospital, one of the largest in Florida; Memorial Regional Hospital South; Joe DiMaggio Children's Hospital, the only freestanding children's hospital in Broward and Palm Beach counties; Memorial Hospital West; Memorial Hospital Miramar; Memorial Hospital Pembroke; and Memorial Manor, a US News five-star-rated nursing home.

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CAREER GUIDE

PHYSICAL MEDICINE AND REHABILITATION

CONTENTS

- 4 Dr. Executive: *The Growing Popularity of the MD/MBA*
- 8 Work-Family Balance During Training: *Advice from a New Mother*
- 10 Choosing Your Mentor
- 12 Investing in Your Children's Future
- 14 Careers Beyond Clinical Practice

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Physiatry Physician Opportunity

Geisinger Health System is seeking board-certified/board-eligible Physiatrists to join our growing Department of Physical Medicine & Rehabilitation at Geisinger Medical Center, located in Danville, Pa.

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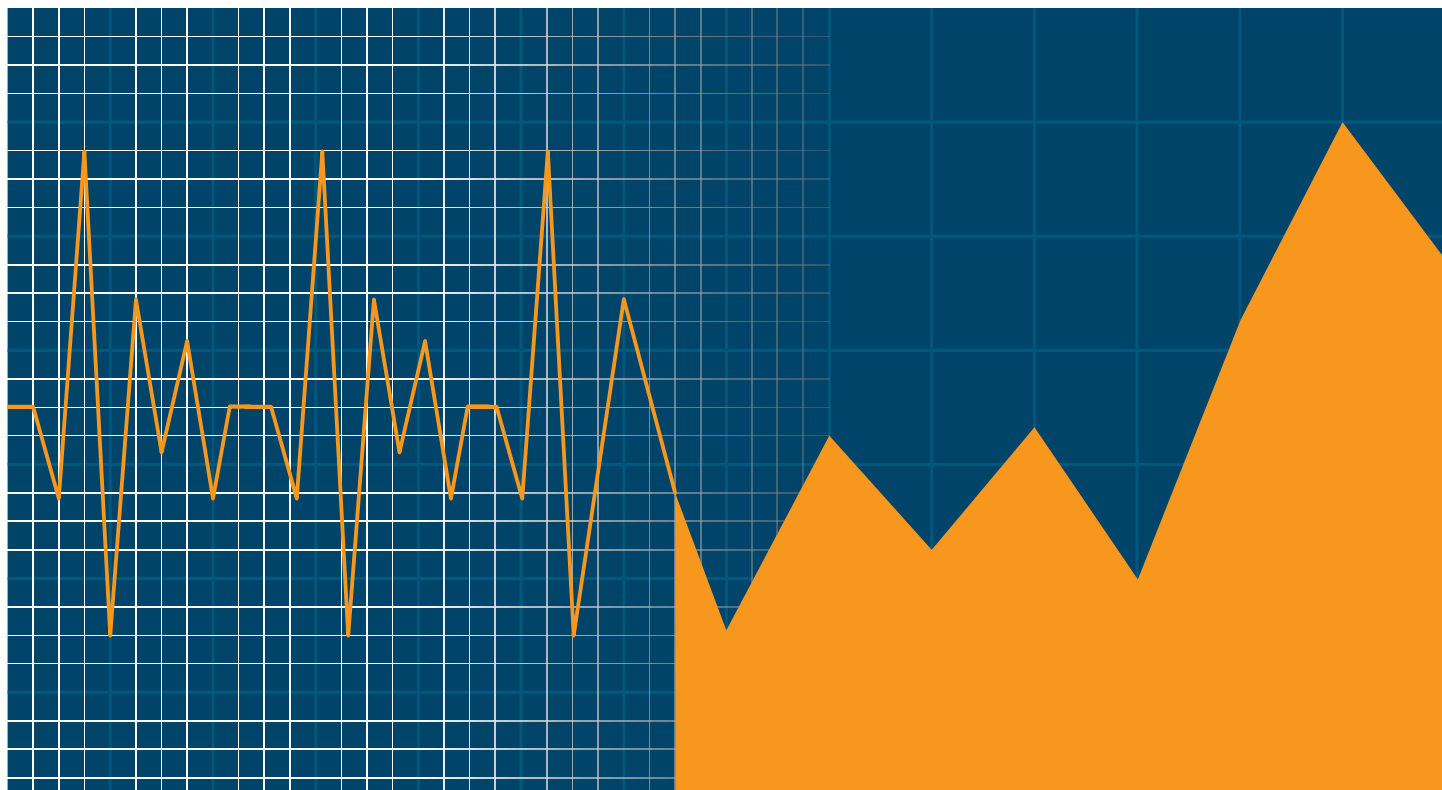
Geisinger Health System

Geisinger Health System serves nearly 3 million people in central, south-central and northeast Pennsylvania and is nationally recognized for innovative practices and quality care. A mature electronic health record connects a comprehensive network of 9 hospital campuses, 43 community practice sites and more than 1,200 Geisinger primary and specialty care physicians.

To learn more about our openings, contact: Sam S. H. Wu, MD MA MPH MBA, Director, Department of PM&R, Physiatrist-in-Chief C/O Lori Surak, Professional Staffing, at ljsurak@geisinger.edu or 570.214.8123 • geisinger.org/careers

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Dr. Executive:

The Growing Popularity of the MD/MBA

By Melissa Mapes

This past December, Vivek H. Murthy, MD, MBA, assumed the office of Surgeon General of the United States. At just 37 years old, Murthy's age is not his only unique attribute; he also holds a Master of Business Administration from the Yale School of Management.

Many physicians go on to pursue additional degrees after medical school, such as a PhD or MPH, but until recently doctors with MBAs were few and far between. The demand for business training among providers has exploded in the past decade. Murthy is emblematic of this trend—symbolizing a new role for doctors in the U.S. healthcare system.

SUPPLY AND DEMAND

Twenty years ago, there were only six combined MD/MBA programs in the U.S. Today, there are about 65, according to a recent article in *The Atlantic* magazine. That means about 500 currently enrolled students nationwide.

Rather than adding two more years of education, these programs integrate the medical and administration curriculum into five years. The total comes out to just one extra year on top of medical school.

To multiply the appeal, an MBA can open doors to higher-paying jobs than a medical degree alone. A 2014 study by *The New York Times* showed that the average salary for a hospital administrator is \$237,000, while the average clinical physician makes

\$185,000 per year. Like Murthy, MD/MBAs also tend to end up in leadership roles rather quickly out of residency.

The dual skill sets of business-savvy and medical training seem to make for appealing job candidates—especially in administration, policy, and industry positions. Hospitals and other healthcare organizations frequently hire MD/MBAs into high-level roles, which can require both patient care and budget management.

Medical schooling has long-since been criticized for a lack of evolution. However, as any good business student knows, growing demand can drive supply. Decreasing reimbursements and the ballooning cost of higher education have many residents feeling concerned about their financial future—enhancing the draw of a better-paying administrative gig. This, combined with aspirations of entrepreneurship or improving public policy, has helped fuel the addition of an MBA to traditional medical degrees.

BAD RAP

The motivations for obtaining an MD/MBA are clear: higher income, leadership positions, and diversity of career opportunities. But not everyone in healthcare believes that business degrees make sense for medical providers.

Not long ago, physicians who pursued MBAs were sometimes considered turncoats for a perceived inferior devotion to medicine

and science. In 2005, the author of an article in *Physician Executive* interviewed 40 MD/MBA students, and about half brought up the concept of feeling like “a traitor to the medical field.”

The students noted that many peers were supportive of their desire for a business degree, but others would regard them as less altruistic and more interested in money. This perception may be changing as MD/MBAs advance into public service roles and make other contributions to medicine from non-clinical positions. However, many physicians manage to achieve success in administration, entrepreneurship, and the policy realm without formal business training.

“Many physicians manage to achieve success in administration...without formal business training.”

Joseph Kim, MD, MPH, the creator of the website NonClinicalJobs.com, explained to *Physician Executive Journal* that an MBA is not always necessary to reach these goals.

“There is a misconception out there in the physician community that you need to have an MBA to succeed in the nonclinical world—or that having an MBA will guarantee you a job in industry,” he says. “Both of those perceptions are incorrect in my opinion.”

He thinks that the best candidates for business programs are either newly minted doctors looking to compensate for limited work experience or established physicians who want to show that they are serious about a career change.

Critics also question the effectiveness of many MD/MBA programs in combining medical and business curriculum. A 2010 survey by then-MD/MBA student Joshua Goldman found that many students felt the coursework needed more integration.

“A lot of programs are still four years of medical school and a year or year-and-a-half of business school. You just kind of squeeze it in, and the two programs don’t talk to each other,” he reported to *Physician Executive Journal*. Recently, though, many MD/MBA programs continue to revise curriculum to better combine the healthcare and business aspects.

SURVEY SAYS

Limited studies exist on the current activities and outcomes of MD/MBA graduates, meaning that most information is self-reported or anecdotal. Goldman’s survey of students and programs is one of the few resources available to gauge perceptions about the combined degrees and their effectiveness.

“It seems that these people are pretty happy, which is interesting in a world where many doctors are frustrated,” Goldman told the journal.

He and a co-author wanted to find out if MD/MBA holders felt the combined degree was worth the time and monetary investment. They were also interested in knowing if the training enhanced their careers and provided the skills they desired and expected.

Essentially, his survey asked, “Is this something that’s useful?”

The individuals he interviewed provided a clear answer: Yes. About 93% of MD/MBA graduates in the survey believed the degree

was worthwhile and 89% claimed it offered “significant ROI.”

To define return on investment, Goldman compared the starting salaries of the surveyed MD/MBA graduates with the average salaries of medical specialists within the same time period. Those holding the business degree made \$292,500 on average, while specialists without it made about \$192,200 each year. Even surgical specialists came in about \$45,000 less than MD/MBA holders with a typical salary of around \$247,300.

According to Goldman, two factors influenced the compensation disparity.

First, the business training set them apart from other candidates and allowed them to find management positions—sometimes as their very first job. They received additional pay for the administrative duties they conducted on top of medical practice.

The second factor Goldman claimed to involve entrepreneurial endeavors. Numerous respondents launched or joined other businesses on top of salaried jobs as providers.

“Their physician salary was not necessarily higher just because they went to business school, but they were doing interesting and creative things with the MBA portion of their degree in addition to practicing,” he explained to *Physician Executive Journal*.

Goldman himself is now a primary care sports medicine physician at the University of California-Los Angeles and the founder of MyHouseCallMD.com.

NOT ALL ABOUT THE BENJAMINS

Although surveys demonstrate higher earnings among MD/MBAs than most physicians, money is not the reason respondents generally claim as their motivation. The majority of doctors with business degrees say that they want to make a difference in medicine.

Maria Young Chandler, MD, MBA, founded one of the earlier MD/MBA programs in America at the University of California,

15 Top-Ranked MD/MBA Programs

The MD/MBA Association ranked schools offering a combined medical and business degree by analyzing data from the *US News and World Report*.

1. Harvard
2. University of Pennsylvania
3. Stanford
4. Yale
5. Northwestern
6. University of Chicago
7. Dartmouth
8. University of Michigan
9. NYU
10. Columbia
11. UCLA
12. Duke
13. University of Virginia
14. Cornell
15. University of North Carolina-Chapel Hill

Irvine in 1997, and is also the president of the Association of MD MBA Programs. On the Association's website, she describes graduates of such programs as a select group of doctors who will "lead our community and the healthcare industry toward a solution to the incredible challenge we are faced with—providing patients with quality care that is financially and ethically responsible."

Chandler strongly feels that "physicians of the future need business skills to be better leaders as well team members." In an interview with *The Atlantic*, she posited, "What industry puts somebody with no business training in front of a huge budget? Nowhere but medicine, really."

The finances of American medicine have been a significant public concern for some time. Statistics show that the cost of healthcare per capita is about 2.5 times more than in other developed countries, like the United Kingdom and France. At \$8,200 for each U.S. citizen annually and growing, medical care eats up nearly 18% of American Gross Domestic Product.

With the complexity of the payer system combined with considerable changes incited by the Affordable Care Act, up-and-coming physicians want to ensure they grasp the business side of medicine. Some even aim to help resolve the financial and systemic challenges of American medicine.

Chandler found that MD/MBAs seem to perform exceptionally in typical residencies in addition to business and policy-oriented routes. She gathered evaluations of alumni of her UC Irvine at residencies nationwide, and discovered that "in almost every category, MD/MBAs were listed as higher: even in non-business areas." She told *The Atlantic* that there might be self-selection bias involved—meaning dual degree students "may be more competitive

The Growth of the MD/MBA

20 years ago, there were only six combined MD/MBA programs in the United States. Today, there are about 65.

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While many factors are motivating this growth, a business degree is not appropriate for every physician.

and well-rounded to begin with."

Business training does seem to attract highly motivated and ambitious physicians like Murthy. Chandler is no exception either. Because she was unaware of the few combined programs available during her education, she obtained her MBA through evening classes while also practicing full-time as a pediatrician. In addition to her work at the Association of MD MBA Programs and UC Irvine, she supervises nine Los Angeles nonprofit clinics.

BACK TO SCHOOL

Similarly to Chandler, many physicians pursued their MBA separately from their MD. Some feel that it is better to get a few years of experience as a practitioner under one's belt and then apply to a two-year business program.

Certainly, medical students should feel no pressure to pursue a business degree if it does not match their current career interests. Plenty of MBA programs accept doctors who are further along in their careers, if so desired in the future.

Chandler, however, thinks that receiving both sets of training in tandem may help develop a unique perspective on healthcare. Residents can perhaps get a leg up at the very start of their careers by exercising business skills like negotiation.

Either way, the number of MD/MBA holders is unlikely to go anywhere but up. Some universities have even begun offering online Healthcare MBAs to meet demand.

While many factors are motivating this growth, a business degree is not appropriate for every physician. Healthcare will always need doctors and scientists who are entirely dedicated to working in the lab or with patients—especially with the ongoing U.S. shortage of specialists. Physicians with MBAs may play a significant role in the future, but they are not the only important role to fill. ■

Upstate Medical University Syracuse

State University of New York Syracuse

We are seeking to expand our well-established, 15-member academic practice. The program supports a 15-position residency program, approximately 100 IRF and 100 SNF rehabilitation beds and extensive clinical programs including Stroke, Pain, Tone, Pediatrics, SCI, Concussion/BI, and MSK. We offer an outstanding work and living environment, competitive compensation and performance based incentives. If desired by the candidate, part-time VAMC appointment is available.

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We have opportunities for individuals seeking a **PMR** practice combining MSK/EMG/Spine outpatient care with rehabilitation patient management on a consulting or attending basis. This position can be tailored to meet individual work schedule preferences, and responsibilities may be flexibly shared among a team of colleagues. Resident physician and NP participation in patient management serves to optimize the physiatrist's role as teacher and team leader.

Please Contact:

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weberr@upstate.edu

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Department Administrative Assistant: Mary Baker (315) 464-8672

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Joanna Spenger-Segal, MD, PhD

Work-Family Balance During Training:

Advice from a New Mother



Over the past two months, I have been at boot camp. No, not for grant-writing or board review, but baby boot camp! Our son was born in August, and as of this writing, I remain on maternity leave.

It is common and wonderful for trainees to consider starting a family before their training is complete. When expecting a child, you must make many choices about your training and career goals surrounding the birth. This difficult task involves estimating your future needs, which in many cases may change as things progress with or without unanticipated complications to your health and your personal life.

You will receive plenty of solicited and unsolicited advice as you go through this process. Here is some from my pregnancy and first few months of motherhood.

First, know what privileges your contract or program grants to all pregnant women and new parents. Are you automatically entitled to reduced work hours during your third trimester? Do you have access to paid child care leave? Do you have the ability to return to work part time? Start early in researching this. I also suggest familiarizing yourself with the Family and Medical Leave Act policies, which can be found at www.dol.gov/whd/fmla.

SCHEDULING CHALLENGES

Remember that you do not have to make the same choices as your closest colleagues or the most recent graduates of your training program. There is often (though unfortunately not always) at least some flexibility to the standard leave offered to university staff, particularly if you are willing to take unpaid time off. Speak to many others about their experiences to learn the range of possibilities before deciding what is right for you.

You may face an uphill battle in arranging a child care leave, particularly a non-standard one. It involves administrative work and interruptions to training schedules, and potentially inconveniences other trainees. The latter can be particularly difficult for clinical trainees, but return the favor in good spirits for your colleagues in the same position, and it will work out fine. Be firm and persistent in your requests for the time off that you need for yourself and your family.

Many trainees have concerns about the consequences of delayed training. Having children will often delay the completion of your training or your tenure clock, by a few weeks to a few years depending on your choices. As women become a larger part of the medical workforce, these “delays” will become so common as to be standard, and you will not feel “left behind” compared to your colleagues. Check back with me in a few years about this, but I have a hunch that the rewards of spending time with my son will far outweigh a few months of delayed training.

During pregnancy, many women need more medical attention than they ever have before. A pregnant woman needs to be especially attentive to her own physical needs. This can be challenging for clinical and research trainees alike, who in many cases are accustomed to skipping meals, spending all day on their feet, and working up to 80 hours a week on irregular schedules. You may find it physically impossible to carry out the duties assigned to you and, in that case, do not hesitate to make changes to your schedule, or even to start your leave early if necessary. You may fear that this is not possible, but once you speak up you will find that it is common.

“It is common and wonderful for trainees to consider starting a family before their training is complete.”

Combining a fulfilling career with a family is possible, but flexibility is key as you respond to the changing demands of your personal and professional lives. As for me, I arranged a four-month leave from my fellowship training program in Michigan to be with my husband and son. I write to you from Florida, where my husband's work is now based, and where the three of us are enjoying these precious few months together. More from me on the challenges of dual career families in a future column.

I welcome your comments and questions at sjoanna@med.umich.edu. ■

Joanna Spencer-Segal, MD, PhD, is a second-year clinical fellow in Metabolism, Endocrinology and Diabetes at the University of Michigan, where she participates in the Physician Scientist Training Program in the Department of Internal Medicine.

Central Maine Medical Group

is currently seeking a non-interventional Physiatrist to join our Rehabilitative Services team at Central Maine Medical Center in Lewiston, Maine. Our thirteen bed CARF certified inpatient rehabilitation unit utilizes a team approach to achieve exceptional patient outcomes that are routinely amongst top performers in our peer group. We provide care to patients with multi-trauma, stroke, brain injury, cardiac, pulmonary, spinal cord injury, amputation, and other neurologic conditions.

This is an inpatient and outpatient position and the chosen candidate will serve as Medical Director of the Inpatient Rehabilitation Unit at Central Maine Medical Center, a 250 bed tertiary care hospital. In addition they will serve the consultative needs of our Level II Trauma program, and have outpatient clinic opportunities. The inpatient unit is supported by a 24/7 onsite hospitalist group so night call and weekends will be covered.

Full-time; 36 patient hrs./week with no nights or weekends. Competitive compensation plan and generous benefits package. Practice in a charming Maine community nestled with easy access to both the coast and the mountains, recreational opportunities abound! Interested candidates, please send CV to Gina Mallozzi, Central Maine Medical Center, 300 Main Street, Lewiston, ME 04240. Fax: 207/344-0696, e-mail: MallozziG@cmhc.org, or call: 800/445-7431. Not a J1 Opportunity.

Executive Director

American Board of Physical Medicine and Rehabilitation

The American Board of Physical Medicine and Rehabilitation (ABPMR) is seeking a board certified physiatrist to be the strategic and operational leader of our dynamic and successful organization, based in Rochester, Minnesota.

Help shape the future of physiatry in this leadership position for the ABPMR, the certifying board for physical medicine and rehabilitation and its subspecialties.

The Executive Director will work directly with the board of directors to develop the organization's vision and strategic plan, as well as advising the board on national trends and external relations. He or she will also set operational priorities aligned with the strategic plan, ensure the financial stability of the board, and partner with the staff to promote high-quality programs. The position requires approximately 25% travel time in representing the ABPMR at external meetings, including building and strengthening organizational relationships.

*We're looking for someone with a high level of **integrity**, an **innovative mindset**, and a **commitment to excellence** who can **inspire**, **influence**, and **promote the mission of the ABPMR**.*

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To apply, submit a CV and cover letter to:



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The ABPMR has been setting the quality standard for physiatry for nearly 70 years. In partnership with a dedicated board of directors and talented staff, there has never been a more exciting time to lead this organization.





Michelle Y. Rivera-Vega, MD

Choosing Your Mentor

Choosing a mentor will be one of the most important decisions that you will make during your professional career. According to the dictionary a mentor is an experienced and trusted adviser. For some of us, a mentor is someone greatly concerned about your future and will help you succeed. Indeed, mentorship is a two-way street, a personal and professional relationship where a compatible style of communication and collaboration must exist in order to succeed.

A good mentor is someone who is willing to listen and provide his or her unbiased opinion on many topics. It should be someone that makes you feel confident, has empathy as a mentee, and



possesses a genuine interest in understanding your issues. A common mistake is to believe that one mentor is enough, whereas multiple mentors will only enhance your learning and contribute to the formation of your career. The trick is to identify these people and what type of contribution they will provide to the development of your professional career. For example, a mentor can facilitate the development of a productive colleague network, can help you understand your institution's culture, and can advise you on how



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The Department of Physical Medicine and Rehabilitation at the University of Miami Leonard M. Miller School of Medicine is seeking full-time board-certified physiatrists for our growing department. Clinical and academic track positions are available. Salary will be commensurate with training and experience. Compensation includes an excellent fringe benefits package, including dependent tuition benefits.

Interested individuals should submit a letter of interest and curriculum vitae to:

Robert W. Irwin, MD

Associate Professor and Executive Vice Chair for Clinical Affairs
Department of Physical Medicine and Rehabilitation
University of Miami Leonard M. Miller School of Medicine
Phone: (305) 243-9516 • Fax: (305) 243-4650 • Email: rirwin@med.miami.edu

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Musculoskeletal Physiatrist

We seek two experienced and fellowship trained interventional pain/spine physiatrist. Ideal candidate must be proficient in pain procedures, joint injections, EMG, lumbar and cervical epidurals. Experience with ultrasound would be an added benefit.

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We are recruiting a physiatrist to provide outpatient treatment of patients with pain and musculoskeletal disorders. EMG experience and spasticity management is preferred but not required.

Spinal Cord Injury Medicine

This position will provide clinical services at Jackson Memorial Hospital. Primary responsibilities will include providing inpatient care and consultations, outpatient clinics and conducting SCI research. There should be a strong interest in SCI research with a track record.

Tips on How to Develop a Successful Mentor-Mentee Relationship

- Your mentor is human, therefore not perfect. It is unrealistic to expect that he/she will fulfill all the demands regarding your career and personal issues, but they can help you identify others who will be better equipped to help in a specific situation.
- Have clear and open communication. In this technology-driven society it should be easier to make appointments; by scheduling time with your mentor you guarantee yourself their full attention. Be prepared for your meetings, be on time and have a list of topics that you would like to discuss. Come up with deadlines and keep your mentor up to date with your progress or struggles. If for some reason you need to cancel your meeting please make sure that your mentor receives the message, it will avoid unpleasantness.
- Your mentor's time is precious, do not submit "rough drafts" for input; make sure that your draft is presentable and free of typographical errors.
- Accept criticism with grace. Remember, that it is your mentors' job to evaluate your work and progress objectively. In the same manner you should demonstrate a willingness to consider their advice, and be able to defend your position as mature and as educated as possible if you were still to disagree to their suggestion. Regarding disagreement, direct communication is the best option. Electronic communication can be misinterpreted or uncomfortable.

to achieve an acceptable work/life balance. Even though academic accomplishments and a well-established research career are important criteria for a mentor, you should also pay attention to his or her experience in directing postdoctoral fellows, successful track record of mentoring trainees, reputation for high standards, enthusiasm for advising fellows, and funding resources.

Before choosing your mentor, introspection is advised...and necessary. Before bringing in someone else to help guide your career, first you must identify your personal and professional goals, identify your strengths and weaknesses, clarify the type of research you want to do, identify the set of skills you want to learn, as well as the type of relationship you want to develop with your mentor. The mentor-mentee relationship should be one filled with respect and honesty, and as a mentee you are the one in charge of the success of this relationship.

Even though mentorship is more important during your training years, professional development never stops, and mentorship will always be needed. Engaging peers and colleagues outside of your division or department would be advisable because an outsider perspective might be helpful when confronting a problem or making a decision. Mentoring is a lifelong relationship and as you progress through your career, your needs will change and so will your mentors. It is important to assess your relationship with your current mentor periodically.

Hopefully, this advice will help you find your mentor and build up a successful relationship. As you will no doubt find out, once a mentor, always a mentor. ■

Michelle Y. Rivera-Vega, MD, is a third year fellow in Pediatric Endocrinology at the Children's Hospital of Pittsburgh of UPMC in Pittsburgh. She received a BS in Biology from the University of Puerto Rico, her MD from the Universidad Autónoma de Guadalajara, Mexico, and Fifth Pathway Certificate from Ponce School of Medicine in Puerto Rico.

Pediatric Physiatrist

Cleveland Clinic, one of the world's most distinguished academic medical centers, is recruiting for a Pediatric Physiatrist at Cleveland Clinic Children's Hospital for Rehabilitation. The selected professional will have the opportunity to join a growing team of Pediatric Physiatrists in an established rehabilitation program at a freestanding rehabilitation facility dedicated to the care of children with chronic illness and disability.

Board certification in Pediatric Physiatry and eligibility for licensure in Ohio are required. A faculty appointment at a rank commensurate with academic accomplishments is available at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University. Ample research opportunities are available within the Lerner Research Institute. Cleveland Clinic physicians enjoy a collegial work environment within the framework of a large group practice, with a competitive salary enhanced by a very attractive benefits package.

Cleveland Clinic Children's is consistently ranked as one of the best children's hospitals in the United States by U.S. News & World Report and has 429 staffed beds, of which 121 are on the main campus, 25 in our free-standing Children's Hospital for Rehabilitation, and 283 in 4 other satellite hospitals across Northeast Ohio. Our staff includes more than 300 physicians in 55 pediatric medical and surgical specialties providing over 800,000 outpatient visits, 18,000 inpatient admissions, 13,000 surgeries, and accepting over 1,600 transports per year.

The Children's Hospital for Rehabilitation has a CARF accredited inpatient acute rehabilitation program with impressive outcomes. There is an inpatient chronic pain rehabilitation program which is the only CARF accredited inpatient pediatric pain program in the nation. This program admits over 100 patients annually, most of them coming from other States and Canada. There is also a large outpatient physiatry practice which includes the full spectrum of spasticity management. The hospital has a staff of 125 pediatric therapists. Our pediatric rehabilitation team consists of board-certified pediatricians, physiatrists, care managers, nurses, therapists, psychologists, social workers and other professionals in numerous disciplines. Additional information can be found online at www.ccf.org/childrens.

Interested Candidates should submit their Curriculum Vitae to:
<http://www.clevelandclinic.org/physicianrecruitment>



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Smoke/Drug Free Environment*



Michael Merrill and Evan White



Investing in Your Children's Future

Envision the day you finish fellowship, when you make that phone call or go online to set up your student loan repayment plan. As financial advisors, two of the most common questions we field originate from this moment. The first question is, “What’s the best way to pay this back?” This is followed by, “Will I ever get through this and be able to do all the other things that are just as important?”

It’s with those thoughts in mind that we’d like you to consider what you can do to help your children lessen that burden. The cost of higher education is growing, but it’s important to note that it’s running at rates almost double that of historic inflation. When considering retirement, we all understand the importance in investing for our future by using a mix of assets and accounts where we expect the appreciation to not just match inflation, but really exceed those margins.

By starting early we have the confidence that we’ll have what we need when we get there, and we’ll be less concerned that money will run out! So, if the cost for higher education is growing that quickly we think it’s important to consider what options are available to help meet those educational needs, while making sure the next generation also has a shot at preparing for their own retirement. One of the luxuries of your career as a family practitioner is that you will likely have the ability to prepare for both, and the best thing about educational savings plans is they often add in one or more tax incentives along the way.

There are a number of convenient methods for preparing for future educational expenses. The most common options offer tax-deferred accumulation and tax-free withdrawals for qualified higher education expenses. Depending on your state residence

there may be an option for limited state tax deductions upon contribution, so as our clients evaluate means of offsetting taxable income, beyond providing a gift to your children the tax savings is pretty attractive as well! These accounts typically provide a broad selection of investment options for appropriate levels of diversification and flexibility within the accounts. Provided you approach these plans with consistency, similar to how you might invest for your retirement, the compounding interest upon interest and the tax-free distributions for qualified higher education expenses you'll put yourself in a great position to help your children pay for their education.

Beyond the common approaches, there are also a variety of other approaches, which may be an appropriate fit for you and your children's planning needs—from pre-paid tuition plans and state bond agreements to insurance-based plans. Each option differs slightly, so it's important to compare and contrast each to fully understand the scope of the investment options, potential tax incentives, and other possible benefits or limitations.

Lastly, the need to cover all the expense isn't always necessary. Sometimes there are other alternative means of paying for tuition—scholarships and endowments come readily to mind—and possibly you feel that your children will better value their education if they have to put in some effort to pay a portion of that cost. There is no right or wrong answer to the level of support you provide. It will ultimately come down to your goals and philosophy on the matter. ■

Michael Merrill and Evan White are financial advisors with the independent financial services firm, Finity Group, LLC.



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Alison Kim, PhD

Careers Beyond Clinical Practice

Early-career clinicians devote many extra years to their education and training after college, much of it paid for out of their own pocket. Therefore, for those debating whether to pursue an “alternative” career, the thought can be daunting. Are they even qualified to do anything other than practice medicine? Will all those extra years of education and training go to waste?

The short answer is, *yes*, you are qualified for a non-clinical career and *no*, your education and training will not go to waste. An important first step toward a non-clinical career is to decide which jobs are of interest to you.

- **Administration.** While hospital administration is the classic example, clinician administrators are also found in a variety of other work environments. For example, they may work within federal and state agencies as health scientist administrators and program officers. There are also opportunities in the non-profit sector, within medical associations, think tanks, and foundations.
- **Consulting.** Clinicians are a hot commodity for management and health care consulting firms. Not only do they offer content expertise, but also an on-the-ground perspective on problems related to healthcare. They also tend to be good with people, are intellectually curious, and are strong analytical thinkers—all attributes valued by consulting firms.
- **Communications.** Medical writing, journalism, and publishing are just some of the communications-related areas offering career opportunities. Clinicians’ expertise and perspectives are valuable for identifying hot topics, controversies, and recognizing innovations that have the potential to significantly impact the practice of medicine.
- **Industry.** Pharmaceuticals, devices, and biotech are just some of the industries where clinicians may seek an alternative career. In addition to positions related to research and development, clinicians also work in the medical affairs, marketing, and advocacy departments at various companies. There are also opportunities available for physicians in other industries such as nutrition, agriculture, and health informatics.

Confirming that you are truly interested in an alternative career and identifying a potential career path is half the battle. Once you’ve made your decision, you need to take some extra steps to set yourself up for success on the alternative job market.



- **Identify your transferable skills.** Sure, you’ve trained years and years for the sole purpose of practicing medicine, but that doesn’t mean you haven’t picked up other skills along the way. It’s important to put a name to these transferable (or “soft”) skills. These might include: strong presenting and writing skills; the ability to analyze and draw conclusions from large amounts of data; communicating complex information in a way that a lay person can understand; leading and managing a team; and the ability to juggle multiple demanding responsibilities at the same time.
- **Seek opportunities to fill in the gaps.** Once you’ve completed an honest inventory of your skills, look for major holes that significantly weaken your resume. For the career path you’re interested in, is there a particular experience or skill that is absolutely critical? This way, before you go on the job market, you can seek out specific experiences that strengthen your appeal.
- **Get another person’s opinion.** You may think you’re underqualified, but everyone else may not. Be sure to get your resume reviewed by a variety of people, including those who know you well and those who know what it takes to succeed in your career of interest.
- **Network.** Who you know is just as important, perhaps even more important, than what you’ve accomplished. After all, when you have hundreds of qualified people applying for the same job and they look the same on paper, a personal reference goes a long way. Maintain the relationships that you already have, and be assertive when there are opportunities to add new people to your network. A great way to do this, of course, is to participate in professional meetings like ENDO. Informational interviews are another way to meet new people while also gathering information about careers you may be interested in. ■

Alison Kim, PhD, is associate director of grant development and strategic research at the Endocrine Society in Chevy Chase, MD.

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GME Program Director – PM&R Employment Opportunity

Join a Leading Healthcare System in South Florida

Memorial Healthcare System is seeking a GME Program Director for Physical Medicine and Rehabilitation (PM&R) to lead the development and implementation of a new PM&R Residency Program. This is an exciting opportunity for an experienced and motivated leader to be involved in the development of a fully supported groundbreaking program in a large and recognized dynamic healthcare system. The successful candidate will have PM&R specialty expertise and documented educational and administrative experience acceptable to the ACGME PM&R Residency Review Committee as well as the following qualifications:

- Current certification in the specialty by the American Board of Physical Medicine and Rehabilitation
- Eligibility to obtain Florida medical licensure and an MHS medical staff appointment
- A minimum of four years of recent, post-residency experience in active clinical practice in physical medicine rehabilitation as a faculty member in an ACGME-accredited physical medicine and rehabilitation program

The ideal candidate will exhibit a passion for medical education, teaching and mentoring; strong administrative and team-building abilities; and excellent interpersonal and communication skills. The program director will have authority of and accountability for the operation of the PM&R program. He/she will be responsible for overseeing the quality of didactic and clinical education and for administering and maintaining an educational environment conducive to educating the residents in each of the ACGME competency areas. This is also a unique opportunity for qualified candidates to provide educational leadership while delivering PM&R clinical services within the Memorial Healthcare System. The position offers competitive benefits and a compensation package that is commensurate with training and experience. Professional malpractice and liability are covered under sovereign immunity.

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About Memorial Healthcare System

Memorial Healthcare System is the third-largest public healthcare system in the United States. A national leader in quality care and patient satisfaction, Memorial has ranked 11 times since 2008 on nationally recognized lists of great places to work – in Modern Healthcare magazine, Florida Trend magazine and Becker's Hospital Review, just to name a few.

Memorial's work environment has been rated by employees and physicians alike as an open-door, inclusive culture that is committed to safety, transparency and, above all, outstanding service to patients and families.