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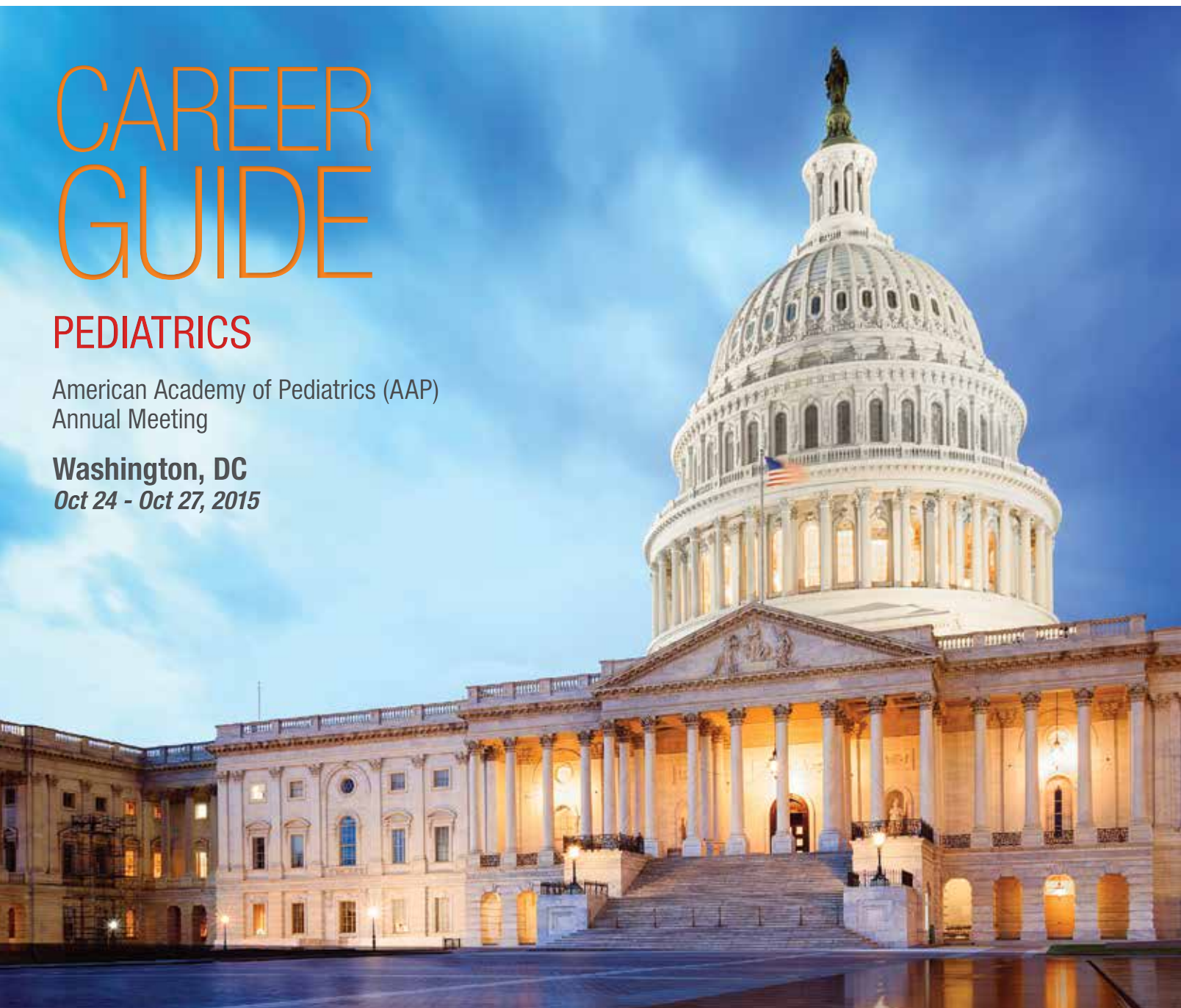
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CAREER GUIDE

PEDIATRICS

American Academy of Pediatrics (AAP)
Annual Meeting

Washington, DC
Oct 24 - Oct 27, 2015



ARTICLE HIGHLIGHTS:

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



PEDIATRIC SUBSPECIALISTS

OCHSNER HEALTH SYSTEM IS SEEKING THE FOLLOWING PEDIATRIC SUBSPECIALISTS:

NEW ORLEANS, LA

- **BC/BE Pediatric Cardiologist specializing in non-invasive imaging with expertise in fetal echo, TEE, MRI, and/or Cardiac CT:** This position will join 3 other imaging physicians in a group of 9 pediatric cardiologists. Completion of an advanced non-invasive imaging fellowship is preferred. Salary will be commensurate with training and experience.
- **BC/BE Full-Time Pediatric Nephrology Faculty Member:** The position will be predominantly clinical and will involve attending inpatient and ambulatory services, including traveling to regional outreach clinics. Additional responsibilities will include supervising and teaching of pediatric residents and medical students. Opportunities to conduct collaborative clinical or basic science research are available. Candidates should be interested in chronic renal failure, dialysis, and renal transplant.
- **BC/BE Pediatric Endocrinologist:** Experienced physicians and those directly from fellowship are welcomed to apply. The department offers a very large clinical practice and teaching opportunities as they relate to diabetes, thyroid disease, and all areas of subspecialty pediatric endocrinology.
- **BC/BE Pediatric Neurologist to join our team of three physicians:** Recent graduates and experienced physicians are welcomed to apply. Our neurology team includes neurologists with subspecialty expertise in stroke, neurointensive care, movement disorders, epilepsy, pain management, neuroimmunology, neuromuscular disorders, and neuroimaging.

WEST MONROE, LA

- **BC/BE General Pediatric Cardiologist:** The successful candidate will practice in West Monroe with a local group of 2 pediatric cardiologists, closely affiliated with the senior cardiologist on-site and with the Ochsner Section of Pediatric Cardiology, currently comprised of 9 pediatric cardiologists. Salary is commensurate with training and experience.

The Department of Pediatrics and our pediatric subspecialists represent over 110 physicians and is the region's leading integrated provider of multispecialty care for infants, children, adolescents, and young adults. We offer a full range of pediatric services including bone marrow transplantation, solid organ transplantation, and pediatric cardiovascular surgery. We utilize a 54-bed Level III-C Neonatal Intensive Care Unit, a 14-bed PICU, a 35-bed pediatric unit, and a full-time, region-wide in-house pediatric transport team.

Our physicians practice in multiple sites across Louisiana, including a large, state-of-the-art ambulatory facility on our main campus. We have a pediatric regional network with over 40 general pediatricians in addition to a large outside referral base. We care for over 55,000 unique pediatric patients annually, and Ochsner hospitals have more than 4,000 deliveries per year.

Ochsner Health System is Louisiana's largest non-profit, academic, healthcare system. Driven by a mission to Serve, Heal, Lead, Educate and Innovate, coordinated clinical and hospital patient care is provided across the region by Ochsner's 25 owned, managed and affiliated hospitals and more than 50 health centers. Ochsner is the only Louisiana hospital recognized by *U.S. News & World Report* as a "Best Hospital" across nine specialty categories caring for patients from all 50 states and more than 90 countries worldwide each year. Ochsner employs more than 17,000 employees, nearly 1,000 physicians in over 90 medical specialties and subspecialties, and conducts over 750 clinical research studies. For more information, please visit www.ochsner.org and follow us on Twitter and Facebook.

Please email CV to profrecruiting@ochsner.org, Ref # JTPED-1, or call (800) 488-2240 for more information.

Sorry, no opportunities for J-1 applications exist at present.

Ochsner is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, sexual orientation, disability status, protected veteran status, or any other characteristic protected under law.

CAREER GUIDE

PEDIATRICS

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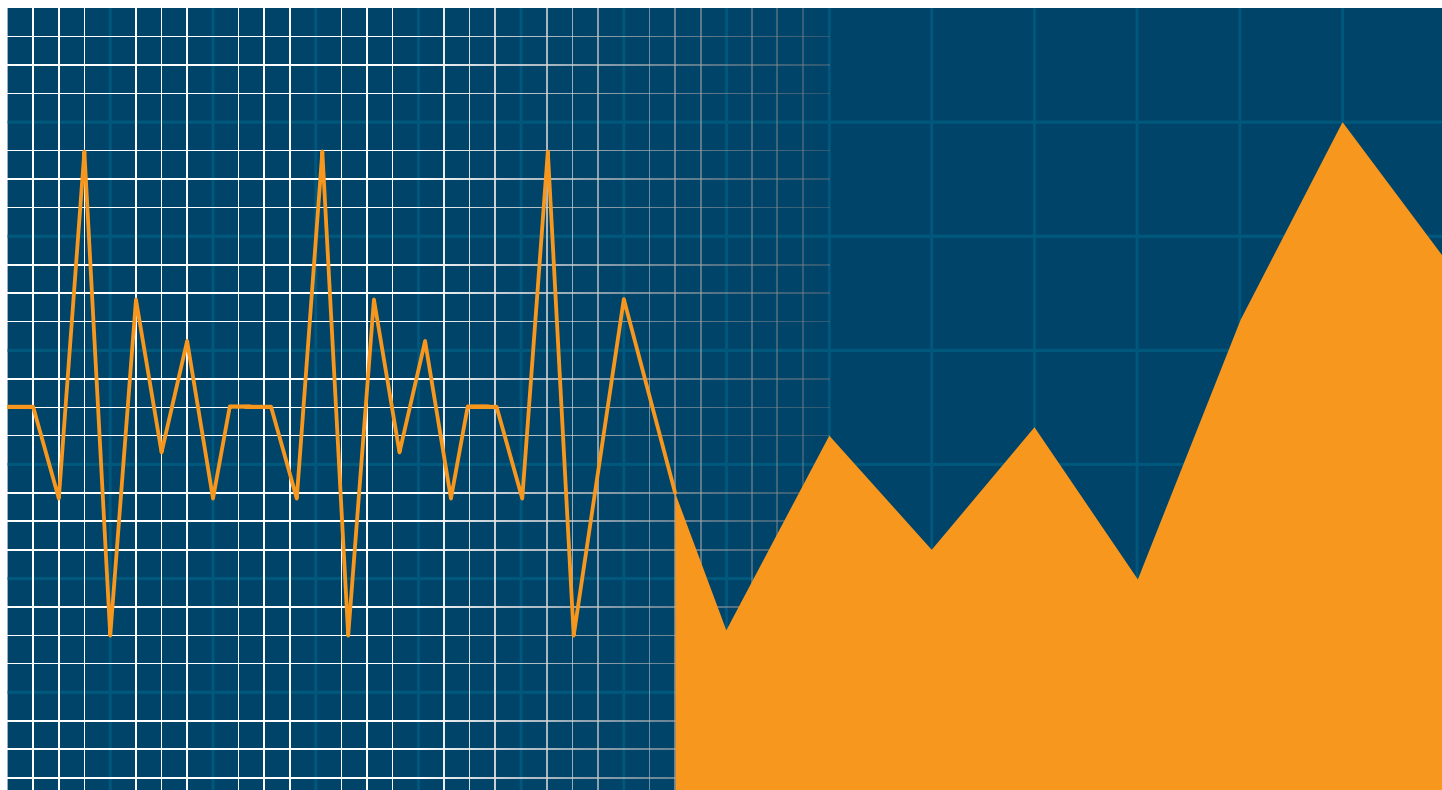


The Department of Pediatrics at the University at Buffalo is recruiting for a Chief of the Division of Genetics. The successful applicant for this leadership role will be an exceptional academic physician-leader with the proven values and skills needed to provide programmatic leadership. He/she will exhibit the balance of commitment to clinical care, education and research that typifies the best in leaders in academic pediatrics.

Interested candidates will have expertise in the evaluation, diagnosis and treatment of patients with inborn errors of metabolism, genetic disorders and dysmorphic syndromes. Patient care will involve inpatient consultations, newborn screen consultation, outpatient metabolic genetics clinic and pediatric genetics clinic. May also have the opportunity as Director of the Cytogenetics Laboratory at Buffalo General Medical Center. Credentials and a record of scholarly accomplishment appropriate for appointment at the Professor or Associate Professor level.

The new Oishei Children's Hospital on the Buffalo Niagara Medical Campus is scheduled to open in 2017. The vision is to be recognized as the innovator, the highest quality, highest value provider and the regional referral center for women and children's health care in Western New York and beyond. Plans for the 12-floor, free-standing hospital include a facility to provide the comprehensive range of specialized pediatric care and pediatric surgical services as well as a women's pavilion housing labor & delivery, post-partum care, the regional perinatal center for high-risk pregnancies and a women's health center providing prenatal and gynecological care. For more information about the physician-led plans for the new hospital, please go online at www.wchob.org/oishei.

The successful candidate will have an appointment with the State University of New York (SUNY) at Buffalo, School of Medicine and Biomedical Sciences. SUNY at Buffalo is an equal opportunity, affirmative action employer/recruiter. Interested individuals should apply online at:
<https://www.ubjobs.buffalo.edu/applicants/Central?quickFind=57497>



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.

Joseph Kim, MD, MPH, the creator of the website NonClinical-Jobs.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

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

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.



Pediatrics


Unparalleled Medicine in the Heartland



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The McFarland Clinic is seeking BE/BC Pediatric physicians to join our collegial practice in idyllic Marshalltown, Iowa. Enjoy life in a beautiful, family-oriented community with wonderful schools and an attractive cost of living.

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EEO/AA Employer/Protected Vet/Disabled

Contact Doug Kenner
866.670.0334 or dkenner@mountainmed.net

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, 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

The Growth of the MD/MBA

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

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 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 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. ■



Pediatric Hospitalist


Call This Top 10 Community Home



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The McFarland Clinic, Iowa's largest physician owned multi-specialty clinic, is seeking a BE/BC Pediatric Hospitalist. Join our collegial practice in amazing Ames, Iowa, home of Iowa State University.

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Featured 8th in Money Magazine's "Best Places to Live," Ames, Iowa is recognized as an active, friendly community with plenty to do. Ames is a vibrant university town with one of the highest-rated public school systems in the nation. Having close access to several metropolitan cities means that this versatile community provides small-town serenity and charm plus big-city amenities and culture.

EEO/AA Employer/Protected Vet/Disabled

Contact Kathleen Kittredge
866.670.0334 or kathleenkittredge@gmail.com

The University of Washington Department Of Pediatrics is seeking a full-time board-certified neonatologists (MD or DO or foreign equivalent required) to join our faculty at UW Valley Medical Center located in Renton, WA. This is an exceptional opportunity for a neonatologist whose primary interests are clinical care and medical administration, but who also enjoys teaching and desires to join a strong academic neonatology program.

This is a full-time appointment at the rank of Clinical Assistant Professor or Clinical Associate Professor.

The UW Division of Neonatology has an outstanding program with robust clinical, translational, and basic research and a strong fellowship training program. Its 28 faculty members provide clinical care at two academic NICUs (the University of Washington Medical Center and Seattle Children's Hospital) and at several regional level III NICUs. The division's highly-valued clinical faculty members are fully integrated into the division's educational and scholarly activities and each spends several weeks per year as attending physician at one of the two academic NICUs. Promotion is based on clinical and administrative performance, rather than academic productivity.

Renton, WA is nestled on the south shore of beautiful Lake Washington; the city is centrally located in the heart of the Puget Sound area—just minutes from SeaTac International Airport, Seattle, Bellevue, and Tacoma. In addition to providing a family-friendly environment of great restaurants, entertainment, shopping and schools, Renton enjoys amazing views of the Olympics, Cascades and Mt. Rainier. The Puget Sound region is widely recognized as one of the most desirable locations in the U.S. to live and work, and provides a wide spectrum of cultural, educational and sporting events, and with year-round recreational opportunities for boaters, hikers, bikers and skiers—to name but a few!

Interested candidates should submit a letter of interest, updated curriculum vitae, and the names of 3 individuals who can provide letters of reference, to:

Dr. Sandra Juul, Division Head

either by e-mail:
(sjuul@uw.edu)

or by US mail:

Box 356320,

University of Washington Department of Pediatrics, Division of Neonatology

1959 NE Pacific St., Seattle, WA 98195

University of Washington faculty participate in teaching, research and service. In order to be eligible for University sponsorship for an H-1B visa, graduates of foreign (non-U.S.) medical schools must show successful completion of all three steps of the U.S. Medical Licensing Exam (USMLE), or equivalent as determined by the Secretary of Health and Human Services. University of Washington is an affirmative action and equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, protected veteran or disabled status, or genetic information.



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.

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

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.

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.



**University of Pittsburgh
School of Medicine
Chair, Department of Pediatrics
Children's Hospital of Pittsburgh of UPMC**



The University of Pittsburgh School of Medicine and Children's Hospital of Pittsburgh of UPMC are seeking applications for the position of Professor and Vira I. Heinz Endowed Chair of the Department of Pediatrics and Physician-in-Chief of the Children's Hospital of Pittsburgh and Scientific Director of the Rangos Research Institute. The department is dedicated to providing high-quality health care while developing and maintaining innovative basic and clinical research programs aimed at advancing clinical practice. The department has approximately \$29 million per year of federal funding and \$39 million of total extramural funding. It supports a large and outstanding residency program with multiple tracks, as well as 17 fellowship programs, 6 NIH T32 grants for postdoctoral research training, and a K12 training grant for junior faculty researchers.

Competitive candidates must have academic accomplishments meeting criteria for appointment at the tenured professor level, including a distinguished record of research, clinical, teaching, and service activities. Other key characteristics include a broad visionary approach to major issues in the field, ability to foster collaborations, capability to manage an active group of community and academic specialty practices, as well as significant administrative and leadership experience.

The University of Pittsburgh School of Medicine is one of the nation's leading medical schools, renowned for its curriculum that emphasizes both the science and humanity of medicine and its remarkable growth in NIH funding. With more than \$450 million of NIH funding, the University ranks fifth among more than 3,000 entities that receive NIH support. As one of the University's six Schools of the Health Sciences, the School of Medicine is the academic partner to the University of Pittsburgh Medical Center. The combined mission is to train tomorrow's health care specialists and biomedical scientists, engage in ground-breaking research that will advance understanding of the causes and treatments of disease, and participate in delivery of outstanding patient care. UPMC is a global health system with 23 hospitals, several international sites, more than 60,000 employees, and close to \$13 billion of annual revenue.

Review of applications will begin immediately and continue until the position is filled. Candidates should submit a letter of application stating professional accomplishments; curriculum vitae; and the names, mailing addresses, e-mail addresses, and telephone numbers of five professional references. Electronic applications and nominations are preferred and should be sent to mayowski@pitt.edu with "Pediatrics Chair Search" entered into the e-mail subject line. Applications and nominations may also be submitted by mail and should be sent to:

Ann E. Thompson, MD
Vice Dean
Attention: Colleen Mayowski, EdD
University of Pittsburgh School of Medicine
M240 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261
412-648-9000
E-mail: mayowski@pitt.edu

The University of Pittsburgh and UPMC are Affirmative Action, Equal Opportunity Employers. Women and minority candidates are strongly encouraged to apply.



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 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.

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.

BECOME A COMMONWEALTH FUND FELLOW

THE COMMONWEALTH FUND MONGAN FELLOWSHIP IN MINORITY HEALTH POLICY

PROGRAM: At the Harvard Medical School, Boston, applications are now being accepted for a one-year, degree-granting, full-time fellowship beginning July 2016. Program prepares physicians for leadership roles in transforming health care delivery systems and promoting health policies and practices that improve access to high performance health care for racial and ethnic minorities, economically disadvantaged groups, and other vulnerable populations. Program offers intensive study in leadership/health policy, public health, and management. Fellows complete academic work leading to a Master of Public Health degree at the Harvard T.H. Chan School of Public Health or a Master of Public Administration degree at the Harvard Kennedy School. Fellows also participate in leadership forums and seminars with nationally recognized leaders in health care delivery systems, minority health, and health policy; site visits, shadowing, and practicum projects.

QUALIFICATIONS: BC/BE required, experience in addressing health needs of vulnerable populations, interest in health policy, interest in transforming health care delivery systems for vulnerable populations, U.S. citizenship or U.S. permanent residency.

FUNDING: \$60,000 stipend; tuition and fees; health insurance; other program expenses.

DIRECTOR: Joan Y. Reede, MD, MPH, MBA, MS, Dean for Diversity and Community Partnership

APPLICATION DEADLINE: December 15, 2015

TO APPLY CONTACT:

CFMF Program Coordinator

Tel: 617-432-2922

Email: mfdp_mcff@hms.harvard.edu

Website: www.mfdp.med.harvard.edu/cfmf/

UNDERREPRESENTED MINORITIES AND WOMEN ENCOURAGED TO APPLY

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. ■

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National Institute of Diabetes and Digestive and Kidney Diseases

Program Director for Pediatric Clinical Obesity Research

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), Division of Digestive Diseases and Nutrition (DDDN) is seeking a physician or doctoral level scientist/clinician with expertise in clinical obesity research to provide leadership for our Pediatric Clinical Obesity Program.

The position involves an active role in stimulating new research and managing complex multi-center research endeavors that reflect the dramatic expansion of clinical research opportunities related to the pathogenesis, prevention and treatment of pediatric obesity. The Pediatric Clinical Obesity Program Director will provide scientific and administrative leadership for integration and coordination of efforts of NIH sponsored clinical studies, clinical trials, and consortia investigating the etiology, prevention, and treatment of obesity in children, including medical, surgical, and behavioral treatments.

The Program Director will actively assess needs and opportunities for research, help set research priorities, and provide leadership in development of studies in important areas. In carrying out these responsibilities, the Program Director will interact with national leaders in research on childhood obesity and its complications. Many DDDN research activities are conducted through partnerships between the NIDDK, other components of NIH and DHHS, and voluntary organizations. The Program Director will play a leadership role in fostering these partnerships.

Applicants must have an advanced degree (M.D., Ph.D. or equivalent) along with relevant independent research experience in clinical research on obesity or related disorders, preferably with an emphasis on children/adolescents.

Individuals interested in learning more about this position are invited to contact:

Susan Yanovski, M.D.

Division of Digestive Diseases and Nutrition – NIDDK/NIH

Phone: (301) 594-8882

email: sy29f@nih.gov

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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.



Maria Brito, MD

Getting the Most Out of Your Last Year of Fellowship

As the new academic year rolls in, new incoming fellows join sub-specialty programs across the nation and faculty members along with senior fellows are placing most of their efforts in accommodating the newbies, showing them the ropes, and making sure they have all they need for a smooth transition from residency. During this time, junior fellows are the protagonists while they dedicate this year primarily to elective rotations and job-seeking (while fulfilling their clinical and academic duties, of course).

The last year of fellowship goes by pretty quickly and before you know it, you're in practice. Here are some tips on how to get the most of this time in order to better serve you in the future:

1. Get into the habit of learning for pleasure, not obligation.

Although you may enjoy the field very much, between the scheduled presentations, journal clubs, and frequent "pimping" during rounds, many fellows may get into a rut and lose passion as they see learning as a "duty." Once a week, decide to learn something you want to learn, for fun (yes, for fun). Read a new textbook chapter. Review an article that strikes your interest without worrying about an audience. Transform learning into something you do for you and nobody else.

2. Pay attention during divisional/operational meetings.

Many fellowship programs have fellows present during meetings where such things as budget, billing, changes in healthcare delivery, and administration are discussed, yet most physicians in training tune out these discussions because "it doesn't apply to *them*." In actuality, many of the topics discussed do have some degree of impact on the fellowship and becoming knowledgeable of how endocrinology divisions and physician practices are run is a valuable part of your training. Learning about healthcare administration will serve you well both in academic and private practice.

3. Dive into a field of interest, but don't feel obligated to pick one.

If you feel inclined to dedicate your career to one gland, this is the earliest opportunity you have to define it (but it won't be your last). Feel free to approach a mentor in your program with questions about your career goals, work on projects dedicated to the subject, research any courses or certifications associated with practice, and be ready to defend this interest in an interview if

you are serious about it. Again, you will have many opportunities during your trajectory to choose a field of interest or even change it, and endocrinology as a whole is fascinating (you don't have to restrict your practice to one single aspect of the science if that's not your thing).

4. Sharpen your time management skills.

Senior year of fellowship is a period of a lot of "down" time; the clinical responsibilities diminish significantly, so it's easy to become "slow" and lax. Strive to stay sharp, even if you have all day to write a few patient notes, try to get them done quickly. Make an effort to become comprehensive while being efficient. Develop your organizational skills and make goals to achieve more in less time. Learn to avoid unnecessary texting, web surfing, and other distractions during your workday. One of the most challenging aspects of practice after graduating from training is realizing you don't have nearly as much time as you used to and now have a whole lot more to do.

5. Get involved in a committee.

Committees are a great way to network within your healthcare system and be a contributing party to organizational change. This provides you an opportunity to demonstrate leadership and acquire knowledge of other aspects of the practice of medicine and medical education. Sometimes, your involvement may help you determine a career path and looks great on a CV. Your graduate medical education office can provide you with a list of committees that you can be involved in.

6. Be a tourist in your town.

Many trainees are fellows in areas that they have never been before or will move out of after fellowship. It is with great regret that I say I never visited Key West when I trained in south Florida or Lake George when I trained in upstate New York. Take this last year as an opportunity to enjoy the sights, activities, and best places to eat in your area. Trust me, it'll be harder to get there once you're gone! ■

Maria Brito, MD, is an assistant professor of medicine and director of the Thyroid Unit at Hofstra North Shore-LIJ School of Medicine in Great Neck, New York.



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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