



How We Prepare our Fellows to Succeed in Both Private and Academic Practice

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Learning Objectives

1. To discuss tips & strategies for coaching fellows making career choices.
2. To review elements of fellowship that can help prepare your anesthesiology or pain medicine fellows for a successful start in academic practice.
3. To review tips and strategies to prepare your pain medicine or anesthesiology fellows for a successful start in private practice.

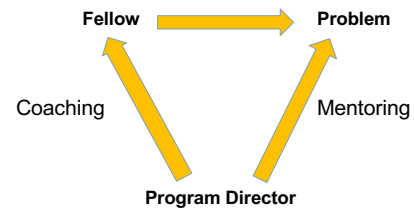
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Coaching fellows through career decisions



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Coaching vs. Mentoring



Duke Residency Professional Development Coaching Course, 2020, Steinhauer K, Zaas A, McMullen A.

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Coaching vs. Mentoring

	Coaching	Mentoring
Focus	Identify & achieve desired future state Focus on individual strengths	Advance in an organization Understand politics Highlight weaknesses or faults
Role of Program Director	Learner Driven Listen, Reflect, Open-ended inquiry	Mentor Driven Share past experiences/wisdom
Relationship	Partner Egalitarian Non-prescriptive	Senior/Junior Hierarchical Prescriptive
Outcomes	Identify goals, vision, and plan Make forward progress on action plan Increased fellow well-being	Better understanding of organizational dynamics Networking

Duke Residency Professional Development Coaching Course, 2020, Steinhauer, K, Zaas, A, McMullen A.

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Examples of Coaching Questions

- *Thinking about your time in training, what have you loved doing the most?*
- *What positive things have mentors consistently said about you?*
- *If you think about your personal life right now, what is one thing you can't stop doing? That you end up doing wherever you go?*
- *Does this feel right? Can you connect this with what you are doing now, and what you want to do after your training?*

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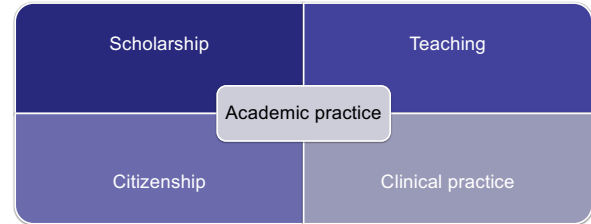
Examples of Coaching Questions

- *Hearing yourself tell this story and have it reflected back, what stands out – how is that linked with where you see yourself expressing your professional skills and gifts?*
- *It is 3 years from now, you are doing exactly what you wanted to be doing professionally. You are happier than you could have imagined. What is happening? Where are you? What does your day look like?*

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Skill-building in fellowship for academic practice



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Citizenship



- Join professional societies
- Encourage involvement at local, state & national level
- Fellows join a hospital committee for the year
- Network: through societies and social media.
- Teach good habits/best practices re social media engagement.



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Teaching

- Educate fellows on teaching skills in different settings:
 - Lectures
 - During supervision
 - In simulation
- Opportunities to supervise and teach residents & students
- Supervise the supervision & teaching
- Give timely feedback on supervision/teaching skills
- Solicit feedback from residents & med students.



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Scholarship

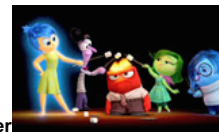
- Consider a lecture series for all fellows in your department:
 - Clinical operations
 - Research skills
 - Career Development
 - Business of medicine
 - Education
 - Work/Life balance
 - Quality Improvement
 - Board preparation

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Academic scholarship-Inside Out

Feelings

- Fear
- Joy
- Sad
- Anger
- Disgust



How you see it

- A Job
- A state of mind, a vocation
- A necessary thing
- An awful thing
- Everyday frustration

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Scholar-definition through time

- In ancient times: one who goes to school, a pupil
- Modern: the **expert, specialist in a certain field, a distinguished academic**, a highly educated person with an aptitude for study
- Synonym: academic, intellectual, savant



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Scholarship-many shapes and forms

- Four entities
 - Scholarship of discovery
 - Scholarship of integration
 - Scholarship of application
 - Scholarship of teaching
- Challenges
 - How does the scholar maintain excellence in their work
 - Many high education institutions were willing to adopt but the question of assessment arose.

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Fellows-happy to have matched their chosen fellowship...

- First day
 - Heavy clinic, orientation
 - By the way...write an IRB by tomorrow
 - ...and by the end of the week write that case report
 - ...and call the patients to schedule the stim
 - ...while you submit your ASRA abstract



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The reality of the fellowship

- 1 year in most specialties unless research time is added for dedicated PhD, MS scientists
- Small fellowships can have an additional burden.
- The fellows challenge you...
 - I am tired
 - I want to go in private practice
 - I have no idea what research means?
 - I want to focus on becoming clinically excellent



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However...ACGME has requirements

Different text, same message:
Fellows need to do scholarly activity

IV.B.	Fellows' Scholarly Activities
IV.B.1.	The curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)
IV.B.2.	Fellows should participate in scholarly activity. (Core)
IV.B.3.	The sponsoring institution and program should allocate adequate educational resources to facilitate fellow involvement in scholarly activities. (Core)
IV.B.	Fellows' Scholarly Activities
IV.B.1.	The program must provide instruction in the fundamentals of research design and conduct, and the interpretation and presentation of data. (Core)
IV.B.2.	Each fellow must complete a scholarly project, the results of which must be disseminated through a variety of means, including publication or presentation at local, regional, national, or international meetings. (Core)

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Scholarly work in fellowship

- Good: Just limited number fellows to deal with
- **Bad: If unmotivated...bad news**
- Good: Less projects to complete
- **Bad: Multiple commitments hard to complete**
- Good: Not busy clinical, scholarly projects possible
- **Bad: Busy clinical, no time for scholarly work**



MAKE IT WORK!



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Fellows' thirst for knowledge does exist

- Generation of highly educated digitally native physicians
- Reserved at times
- Duty vs. save the world
- A little play for their attention
- And certainly teach by example



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How can we motivate our fellows?

KNOW THEM!

- Involve the fellows: explain why do you do what you do, the vision
- Emphasize the greater good: how can you help others, patients, colleagues by disseminating your scholarly work
- Give responsibilities and leadership opportunities
- Give feed back and encouragement
- Flexibility in work hours at the scholarly project-work from home
- Provide educational opportunities and developments on the topic-conferences
- Allow time for personal issues (but keep track) and protected time for completion of the scholarly projects.
- Involved in research teams

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What scholarly project can fellows complete?

Component of scholarship	Examples	Assessment Criteria
Discovery → advancing knowledge	Published paper Short meeting in abstract	All 4 components of scholarship should be present when looking at the sum of the 4 components
Integration → synthesizing knowledge	Case studies or reports Patient education projects	Each graduate should be exposed to each of the 4 components of scholarship and should complete at least one scholarly activity during the residency training period
Application → applying existing knowledge	Participation in national guideline panels Participation in professional societies	More stringent requirements may be instituted by the specialty-specific RRC as needed
Teaching → disseminating current medical knowledge	Preparing and delivering lectures Curriculum development Development of web-based modules, etc.	

- Similarly with faculty standards, fellows should be evaluated based on Boyer's 4 entities of scholarship.
- Essential is the scholarship of teaching where fellows be involved with their peers, patients, etc.

Grady E et al. Defining Scholarly activity in Graduate Medical Education Journal of Graduate Medical Education, December 2012, |

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What is considered scholarly activity

- Scholarship of discovery-research
 - Papers published is the product
 - Participating in research, research presented to scientific meeting
- Scholarship of integration
 - Multidisciplinary presentations within the institutions
 - Multidisciplinary conferences,
- Scholarship of application
 - Book chapters
- Scholarship of teaching
 - Present regional to collaborative case conferences with other fellowship programs
 - Book chapters

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Scholarship work demystified

- Highly selective process for fellowship, supposedly dedicated, smart and with appropriate work ethic
- Expectations
 - Excellence in clinical care: easy to attain due to volume
 - Excellence in scholarly work: hard to attain due to time constraints
- Solutions
 - Lecture every day,
 - Attending database case reports of challenging cases-prepare
 - QA projects
 - Regional meetings presentations

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It is on YOU to find solutions...

- Academic days, administrative days (chief fellows) roughly 1-2 per month (1 every other week sometimes)
- Flexibility: Review the charts from home
- Added responsibility: lead the team of house staff and medical students, work together at case reports
- Play detective: your rationale for the case to be presented, investigate the course, discuss other options.
- Be available: find cases, listen to fellows suggestions, guide do not destroy.
- Be altruistic: collaborate on book chapters, research projects

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Possibilities

- One grand rounds presentation,
- One abstract (research/case report) submission and presentation at national meetings
- One presentation at the institutional multidisciplinary meeting
- One presentation at the collaborative case conferences
 - Chicago Pain summit AND Collaborative case conference
- One QA project
- Attend and present at the institutional pain boards
 - Spine board OR Oncology pain OR Comprehensive pain conference OR Bone health meeting
- "Abstract presentation in Fellow Complex Case Session at Annual Society of Cardiovascular Anesthesiologists Meeting"
- "One "writing project". Usually a Case Report or Case Conference for the Journal of Cardiothoracic and Vascular Anesthesia".
- "I usually have the IRB proposal written up and approved so they can hit the ground running on day 1. Then towards the end of their year I have the fellow write up the IRB proposal and get the project approved for the next fellow."

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Other ways to involve fellows

- Start them early;
 - Gradual responsibility: case report as CA1 to paper writing during fellowship
 - Fellows involved in medical student research:
 - Book chapters early, correct them in fellowship
 - Combine efforts: both fellows/ residents participation in research research
- Lead by example
 - Organized: keep record, especially in book chapters
 - "Zebra" vs "Horses"-share your experience, keep fellows engaged
 - Introduce new technology
 - Listen to their wishes: be flexible when treating cases.

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Work with your institutional colleagues

- Never enough time...
- Contradictory message: scholar and clinician...clinical scholarship
- What helps
 - A good fellowship coordinator-share resources with core PD
 - Participate in professional meetings
 - Create an academic environment for the fellows

Lead by example-create long-lasting connections

- Set expectation for your section faculty to present at grand rounds and at the national meetings
- Networking: get involved with colleagues from other institutions
- Introduce the scholarly work to fellows in a non-assuming way: be gentle not forceful
- Expect the best, deal with the worst
- Keep alumni as friends and gather at meetings
- Aim to always improve on all planes: research, clinical, educational and service.
- Be engages with the fellows, guide, do not destroy


Remember: they do what THEY SEE!

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Tips and Strategies

- First things first


 The basis for success in private practice is a solid clinical experience!

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Tips and Strategies

- First things first

 Set up a curriculum to address practice and business and personal management

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Tips and Strategies

- Some topics to address:
 1. Practice management
 2. Business management
 3. Personal job management

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Tips and Strategies

Practice management:

1. Practice Management

- | | |
|----|-------------------------------------------------------------------------------------------|
| A. | Documentation and Coding (E&M) and Compliance |
| B. | Coverage Policies - (Pre-)Authorization Process and Appeal Process |
| C. | Carrier Advisor Committees (CAC) |
| D. | Scheduling, cancellations and no-shows |
| E. | CPT/RUC process |
| F. | HOPD and ASC versus in-office Coding and Billing Charges/Revenue |
| G. | Monthly Financial Reports |
| H. | Work-Related Value Units (WRVU) |
| I. | Midlevel Supervision (PA/NP) & midlevel insurance reimbursement (incident-to billing etc) |
| J. | The Difficult Patient |
| K. | Preauthorization – medications, care and procedures |

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Tips and Strategies

Business management:

2. Business Management

- | | |
|----|---------------------------------------------------------------|
| A. | Contracting with Payors |
| B. | Contracting with Employees - Human Resources – Employment Law |
| C. | HIPAA |
| D. | Stark Laws/Anti-Kickback Laws/False Claims Act |
| E. | Billing/collection |
| F. | Business Development |
| G. | Office rental and renovation – lease and purchase |

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Tips and Strategies

Personal job management:

3. Personal Job Management

- | | |
|----|-------------------------------------------------------------------------------------|
| A. | Contract evaluation |
| B. | Contract attorneys |
| C. | Non-compete clauses |
| D. | Payment models |
| E. | Independent practice versus large single specialty or multispecialty group practice |
| F. | Starting your own practice |
| G. | Red flags in job evaluation |
| H. | Hospital privileging |
| I. | Licenses, DEA, State and Federal Laws |
| J. | Negotiation |
| K. | Personal financial management (insurance, investment, retirement) |
| L. | Marketing and practice growth (principles, development, practical points) |

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Tips and Strategies

How to incorporate, for example:

- > Daily practice – and rotations
- > Lectures
- > Visiting lectureships
- > Journal clubs
- > Independent study
- > Meetings
- > Societies
- > Reach out to community physicians
- > Alumni

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Tips and Strategies

How to incorporate:

- Us an individualized approach based on the strengths and weaknesses of your training program.

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Tips and Strategies

• Engage your fellows early on:

- Start with basic operations:
 - Such as patient volumes and flow
 - Optimization of appointment compliance
 - Optimization of compliance with instructions
 - Matching the care pathway with reimbursement
 - Pre-authorization
 - Coding and Billing
 - Billing documentation compliance



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Tips and Strategies

- Engage your fellows early on:
 - Basic operations:
 - Understand staffing models
 - Understand scope of practice of each staff member (e.g. Medical Assistant, Advanced Midlevel Provider)
 - Insurance contracting
 - Benchmarking

2018 CPOG wRVU Benchmarks									
Specialty	N	Mean	25th	50th	65th	75th	90th	95th	99th
Pain Management	82	4,439	3,072	4,298	6,761	5,941	6,871		
2018 MGMA wRVU Benchmarks									
Pain Management	47	3,969	2,154	3,881		6,121	7,408		
UNC 2018 Work RVU Benchmarks									
Specialty	N	Mean	25th	50th	65th	75th	90th	95th	99th
Pain Management	76	4,528	3,363	4,412	5,044	5,484	6,730		

Source: The CPOG and MGMA websites

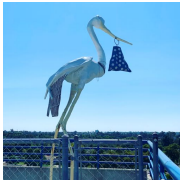
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OBSTETRIC ANESTHESIA: WHAT EXPERIENCES HAVE I HAD THAT COULD INFORM FELLOWS ON HOW TO PROCEED WITH THEIR CAREER.

- BE PATIENT AND BE PREPARED
- WORK WHERE YOU WANT TO LIVE / USE YOUR CONTACTS
- VISIT POTENTIAL WORKPLACES (AFTER COVID)
- TELL POTENTIAL EMPLOYERS WHAT VALUE YOU WILL ADD TO THE DEPARTMENT
- JOIN AND MAINTAIN MEMBERSHIP IN SUBSPECIALTY ORGANIZATIONS
- BE INVOLVED IN RESEARCH, EDUCATION AND ADMINISTRATION FROM DAY ONE

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BRING YOUR BAG OF TRICKS WITH YOU AND PREPARE TO FLY



Despite your vast and up-to-date knowledge base, how are you going to get the senior partners in your new practice to change decades of dated practice habits? Not always easy but:

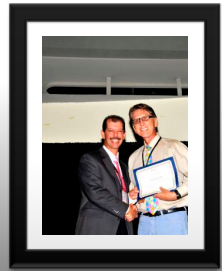
- Be patient
- Show your colleagues that your ideas work in the current clinical setting
- Get the OBs, midwives and RNs on board
- Use informal teaching and grand rounds
- Attend the required meetings in order to get the necessary protocol changes made

Then, ultimately, (most) senior partners will change their old practices

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STAY RELEVANT AND STAY CONNECTED WORK AS PART OF A TEAM

- CLINICAL RESEARCH IS POSSIBLE IN PRIVATE PRACTICE
- PROMOTE YOUR NEW HOSPITAL AS A CENTER OF EXCELLENCE
- CONSIDER WRITING – BOOKS, BOOK CHAPTERS, CASE REPORTS.
- ORGANIZE LOCAL JOURNAL CLUBS, M&M ROUNDS
- COLLABORATE WITH MEDICAL AND NURSING STAFF TO DEVELOP PROTOCOLS



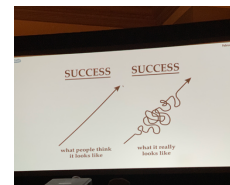
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CLINICAL PRACTICE WILL INVOLVE MANY HOURS OF LDR/OR WORK – STAY FIT AND HAVE A HEALTHY, FULL LIFE OUTSIDE OF WORK



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CAREER SUCCESS IS NOT LINEAR



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