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Searching for the first job – a practical guide for fellows-in-training

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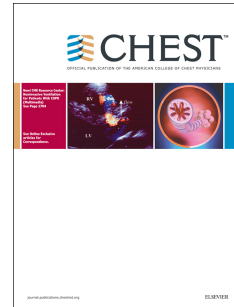
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Introduction

Applying for the first job during fellowship training is significantly different from all other application processes encountered in medical school, residency and fellowship. There is much less formalized guidance, no universal application service and no strict timeline to follow. The process may differ depending upon the type of practice one is seeking: academic or non-academic, research or clinical. Although a small number may choose a career in industry, this will not be the focus of this paper. The lack of standardization of this process often leads to a significant amount of uncertainty and stress amidst one of the most important decisions for the soon to be graduating fellow.

The process of preparing for a competitive application begins as early as the first year of fellowship where the focus should be on obtaining solid clinical training with emphasis in the latter half of the year towards developing a long-term career plan. The second year is spent pursuing a more tailored niche that fits within the applicant's track. While the interview process varies for each person, interviews may start as early as second year to apportion adequate time for onboarding and credentialing during the third year.

The recommendations offered here are compiled from a diverse group of pulmonary and critical care physicians from across the United States who have had experience in clinical, research, academic and private practice medicine. Authors were selected to provide diversity with respect to geographic location and consensus was obtained via a modified Delphi process.

Early Fellowship Career Preparation

Time is of the essence. Choosing a career path earlier rather than later in fellowship can help future job procurement in multiple ways. Early career path identification can lead to more meaningful scheduling during fellowship, help with early mentor identification, and may provide more experiential opportunities to fill one's portfolio.

Schedule optimization can allow elective and scholarly time to be chosen in a fashion that supports the career trajectory. For example, a fellow planning to enter a large clinical practice with a focused expertise may select subspecialty clinical experiences during elective time that vastly differ from the teaching experiences a rising clinician educator seeks or a trainee who is focused on research may desire. Mentors can help identify and focus experiences so the portfolio develops

evidence that the fellow is becoming an expert in his/her field or niche area. It is certainly not mandatory to know the exact details of one's career trajectory on day one of fellowship, but portfolio building can be enhanced by identifying a career track earlier in fellowship. A major branch point in the career decision making tree is choosing a private practice vs academic career as the preparatory experiences for these pathways can be quite different.

For those who are considering private practice, efforts should be made to broaden clinical experience. For example, it may be necessary to seek additional training in interventional bronchoscopy, allergy, pulmonary hypertension or sleep medicine. While physician in-state retention data is not available for subspecialty training, the Association of American Medical Colleges found that overall 55% of individuals who completed residency between 2007 and 2016 are practicing in the state of residency training. As such, getting to know private practice physicians in the local community can be helpful. This may include arranging a rotation within one or more practices. Networking at national and local meetings can also help facilitate connections and mentorship.

Optimizing fellowship time can help trainees focus career aims in a goal-directed manner. Fellows are encouraged to begin discussions early in fellowship, even during the first semiannual review with the program director. Individual and personal development plans are resources that can help fellows establish goals and set timelines for success. Additional resources such as these can be found in the suggested readings list.

Defining Career Goals with Career-Focused Interview Preparation

From an employer's perspective, it is critical that program leadership is able to quickly and accurately identify the applicant's track into clinical or research for multiple reasons. From an academic perspective, clinical space may be limited and often dictated by subspecialty areas of need, inpatient rounding demands, outpatient clinical space, referral demands and overall patient access matters. Unless a hospital system is expanding, inpatient and outpatient clinical positions could be highly competitive and limited owing to the need to meet the clinical requirements for the currently appointed faculty. Obtaining a fully protected research position out of fellowship will usually be reserved only for those applicants who have secured grant funding in the final year of fellowship, or will be supported for 1-2 years during the application for a career development grant if he/she is felt to show research potential. Alternatively, private practice positions are likely to be dictated by the practice's patient volume and clinical demands.

Ultimately, the future employer will want a clear and direct understanding of the applicant's career trajectory. Being pluripotent at this stage is no longer considered advantageous. An applicant seeking a primarily clinical academic position will need to communicate directly about his/her areas of subspecialty interest/expertise. Those interested in a research focused career should have a mentor or mentor team that can provide scientific as well as career development support to show success during fellowship through abstracts, publications, presentations at national meetings and application for fellowship grants such as NRSA, F32 or participation on a T32 training grant.

Curriculum Vitae

The organization of the curriculum vitae (CV) will differ depending upon one's track. It is generally customary to lead with the training/education background followed by board certifications/board eligibility. The next section should highlight the topics that most closely communicate the type of position one is seeking. Topics include research experience, current grant funding, research or

clinical awards, leadership positions, education/teaching experience and awards, expert clinical training inside or outside of the parent institution, manuscripts/publications, abstracts, book chapters and invited lectures. There may be a format for the CV recommended by the promotions and tenure committee of one's institution for promotional purposes, which can be used as well. More information can be found in the suggested readings list.

Cover Letter

A cover letter is sent to a division chief or recruiter to accompany the CV. It is an opportunity to provide detail that was not otherwise appropriate in the CV. Providing a cover letter with the CV can help differentiate the applicant from others by providing more specific and personal details, career goals, geographic connections, major accomplishments, or explain gaps within a CV. Think of the cover letter as an opportunity to focus on future oriented goals, as opposed to the CV which depicts past accomplishments. The format should generally follow a three paragraph, one page maximum. The first paragraph should introduce why the applicant is writing to the stated individual (e.g. seeking a specific position or expressing general interest). The second paragraph should provide additional details of why one is interested in the position, what particular connections exist geographically if applicable and specific skill sets or interests that are unique to the position. In the final paragraph, thank the recipient for the opportunity to apply and for reviewing the application. Conclude by expressing a positive interest in continued communication and visiting the program or practice for a formal interview. More information about how to structure a cover letter can be found in the suggested readings list.

Selecting Programs or Practices for Application

Having the CV and cover letter finalized first will help dramatically when sorting through the number of programs to which to apply. Several factors are important when considering places of employment and are likely to include a combination of personal and professional influences, career goals, job opportunities for partners or spouses, school systems for children and proximity to family.

When seeking employment in a subspecialty niche or academic center, it can be of great value to seek advice from mentors and faculty within the parent institution who may also have additional insights into programs or practices due to personal connections. Program directors and division chiefs are also great resources to help narrow the program search. Additional information can be obtained from reviewing a division's program online. It can also provide the applicant with a general overview of program strengths both clinically and scientifically.

For those seeking private practice positions, familiarize oneself with the practice type, local reputation, accessibility of consultants, physician turnover, specialty and procedural services, city and hospital size, as well as the surrounding referral area. For a more detailed description of different private practice options, refer to Table I.

Selecting the appropriate number of programs for which to apply depends upon several factors including program reputation, local market saturation, quality of applicant and program, career plans and personal circumstances. At this stage one is free to initiate contact and solicit interest, deciding on which programs to interview will likely be limited by time, prospective interest and potentially finances.

Initiating Contact with Programs or Practices

Making the initial contact with a division chief, chief medical officer (CMO), managing physician in a private practice, or recruiter is completely appropriate via email. A division chief's or CMO's email is usually easily located on the division's home page or faculty page. It is not common for job opportunities to be widely advertised but on some occasions, postings can be found through journals, email listings, specialty society websites or online ads. Additional opportunities may be available through the use of a recruiter. The timing of initiating the first contact can be variable, but typically occurs in the last few months of the second year or within the first few months of the third year of training. Refer to Figure 1 for a general timeline to help navigate the interview process.

When reaching out to programs, consider writing a short, concise introduction about who you are, where you are currently completing training, when you plan to graduate and why you are interested in that particular position. This should be an abbreviated version of the cover letter. If a faculty member has encouraged you to apply include this information. If there are special geographic ties, this information is also important to include. Next, briefly describe the position you are seeking (specialty niche, research, educator, inpatient vs outpatient, etc). Remember the goal is to be offered an opportunity to visit for a formal interview. Consider ending the email with an offer to send the CV and cover letter if desired or send as attachments in this initial contact. Please refer to Box 1 for a sample email introduction to a division chief.

For applicants who have mentors with strong connections to individuals and/or leadership at the program of interest, it may be worthwhile to discuss with the mentor his/her feelings about reaching out to the university. Some faculty may prefer to wait to be contacted by the institution, but others may take this opportunity to make contact on the applicant's behalf. Similarly, mentors can be very helpful in identifying contacts in the private sector for those interested in a non-academic practice.

Pre-Interview Preparation

Prior to contacting programs, it is important to initiate discussions within the home institution's division leadership (i.e. program director and division chief). It may feel uncomfortable to bring up the topic of job hunting outside of the applicant's home institution, especially if being recruited to stay on as faculty. However, this provides an opportunity to discuss interests and showcase expertise to the home institution. In addition, it is important to understand that at some point, division leadership will be contacted as a reference if there is serious interest in the applicant. We suggest initiating these discussions proactively for several reasons. First and foremost, the applicant should ensure that division leadership has a clear understanding of what type of position the applicant is seeking. This is the time to discuss the areas that are/are not negotiable regarding the potential job description. Secondly, it will be more advantageous if the home institution is well prepared regarding the job search as opposed to being caught off guard. The applicant should expect to be asked why he/she is looking outside of the home institution and have a credible and well-considered answer. This question will very likely be asked of program leadership and references by the hiring institution as well. Allowing time for communication to come to a mutual understanding on these topics will greatly improve the chances of securing the job of top choice.

In addition to meeting with leadership, formulate a list of 2-3 additional references to provide the potential employer if asked. Remember to always ask permission of an individual prior to submitting his/her name to a potential employer. The future employer may not always ask for references if he/she knows faculty personally within the applicant's program. However, be prepared to provide a list of solid references that can attest to the applicant's clinical skills, leadership capabilities, professional attributes, or research experiences in the event the potential employer is highly interested after the interview takes place.

The Interview

The interview process may actually start prior to making any formal travel arrangements. Some employers will opt to hold one or more phone interviews with the applicant prior to offering a formal interview. The applicant should be prepared to deliver a concise but detailed description of his/her ideal position. Consider rehearsing this to ensure enough detail is included but to avoid rambling and losing the phone interviewer's attention. Additionally, holding a mock interview can be a great way to refine interview skills while receiving feedback from more experienced faculty. Knowing in advance areas that are negotiable or not can help both parties establish early if there is a potential fit. However be cautious in providing too many specifics at this point to avoid being perceived as inflexible. View this stage as still trying to get one's foot in the door. Phone interviews are often used to pre-screen applicants to ensure that the program's needs at least partially match the applicant's wants.

Once a formal interview has been scheduled, the program should communicate additional details regarding travel and hotel accommodations. Details surrounding the visit should also be discussed early including the number of days for the interview, whether a formal presentation is required, pre-interview dinner expectations, etc. The full itinerary regarding the list of interviewers will likely not be available until closer to the interview date.

The interview day can vary from program to program and can include anywhere from 4-10 interviews in a day. The applicant should expect to meet with division leadership and several key faculty including those in the applicant's field of interest. Additional interviews may be held with human resources and professional staff (respiratory therapists, nurse practitioners and other support staff). For private practice positions the applicant should expect to meet a mix of junior and senior partners in the practice.

While the specifics of an interview are impossible to predict, there are some general guidelines that we suggest keeping in mind. The first interview should be viewed as the program getting to know that applicant to assess if he/she is a good fit for the program. Second interviews are generally for the applicant to assess whether or not the program fits well within his/her needs. It is discouraged to bring up salary discussions during the initial interview unless directly addressed by an interviewer. Exercise caution in being too rigid with the potential job description as the program will want to know the applicant is willing to at least potentially fill certain roles/positions that are vacant. It is a good idea however, to share ideas and future goal directed thinking. Additionally, expressing a willingness to collaborate with those already well established in basic science or clinical research is often viewed as advantageous. For a list of potential track-based questions to ask during the interview process, refer to Table II.

Post-Interview Expectations

It is very important to communicate with *every* program following the interview. Aside from being polite, this ensures the lines of communication stay open with all potential employers. One cannot be certain that his/her first choice will be final until all contracts, including negotiated changes, have been signed by all parties. Thus, communications should remain active with as many programs as possible provided there is interest from the applicant. Communication can be in the form of an e-mail, although a written letter to the division director or managing partner of the practice will make certain that the communication is not inadvertently deleted. A personal phone call thanking this individual is almost always welcome and should convey appreciation for the opportunity to visit and a query as to what the next steps might be. It should not be a request for a contract as this should be initiated by the prospective employer.

Unfortunately, there is no “etiquette” as to when a response from the employer may be expected. This also depends upon the number of applicants for the position. If the program is very interested in the applicant, follow up may be expected within the next couple of weeks. However, it is not unreasonable to contact the potential employer within 2 weeks if nothing has been heard. This would also be an appropriate time to ask additional questions that may have come up following the interview.

Employment Contract

The employment contract is the most important document that the applicant will sign in his/her career. It is very important to have this document reviewed by a legal expert in physician contracts. While part of the contract is drafted from divisional leadership/potential partners, several aspects of the contract are written by legal experts employed by these individuals. Thus, it is important for the applicant to fully understand the job title, description of duties, compensation and benefits, and all the clauses or addendums that accompany the contract. Failure to do so may result in signing poor long-term arrangements. The contract should include *specific* information about compensation, duties, title and/or directorship duties, protected time, research support if applicable, non-salary benefits, termination provisions, and non-compete covenants. In addition, contracts should include information in reference to the ability to work as a physician outside of the institution or practice (e.g. volunteering in a free clinic, moonlighting or consulting). The applicant should have clarity on each component of the contract and also understand that most elements in the contract are negotiable. Remember, compromise is the key to successful contract negotiation. All of the major specialty societies offer information to assist fellows in these early career transition phases and can be accessed in the suggested readings list.

Table I. Private Practice Options

Type	Description	Advantages	Disadvantages
Solo	<ul style="list-style-type: none"> Practicing without partners or other employment affiliations 	<ul style="list-style-type: none"> Greatest autonomy of all practice settings 	<ul style="list-style-type: none"> Burden of running entire practice High risk of financial setbacks: lack of referrals, small patient base, loss of income due to illness, vacation Higher overhead: office space, staff, electronic records Quality of life may be affected by call duties/coverage requirements
Single specialty group practice	<ul style="list-style-type: none"> 2 or more physicians of the same specialty Generally with track to partnership in 1 to 3 years 	<ul style="list-style-type: none"> Affords trial period before commitment i.e., partnership Less risk up front as salary is often guaranteed for 1-3 years Minimal administrative and management up front to allow focus on clinical practice. 	<ul style="list-style-type: none"> Partnership is not guaranteed Differing practice philosophies of members may impact co-management of shared patients Senior partners may have fewer call responsibilities compared to juniors Less autonomy in practice-related decisions before becoming partner. Number of group practices in the region may limit referral base
Multi-specialty group practice	<ul style="list-style-type: none"> Offer various types of medical specialty care in one organization Generally with track to partnership in 1 to 3 years 	<ul style="list-style-type: none"> Large referral base especially when primary care is included Potential to negotiate favorable managed care contracts due to size and multiple specialties Affords a trial period prior to commitment Less financial risk up front as salary is guaranteed for 1-3 years Minimal administrative and management responsibilities 	<ul style="list-style-type: none"> Decreased autonomy and decision-making ability The larger the practice, the higher the chance that it will become more bureaucratic and policy driven Clashes between physicians over referrals, the ability to deliver certain types of care, performance of procedures, and relative compensation Chance of not being offered partnership
Hospital employee	Directly employed by the hospital with guaranteed salary and with or without productivity incentive	<ul style="list-style-type: none"> Least amount of financial risk especially if the hospital is in good financial position Large referral network 	<ul style="list-style-type: none"> Physician autonomy is diminished Policies and procedures are developed by groups often with little input from members Can involve work on committees and teaching that may or may not be compensated separately
Locum Tenens	<ul style="list-style-type: none"> Provide physicians with short-term employment The organization dictates work schedule but covers cost of travel, lodging and malpractice 	<ul style="list-style-type: none"> Pay rate is higher than what the permanent position would offer Allows physician to "try out" a practice type or location Allows physicians to choose own hours and the number of days worked 	<ul style="list-style-type: none"> Benefits such as health care and retirement usually not offered

Figure 1. Sample timeline to help guide fellows in the preparatory phases of a job search including a general guideline for how the interview process works for academic medicine. Note that there can be substantial variation in this process for fellows not anticipating a July start date or for other extenuating circumstances. Those seeking private practice positions may find more variability in this timeline. *Final contract negotiations are likely to conclude 6 months in advance of the anticipated start date to allow sufficient time for credentialing and licensing. CV = cover letter.

Box 1. Sample Email to Division Chief

Dear Dr. Division Chief,

My name is "Fellow", a current third year pulmonary and critical care fellow at "University". I am hoping to take just a minute of your time to introduce myself. I will be graduating in June of next year and hope to continue my career as an academic physician. I understand that I may be early in the application process for faculty positions, but I thought it a good opportunity to introduce myself as it relates to potential career opportunities within "program."

I have developed an interest in severe asthma and complex airways diseases over the last couple of years after gaining further experience at "outside institution" under the direction of "Dr. Mentor." This led to the opening of an Adult Asthma Center at my home institution during my second year of fellowship. My ideal position would consist primarily of outpatient work (both general pulmonary and severe asthma depending upon the area's needs). While the majority of my work and experience has come in the clinical setting, I have been working at my current institution to develop a comprehensive database that can be used in collaboration with other researchers. Future endeavors would include sputum processing and creating a biorepository for storage of blood and sputum samples. I hope this gives you an accurate and honest idea of where my experience and interests align.

I would appreciate the opportunity to provide you with more details including my CV and cover letter as well as the opportunity to visit "city."

Table II. Sample interview questions based upon career track

Private Practice	<ol style="list-style-type: none"> 1. How are the inpatient and outpatient duties currently divided (e.g. what is the call schedule)? 2. What are the current needs of the practice? Are there subspecialty focuses the practice needs (e.g. sleep training or interventional pulmonology)? 3. Are there expectations as to what I am to bring to the practice (e.g. interventional bronchoscopy skills)? 4. (If physician owned) Is there a path to partnership and what is the length of time required? Is there a "buy-in" to partnership? 5. (For multi-specialty or hospital owned) Are there any compensated directorships available? 6. What is the policy for time off? 7. What kind of clinical nursing support is available? Is there support from nurse practitioners or physician assistants?
Academic Clinician	<ol style="list-style-type: none"> 1. How can I expect my time to be divided between inpatient and outpatient responsibilities? 2. Will I be allowed any subspecialty clinic time for my area of interest? 3. Will I be given any administrative time and/or allowed any protected research time? 4. What type of administrative support is available?

Clinician Educator	<ol style="list-style-type: none"> 1. How is protected time distributed for clinician educators? Is there a set rate or full-time equivalent (FTE) % allocation for program directors? Associate program directors? 2. How is teaching reimbursed or supported? Is there a teaching practice plan or outline that describes how teaching is measured on an FTE-equivalence scale? 3. What current teaching needs do you have? 4. Is there a directorship for a medical student course, clerkship or resident rotation you need?
Clinical Research	<ol style="list-style-type: none"> 1. What support is available via coursework/advanced degrees such as a Master's Degree in Public Health or a Masters/PhD in clinical and translational science? 2. Are there internal grants through a Clinical and Translational Science Award (CTSA) or other mechanisms to support young clinical researchers as they prepare for a K23 submission? 3. What clinical research infrastructure (coordinators, statisticians) would be available for a junior faculty clinical researcher? 4. Is there an expectation that I arrive with a funded K23 or are there mechanisms to provide support for the next 1-2 years? How much support would be provided in the form of protected time, coordinator and statistical support? 5. Is there any start-up funding to support clinical research or would I join a group of researchers with similar interests? 6. If the candidate has a K23 (for those applicants applying 1-2 years out of fellowship), what support do you offer for a junior faculty with a funded K23? (this assumes that the area of expertise is present at the new institution or the NIH will not transfer the grant)
Basic Science Research	<ol style="list-style-type: none"> 1. What is the timeline expectation for K08 funding? 2. Are start-up funds available for new faculty who show research promise but do not yet have a K08? 3. What support can I expect from my research mentor with regard to space, supplies, and technician? 4. What startup packages and salary do you offer for junior faculty with a funded K08? (For those who have secured a K grant during or after fellowship, but prior to relocating).

Suggested Reading List:

1. <http://myidp.sciencecareers.org/>
2. F Tasker. "How to Prepare a Personal Development Plan." *BMJ* 2015;351:h4603
3. <https://www.acponline.org/about-acp/about-internal-medicine/career-paths/residency-career-counseling/model-curriculum-vitae>
4. <http://www.nejmcareercenter.org/article/physician-cover-letters-why-writing-a-good-one-is-as-important-as-ever/>
5. <https://www.acponline.org/about-acp/about-internal-medicine/career-paths/residency-career-counseling/guidance>
6. <https://www.chestnet.org/Guidelines-and-Resources/Resources/Trainee-Resources/Transitioning-out-of-Fellowship>
7. <https://www.acponline.org/about-acp/about-internal-medicine/career-paths/residency-career-counseling/guidance>
8. <http://www.thoracic.org/professionals/career-development/fellows/career-talk/>
9. <http://careercentral.scm.org/jobs>

