

Finding Your First Orthopaedic Trauma Job in an Academic Setting

Finding your first job is a fun and exciting time. There is a great need for trauma orthopaedic surgeons and opportunities abound. Before embarking on the job search it is important for you and your significant other to consider your career goals. What type of practice do you want – academic or private practice? What part of the country do you want to practice? Write out a list of what you really want, your priorities, and how they rank. For example, is it important to be in a setting with other trauma surgeons or would you prefer to be by yourself in a trauma practice? These are some of the questions you need to ask.

Interviews: Whom should you speak to during the interview process?

In an academic setting you should talk with the chairman and as many faculty members as possible. Particularly seek out the newest members to learn their reasons for coming to this institution and what obstacles and challenges they may have faced in their new job setting.

Residents: Ask to speak with the residents, -- especially the senior level residents – for their insights as to the strengths and weaknesses of the program and how trauma is handled.

Additional people who may be extremely helpful

Anesthesia – Speak to the anesthesiologist about block time, the perception of orthopaedics in the hospital, and their feelings toward trauma and working in the middle of the night and on weekends.

Once you are feeling the job is interested in you and you are interested in pursuing the opportunity, additional questions to consider are:

Speak with operating room staff to include the orthopaedic equipment manager and the charge nurse. The equipment manager is very important. In your fellowship you may have access to the latest equipment or equipment from multiple vendors. Determine what companies the hospital has contracts with, and whether you will have access to the products you prefer.

The type of operating table may be important to you. For example, if you are accustomed to using Jackson tables or a Tasserit pelvic acetabular fracture table you should ask for them.

It is also important to evaluate access to the C-arm. Is there a good C arm available in your trauma room? Is that C-arm shared with the vascular and/or neurosurgeons, or do you have priority? These are very important questions which will impact your practice on a daily basis.

The mini C-arm is not a substitute to use in your Periarticular fracture work.

In addition, for those of you doing pelvic and acetabular trauma, it would be helpful to have a dry run after you get started on views and positioning. This is also important for spine trauma cases also.

Ask about OR scheduling. There should be an ortho trauma room. What are the days and hours of this room? Does it include weekends and holidays? How late can cases be posted into the room-say by 530 am or 6 am before the room is given up? What about elective orthopaedic trauma cases? Does it have to go into the same room or is there additional block time? Where do you stand on getting block time? It would be disconcerting to learn that you are the low person on the totem pole and that your block time actually begins in the late afternoon.

Is there a team of orthopaedic scrub nurses and techs available and trained in your equipment? It would be helpful on your part, once you accept a position to send your preference cards and go through all equipment in your set and how you like to use it. When you are starting, they all want to please you and reaching out to be proactive in teaching them what you like goes a long way.

Additional People

Speak with one or more **ER physicians** to see how traumas are handled in the emergency room. Determine how Trauma team and ER residents are involved in trauma care.

Talk to the **trauma surgeons**. Determine their philosophies, how they handle trauma, and if they are interested in becoming active in research. If so, see what projects they have going on. Understand their feelings about working with orthopaedic trauma surgeons.

By talking to a wide variety of personnel you should get a good feeling for the program and less likely to find surprises once you start.

You should have a clear understanding of the support which exists – or doesn't exist -- for orthopaedic trauma, how the OR handles trauma. In addition, you might want to ask about supervision of residents in the operating room and who handles orthopaedic emergencies during the night? Are open fractures put on for the next day routinely?

Assess the trauma workload. Obtain from the trauma surgeons and/or trauma registry nurse the number of admissions per year, the percent blunt, the percent penetrating, and/or burns, which can make up the trauma. You might want to discuss referral patterns and who handles the calls. How do general surgeons and ER physicians handle transfers, which may involve orthopaedic trauma?

Call

What are the expectations regarding the number of calls you take? Is it Orthopaedic trauma call at the Level 1 or 2 center? Is there a general call schedule that you cover also

(Pus, septic joints etc)?_ Determine the expected territory based on current practices and if they are willing to change: hip fractures; who handles periprosthetic fractures? Who does the proximal humerus fractures-sports or ortho trauma? Who does the distal radius fractures-hand or ortho trauma? Who handles spine call? Who handles pediatric trauma? Who makes up the call schedule? Are all trauma cases automatically given to you in the morning, or does the staff who handles even such minor procedures as washouts during the night continue to care for this patient? .

Is there a call room? What is the call room like? Is there a place to shower? Is there an exercise facility in the hospital if that is important to you?

More Important Questions & Considerations

Who is your direct boss? What is the reporting structure? Discuss the weekly schedule with the chairman. How many days you are expected to cover the operating room and what is your block time. What clinics are you expected to cover? Are these resident clinics and/or private clinics? What percentage of the caseload consists of indigent populations? Who schedules OR cases – is it the residents or are you responsible? What is the billing and/or coding structure? Are the surgeons responsible for their own codes? How are the collections? A good thing to ask for is funding for an American Academy of Orthopaedic Surgeons Coding Course in your first year of practice, particularly if your productivity is tied into how you code. The Karen Zupko courses are excellent courses and would be recommended. You might want to ask for funding for coding classes outside of your annual travel allowance, as greater coding efficiency will benefit the department as a whole. Understand the department's trauma billing expectations. What is your travel allowance? What is your book and journal fund? Who pays for your state medical license, your DEA, your society memberships including AAOS, and/or OTA, and, when appropriate, for your boards.

Other questions or topics to investigate:

Billing department-What is the rate of turn for coders? The claims reimbursement rate and appeals rate? What do they do for physician? Payer Mix-State funding for the uninsured? Trauma fund reimbursement? Salary vs. guarantee? How do you come off guarantee, what expectant time course should this happen? Elective practice? Call pay during guarantee vs. after? Who are you working for in the hospital? Are they for profit? Incentives?

Find out about the personality of the department as a whole, talk to new partners. Vision from the chair as to where the department is going-strengths and weaknesses. No one thinks to ask-but what about the Dean? How is your chairmans relationship with the Dean? A new Dean can change the personality and feel of the department.

What will be your rank? Will you be an assistant professor? What is the pathway to promotion? Have this clearly outlined, as oftentimes in an academic setting you have to choose a clinical or tenure track.

Is there funding for a traveling fellowship sometime between your second and fourth year? There are several excellent fellowship opportunities available, such as the

Leadership Fellows program, the North American Traveling Fellowship, and multiple other resources.

Other things to consider include the establishment of the trauma database, the hosting of trauma symposiums, and an ortho trauma referral hotline. Become knowledgeable about the competition for out of network insurance carriers, and how you compete for insured patients in your city and surrounding states?

Inquire what the local and state orthopaedic associations are like. What other meetings occur on an annual basis?

Will you be supplied a computer? Can you pick out what meets your needs? Is IT support available when you are preparing manuscripts, slides, and program materials?

Ask about faculty turnover -how many people have left recently? How involved is the faculty on a national basis? You might want to look in the December JBJS and see if anyone from the institution reviews manuscripts. What type of research is done? Are faculty members active in their own subspecialty groups? It might also be a good idea to look on the OTA web site and see who is a member of the OTA in the area you are going to work. You might want to talk with them.

Ask about a non-compete clause, as you might enjoy the city and locale but not be happy in that position. Ninety percent of new orthopedists change jobs within their first two years.

Determine if your weekly schedule provides time for research, research block time, or a time when you may read or catch up on journals and complete office work.

Bonuses

How is the bonus structured? Is it based on collections vs. billings vs. number of patients or relative value units? If you are working at an indigent care hospital it is difficult to obtain a lucrative bonus if it is based on collections at a Level I trauma center which may also be the county hospital. See what their collection rate is. Collections at the county hospital may be quite different from those at a university hospital. Understand the bonus structure in detail. Get it in writing.

Support staff

What support staff will be available to you? Are there residents on your service? What about the use of ancillary staff such as a P.A. or nurse practitioner to answer your phone calls to patients and call in prescriptions. What type of secretarial help do you have? Is it one-to-one, one-to-two, one-to-three? What are their duties? Are they medical secretaries or do they perform just basic office duties?

Research

Is there a research nurse or assistant available? What is the trauma database? Is there a separate trauma database? Is there a research nurse or assistant available for clinical

studies and and/or assistance with protocols. Who writes the IRB proposals? Are you responsible, or could you give a research assistant an idea and they then write the IRB? What resources are available? What types of funded studies are currently going on? Is the institution part of major fracture consortiums?

Labs

What types of laboratories are available for your use? They should be compatible with your research interests. What about biomechanical research? Are there gait labs? What about MTS testing equipment?

Manuscript preparation

Who assists or who will type up any manuscripts and/or chapters you are writing?

Salary

What is your starting salary? How often is this reviewed? Is there an annual cost of living adjustment? Is salary reevaluated on an annual basis? What is the faculty benefits package? Is there a computer provided? Is it a laptop and/or desktop? A laptop is highly recommended as you can carry it home and on trips to have your information conveniently available. What type of computer software is provided? Will you have an office? Where is the office in relation to the operating room and/or clinics?

Moving Expenses

Inquire about moving expenses. What is their allowance? Since you are just finishing a fellowship it may be important to know if moving expenses are provided in advance, direct billed, or in some instances they are actually given to you with taxes taken out.

Also consider the cost of living in the region and how your salary will fit in. This becomes important when you remember that the discrepancy in geographical area may be well over a \$100,000 in salary to match an expected standard of living. Web sites are available which compare basic salaries and what you need to make in the city you are looking at to have the equivalent lifestyle. Schools are a big consideration if you have children. How are the public schools or do most send their children to private schools? What are property taxes? What is the crime rate? It is often good to live in the city for a year before buying as you can learn traffic patterns, schools, areas of the city you like etc.