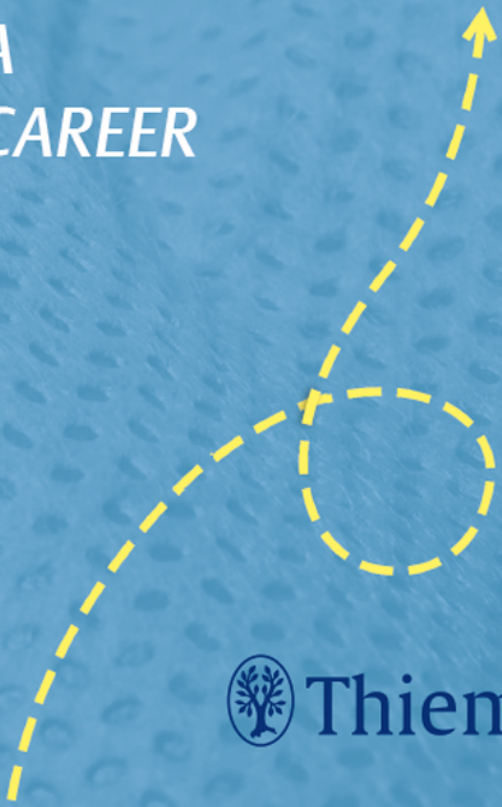
THE BUSINESS OF PLASTIC SURGERY

2nd Edition

NAVIGATING A SUCCESSFUL CAREER

EDITED BY
JOSHUA M. KORMAN
HEATHER J. FURNAS



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The Business of Plastic Surgery

Navigating a Successful Career

2nd Edition

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For all plastic surgeons—in hopes that they avoid our own stumbles and soar high in their careers.

For Siobhan, and our special editions—Raquel, Max, Shaine & Tova.

Joshua M. Korman, MD, FACS

For Paco, Diego, and Siena, my loving safety net in life.

Heather J. Furnas, MD, FACS

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Preface to the 2nd Edition

Plastic surgeons train for many years to become skilled and educated clinicians, but we are woefully unprepared to run a private practice or academic division, to negotiate a contract, or to build an operating room when we need one. Since the first edition of *The Business of Plastic Surgery: Navigating a Successful Career* in 2010, the world of health care, technology, and marketing has continued to evolve. To adjust to this changing landscape, we have expanded some topics, introduced new ones, and eliminated others for this new edition. This book covers all professional stages, from the medical student and trainee to the young, mid-career, and senior plastic surgeon.

With the rise of the financial hurdles in starting a solo practice, combined with the pervasiveness of insurance contracting, more plastic surgeons are opting for salaried positions. We have included chapters on academic, solo, and group practice, but were unable to include a chapter on large multispecialty groups. The health care corporations required content control over employees' manuscripts, stipulating a positive perspective, and potential contributors were either unwilling to write under those circumstances or had their manuscripts rejected.

We have added chapters on saving money, reviews, making videos, and career transitions from early and mid-career to retirement. To help college and medical students considering our profession to plan their trajectory, we have also included a chapter called "Beginnings."

Since the chapter on "Stress" was published in the first edition, physician burnout has become an increasingly recognized cause of distress in medicine. We have addressed both internal and system-wide causes of physician burnout in plastic surgery in several chapters, and you will find a wealth of specific suggestions and solutions offered in the chapter, "Taking Control of Your Life."

The first edition's chapter on "Women in Plastic Surgery" has evolved into a broader view of the changing face of plastic surgery. We are grateful to the authors of "The Changing Face of Plastic Surgery" who have shared their deeply personal experiences and perspectives on underrepresentation by race, ethnicity, sexual orientation, as well as gender.

Several authors have generously included examples of contracts and other legal information, all of which are meant only as a guide and cannot substitute for the advice of a licensed professional.

We have used *he* or *she* in the chapters, except where it is clear and evident that the person/patient being talked about is female, so then we have used only *she*. Similarly, we used only *he* when it is clear that the person is male

Even among close colleagues, few offer a transparent look at their practice secrets. Our authors have done just that. We are profoundly indebted to each of our contributors for their honesty and genuine missionary spirit. It is our hope that you, too, will pass along your own pearls to your colleagues. Plastic surgery is a small specialty. The more we help each other, the stronger all of us will be.

We are grateful to our families for their patience during the long nights and weekends of writing and editing, and acknowledge Max Jaime Korman for his cover design of both editions (the first at age 12, and this one 10 years later).

We hope the chapters in this book serve to help you launch or renew a rewarding career, navigate the rapids, and reach destinations you've always dreamed of.

Joshua M. Korman, MD, FACS
Heather J. Furnas, MD, FACS

From the Preface to the 1st Edition (2010)

The idea for this book came from a general feeling that we did not learn anything about the business side of plastic surgery while we were in training. In fact, after almost 20 years in practice, the information in this volume is what we would have liked to have known when we first started our professional careers, as well as through the years of practice. Plastic surgeons are as diverse as the procedures we perform, but most of us have two things in common: an MD degree and effectively a "Bad in Business" degree. Long gone are the days of the good insurance reimbursements and increasing your practice volume based on your fine reputation. Health maintenance organizations (HMOs) and provider panels did away with both. With the commoditization of the specialty, many patients are happy to settle for the cheapest price in town. Times have changed, and we have to change with them. There are many aspects of running a practice that were not even on the radar screen 10 or 20 years ago. This book collects the expertise of disparate professionals to help you practice smarter.

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1 Beginnings

Chris Reid

Abstract
This chapter introduces the reader to the field of plastic surgery and to the pathways to become a plastic surgeon. Goals and objectives are outlined for the college/undergraduate, medical student, and resident to successfully navigate the course to becoming a board-certified plastic surgeon. Also included is discussion of fellowship choices in plastic surgery.

Keywords: plastic surgery residency, sub-internship, sub-Is, fellowship, board certification

1.1 Plastic Surgery: What Is It?

Welcome to the amazing field of plastic surgery. Within it lies incredible opportunity to help patients, tailor a practice to one's own personal interest, and allow for continued personal enrichment.

Plastic surgery is an evocative specialty. Just the words conjure Hollywood actors who have had *work* done, resulting in endless jokes for late night television. Plastic surgeons do perform facelifts and breast augmentation. And a plastic surgeon won a Nobel Prize for performing the first kidney transplant, and another started the subspecialty of hand surgery, treating war victims after the world wars of the 20th century. Plastic surgery is without a doubt the most diverse surgical discipline, spanning all age groups and organ systems, operating from the top of head to the tips of toes, and treating both cosmetic and reconstructive concerns. The public is most familiar with the aesthetic identity of plastic surgery, but the primary training of plastic surgeons is focused on the adage of restoring form *and* function. This collectively describes procedures that address structural or functional losses that may be the result of congenital, traumatic, oncologic, burn, degenerative, or other pathologic processes. Included within the discipline is *also* the practice of aesthetic surgery, which is directed at reversing the effects of aging and degeneration or enhancing aspects of one's appearance. Aesthetic surgery is most accurately a subdivision of plastic surgery, which focuses on restoration and reconstruction.[1] Even during reconstructive procedures, plastic surgeons optimize the aesthetic aspects of reconstruction.

Many practicing plastic surgeons focus on aesthetic surgery, and even on particular areas, such as surgery of the nose or breast. Plastic surgeons often split their time, performing both cosmetic and reconstructive surgery. This division of time depends on market factors, the surgeon's interest, and often chance. Those plastic surgeons who focus entirely on reconstructive procedures are, as a rule, working in academic centers, which provides the insurance reimbursement patterns and infrastructure to perform complex reconstructive plastic surgical procedures (see Chapter 3). Those not in an academic practice are often hard pressed to not focus at least some practice time on aesthetic surgery, which has a significantly larger reimbursement-to-work ratio than reinsurance-based reconstructive cases. Although it is unrealistic for a single plastic surgeon to execute the entire breadth of the specialty, many surgeons do have diverse practices. An attractive aspect of the field is the ability to make of it what they want and serve patients in whatever capacity they wish.

Plastic surgeons are innovators, contributing to the exciting evolution of the specialty. Procedures and technologies in common practice now were unknown a few decades ago. Just as neuromodulators such as botulinum toxin were serendipitously found to improve wrinkles while being used to treat eyelid spasms, surgical treatment of migraine headaches was developed by a plastic surgeon observing patients in his aesthetic practice.[2,3,4]

The long and storied history of plastic surgery includes the development of skin grafting at the beginning of the 20th century following the severe injuries inflicted on the world's patients during World War I. In the 1930s, plastic surgeons were instrumental in pressing car companies to make shatterproof windshields; later they assisted in writing the language for the Flammable Fabrics Act for regulations with manufacturing of clothing such as children's pajamas. Microsurgery, craniofacial surgery, and the development of the Vacuum-Assisted Control (VAC) device to heal wounds have all been innovations by plastic surgeons.[5]

More recently, plastic surgeons have been responsible for developing and refining composite tissue transplantation such as face and hand transplants. Evolving technologies and newly defined anatomy have opened up the entirely new field of supermicrosurgery. The tiniest of lymphatic vessels, just 0.2 to 0.8 mm, can be reconnected. Many plastic surgeons in practice now never imagined that these feats were possible when they entered the field.

1.2 Am I a Good Fit for Plastic Surgery?

If you are interested in plastic surgery but have not yet started medical school, it is to your benefit to explore further. In addition to learning about plastic surgery, you will no doubt learn more about the medical field. Shadowing a surgeon in your community can be a great introduction to plastic surgery. Most practicing surgeons fondly recall this experience and without hesitation will often graciously open their doors so you can experience what it is that they do. These experiences allow you to see firsthand what the practice of plastic surgery is like and begin to assess your "fitness" for the specialty. While not all plastic surgeons share same interests, there are similarities that unite members of the field.

In addition to shadowing, pursuing humanitarian work via mission trips can be worthwhile and enlightening. Plastic surgeons tend to do more of this type of work than those in other medical disciplines, typically through programs providing service to the underserved, either globally or regionally. Becoming engaged in these groups can be particularly rewarding and can serve as the beginnings of a career of helping communities facing unimaginable challenges. For more information, contact the university affiliated plastic surgery groups in your area. Many people enjoy these opportunities so much that they continue them throughout their training and their careers.

1.2.1 Traits that Make a Good Plastic Surgeon

Problem Solver

In many fields of surgery, the goal is to learn the steps to making a diagnosis, executing a procedure, and then caring for the patient during recovery. One example is the treatment of appendicitis. Nearly all surgeons would approach and treat it in essentially the same manner with minimal variation. However, plastic surgeons focus more on

principles and techniques that can be applied across a broad range of situations, sometimes not previously encountered. Many seasoned plastic surgeons will tell you that they learned more in their initial years of practice than during their residency, as they began to practice the skills and techniques they were equipped with during residency to new situations. Even the common plastic surgery equivalent procedures to appendectomy will have numerous ways to approach and treat; choosing the best approach boils down to solving the problem. For example, there are numerous variations in the common plastic surgical procedure of skin grafting in regard to harvesting technique, management of harvest site, dressing application, and adjunctive measures to promote healing.

Being a plastic surgeon requires being a good problem solver. If you are someone who likes to tackle challenges and explore new ways to find solutions, then you may be well suited for the field. In their role as problem-solvers, plastic surgeons fix the problems or complications that other surgeons encounter and cannot fix themselves. Surgeons from other specialties will call on plastic surgery, for example, for creative ways to close a wound. These roots in identifying and solving problems allow us to help others.

Determination

No doubt any person completing medical school and serving as a physician is intelligent and will contribute to this noble profession. According to National Residency Matching Program data, plastic surgery residency choice is consistently among the most competitive of all.[6] Plastic surgery applicants rank highest or near the top of nearly all objective measures listed, including test scores, AOA, and research experiences. There are a comparatively small number of positions, and the competition for these spots is fierce. Further, because the field is challenging and broader than almost any other, training requires a longer-than-average residency, typically 6 years or more. The length and rigor of the training require intelligence and determination to complete successfully. Plastic surgery also offers the opportunity for potential independence from declining insurance reimbursement, something not afforded by many other fields. If you are someone who has done well scholastically early in life and had an aptitude and love for creative learning, then plastic surgery may be a good fit. However, given the hurdles posed by the competitive metrics used in selecting positions for training plastic surgeons, it may be particularly challenging for individuals who are slow learners or not good test takers.

Artist

We are a visual species, and much of the work plastic surgeons do is visible to the world. A patient does not generally see the tumor removed by a neurosurgeon, while a reconstructed breast or nose is visible every day. Decisions of timing the repair of a cleft lip and other congenital deformities are based on how humans appear to others because that impacts how they experience the world. Future success is correlated with normal or better appearance. Many of the body parts plastic surgeons reconstruct serve no physiological purpose, but they impact psychological function. For the mastectomy patient, the breast may have previously served for milk production, and is now not essential for survival. Some women elect not to have breast reconstruction, and they can live normal healthy lives. However, long-term survival and satisfaction studies show that women do better after having breast reconstructed because it provides

a sense of wholeness, an aesthetic appearance they desire, and a component of their sexuality.[7,8,9] An even more extreme example is the face transplant, which allows the patient to interact and look more normal.

Artistry plays an important role in plastic surgery. Even when rebuilding parts of the body, the aim is not only for it to function well, but equally important to look as if no surgery had ever been performed. The field of aesthetic surgery is consumed with the appearance of things. Being successful requires an appreciation and understanding of the aesthetic of the human body to be able to create or correct it, whether the part be a nose, a breast, or an eye. Humans naturally develop asymmetrically, so plastic surgeons must develop a keen sense of observation for their own sake as well as for their patients. It is no surprise that many plastic surgeons are or have been an artist in some form, whether in music, painting, sculpting, or otherwise. These traits have been held in such high esteem over time that one long-held tradition of many residency interviews was to have applicants carve an ear out of a soap bar. Their manual dexterity and probability of success was associated with the quality of their soap ear. For the prospective trainee thinking this field is for you, not all plastic surgeons have a history of artistic achievement. However, you may find that the artistic side of you is simply yet undiscovered. Conversely, if this all sounds boring, then perhaps you would not be suited to plastic surgery, given the amount of attention devoted to art.

Team Player

Medicine is a team sport, and plastic surgery is no exception. Delivery of care to patients requires the concerted efforts of a surgical team (anesthesiologist, surgeon, nurse, surgical technologist) as well as a full office staff. Further, plastic surgeons are often at the service of other specialties, assisting them as they work closely toward a common goal.

In a recent review of selection factors for residency in plastic surgery, Liang et al identified that the trait of being a team player was of particular importance.[10] During residency, it is imperative that residents be able to work well as a team, not only to safely provide patient care, but also to allow for each other's growth and education. Further, residency requires that you interface and integrate into the health care system with others from a multitude of disciplines. The person lacking the ability to work in a team will continually face challenges throughout training and likely become a burden on their residency. In the past, has working as a team been something you enjoy and excel at? Experiences in organized sports, school projects, extracurricular clubs, or groups can be an indication. In fact, when selecting prospective applicants to medical school or residency, these experiences are highly valued by admissions committees and residency directors.

Dexterity and Spatial Sense

"Do you like working with your hands?" This fundamental question is how many medical students choose between a nonprocedural (internal medicine, hematology, etc.) and a procedural specialty (surgery, interventional cardiology, etc.). When training programs consider possible surgical applicants, many place particular value on manual dexterity. If dexterity is not someone's forte, it is not likely that they will be successful or happy in a surgical or procedural specialty. An additional quality that plastic surgeons value is strong spatial sense. Many of the procedures plastic surgeons perform require thinking in three dimensions and volumes and how to create an appearance or

structure. The prevalence of 3D photography and CAM-CAD medical modeling in plastic surgery is no surprise.

There may not be great early experiences that can show a person whether they are particularly gifted with these skills, and often aptitude is discovered during early surgical rotations in the medical school. Individuals who have hobbies or who have performed tasks with fine motor hand movements are likely at an advantage, and necessary skills may come easily.

1.3 Path to a Career in Plastic Surgery

Do not be discouraged by the seemingly excessive amount of time it takes to become a practicing surgeon: 6 years after medical school (minimum), 10 years including medical school, and 14 years if you include college! Time truly does fly. Many look back fondly at their years of training, and plastic surgeons think it is worth it to get to do what they do.

Admission to a residency in plastic surgery requires successful graduation from medical school. Residency positions are highly competitive, so attending a medical school that has a plastic surgery training program may increase your chances. In addition to the name recognition, being at a top-notch institution during these formative years can jump-start your progress. For those unfamiliar with the process of medical school training, ▸Fig. 1.1 illustrates the typical timeline for plastic surgery training.

1.3.1 How to Get into Medical School

How to get into medical school is already the subject of many books, and resources online and in print abound. Successful admission can be broken down into several objective and subjective measures. An applicant's prior performance is the best metric of future performance and this is how medical schools approach selecting students as well. Two primary numbers are fundamental: Grade Point Average (GPA) and Medical

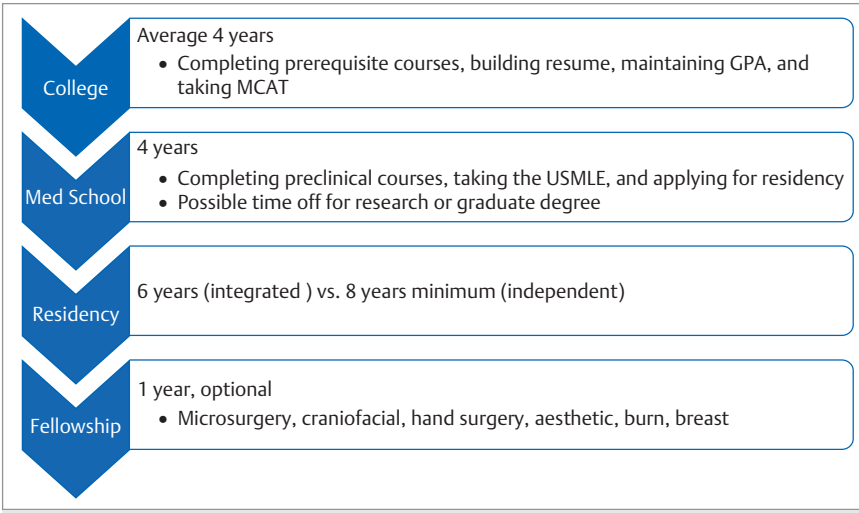

Fig. 1.1 Typical timeline for plastic surgery training.

College Admissions Test (MCAT) scores. The GPA of one's collegiate endeavors serves not only to represent intelligence and scholastic aptitude, but also shows a long-term performance measure because it encompasses all the years in college. MCAT scores serve as a metric to compare all applicants to one another. Having undergone considerable change since its induction in 1928, the test is now an electronic exam, delivered at a testing center. The MCAT is utilized by all US medical schools and currently covers subject matter of physical sciences, biological sciences, and verbal reasoning. Anyone planning to take it should utilize the abundance of books, preparatory courses, and question banks available for students to prepare.

Why are the GPA and MCAT important? Both scores provide objective data for admissions committees to rank students for interview and then admission. The sheer volume of material that is included in applications would require an army to sift through its entirety, so medical schools rely on these objective measures to establish cutoffs, and then more selectively review applications. Every school will have different cutoffs, which are correlated with the school's prestige, ranking, size, whether they are for-profit or state-funded, and whether they are traditional (allopathic) or osteopathic medical schools. Applicants strategize to optimize their performance, like focusing every day during college on maintaining a high GPA and preparing methodically for the MCAT. There will always be someone, somewhere, studying longer and harder. The performance, specifically on the MCAT, may not be directly related to one's abilities, but may have more to do with the time dedicated to doing well on the day of the exam. Those that perform well on this exam have devoted many months to studying and made significant personal sacrifices during a period of life when most others are focusing on having fun.

Applicants who meet a medical school's objective cutoffs may be offered interviews so they can evaluate the applicant's subjective qualities. Schools look for students who are mature, driven, dedicated, altruistic, and diverse. It also helps to be part of an underrepresented minority or be the first in one's family to go to college. The applicant can make a case for being a good candidate by completing experiences in research and/or volunteering over a long period of time. What is not well-received is a litany of short-lived experiences. If you are involved in research, try to commit to it for months or years, and then complete the project and commit to it for months or years. If you volunteer, do not make it a one-time event, but return or find opportunities that are for extended periods. Medical schools are looking for dedication and genuine interest.

Typical experiences involve volunteering with worthy, altruistic groups, holding leadership positions, and getting exposure to the medical field. Students often find out about opportunities through their colleges premedical career office. There are many different premedical groups established, which are student-run and designed to allow for further discovery of careers in medicine. College premedical career offices have a list of active groups at a student's respective institution. Additionally, most prospective students seek out opportunities volunteering in a hospital or clinic. Classically referred to as "candy-striping" (due to the old uniforms worn by student volunteers), these experiences allow students to see what actually takes place in an Emergency Room, hospital ward, or clinic. To get involved, hospitals or clinics will have specific volunteer service information available online.

Whichever experience students select, and often there are several, the importance of showing dedication cannot be overstated. Experiences should span an extended period, on the order of months or years. Many opportunities require that students make a commitment for this time period.

Research is an additional area that many students become involved in. Because most medical schools are located at academic sites, students can easily find research opportunities. Research experience can demonstrate interest and aptitude to admissions committees. Like volunteering, research endeavors should be carried out over an extended period of time. The research focus is not particularly important, but it should show a student's interest in inquiry, problem solving, and dedication. Students are able to find these opportunities by establishing relationships with professors. Given that these positions are often unfunded, professors are partly reliant on students becoming continually involved, and they are inclined to facilitate and support students who volunteer for research opportunities.

Questions to ponder when selecting a research position include: Have others been successfully involved in the past? Will there be appropriate supervision and guidance? Is the subject matter interesting? Can the work be completed in the expected timeline? Will there ultimately be a finished project such as a presentation or article that will be published?

1.3.2 How Can a Medical Student Prepare for Career in Plastic Surgery

One common attribute of successful plastic surgery residency applicants is that they display an early interest in plastic surgery. Perhaps this is because the residency is so competitive that folks who decide late do not feel that they can mount a sufficiently substantial application to be successful. Or perhaps it is that many people *do* understand what plastic surgery is, and so only the ones who learn and dedicate to it go the distance. Nevertheless, only a small portion of medical students choose plastic surgery, and even fewer land residency training positions. Applicants should dedicate considerable time during medical school amassing the most impressive resume possible.

Much of the same criteria that lead to success in medical school admission also hold true for plastic surgery residency applications. The primary objective measures are the United States Medical Licensing Examination (USMLE) and Alpha Omega Alpha (AOA) status. The USMLE Step 1 is taken after completing the second year of medical school (the first step of three) and serves a way to benchmark an applicant's performance to all others in the country. AOA Medical Honor Society is not present at all medical schools, but is common at most, and this distinction is generally awarded to the top quartile of students based upon excellence, performance, and quality virtues. In an effort to make the application review process manageable, residencies will enforce varying cutoffs for application review and subsequent interview. The same recommendations for MCAT and GPA also stand for the USMLE and AOA.

The subjective measures of most importance for plastic surgery residency applicants are letters of recommendation, preferably from leaders in the field. Students complete clinical clerkships during their third and fourth years of medical school. Faculty they work with will complete summative evaluations regarding their performance, admirable qualities, and make recommendation about their ability to perform successfully in the field and during residency. Being a diligent student and dedicated team player, together with a curious mind, manual dexterity, and a good sense of spatial relationships, is an opportune way to have a strong letter written on your behalf.

An additional area of focus for applicants is research and scholarly activity. More than in many other fields, applicants to plastic surgery are some of the most well-developed and well-published researchers. As a result, there is an increasing trend for applicants to have taken a "gap year" and spend time in a lab. Some seek it out as a

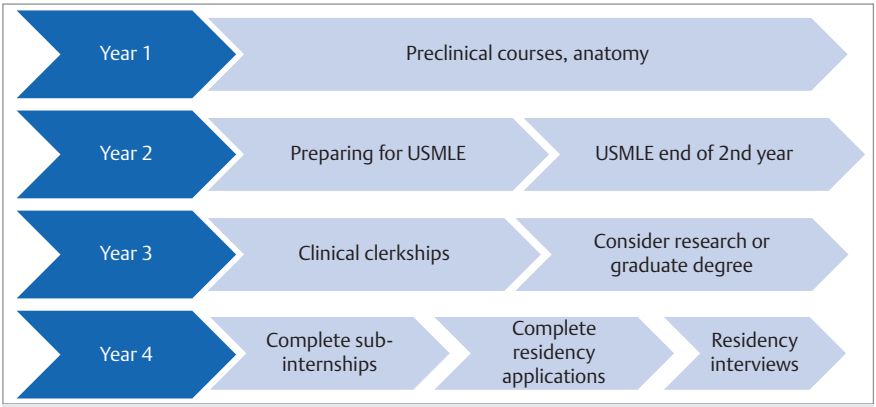

Fig. 1.2 General timeline for prospective plastic surgery applicant during medical school.

refreshing time to perhaps reduce the speed of life that is common during medical school. Others perhaps are slick enough to be able to remain productive with research endeavors without taking time off. Others take the time off for research to bolster other aspects of their application that may otherwise not be competitive enough. The most common time to take off for research is between the third and the fourth year of medical school. It should also be noted that concomitant with taking a year off, many dovetail this time with pursuing advanced degrees. Many plastic surgery applicants possess an additional graduate degree. (Women wishing to have children should give careful thought to timing a research year, delaying the end of residency, among other considerations discussed in Chapter 25. See ▸Fig. 1.2.)

1.3.3 Plastic Surgery Residency Paths

Around 15 years ago, the paradigm of training plastic surgeons began to change. Historically, residents usually completed plastic surgery residency *after* having completed a prerequisite training in a surgical specialty (general surgery, otolaryngology, orthopedics, urology, neurosurgery, or oral and maxillofacial surgery). One had to complete a residency before being able to complete another residency. Originally, plastic surgery training was 2 years long, but this was extended to 3 years in 2012. This track is referred to as the independent training pathway. The track that has many more available training positions is the integrated model. Integrated training begins immediately following completion of medical school and encompasses 6 years of residency. The integrated pathway will likely maintain its predominance, and the long-term viability of the independent track is uncertain.

Why have two tracks? This has been long debated and there is no clear answer to the superiority of one over the other and why not just have one pathway. Anyone interested in plastic surgery during medical school should try for the integrated track. With an interest in plastic surgery, there is no compelling argument that one should spend 5 years in a different residency before completing 3 more years in the area they desire most. On the other hand, a medical student who will not be able to secure a plastic surgery residency position has another chance. By proving their dedication and professionally developing themselves further, they will likely have a better chance reapplying after completing an alternative residency. The independent path is also for the medical

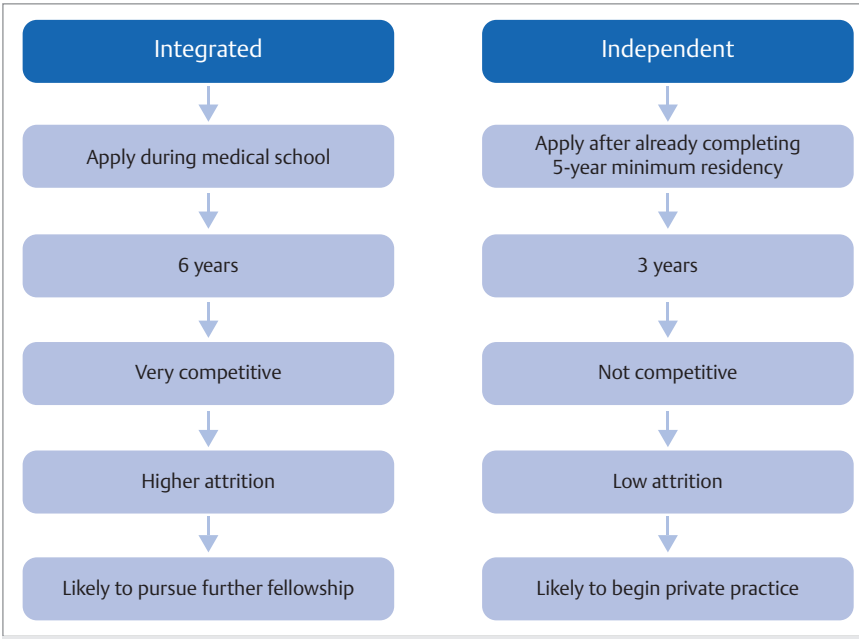

Fig. 1.3 Comparison of two plastic surgery training pathways.

student who, for whatever reason, was not exposed to plastic surgery during medical school and finds out only after starting residency that what they desire most is to practice as a plastic surgeon.

Others have compared the performance of the residents in each of the two pathways, along with their future choices. Integrated pathway residents are more scholastically accomplished, more likely to remain in academics, are better test takers, and are more likely to pursue fellowship training. Independent residents have a low attrition rate, are less likely to pursue a fellowship, and possess greater technical skills during residency.[11,12,13,14] At one point, there was a less than 50% chance of matching into the integrated pathway, and it was widely regarded as one the most competitive residencies. In comparison, despite the fewer number of positions, the independent track is less competitive. Objective measures of independent applicant quality are lower in comparison to their integrated counterparts. However, proponents argue that the independent pathway residents possess more maturity and advanced technical skills, and it is important to ensure an alternative recruitment portal for potential plastic surgeons that may not have decided on the specialty until after medical school.

▶Fig. 1.3 illustrates a comparison of the two training pathways.

1.3.4 Interview Process

Regardless of the pathway chosen, the interview process is similar. There has been an abundance of literature conducted regarding strategies for success, what factors are deemed important by programs and interviewees, as well as the costs involved. Rod Rohrich, who has trained over 100 plastic surgeons during his tenure at UT Southwestern, outlines 25 tips particularly helpful during plastic surgery residency interviews

Table 1.1 Dr. Rohrich's 25 tips for plastic surgery interviewing[15]

• Interview starts the moment you enter the city
• Do your research
• Don't "fake it"—*be yourself*
• Be humble
• Meet as many current residents as possible
• Maintain good eye contact and be polite
• Give a polished 60- to 90-second sound bite about yourself
• Practice your sound bite and the information you want to share
• Don't bear any gifts
• Maintain good posture—*stand and sit tall*
• Dress in conservative, professional attire
• Good manners
• Be professional during social events before, during, or after the interviews
• Be genuine in responses
• Always smile and mean it
• Have a firm handshake—*but not too firm*
• Don't use "I" more than a couple of times during interview
• Be courteous at all times—*everyone's opinion counts*
• Always be positive about other programs
• Give every interviewer equal attention—*particularly in group interviews*
• Share what makes you unique
• Ask some salient questions
• Know your strengths and weaknesses, successes and failures
• Be a good listener
• Enjoy the great and unique opportunity

(▶Table 1.1) to help applicants find "not only their home for the next several years, but also the best match for their personality, lifestyle, and work ethic."[15] His article is a must-read for prospective applicants and serves as a reference for anyone interested in applying for plastic surgery residency. Additionally, it is a nice refresher for anyone preparing for fellowship or job interview. The aim is to present a polished, professional picture of one's own self and to showcase all of the best strengths and accomplishments, while at the same time demonstrating mature, thorough self-understanding.

Sub-Internships

Many applicants explore a prospective residency training program by doing a sub-internship there. Most often this takes the form of a 4-week elective taken after the completion of the third year of medical school. Students select programs that they want to learn more about, are particularly interested in completing residency at, or want to gain exposure from. They are expected to perform at the level of an intern and display a focused interest in plastic surgery. Significant attention has been paid to the value

of sub-internships and the role they play in influencing the probability of being offered a residency position. Drolet et al showed that strong performances during sub-internships were the most important factor in matching at a residency program.[16] In 2014, nearly half of the successful integrated applicants matched at programs where they had rotated at during a sub-internship.

The value of the sub-internship is relatively intuitive, as it allows for a month-long trial period, much like a working job interview. Additionally, students are better able to decide about their suitability and desire to train at a program for at least 6 years of residency. Without a sub-internship, most applicants are left making this critical decision based upon a single-day interview, word of mouth, and advice from mentors. Critics of the process argue that during the weeks a student spends at a program, they are inevitably going to falter and risk leaving a worse impression than they would have during an interview day. But this is likely not that common. Additionally, sub-internships allow students to interact with faculty that can write them letters of recommendation. It is commonplace, almost expected, for students to receive letters from leading faculty at the programs where they rotate. Sometimes students will rotate at programs with high-profile faculty for the ability to learn from them, and importantly, request a letter of recommendation. Furthermore, students benefit from sub-internships as a means to strengthen their plastic surgery knowledge and skills. This period of prerequisite preparation is considered an unspoken requirement, and a person not completing some sub-internships may be ill-equipped to begin as a surgical intern.

Most applicants perform two to four sub-internships, one of which is at their home institution. Silvestre et al reviewed the patterns of residency match over a 5-year period and found that 15% of students matched at a program affiliated with their medical school and nearly 50% matched in the same geographic region as their medical school.[17] This regional bias is not surprising and is likely related to a multitude of factors. Applicants interested in matching far from where they have previously resided can show a commitment by completing sub-internships in those areas. Students should schedule sub-internships at locations that will ultimately be a good fit for the next 6+ years. The sub-internship can also provide additional value to the applicant during the process (see ▸Table 1.2).

Interview Costs

Medical students often have to borrow more than $250,000 to become physicians.[18] In addition to the substantial cost of medical school education, there is considerable expense involved in matching in a plastic surgery residency. The current average reported sub-internship rotation cost is $3,591.[16] Claiborne et al reported that applicants spend an average of $6,000 on the interview process.[19] Susarla et al reported 63% of applicants spending in excess of $5,000 on the interview process, while nearly

Table 1.2 Key points for selecting sub-internships

• Places that you ultimately want to train
• Places with unique reputation
• Places with prestigious faculty
• Geographic region where you would like to live
• Clinical environment that fosters growth

20% of applicants spending over $10,000.[20] Various groups have discussed redesigning the process to reduce expenses for applicants, as it has been estimated to cost programs $2,763 per applicant interviewed.[20] To date, there have been no significant changes or indication of imminent improvements.

What Does the Program Value?

Residency program directors are tasked with selecting applicants capable of completing residency and ultimately attaining board certification in their specialty. This is their primary metric as enforced by the Accreditation Council of Graduate Medical Education. However, there is more nuance to the process and other attributes that are valued equally. Simply put, programs want residents who will be hard workers and a good fit. Each applicant has a different personality and environment in which they will flourish, just like residency programs and their staff. People often talk about, "how they just want to work with someone they get along with, especially during late nights or long hours in the OR." Some objective measures continually rise to the top. ▶Table 1.3 summarizes the traits that have been found repeatedly in successful applicants. Essentially, they are hard-workers who have a track record of strong achievements.

What Does the Applicant Value?

In selecting and ranking potential residency programs, applicants have many factors to weigh, including geography, proximity to family, area of potential future practice, and partner consideration. After the applicant has made a best effort to optimize and prioritize the above, other factors arise that have been shown to be important during the interview process. Applicants place particular importance on resident happiness,[24,25,26] which they evaluate based on the quality of interactions with residents and faculty during the interview day or during sub-internships. Applicants are also interested in programs with good mentorship and faculty support of residents in an environment offering substantial clinical and research experiences. Another key determinant for applicants is the call schedule and minimizing the amount of time that they need to spend on general surgery rotations during their residency training. This is only relevant for the integrated pathway applicants, as independent pathway applicants have no general surgery rotations during their 3-year residency.

1.3.5 Plastic Surgery Fellowship

Majority of the plastic surgeons who graduate each year do not pursue fellowships and many go directly into private practice.[14] So what is the benefit of pursuing an advanced fellowship? Those entering private practice may not find one necessary for their careers, with the exception of an aesthetic fellowship, and would delay time to

Table 1.3 Residency program's view of attributes of successful applicants[19,21,22,23]

• Strong letters of recommendation
• Publications
• Research experience
• Work ethic: "Grit"
• High USMLE score(s)

actualizing their earning potential. A majority of academic plastic surgeons are fellowship-trained in an area of sub-specialization present in academic medical centers. Why to do a fellowship is a multifactorial decision that depends on personal decision and career plans.

Fellowships in plastic surgery are usually 1-year long. Currently, fellowships are offered in microsurgery, craniofacial, hand surgery, aesthetic, breast, and burn. Most, though not all, fellowships are offered to those who have completed plastic surgery training. Some plastic surgery residency applicants first complete a fellowship to make themselves more marketable and to advance their preparation for plastic surgery practice. This tactic is available only to independent pathway residents.

The most common reason residents apply for fellowship is probably to make themselves more marketable for a future job. In academics, the focus is on greater specialization; interested individuals must take a fellowship to be able to market a unique and desirable skill. Some complete fellowships because the geographic area they would like to practice is in need of specialist, and fellowship training allows them to fill the niche.

Graduates of plastic surgery training programs should have some familiarity with all aspects of the field and be able to independently perform much of it. However, as the field is notably broad, rarely do residents become proficient in *everything*. Additionally, their program may not offer good exposure to certain areas, so a fellowship can allow one to develop additional skills.

A fellowship is a great opportunity to become an expert in a particular area of plastic surgery. Fellowships tend to offer better service to education ratios, allow for a protected year of career development, and perhaps, facilitate the transition to independent practice. Fellowships may not increase one's earning potential, beyond securing employment that would have not otherwise been possible.

1.3.6 Becoming Certified by the American Board of Plastic Surgery

The American Board of Plastic Surgery (ABPS) is the only one of the 24 members of the American Board of Medical Specialties (ABMS) that certifies in plastic surgery. Arguably the most difficult board certification to attain, the process in plastic surgery is the longest and most involved of any specialty. Like all other residencies, there is an annual in-service-training exam, intended to evaluate residents' continued progression and prepare them for the written board examination. At the time of completion of residency, residents become eligible to take the first portion of the certification process, which involves sitting for a written examination. This is offered in the autumn of the year after graduation and is taken both by those completing fellowships and by those who have started their practice.

After successfully completing the written examination, currently, candidates of the ABPS must then complete 1 year of independent practice, which does not include fellowship time. During the year they complete a 9-month case collection period, encompassing all clinical activity they perform. The ABPS checks case logs and then selects cases for review. The candidates must submit extensive records, including all documentation for in-patient and out-patient care, photography, and billing records for the cases selected. The candidates then complete an oral examination of their submitted cases as well as of the cases the board prepares for the examinees. After becoming ABPS certified, a Maintenance of Certification (MOC) program follows. The goal of the MOC program is to ensure lifelong learning and safety. (Refer to ▸Fig. 1.4.)

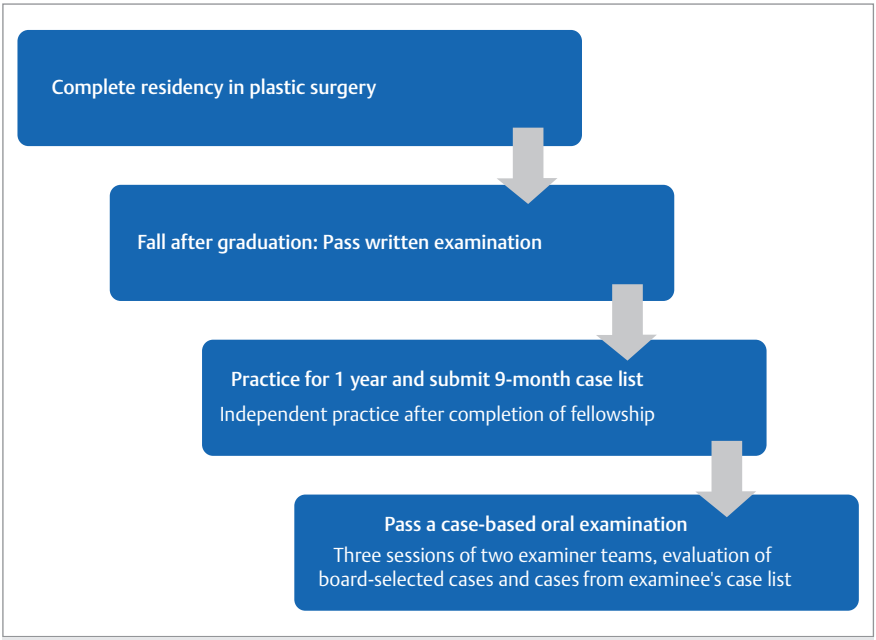

Fig. 1.4 Process of certification by the American Board of Plastic Surgery.

1.4 Foreign Medical Graduates

Many physicians who completed medical school or practiced in other countries have an interest in coming to the US. The current licensing processes for medical practice in the US present very steep challenges to both foreign medical school graduates (FMGs) and those who are already practicing physicians in other countries. Any person who graduates from a medical school not in the US must complete all the USMLE steps (1, 2 CS/CK, and 3). This is challenging for US graduates and likely even more difficult for others who may not speak English as a first language. Further, FMGs have done comparatively worse matching into residency positions across all specialties. Those who are already in practice in other countries are required to repeat a residency in the US or Canada to be able to practice in the US. Like FMGs, they tend not to fare well in the residency match process compared to US graduates. An additional challenge is navigating the visa process for training and then sponsorship in the US.

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2 The Job Search

David A. Sieber

Abstract
Finding a job is not easy, and as surgeons we are ill-prepared for this task despite our years of training. There are many potential pitfalls during this process, which can hopefully be reduced or eliminated by increasing your knowledge. This chapter provides some tips on how to prepare for the job search. Making lists of priorities helps to narrow down your search both by location and by job type. Various types of jobs are discussed in detail as well as the pros and cons of each. Ideas on where to look for jobs and how to identify potential red flags in practices are also covered. Although this process may seem daunting, you have been well trained and will be better equipped for the job search by the end.

Keywords: job search, academics, private practice, multispecialty group, solo, group, contracts, loans

2.1 Introduction

If there are two things they do not do a good job teaching in medical school and residency, they are: how to run a business, and even more importantly, how to find a job. Just like any career your family or friends may have, it is becoming more common to not remain at a single job for your entire career. According to the Medscape National Physician Burnout & Depression Report 2019, 44% of physicians consider themselves to experience burnout.[1] The good news for plastic surgeons is that they are among the least likely specialties to experience burnout (36%), and they scored the highest of all (41%) in being happy at their jobs.

So, what makes me qualified to give advice about jobs? I went the more traditional route to becoming a plastic surgeon by completing a 5-year general surgery residency before embarking on a 3-year plastic surgery residency, and then completing my training with an aesthetic fellowship. I then entered into a partnership that lasted only 4 months and me needing to hire an attorney to get everything sorted out, a situation that I had never even dreamt of just a year before! Before the dust even settled and realizing that I was now on my own, I decided to enter into solo practice. I reincorporated and hung my own shingle in the most expensive city in the United States, entered into an office share arrangement with another fantastic plastic surgeon, and have been doing great ever since! Life often throws curveballs; we just need to learn how to navigate around them, or better yet, avoid them altogether.

The rate of new jobs for physicians in 2016 increased by 13%, higher than the national average for other jobs. Now is as good a time as any to be a doctor in the United States.[2] So what are some causes of failure for a plastic surgeon's first job? The three top reasons for leaving a practice are: (1) poor cultural fit with the practice (51%), (2) relocating closer to family (42%), and (3) compensation (32%).[3] Low compensation correlates with dissatisfaction; however, high compensation does not as clearly match satisfaction.[4] With mounting school and personal debt, many doctors are eager to get out and start paying off their debt. This is often seen in young doctors who "take a job" because of the high pay, but it may be poor cultural fit. Although the job pays well, ultimately it becomes a chore to go into work every day, leading to poor job satisfaction.

A major contributor to physician turnover is a mismatch in expectation and practice culture. This is why it is so important to first prioritize what is important to you, then seek out jobs with those priorities in mind.

2.2 Priorities

What are your priorities? Consider *your* goals and things of importance, not the priorities of your attending role models or even your colleagues. If family is important, then moving across the country for a sought-after academic career may last only for a few years. If being close to the ocean is something you need, taking a high-paying job with unbelievable benefits in Nebraska will be satisfactory for only so long.

This personal inventory should always include spouse/partner input. Sit with your spouse/partner and have a long talk. Bring a notepad, or an iPhone, and make lists. What items are non-negotiable? What is a high priority but something you would be willing to compromise on? Write all of these things down, let that list sit, then go back to it after some more thought. It should be a similar exercise to what you did when looking at medical schools and residency programs; think about what is really important to you. Set long-term 5- and 10-year goals and differentiate between needs and wants. What will your commitment be to medicine, and what will your commitment be to yourself and to your family?[5] What are their needs? See ▸Table 2.1 for a sample list of topics to discuss. Your path to a successful and rewarding career does not necessitate doing the same job, cases, or position as your current attending or mentors. After years of being matched to residencies, this really is the first time since medical school where you are the architect of your own future. However, plastic surgeons who have completed specialized fellowships, such as microsurgery or craniofacial, may have more difficulty finding jobs in preferred locations because of the need to be at an academic institution.

Ideally, you will land the right job the first time around. If you always knew that you wanted to end up in solo practice on the West Coast, but instead sign a 2-year contract for a job in the Midwest at a multispecialty group to save money for startup costs, you are essentially delaying your ultimate goals by another 2 years.

When considering the job search, use any edge or connection you have. Finding a job in plastic surgery is like any other career. It may be more about whom you know than what you know. Joining an already established practice will expedite the growth of your practice with all the tangible items needed to run a practice already in place. Reach out to all the people you know who are in a position to help you land a job or who may know of others looking for a partner. At the very least, they may be able to offer advice.

Table 2.1 List of potential priorities when looking for a job

Cost of living	Predictability
Income	Proximity to family
Autonomy	Vacation
Job security	Call
Location	Weather
Prestige	Sports
Diversity	Work type
Excitement	Patient mix

Analyze your own skill sets and determine how hard you want to work. Are you naturally entrepreneurial? Was your lemonade stand the best in the neighborhood? How are your leadership skills? Do you enjoy negotiations? If you do not, then consider a position where someone else does that for you, such as a group practice. Solo practice may be the most challenging the first few years, when taking out practice loans and weathering a low-revenue stream.

2.3 Choosing a Practice

Now that you have figured out what is most important to you, the next step is figuring out which practice model works best with your personality and goals. Each person has different financial and personal goals for their practice. Prioritize what is the most important to you while you look at various opportunities.

2.3.1 Government

A government position can come in many forms or with multiple agencies. Examples include the Indian Health Service, the Veterans Affairs (VA), the U.S. Department of State, the National Institutes of Health, and the U.S. Food and Drug Administration. Government work is often well-regulated with predictable hours, benefits, and pay. This security comes at the loss of autonomy that you may have with other opportunities. While government jobs are free of insurance hassles, they are often associated with bureaucratic and administrative aggravation. As with any large organization, you will work daily with staff you cannot hire or fire.

2.3.2 Academics

Academics offers intellectual stimulation and a protected environment (see also Chapter 4). The demands of the inquiring residents' minds require surgeons in academics to keep abreast of the newest research and to teach the latest techniques. There is considerable security in a built-in referral base of patients from physicians and emergency rooms. If you do not get along with a referring doctor, it is not a big deal because there is typically a well-established referral pattern in place. The tradeoff is a loss of autonomy.[6] Clinicians in academics will have bonus structures based on participation in teaching activities such as journal clubs, grand rounds, and teaching conferences. Often the amount of time you invest has a direct correlation with the amount of money you receive.

Two things have changed academic practice: (1) clinical income and (2) duty hours. The classical model of academic medicine, where you started at one rank and were paid according to promotions that were tied to publications, is changing. That model included protected research time and subsidized teaching responsibilities. In the new academic model, income is generated from clinical practice, similar to a multigroup practice, and is frequently called a faculty-practice plan. Academic practices are being run more like businesses, placing more emphasis on what generates revenue: you. The income is also supported by research, administrative, or endowment funds, but less so than in the past. Now, in much of academic practice, doctors have to generate their own salaries, whether through teaching, research, or seeing patients. This changes the academic career paradigm; the ability to move among institutions to be promoted from associate professor to professor may not be as feasible in the future. You yourself can relocate, but you cannot relocate your patient base and, consequently, your income. Plastic surgeons are becoming more and more tied to their patient base, despite the type of practice they are

in, making it now more critical to find a practice that is a good fit the first time around. The academic practice has fundamentally changed; unless you have specifically sought-after skills or research experience, you may be more likely to advance by remaining at the same institution or by moving to another institution within the same city. Moreover, a transition from a university into the local community can be smoother, with an already established patient base, but if you are changing your surgical focus from, say, reconstruction to aesthetic surgery, your previous patient base may be less helpful. After building a reputation and national and international recognition, transitioning to another academic location in a position of leadership will be easier.

Two core changes in the academic field are the 80-hour resident work week and the need for increased resident supervision. These rules require more hands-on time to do the cases, so academic practice increasingly resembles a multigroup specialty practice, but with residents. The days when residents operated unsupervised on clinic patients, for maximum resident benefit, are long gone. Allowing residents to participate in a procedure requires a certain amount of comfort on your part to provide them the hands-on experience necessary for educational purposes.

Some of the positives and negatives of academics constitute two faces of the same coin (▶Table 2.2). There are great opportunities for personal interactions and titles of recognition, but how well you navigate through the layers of politics, whether personal or professional, can depend on the answers to the following questions: "Do you play well in the sand box? How big of a sand box do you want to play in?"[7] Consider these factors carefully before making a decision. It is always possible to maintain academic affiliations even if you are in the community; however, teaching must be a priority over purely income-generating activities because it requires energy and dedication.

2.3.3 Multispecialty Groups and Large Healthcare Organizations

With a mix of primary care and specialties (ideally a 50:50 ratio), the multispecialty group is in the center of the "security versus autonomy" spectrum; it sacrifices autonomy for the benefit of a captive referral base. One of the crucial components is physician ownership. Group sizes vary from 10 physicians to the enormity of the Mayo Clinic. As size increases, governance and independence become more remote. However, economy of volume increases. Generally, income is favorable for plastic surgeons in a

Table 2.2 Disparities in academic practices

Advantages	Disadvantages
Release from business	Less control
Intellectual freedom	Limited input
Stimulation	Inertia of change
Research	Income
Skill enhancement	No equity
Challenging cases	Time-consuming, nonincome-generating meetings and committees
Personal interactions	
Positive reinforcement from teaching	
Security	

multispecialty group, although generally not as generous as that earned in a single-specialty group. To be pro-physician, a multispecialty group must operate independently of the hospital, as priorities differ. The hospital's goal is to improve its bottom line, not enhance physician income. Practice building is substantially easier for the plastic surgeon whose high-income-generating potential can yield effective bargaining power. A multispecialty group offers a potentially good lifestyle with built-in call coverage, but the culture of the group must be right; it needs to be a good "fit." Is the practice focused on balance or on productivity? What is the group's reputation? Will you be doing what you want to and are trained to do? Unless spelled out in a written contract, promises can be broken, rendering your fellowship irrelevant to your actual practice. Finally, what is the eventual buy-in cost—is there an equity stake and when will you be able to actuate that option?

Be aware that in multispecialty practices, you can be pigeon-holed into what you are allowed or assigned to do. Groups are often looking for someone to be the "breast and body" surgeon, especially when a facial plastic surgeon is looking for a nonfacial partner to keep patients within the practice and funnel them into an owned operative room or medical spa for increased revenue. These types of arrangements severely limit what you are able to accomplish professionally. With promises of being referred all patients requiring surgery below the clavicles, these opportunities may seem appealing. It has been my experience that the surgeons who say they turn away multiple referrals a week are usually inflating how busy they actually are and the number of referrals they are actually seeing. You trained for 6 to 9 years to be able to do what you like, whether that is breast, body, or face procedures. You are like a new bird ready to jump out of the nest. Do not let someone clip your wings as you are ready to leap. Once you stop doing face, it is hard to go back.

2.3.4 Single-Specialty Group

This model has many advantages and is common in plastic surgery (see also Chapter 5). Group sizes typically vary from 2 to 11 people,[8] but they can be as large as 20+. The single-specialty group may offer the peak of potential income because economies of scale facilitate minimizing the overhead. The single-specialty model offers call and schedule coverage, professional stimulation, and companionship. However, the potential for fracture exists, especially among surgeons with similar surgical interests. Single-specialty groups are often busy, yet there is less independence than in solo practice (▶Table 2.3).

The details of ownership and equity must be spelled out to assure a balance of power between junior and senior partners. The success of the group depends on the philosophy of the founding senior partner. The ideal group prioritizes the group's benefit above the founder. Most buy-in structures salary the new junior partners for 2 years (even as long as 5 years) before they are able to buy in and reap the benefits of group practice. Some practices provide a baseline salary, but the total salary depends on productivity. In general, the baseline salary will not be as high as if you take a job with a larger institution. The smaller group would not recoup the costs of hiring and employing you for around 2 years, so a bonus structure is in place to incentivize you to build up your own patient base. Other practices have a total equality model, meaning once becoming a partner, the total revenue generated is split evenly within the practice. This model typically takes a long time to buy into, but once an associate makes partner, everyone is afforded the same benefits.

Joining another plastic surgeon is a good option for many. The benefits are typically similar to those of a larger group (a baseline income, call coverage, professional

Table 2.3 Pros and cons of group practice[8]

Benefits	Drawbacks
• Greater negotiating power with vendors, hospitals, and payers	• Slowness in making decisions/ implementing change
• Access to more capital for purchases/investment	• Difficulty in balancing personal goals with what is best for the group
• Economies of scale that provide greater access to recruiting and retaining exceptional personnel	• Discrepancies in access to personnel or other resources
• Ability to cite rigorous outcomes-based data due to the large patient base and share information on a day-to-day basis	• Potential for interpersonal conflict
• The likelihood that advanced electronic medical records (EMRs) will be used in the practice, eliminating or reducing paper records and allowing information to flow off-site	• Interdependence on peers
• Development of a stronger brand for the practice	
• Greater quality assurance	
• Lifestyle improvement through partners who share coverage of the practice	

conferring, and camaraderie), but personality match is particularly important since you will likely be sharing tight quarters with your colleague. During one of my interviews, the person who was interviewing me told me that I had passed the "canoe test." They would be able to tolerate me if it was just the two of us stuck in a canoe. Flip the question around: Would that other person pass the canoe test?

Length of time in the career should also be considered. Although it seems like it would be a good idea to start a practice with a co-resident, this often does not work out as you end up competing for the same patients. Depending on the circumstances, this type of competition may lead to animosity between the two of you. It might be better to look for someone who is at least 10 years ahead of you in practice. They may be transitioning from reconstruction to cosmetic surgery, and they may want to offload those reconstructive cases. In other instances, a more senior partner may be hiring because they have built up a practice where they could really use another set of hands to take on some of the caseload. Get a sense for why they are hiring a partner and what your role will be within the practice. It is also a good idea to see if they have ever had a partner before. If so, why didn't it work out?

On the opposite end of the spectrum is the surgeon who is getting ready to retire. It is best to be able to work together for at least a year or two before you take over the practice. If they retire right after you come in, there may not be adequate time for a smooth transition. In an ideal situation, the other surgeon would slowly introduce you to their patients: "This is the fantastic new surgeon who is going to take over the practice." That way, the patients will feel as though they already know, and hopefully, trust you as their surgeon. Problems can arise if the senior surgeon does not actually retire on schedule. Sometimes their identity is so wrapped up in being a plastic surgeon that they find it too difficult to quit. Protect yourself before entering into a partnership by doing your research, asking a lot of questions, and looking at the practice's financial statements. Ideally, your potential partner will have written a business plan to justify the new position. This is your future and your livelihood, so you have the right to ask as

many questions as you see fit. Look out for these red flags: The other person seems annoyed with your questioning, is not able to provide you with straight answers, or outright denies you information. Just like in life, those relationships which work out the best are built around trust, honesty, and transparency. This is, of course, a two-way street. If you are dishonest about your abilities, or communication skills, do not expect to get what you are unable to give. Junior partners must recognize that senior partners have spent years building infrastructure, patient loyalty, and value. Senior partners must create a path to success for the incoming physician.

2.3.5 Solo Practice

Solo practice provides the most autonomy, which is probably why it was associated with the lowest burnout rate in Medscape's 2019 Burnout Survey,[1] but it carries the biggest risk (see also Chapter 4). Flying solo allows you the freedom to choose what you want to do at the expense of taking on all associated responsibility and costs for those decisions. It allows flexibility and, potentially, a higher income. However, working solo puts you at risk of isolation and stagnation, so there is a greater need for interaction outside of the practice. Depending on your chosen location, a genuine problem with solo practice is call coverage. An alternative to solo practice is an office share arrangement, whether with another plastic surgeon or a complementary specialist, such as dermatologist or ENT specialist. From a financial standpoint, you are helping to share overhead costs, only taking on half of what you may pay in pure solo practice. As with any group or affiliation, personality fit is essential to its success. Sharing with a compatible partner can give you a sense of camaraderie and, when sharing with another plastic surgeon, someone with whom to discuss cases. Being in an office share helps to offload a lot of the initial expenses you may otherwise have in starting from the ground up (furniture, syringes, gauze pads, etc.), and it may also help in adding you into a well-established network of surgeons able to provide call coverage.

If you are considering solo practice, you need the following:

- Desire/need for independence.
- Careful financial planning: you need enough startup money planning to not draw a salary for 1 year. Although there are *physician loans*, I have not found these to be helpful or even worth considering because they still require you to have collateral to back the loan. When I finished training, all I had for collateral was an old car, which was not worth much money.
- Persistence, hard work ethic, and the drive to build your practice from the ground up.
- Business acumen.
- Specialty niche to set you apart, particularly if you are in a large metropolitan area with no shortage of excellent plastic surgeons.

Because the solo model is a balance of risk versus investment versus autonomy, you must address the two biggest issues: acquiring patients and money. This requires a business plan and your accountant should help you with it. A good business plan does the following:

- Clearly expresses your concept, how it fits into a continuum of care, and what problem or need it addresses.
- Outlines risks and contingency plans.
- Documents market demographics and need.
- Differentiates you from the competition.
- Outlines the proposed organizational structure.

- Makes realistic financial projections.
- Tells investors what they can expect to get for their risks.

For a sample business plan, see Appendix 4A.

An accountant is a critical part of your team. They can be from another state, but it makes sense if they are local as they will be more familiar with state laws. Another good resource is other surgeons in private practice you know from training, as they should be able to estimate monthly overhead for their location. They may even have a templated business plan that they used, which would make creating one for yourself as simple as plugging in your own numbers.

The amount of cash you actually need to start a practice depends on a lot of variables, such as location: Are you going into a turnkey office or are you building your own? A startup expense of $500,000 is not unreasonable, but $200,000 to $300,000 is a more realistic number for a brand-new practice. An upmarket turnkey space with an operating room facility and spa services will require closer to $1 million, assuming it is already built, but it is best to develop these additions after you are established in your area. There is nothing worse than having a brand-new spa with no one in it. The initial loan must cover startup cost, insurance, working capital to stay in business, marketing, website, salary, etc. It took me 6 months in solo practice before I was making more money than I was spending each month. To be cautious, you need enough money to live on for 6 to 12 months after starting a practice. If you are applying for loans right out of training, you may be very disappointed. Since the financial crisis of 2008, banks are much more careful in who they lend money too. Being a physician no longer carries the weight it once did. You will not be able to get a business loan without a W2 showing that you are an employee of a corporation or without enough collateral to back up the value of the loan. If you are fortunate enough to get a loan from a family member, that may be your best, or even only option.

Options for financing a solo practice include:

- A *term loan*, which you repay over a certain period, but for which you may need a personal guarantee. You may have difficulty qualifying for this coming out of residency with no collateral and student debt.
- A *line of credit*, which you use or repay and use again; interest is paid only on the outstanding balance.
- *Lease financing for equipment*, which is similar to a car lease.

2.4 Types of Positions

There is little written about rates of satisfaction among plastic surgeons, but one paper by Rohrich et al provides some insight.[8] Plastic surgeons over 50 years of age (~56% of plastic surgeons) are more likely to be solo (65%) than general physicians (26.7%). Nearly all plastic surgeons are satisfied (95%), compared with all doctors (84%). Plastic surgeons work fewer hours per week (52.2 hours) than the average doctor (53.7 hours), with the majority of that time being spent engaged in patient care (88.4%). Not surprisingly, reconstructive surgeons work a longer average week (56.5 hours) than cosmetic surgeons (49.7 hours) and are more likely to be in academics than in single-specialty practice.

According to the 2019 Medscape survey on burnout and depression,[1] when comparing physicians based on type of practice, the burnout rate was highest (49%) among those working for healthcare organizations. Single-specialty and multispecialty groups ranked the same (44%), academic and military physicians were slightly lower at 42%, and solo practitioners had the lowest burnout rates (41%).

2.5 Recruitment Firms aka "Head Hunters"

Everyone has to make money, even the recruitment firms. You may have received a mailer ad for a "Unique opportunity in a growth practice; four-season environment with excellent recreation, living, and cultural opportunities." Although this sounds enticing, you will quickly find that all job ads sound strangely similar and are always followed by "call for more information." These firms are in sales just like anyone else, and someone has to pay them for their work. Typically, the practice pays the firms once you sign a contract, and the "finder's fee" is quite hefty. The higher your negotiated salary, the greater the finder's fee the hiring establishment must pay. Thus, having a company charging their commission while networking for you erodes your upfront bargaining power.

2.6 When Should I Start Looking for a Job?

A good rule of thumb is to start looking for a job about 12 to 18 months prior to the end of your residency/fellowship. This allows enough time to travel, interview, and consider your options. Ideally, you should have a good idea of what you will be doing and even have a contract signed about 6 months prior to completing your training. You will need that extra amount of time to acquire hospital privileges, sign insurance contracts, get a state medical license (if you are moving to another state), and design your website. By completing these tasks prior to starting, you can hit the ground running. If you are going into a hospital or group practice, much of these tasks will be taken care of by the human resource (HR) department or your appointed administrator. It takes more time to set these things up if you are going into solo practice, as you will need to recruit people to help review contracts, design your website, and do other administrative tasks.

2.7 How Do I Find Jobs?

There are a number of outlets to begin the job search. One print source that is still good for information is Plastic Surgery News (PSN), published by The American Society of Plastic Surgeons (ASPS). The American Council of Academic Plastic Surgeons (ACAPS) has mostly academic listings, which are updated monthly (http://acaplasticsurgeons.org/jobs/). ASPS also keeps its own job board, which tends to be more complete and has listings from across all types of practices (https://www1.plasticsurgery.org/Job_Opportunity/JobOpportunityBoard.aspx). The listings on other websites, such as CareerBuilder and Indeed, tend to be of lower quality. Another option is to talk to your program director about possible jobs. Groups looking for partners and senior solo practitioners looking for someone to take over their practice will often send program directors details about these opportunities. Some people choose a location first, then look for a job by reaching out to surgeons in that community. Busy plastic surgeons may be considering bringing on a partner, but never find the time to formally advertise for the position.

2.8 Should I Do a Fellowship First?

Whether or not to do a fellowship is a common question and for good reason. After already training for 6 to 8 years, doing one additional year may not seem like a big deal, but significant others may have had enough of "resident life." Depending on

what type of career and practice goals you have, pursuing a fellowship may or may not be a good idea. For those interested in academics, fellowships are often required to acquire the specialized skill set necessary for hand, pediatrics, or large reconstructive micro cases. Many community hospitals even require a hand fellowship to take hand call. If you are interested in a certain geographical area, contact the local hospitals to see what their requirements are for additional training.

After 8 years of training, I decided to do an aesthetics fellowship at UT Southwestern in Dallas for a number of reasons. First, after completing my plastics training, I did not feel adequately trained in the gambit of aesthetics procedures to start in solo practice. Not only did the fellowship help to refine and expand my aesthetic skill set, but it also introduced me to a new professional network, which is perhaps even more valuable. Doing a fellowship allows you to work with some of the most skilled plastic surgeons in that niche, possibly giving you access to opportunities to publish and teach, which would otherwise be unavailable. When you are first starting, especially on your own, it is helpful to know that you have experts available to you for questions about difficult cases.

2.9 Need

When I first started looking for jobs, many advised me to see if there was a need in the area. As of 2016, the top three spots for the most plastic surgeons per 100,000 people were Miami, Florida (3.9), Salt Lake City, Utah (3.1), and Los Angeles, California (2.98).[9] Although plastic surgeon density is certainly a factor to consider, don't let it prevent you from starting a practice in a particular city, especially if you already have connections there to get you started. You will be competing with a larger number of surgeons for the same patients, but if you are well trained, possess the necessary social and business skills, and get good surgical results, then you should be able to succeed. Although the start may be slow and difficult, it is still possible to be successful in a busy and competitive city.

2.10 Income

Based on the Medscape Physician Compensation Report in 2018, the average annual salary for a specialist is $329,000 and $223,000 for a primary care provider.[10] The good news for plastic surgeons is they have a high average compensation, ranging between $320,000 and $590,000,[11,12] depending on the number of years in practice, academics versus private, and geographical location.[1,2] According to an unpublished ASPS 2018 Economic Environment survey, the salary range is wide: 14% of surveyed ASPS members earned under $200,000, and 12% earned over $1 million.

Within the plastic surgery discipline, the first myth to dispel is the perceived imbalance between private and academic practice incomes. A number of recent studies have shed light on this myth.[13,14] Physicians having the same experience/age range earn nearly equivalent incomes; however, academic surgeons, by performing considerably more relative value units (RVUs) of work, perform 7,101 RVUs compared to 5,962 RVUs in private practice to generate the same income. A 2018 study looking at lifetime revenue of surgeons in academic versus private practice[15] found that academic plastic surgeons' salaries are just 2% less than those of private practitioners. Plastic surgery and general surgery were the only two disciplines in which academic surgeons' salaries were comparable to that of private practitioners.[15]