

Pimp Your Profile

Achieving your Dream Practice

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Disclosures

- ▶ None

Objectives

- ▶ Preparing for independent practice
- ▶ Marketing yourself
- ▶ Negotiating a contract

Current Job Outline

- ▶ ID Service –Large Academic Community Hospital
 - 6 months/year inpatient service
 - 4–10 consults daily
- ▶ Outpatient Clinics
 - 2–3 half-day clinics weekly
 - 1 /week multi-disciplinary wound care clinic run by NP
 - Dedicated ID Nurse practitioner
 - Shared RPN
 - NO overhead costs

- ▶ **Administrative Work – Physician Lead Roles**
 - ASP– 0.3 FTE
 - IPAC– 0.1 FTE (negotiating 0.2)
 - Microbiology Quality–0.05 FTE
- ▶ **Medical Microbiology**
 - Locum/Courtesy Microbiology service at St. Michael's Hospital

▶ Teaching

- Faculty Appointment – University of Toronto
- Committee member, Microbiology Residency Programme
- Hospital Education Committee

▶ Internal Medicine

- 1–3 day calls / month (ER Admissions and/or surgical consult) – VOLUNTARY

▶ Other

- Medical Staff Association Vice President
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Practice Components

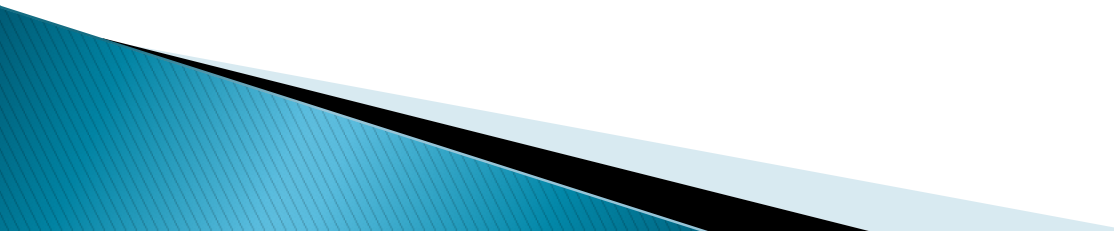
▶ Clinical ID Service

- Inpatient Service
 - Number of other ID staff
 - Average # of consults / week
 - Paediatric, NICU, Weekend/after hours
- Outpatient Clinics
 - Private Office Practice
 - Community need, shared office space, overhead, flexibility
 - Hospital-based outpatient clinics
 - Hospital needs, overhead, administrative support, nursing support, use of hospital resources.
- Payment Model
 - Fee for service, AFP etc.

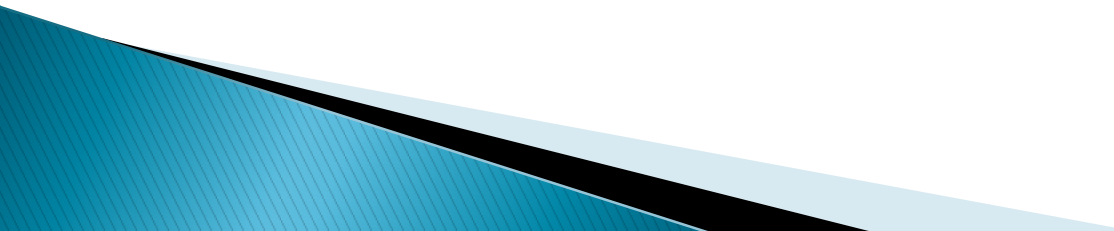
▶ Internal Medicine

- Mandatory requirements
- Type of call (night, day, ER admit, surgical consult, MRP status)

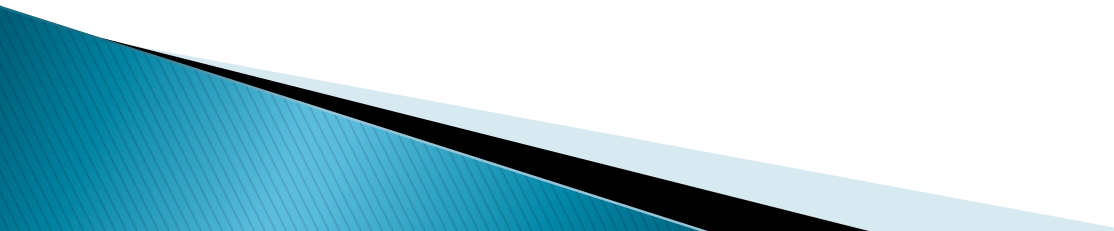
▶ Administrative roles

- IPAC, ASP
 - Other Physician Lead roles – Quality, Education, Community liaison, IT.
 - Stipend, hours
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Initial Steps

- ▶ Moonlight / Elective / Locum
 - Collegiality, face time
 - ID needs
 - Administration support
 - ▶ 2. Approach existing ID physicians
 - Confirm needs, months/year on service, their Admin time
 - ▶ 3. Approach Chief of Medicine
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Negotiation – Preparations

- ▶ Speak to the ID physicians
 - Their negotiation history
 - What they currently have in their contract
 - Inpatient service load, Outpatient Clinic Model
 - ▶ Research the ASP and IPAC program
 - Speak to pharmacists, Pharmacy Director, IPAC manager.
 - Calculate time in hours/week it would take to grow and maintain a program
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Negotiation– Clinical Service

- ▶ Inpatient Service Model
 - Usually discussed with other ID physicians
 - Paediatrics, weekend and after hours
- ▶ Outpatient Clinics
 - Overhead / Space costs
 - Administrative and nursing support
 - Ability to use in-hospital resources (Lab, DI, Medical Day Unit)
 - Funding models
- ▶ IM Calls
 - Minimum #
 - MRP status

Negotiation– Administrative

▶ FTE

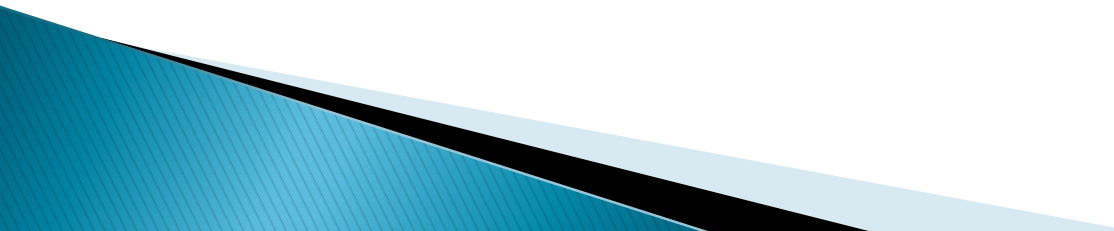
- 1 FTE = 5 business days = 40 hours
- 0.1 FTE = 1 half-day = ~ 4 hours
- 0.1 FTE = \$18 000 – 25 000 – based on size of hospital, complexity of patients, etc.
- Outline your exact job description with timings attached

▶ Negotiate:

- Support staff: eg ASP pharmacist, secretarial
- Goals – eg. % reduction of abx costs
- Yearly review
- Whom you report to

▶ Clearly outline commitment – i.e. Physician-lead, Expert consultant, Director etc.

Fellowship Prep.

- ▶ Longitudinal Clinics
 - Be involved in all aspects
 - Home care, collaboration, phone calls, paperwork, EAP/SAP process
 - ▶ Attend high level meetings
 - QI, IPAC, MSA, Senior meetings, Pharmacy
 - ▶ Learn hospital hierarchy
 - ▶ Learn funding practices
 - ▶ Mentorship
 - ▶ Locum and Electives
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Taylor your fellowship

- ▶ USE your Program Director
 - Choose electives wisely
 - IPAC, ASP, Tropical Med, Clinics
 - Take courses during residency
- ▶ Speak to previous graduates
- ▶ Expand core rotations
 - Paediatrics, Microbiology, IPAC
- ▶ Input on half-day curriculum
 - Sessions on CV, career guidance, finances, business cases, billing, public speaking

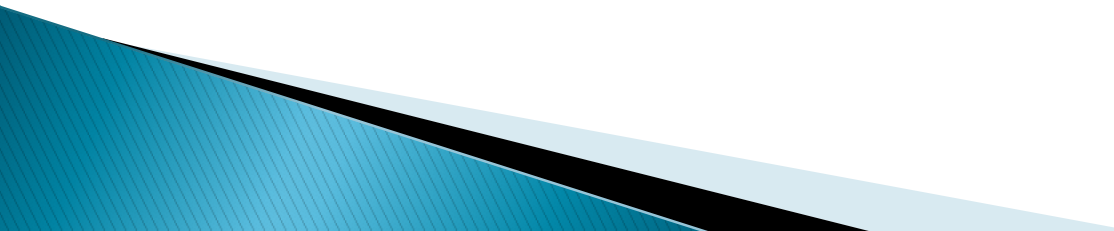
Market yourself

- ▶ FACE TIME

- Locum, Electives

- ▶ Present at Grand Rounds

- ▶ Prepare a Pitch

- Your Skills
 - Evaluate their current program
 - Show what you can accomplish for them
 - Outline your role
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Role of the ID Physician in Hospital Infection Control

- Surveillance
 - Develop objectives for surveillance
 - Design clinically relevant surveillance reports
 - Interpret surveillance reports and educate HCW/clinicians
 - Monitor resistance rates and antimicrobial usage – report back to clinicians and senior admin
- Outbreaks
 - Provide support to the team during the investigation
 - Liaise with public health unit
 - Communication with clinicians and front line staff
 - Communication with senior administration
- Emerging Infectious Diseases
 - Ensure up to date information is disseminated
 - Liaise with Hospital Laboratory and Public Health Laboratory with testing updates, develop order sets, pre-analytical and reporting policies.
 - Meetings with all stakeholders
 - Design Surveillance/screening/management plans
 - Liaise with senior administration and clinicians
 - Develop Reports and clinical management pathways
- Expert Advice
 - Provide as needed advice daily to the IPAC team
 - Individual patient cases
 - Complex medical issues
 - Surveillance blips
 - Advice to clinicians as needed
 - Microbiology/Laboratory
 - Review Microbiology laboratory policies
 - Review Reporting and calling policies
 - Public health reportable policies
 - Implementing new clinical tools
 - Analyzing changes in practice in the laboratory
 - Quality of specimen processing
- Education
 - Attend educational meetings to ensure CME
 - Provide education to IPAC team and hospital
 - Clinician sendouts to guide management in emerging infectious disease scenarios
 - Clinician sendouts on surveillance reports
 - Grand rounds 1/year
- Policies
 - Review, update policies
 - Keep abreast of IPAC literature to ensure most up to date information
 - Liaise with all stakeholders in policy formulation and review
 - Discuss policies at appropriate committees eg. MAC
 - Assist in designing implementation of changes to IPAC practice and follow-up
- Meetings
 - Attend IPAC committee meetings
 - Biweekly-monthly IPAC team meetings
 - Antimicrobial Stewardship Committee meetings
 - Outbreak meetings
 - Emerging Infection Meetings
- Research
 - Formulate and Design research studies as appropriate
 - Participate in multi-site research studies
- Champion
 - Champion the IPAC team to Senior administration
 - Champion the IPAC team to clinicians and HCW

Comment [j1]: This is a very important role that we currently do not do – but this will make what we track more relevant to clinicians and senior administration – as now what they get are just numbers with no context.

Comment [j2]: This is mostly done through ASP. However, the IPAC interpretation of the antibiogram and antimicrobial usage would be in a different context and should be related to our AROs etc.

Comment [j3]: This has taken up the majority of our time in the past two years due to the several emerging infections that have occurred – H1N1, MERS, Ebola, Zika.

Comment [j4]: This is NOT currently not under my IPAC role or FTE. I have done this independently as it is very important for patient care and if not done, can have a negative impact. This should be an official part of IPAC or a different FTE as a Microbiologist.

Personal

- ▶ Choices – they will change!
- ▶ Community
- ▶ Commute
- ▶ Colleagues
- ▶ Children
 - Family planning
 - Parental benefits
 - Residency
 - OMA