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
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
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
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
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
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
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 Infections/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 tendent to guide management in emerging infectious disease scenarios
  - Clinician tendent on surveillance reports
  - Grand round 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 Infections 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

Comments:

[1]: 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.

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

[3]: 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.

[4]: 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