Starting Off as the First Female Physician in an All-Male Practice: Ten Tips

BY NIKA BAGHERI, MD

This past August, Nika Bagheri, MD, joined California Retina Consultants, one of the oldest and most respected vitreoretinal surgery private practice groups in the country, as the group's first female vitreoretinal surgeon. Based on her unique experience, here are ten tips regarding making this transition.

BEFORE YOU SIGN

1 Research

Joining a practice is like getting married, and finding the right fit is important. Before you sign on the dotted line, you have to do your research. Rely on any and all resources available, including mentors, to find the optimal group. Each practice and geographic region varies considerably in practice patterns and goals for expansion. Some groups invest long-term in a new associate with a viable partnership track; others offer a tepid commitment and part-time work without the promise of upward mobility. While part-time or a nonpartnership track may be ideal for some, choosing a practice with a strong team culture will ease the growing pains of being a newly minted attending.

2 Expectations

Knowing what to look for in a group is half the battle; knowing what is important to you is the critical complementary piece. It is crucial to understand what you value in your first post-training real-world job. How many days a week do you want to spend in clinic? Is significant commuting a deal-breaker? What role do you want to play in clinical trials? Managing your own expectations will help you make more informed decisions about where your ideal future lies.

3 Negotiation

It is 2019 and we are privileged to have benefited from strong female role models who were the original trailblazers decades before us. Still, we

AT A GLANCE

- Committing to negotiation is an important first step in establishing the groundwork for a productive long-term relationship.
- Maintaining a cadre of mentors and friends will help keep you grounded during the transition from fellowship to real-world practice.
- Effective communication is critical to ensuring that your expectations and goals are aligned with those of the team.

WOMEN IN RETINA ON *NEW RETINA RADIO*

Eyetube's podcast *New Retina Radio* explored the theme of women in retina in its first season. Guests included women at various points in their retina careers, and they discussed salary negotiation, institutional barriers to female success, and generational shifts in the field vis-à-vis women.

Julia Haller, MD; Anat Loewenstein, MD; Geeta Lalwani, MD; Jessica Randolph, MD; and Talisa de Carlo, MD, joined the show to explore these topics in two episodes, "Ophthalmologist Barbie" and "Je Ne Sais Quoi." Listen to these two episodes of *New Retina Radio* on Eyetube, iTunes, or wherever you get your podcasts.

have a way to go to achieve better equality in leadership and reimbursement.[1-3] A number of factors contribute to persistent inequity, and an important first step to close the gap is committing to negotiation.

Evidence shows that not negotiating small differences in starting salaries can lead to major differences over time.[4] Moreover, compensation can become synonymous with value and perceived performance and competence within an organization. Women are often uncomfortable negotiating, but establishing the groundwork for honest, open communication is important for a fruitful long-term relationship. A negative or dismissive reaction from a prospective employer could represent a red flag. The dollar amount is not the focus, per se, but securing equal pay for equal work is critical. A great resource on negotiation strategies is the book *Women Don't Ask*, which was recently suggested by a panel of female retinal surgeons discussing the issue of negotiation on the retina podcast "Straight From The Cutter's Mouth."[4,5]

That being said, negotiating may be fairly simple, as the private practice world frequently uses boilerplate contracts. Groups often match offers to the contract signed by the most recent associate, adjusting compensation for inflation and cost of living. In my case, one of the senior partners willingly spent time reviewing the contract point by point with me and invited discussion and questions throughout. It was a learning experience that enhanced my understanding of how the practice ran. Specific items to consider negotiating include a signing bonus or advance salary, which may be helpful during the transition period after fellowship ends. Moving expenses, health insurance, and professional education costs are all areas that can also reasonably be addressed.

BEGINNING

4 Paperwork

Do not underestimate the time necessary to get licensed and to contract with insurance groups. Start the state licensing process early, as insurance contracts will limit how effective you can be in the clinic and the OR. If you are determined to practice in a certain location, it is an asset to have this done even before joining a group, despite the additional expense for a fellow in training.

5 Logistics

Learning the specific logistics of your practice's system as soon as possible is a huge boon to your quality of life, as well as that of your patients and colleagues. We all learned in residency and fellowship the value of knowing how to navigate the system, and it only gets more complex for an attending. Having a secure game plan for common scenarios enhances patient care and builds confidence in patients and referring providers. For example, how does the group handle a macula-sparing retinal detachment on a Friday evening? Does the patient go to an ambulatory surgery center or a hospital? Who does the preoperative anesthesia clearance? It is impossible to plan for every situation, but knowing the answers to the big questions ahead of time will allow a smoother transition.

6 Connections

Strengthen your old connections and foster new ones. Starting off in a new practice does not mean you are on an island. Keep in contact with your mentors and co-fellows to ensure that you have a support team outside your group. It is always helpful to have a trusty think tank that can be tapped for questions about patient care, business practices, and similar queries. That being said, embrace your partners' insights. The wonderful beauty of medical and surgical retina is the nuanced and variable approaches that allow multiple correct answers to the same problem. Expanding your circle of trust to your new partners will build more powerful relationships within the team and will continue to diversify and enrich your approach to clinical scenarios.

7 Politics

Most fellows are thrilled about the transition to the real world; however, without experience it may be difficult to fully understand the implications. Moving out of the ivory tower of academic medicine removes some protections and barriers physicians take for granted. Do not be afraid to ask your staff and colleagues important questions about the local referral patterns and landscape. In fact, this may be the most important issue to understand, depending on the region. If your practice includes offices in different geographic areas, then there may be a differ-

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ent set of expectations or unwritten rules for each location. Your staff and colleagues possess valuable insider knowledge that will help you succeed. Tap into it and ask the political questions.

FINESSE

8 Staff Dynamics

The staff is majority female in many groups, and interacting with them as the first female physician may be tricky. We have all witnessed how staff members may respond differently to different residents or fellows, and the same remains true in private practice. In reality, people are complex, and it is impossible to please everyone. Therefore, the simplest (and hardest!) goal is to be respected by all. Giving critical feedback in a productive and constructive way may be a real challenge, even to the most supportive staff. However, it is important to establish expectations and tailor your practice schedule and environment to your needs. Ultimately, it is worth working for, as there is a unique opportunity as a female surgeon to form a different, stronger bond with your team, especially the women.

9 Staying Active

Starting off as a new attending may seem overwhelming, as there are a lot of moving parts. A helpful piece of advice I received was to stay involved. As the newest associate, you likely have more call obligations, so no need to go overboard. Whether it is through writing, publishing images or videos, being active on the podium, or going to meetings, make sure to carve out a little protected time in your first couple of years, and be open to opportunities.

10 Embracing Criticism

Communication is key to succeeding and thriving in your new group. There must be a system in place to understand what is expected of you as well as a means for your feedback. A disconnect here could cause irreparable harm. Find a productive way to voice any concerns, and regularly check in with your colleagues. An old-fashioned phone call is easy to complete while commuting to a satellite office. Invite criticism as a means to improve yourself and, in turn, the team's dynamic.

CONCLUSION

While each of these tips may help with transitioning from training to the real world, maintaining perspective is vital for both sanity and success. A keen awareness of your personal values and goals will help keep you grounded and maintain high levels of patient care and personal happiness.

Remember, you are not alone! There are universal aspects to the human experience, and mentors and friends are available throughout the country and world. If anxiety creeps up in your day-to-day clinical life, remember that a healthy level of neurosis may be a good thing that helps improve outcomes. Recent studies have demonstrated the value that female physicians bring to patient care, such as lower mortality rates in hospital admissions.[6] Your new practice will feel the positive ripple effects of having a fresh, new, diverse voice join the team. So, no need for a personality or sex change; appreciate the positive impact you bring because of your differences, not despite them. ■

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