# Factors in the Equation of Choosing the Right Job

Location and practice environment are among the top considerations for ultimate satisfaction.

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etina fellowship is the final step in the lengthy process to become vitreoretinal surgeons. The applications, interviews, and the constant transition to the next phase of training have been mastered. Making the upcoming transition from an apprenticeship (fellow) to a practitioner has many comfortable components (like updating a CV and interviewing). The next step, however, is not a time-limited position. You will not enter a lottery system and "match." Chance plays a smaller role in the next step; you will have the opportunity to choose your environment. Choose carefully and try to reduce the chances that you will be looking for a new position in a few years.

At the time of this publication, the majority of secondyear retina fellows have secured next year's position. This article will be a review of what you already know. For firstyear fellows, the content of this article will come as no surprise, but it is worth taking time to think about what you want from your career and then taking the necessary steps to make that happen. Also, it may be worth reviewing previous *Fellows' Focus* articles relating to contracts and negotiations as you proceed through the process.<sup>1,2</sup>

You will be making many decisions as you begin your search for the ideal job. The best advice you receive will come from your mentors and your peers, so do not hesitate to discuss your opportunities with them. It is likely that they have garnered valuable insights from their own experiences.

### LOCATION

Although it may seem obvious, remember that you must select a location where you and your family can live and be happy. You may have heard the phrase, "Go where your spouse will be happy, then you will be happy." It is easy to fall into the trap of looking for what you consider

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to be the best job and sacrifice location. The detrimental effects of such a decision are likely to ripple through both your professional and personal lives. Assess locations prior to investigating job opportunities, and only pursue those that are in suitable locations. The perfect job, in the wrong location for you, is not the perfect job. Almost certainly, practicality will win in the end, and you will have wasted precious time on a job opportunity that you ultimately decline because of unsuitable location.

If there is a particular location where you would like to build your life and career, it is never too early to begin exploring opportunities. Make contact with as many of the practices in the area as soon as possible. We all want to be the person who started looking incredibly early and found the ideal job years in advance. Typically, a practice will spend many months in preparation prior to choosing a new associate. You will have a significant head start if you have already spent time meeting the partners and associates.

# PRACTICE ENVIRONMENT

In the past, one would simply choose between academic and private practice and proceed from there. In 2010, the culture is a bit different, requiring more self-assessment of one's aspirations and motivations. In addition to traditional academic or private practices, there are many hybrid practices. Each type of practice has pros and cons, so it is important to consider these carefully.

# ACADEMIC OR UNIVERSITY-BASED PRACTICE

We are all most familiar with the traditional academic practice because of our past education. There are many benefits to an academic practice as a new attending. The environment is both familiar and supportive, allowing a more seamless transition and continued growth. The details of the job will vary but typically include a combination of clinical, research, and teaching responsibilities with protected academic time. There is rich opportunity for intellectual stimulation and multidisciplinary collaboration.

In exchange for the fertile environment within academics, one must relinquish a certain amount of control. The structure of academic departments means that you will not be you own boss; actually, you will likely have several bosses. The ability to implement change may be more difficult and require navigating a complex bureaucracy. Additionally, the financial compensation in academics tends to fall behind that of private practice after 2 or 3 years in practice. In the past, many in academics enjoyed not only the university environment, but also close ties with industry. Recently, these relationships are coming under more scrutiny in true academic practices, and many institutions have implemented policies prohibiting such relationships.

# PRIVATE PRACTICE

Most graduating retina fellows join existing private practices, while a select number of fellows will build their own practices from scratch in areas of need. Private practices vary widely in their organization, patient volume, OR setting, buy-in, size, and scope of specialty. The range varies from a small retina-only practice to a large multispecialty practice. From size to scope to contract details there are many variables, all with pros and cons. Initially identifying a potential practice will likely center on the personality of the group and whether you feel you will mesh with them and therefore be productive. After you have identified practices you would like to join, a careful analysis of the details of the contract, compensation, and partnership opportunities will help ensure you understand the decision you are making.

Private practice typically offers the most control along with the greatest financial compensation, but these parameters vary highly from one practice to another. Clinical volume tends to be greatest in private practice, and this typically leads to a greater surgical volume as well. There are tradeoffs for the increased compensation, control, and volume experienced in private practice. The patient population tends to be less diverse with limited opportunities for academic stimulation compared with university-based practices.

# **HYBRID PRACTICE**

The hybrid practice is a combination of academic and private practice. Usually these practices are structured as private practices, but the members of the practice are committed to academic endeavors. The academic interests may be quite varied, frequently including clinical research and collaborative relationships with industry. Some of these so-called hybrid practices outperform their academic peers in many of the large, prospective, multicenter trials. These practices' strengths lie in their clinical efficiency and ability to screen many patients for these studies. Most are not awarded federal funding nor perform much bench research, but there are exceptions. Several of these hybrid practices also teach fellows and residents. In general, these practices may offer better remuneration to the retina surgeon compared to a traditional academic practice.

The increased compensation in the hybrid model is partially due to lower overhead compared with the academic practice, but there are drawbacks. Hybrid practices are unlikely to have in-house statisticians, multidisciplinary collaborators, or funding mechanisms for homegrown studies. There is usually less diversity in diagnoses compared with academic institutions, but it is often greater than traditional private practice. Protected academic time is not common in a hybrid practice, and therefore more time outside of work may be needed to be productive academically.

As you already know, every situation has pros and cons. Spend some time now considering the bigger picture so that, as you get more involved in the job search, you can carefully evaluate the details of those opportunities that suit you best. Ultimately, you should strive for a good fit, but keep in mind that frequently it is the little things that directly affect your happiness and satisfaction.

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<sup>1.</sup> Eichenbaum DA. The job search and interviewing. *Retina Today.* 2008;3(1):24–25. Available at http://www.bmctoday.net/retinatoday/2008/01/article.asp?f=0108\_06.php. 2. Eichenbaum DA. Navigating contract negotiation. *Retina Today.* 2008; 3(2):27–29. Available at http://www.bmctoday.net/retinatoday/pdfs/0308\_05.pdf.