

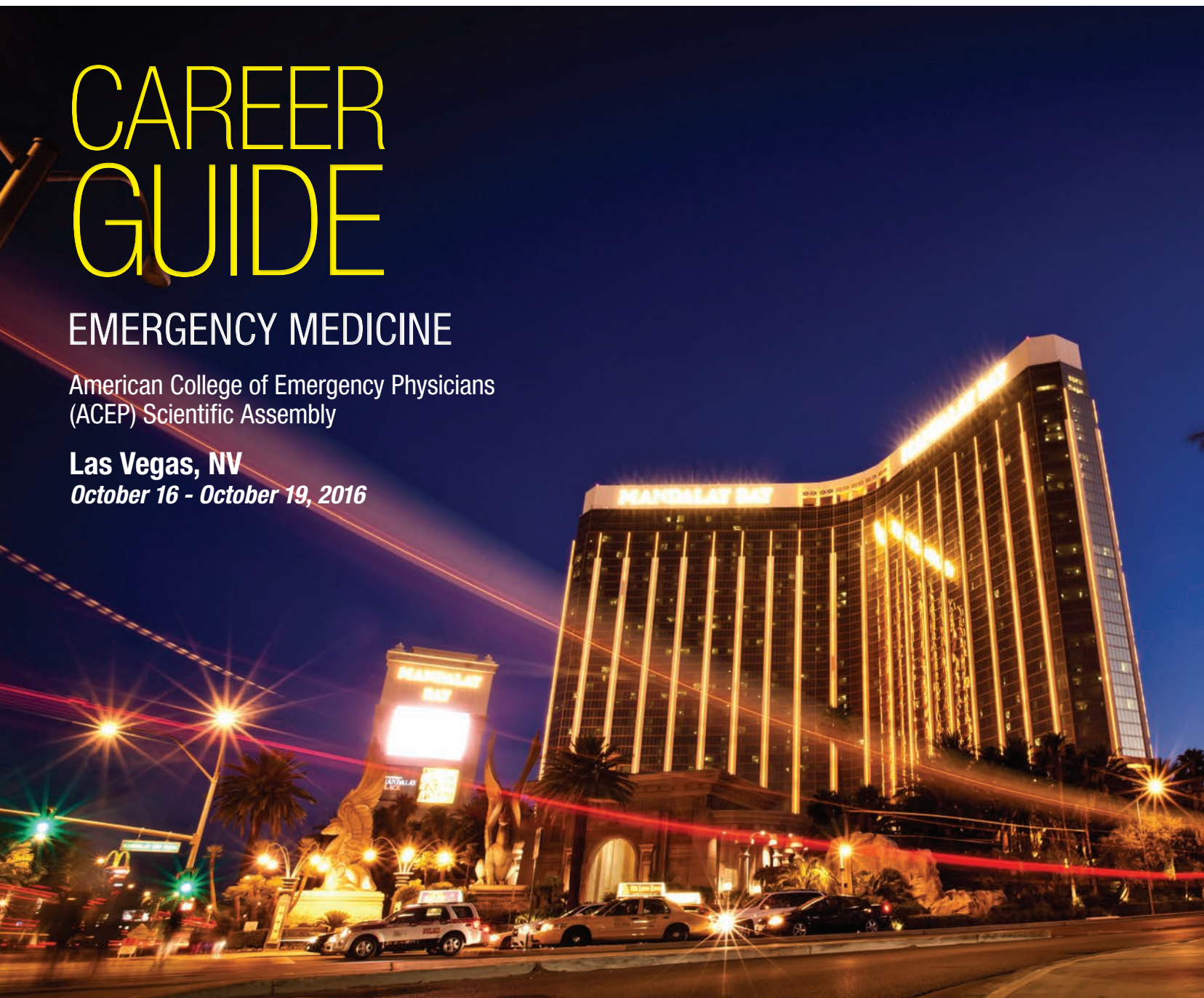
CAREER GUIDE

EMERGENCY MEDICINE

American College of Emergency Physicians
(ACEP) Scientific Assembly

Las Vegas, NV

October 16 - October 19, 2016



ARTICLE HIGHLIGHTS:

- CV Potential: Build Your Best Curriculum Vitae
- We Need All the Great Physicians We Can Find
- Fellowship: It's a Wonderful World
- Publish, Publish, Publish: Writing as an Important Early-Career Step



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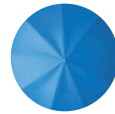
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EMERGENCY MEDICINE

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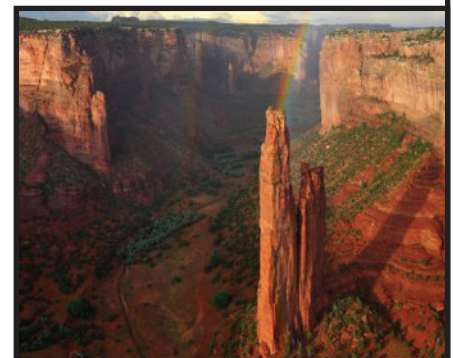
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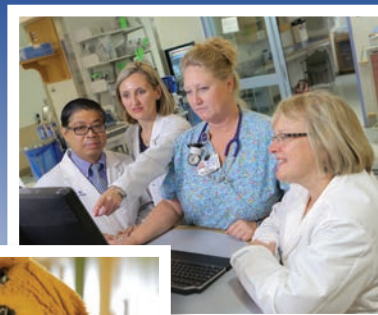
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CV Potential: Build Your Best Curriculum Vitae

A strong curriculum vitae takes time and planning to construct. Aspiring physicians and researchers need to present themselves in the best possible light on paper, as the CV is integral to applications for nearly all opportunities. By following a few general guidelines, students and fellows can ensure that their CV stands out in a good way.

MAKE CONNECTIONS

A successful career is not built by one person alone. Mentorships and networking are critical for many aspects of professional development. The right mentor can help you define the proper path and make smart choices when it comes to building your CV, in addition to providing letters of recommendation.

Sima Saberi, MD, an endocrinologist and co-director of the Glycemic Collaborative Practice Team at St. Joseph Mercy Hospital, encourages the pursuit of multiple mentors.

“It is helpful to have a team of mentors because different colleagues can serve different mentoring roles,” she explains.

Mentors help with everything from research to publishing to networking, and it is unrealistic to expect a single person to assist with every aspect of career building. If you have two or more experts guiding you, then you also have multiple resources for feedback on your CV. Each will offer unique insights based on their experiences.

“A great mentor will help open doors or at least give you advice on how to open doors. An outstanding mentor will advocate for you when needed,” says Saberi.

To find the right mentors, you have to network. Sometimes these relationships form out of a professor-student scenario, but there are plenty of other ways to cultivate these bonds.

“Attend any early career forums that are available at your institution or at your national meetings,” says Saberi.

Lectures and conferences are also great opportunities to introduce yourself to potential mentors.

“Try to find people to work with that have a track record of producing successful mentees,” she goes on. “Just because someone has a reputation as a high-powered researcher or clinician doesn’t mean that they will be the right mentor.”

Often, the “right” mentor will become apparent after a few interactions. If a potential mentor is responsive and seems to take an interest, then the relationship is off to a great start. If not, then you may want to continue networking and seek other potential mentors.



JOIN THE CLUB

For some individuals, shyness and introversion may hinder their desire to network. But, you have to overcome these fears and to learn to be a “joiner” in order to assemble a well-rounded CV.

“You should try to become involved in task forces or committees with your national organizations—either at your local chapter level or the national level,” Saberi emphasizes. “This is a chance to meet colleagues and to gain new skills.”

A role in societies and other institutions looks great on paper too. It demonstrates commitment to important initiatives beyond the laboratory or exam room. As a part of a task force, you are able to help shape your chosen field in a specific way while simultaneously getting experience that will bolster your career.

“Volunteering for organizational leadership increases project management abilities, but is also important for promotions and for networking,” Saberi continues.

Hiring committees will want to know about your professional memberships, conferences attended, volunteer work, and leadership roles—all of which can be checked-off the list by participating in organizational activities in your field.

BOOST THOSE BYLINES

Everyone in academia has heard the phrase “publish or perish.” While perhaps a bit overdramatic, these words do hold some truth, especially in medical research.

“In academic practice, one needs a certain number of publications for promotions,” says Saberi. “But continue to publish whether you are in academic medicine or not.”

She currently works in private practice, but makes sure to also pursue projects that lead to publication. “Publishing provides one with a means of maintaining diversity in one’s CV and makes your name known to colleagues in the same field.”

Those in the clinical arena can focus on case reports, literature reviews, and quality improvement projects. Presentations should be included as well, and you may even decide to have subsections dedicated to publications outside of journals and conferences, such as articles written for magazines, websites, or medical blogs.

Dividing your publications into categories is generally a good idea, unless you are just starting out and do not yet have many publications. Some subsections to consider are: original research, case reports, reviews, poster presentations, and “other” publications, which would include work like magazine articles.

Quantity is not more important than quality, though. Ideally, fellows will garner one or two lead authorships among their publications, which will speak greater to their abilities than a long list with no lead author credits.

It is also crucial to aim for publication in the right journals. Prestigious journals are of course a big plus, but niche journals can also help demonstrate the focus and direction of your career. When deciding which journals to submit to, mentors become critical once again.

KEEP IT OR CUT IT

The hardest part of constructing a CV can be editing. What to include, and what to leave out?

Matt Green, medical publishing director at BPP University School of Health in the U.K., has three words to say when it comes to cutting down a curriculum vitae: Relevant, clear, concise.

“The person who is shortlisting candidates for interview will have on average only two minutes to review your CV in the first instance,” he wrote in an article for BMJ Careers.

Because of this, candidates need to customize their CV for the position they are applying for. You do not want your most relevant accomplishments to get lost in a sea of unrelated bullet points. The person reviewing your CV should immediately see that you are qualified for the role, and then you can elaborate on your experience during the interview process.

Green’s rule of thumb for the length of a CV is that it should be “as long as it needs to be.” That means just the information that makes sense for that job application. The final product could be anywhere from three to eight pages.

He also says to ditch the cover page, which can distract from the rest of the CV. Additionally, he encourages individuals to stick to classic fonts like Times New Roman and Arial, and to minimize italics and underlining. The goal is to create a clean and easy to read document.

Green also wishes applicants would use bullet points instead of blocks of text and maintain consistent style throughout the document—layout, spacing, and structure should remain the same.

WHAT NOT TO DO

Avoiding pitfalls is equally important to making the right choices for your CV. Even if you manage to everything else right, one big mistake could make the difference between a “yes” and a “no” from a hiring committee.

Green says to never embellish or fabricate any information. It can be tempting to exaggerate one’s accomplishments in hopes of an extra edge, but dishonesty is a nonstarter. If you can’t back up a claim, don’t make it.

Saberi encourages aspiring endocrinologists to take an open

CV Sections Checklist

Formats of curriculum vitae vary somewhat by preference, but the necessary sections tend to be the same. Here are the categories of information and organization that Green recommends in his BMJ Careers article.

- Personal details
- Career statement
- Education
- Career history
- Clinical skills and experience
- Leadership experience
- Development courses and conferences attended
- Research experience
- Clinical audit
- Presentations and publications
- Teaching experience
- Information technology skills
- Personal interests
- References

approach early on in your career.

“Don’t turn down opportunities to become involved in new projects or committees,” she says. “Also, don’t pigeonhole yourself into one track. Keep all of your options open.”

Saberi says that the initial years of a medical career should be a time of exploration. You may not know that you enjoy a certain aspect of working in medicine until you try. Many leaders started off in a different area than the one they ultimately ended up in. Flexibility allows for a broader range of experiences and better knowledge of your strengths and weaknesses.

Finally, don’t run yourself into the ground trying to build the perfect CV. Work-life balance is critical and physicians and researchers are constantly grappling with the many demands on their time. Saberi offers some strategies for achieving at a high level without sacrificing other life priorities.

“Organize your time carefully,” she says. “Prioritize deadlines—make ‘to do’ lists if needed—and remember to take some time for yourself to prevent burnout. Some find that they do their best work early in the morning or late at night when the bustle of family life is quiet. Or, if you have multiple interruptions at work, close your office door or physically go to a different location to allow quiet time to read and write.”

The foundation of an excellent CV is, of course, outstanding work. There are many factors that define great work, but the best work tends to come from individuals who enjoy it. If you allow yourself to reach the point of burnout, it will be tough to regain momentum in your career.

There is no such thing as a perfect CV and, according to Green, it should instead operate as “a career road map that enables you to identify and deal with any gaps in your experience and to respond to opportunities that may arise unexpectedly.”

The most important part of career building is to continue progressing while staying sane in the process. ■

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By Niels K. Andersen, CEO, KontaktIntelligence, Inc. and
Heather Sivaraman, Attorney at Law, Law offices of Dayna Kelly

We Need All the Great Physicians We Can Find

The reasons for the projected shortfall of physicians in the U.S. are many and very complex, ranging from pure patient demand, to politics, to health care and educational financial control. It would require a textbook to cover it all. Instead, this short article will provide a quickstep guide to help organizations and candidates understand how to employ a non-U.S. citizen physician or a foreign physician to stay in the U.S. after they complete their graduate medical education (GME) training. Whether you are recruiting a foreign physician or if you are going through the process of staying in the U.S., it can be complex and daunting.

Why do we need to consider hiring every great physician we can find? Demand shortages expected to continue to worsen in rural markets, but it will be felt everywhere. Upwards of 130,000 more physicians needed by 2025, the U.S. medical school and GME program machine simply can't meet demand fast enough. Of the 784,000 practicing physicians in the U.S., an estimated 15%, or 107,000, have successfully immigrated already.

The essentials you need to know about the process of the most common sponsorship for IMG candidates who complete GME in J-1 visa status are below.

- Majority of IMG physicians coming for GME are on a J-1 visa
- Required to return to home countries for 2 years, or apply for and receive a waiver.
- Waivers available to facilities in underserved areas, many Conrad 30 programs will accept up to 10 J-1 waiver applications from facilities that are outside geographic HPSA/MUAs, referred to as "FLEX" slots. Criteria for FLEX slots are state-specific, non-HPSA/MUA facilities may be able to sponsor by using a FLEX slot if the facility qualifies.
- Federal agencies like the U.S. Department of Health and Human Services and VA can sponsor primary care or general psychiatry in HPSA's or mental health HPSA's.
- Delta Regional Authority and Appalachian Regional Commission are examples of two separate programs that cover many states in the southeast.
- Limited waiver category for physicians demonstrating a U.S. citizen or permanent resident spouse or child would suffer "extreme hardship" if the physician required to fulfill home residency requirement.
- Once facility qualifies, employer submits request to the state health department or federal agency on behalf physician. Physician cannot file on own behalf. If agency recommends waiver, it forwards to the U.S. Department of State's J-1 Waiver Review Office. Within 1 to 2 months, Department of State sends recommendation to U.S. Citizenship and Immigration Services (USCIS), which has final authority to grant waiver.

- Once approved, employer files immigration petition with USCIS changing physician's visa status from J-1 to H-1B to authorize employment.
- H-1B responsibilities of employer includes meeting prevailing wage rate for similarly employed physicians in geographic area, maintain documents defining conditions of employment and employment verification.
- Department of Labor policy considers all fees associated with H-1B sponsorship including legal and filing fees to be part of the employer's business expense, must be paid by employer. Fees vary based on corporate structure, company size, and exemptions.
- H-1B status valid for initial period of three years, renewable for additional three years.
- Physician must complete 3-year federal J-1 waiver service obligation with sponsoring employer, unless rare "extenuating" circumstances. If physician cannot demonstrate extenuating circumstances and chooses to leave the employment, they will be re-subject to 2-year home residency requirement.

The most common route to a J-1 waiver is through the Conrad 30 program for physicians who agree to work full time for 3 years in a federally designated Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA). Departments of Health in every state are able to grant 30 waiver slots each fiscal year via their own application process and eligibility criteria.

Remember getting employment authorized will be a two-step process: first, approval of the J-1 waiver. Second, filing the H-1B petition to authorize the physician's employment. Keeping these parameters in mind, you are well on your way to considering IMG applicants as viable candidates for your facility or finding a new practice in the U.S. Your immigration attorney can assist you in determining whether or not your facility will qualify for one of the state or federal waiver programs. ■

ABOUT THE AUTHORS

Niels K. Andersen, President & CEO, of KontaktIntelligence & VeritasHealthCare

A published industry writer, Niels' work has appeared in New England Journal of Medicine's Recruiting Physicians Today, the Association of Staff Physician Recruiters publications, and others.

Heather Sivaraman, Attorney at Law, Law offices of Dayna Kelly

A graduate of the University of North Carolina School of Law. She is an active member of the N.C. State Bar, the North Carolina Bar Association, the American Immigration Lawyer's Association, and the International Medical Graduate Taskforce. Heather focuses exclusively on employment, family based immigration, and has a special interest in adoption.

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by Kurt Ullman

Publish, Publish, Publish: Writing as an Important Early-Career Step

For many, one of the hardest things to do in their early career is also one of the more important. Getting your research published is crucial for promotion and funding.

"If you are in academics and research is a part of your job description, then the amount and quality of the journals you publish in are objective measures of your success," says **Emily K. Sims, MD**, assistant research professor of pediatrics at the Indiana University School of Medicine in Indianapolis. "For funding, part of your score is based on personal qualifications and previous research productivity is a major factor. It is important to be consistently putting good quality work out there."

One of the first questions a new writer needs to answer is, "When is the article done?" It can be hard to decide when to pull the trigger and submit your research.

"The biggest issue for someone starting a career is deciding the best time to publish your research," says **Stephen R. Hammes, MD, PhD**, chief of the Division of Endocrinology and Metabolism at the University of Rochester School of Medicine and Dentistry in New York State. "As a new investigator you want to publish good quality, but you don't want to hold off too long. People need to read your article."

There are two schools of thought. One suggests that you publish as soon as you can. It may not be full formed, but a new investigator needs to get something out there.

The other is that one should hold on to their research and keep adding more and more information. There is the hope that this will be the one big score needed to set yourself up for life.

LEAN ON A MENTOR

Hammes, who also serves as Editor-in-Chief of *Molecular Endocrinology*, says a good resource is your advisor or mentor. Sims agrees.

"Beyond the actual work, I think finding the right mentor is the most important part of getting published for an early-career researcher," she says. "Having a mentor gives you guidance and I don't know what I would have done without one from the beginning. You have to make some mistakes to learn, but there are so many good things that can come from their experience and concern about your well being."

However, you should keep in mind that they may have very different ideas about when submissions should be made.

"Often the advisor wants to wait to publish this great monolith

of a paper,” Hammes notes. “They are established, have time to wait and have a lot going on at once. The new investigator has only their own project to think about.”

It may be necessary for the writer to approach their mentor and tell them the research needs to go out for publication now. Personal concerns such as the requirements for promotion or the need to begin getting their own grant money lead to imperatives that the more seasoned investigator may not share.

It is also suggested that you call or email the editors of the journals you are considering. Most will be happy to talk to you and give advice on timing and any other question you have about submitting to their publication.

CHOOSING THE RIGHT VENUE

After deciding when an article should be published, where it will be submitted is another important step. Journals are ranked by impact factor (IF). The IF reflects the average number times recently published articles have been cited in other publications. Generally, the higher the IF, the more important a journal is thought to be.

“One of the first things you need to think about when deciding where to place your article is the IF of the journal,” says Sims. “You try to publish in the higher IF journals, but you also have to realistically evaluate whether your project will make the cut. I always try to shoot for an IF I think is reasonable, but you want to get published so people can see your work.”

Study the publication(s) you are considering. How does their audience match up with the audience you see for your article? For example, if you have done a clinical study, it isn’t likely to interest a journal with a basic science focus.

“ACC members should consider the ACC journals,” says Hammes. “You want to publish in a place where you feel comfortable. While the editorial board may not be your friends, they are people you are probably familiar with. The journals are there for Society members to get their work out and I think newer researchers should take advantage of that when they can.”

CUSTOMIZING THE MANUSCRIPT

When getting ready to submit your research to a specific journal, it is time to visit the information for authors page. This gives you the formatting, the person who should receive the article, and other technical requirements of the publication.

“The authors page gives specific information on how they want the bibliography to look, how many words they’ll accept for the abstract, and other important parts of the submission,” says Sims. “Some feel that the research is important and the publishing details not so much. But the people who decide on the publication’s content take these details very seriously.”

Following guidelines can be an important part of getting your manuscript accepted quickly, or at all. The editors will send an article back to the authors for revisions to meet these requirements. This will delay the time when you know if your article is accepted or rejected.

“Everybody should look at the information for authors, yet it is amazing how many don’t,” says Rebecca Kelly, managing editor for ES publications. “We generally won’t reject solely based on format concerns. It makes us wonder if they did not pay attention to the technical parts of submission, maybe they did the same on the research itself.”

The tone and method of your writing is often the hardest part of the process for both young and established writers. It needs to be



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easy to read and easy to follow. You have to be able to communicate the important parts quickly and concisely.

“Writing a manuscript is an art,” says Sims. “You can do the most exciting work ever, but if you can’t communicate it, it doesn’t really matter.”

Use resources that are readily available to you as you go along. In some instances, the reviewers are the first people to see the manuscript. This is seldom a good idea.

“Make sure lot of people have read your paper and commented on it long before the journal reviewers get it,” says Hammes. “Have your co-authors look it over and get feedback as a first review. Get input from other colleagues. When you have considered their suggestions, you can send it along to the journal.”

During the final check, make sure that any illustrations, tables, or figures are in a format the journal can use. Be careful when making them that no bias is introduced.

“We have noticed some authors have tried to make an illustration stand out,” says Kelly. “They may darken a gel to draw attention to the one they feel is more important or sharpen to make it look nicer. Even if you feel the images aren’t dramatic enough, don’t touch it up to make it look prettier.”

She says most of this is done out of ignorance and not an attempt to fake results. However, the staff of the journal will examine the manuscript closely so that they can be sure there is no attempt at fakery. These concerns are taken very seriously by all journals.

CREDIT WHERE IT’S DUE

Another important step is deciding who will be first author and last author. Again, where you are in your career makes a difference in where you want to be.

“Authorship is a very important issue for young researchers who have to have their own work to be successful,” says Hammes. “Working in your first post-doctoral lab you will want to be first author and your senior investigator the last author. Where it becomes a little cloudy is when you are on your own.”

In these cases, Hammes thinks it is very important to sit down with your mentor and get senior authorship status. This can help cement your status as an independent investigator.

“I always encourage my junior investigators to have these conversations when everything is their work,” he notes. “They should tell their mentors that they want senior authorship. Some will be more willing than others to back off. It is a conversation most early-career investigators have to have eventually.”

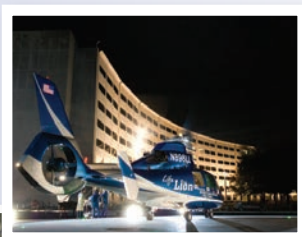
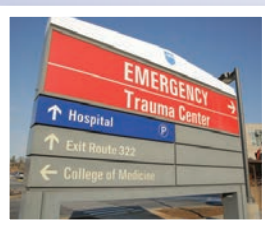
An important trait a new investigator must develop quickly is the ability to not take a rejection personally. Most papers get turned down at least once.

“One of the first things I learned is that you have to have a very thick skin, otherwise you won’t come out of it with your self-esteem intact,” notes Sims. “Even when they turn down your paper, usually you will get invaluable feedback on improving it for the next submission.”

Another reason for a newbie investigator to not take it personal, is that not just the young ones getting rejected. Hammes notes that even Chiefs of Service and full professors don’t get in print 100% of the time.

“Just because it was returned doesn’t mean it was bad science, it just means it wasn’t appropriate for that journal,” he notes. “The easy thing to do is complain and be mad at the reviewers. But then you calm down, look at the comments, and know what you have to do to submit a better paper to the next journal.” ■

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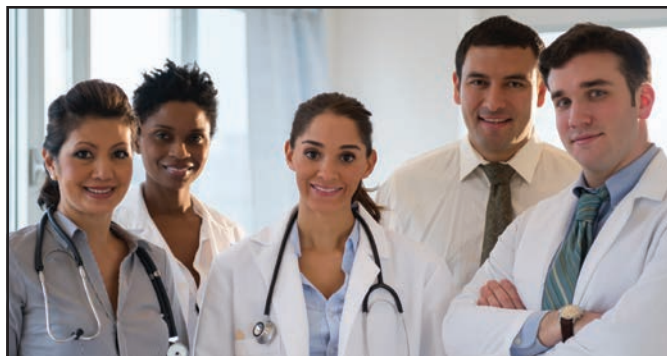
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Deena Adimoolam, MD

Fellowship: It's a Wonderful World

Fellowship is an incredible time for exploration and self-discovery. It's a time in your life which you can never get back, so make sure to take full advantage. Here are some tips to ensure that your training experience is the best one yet.

1. HAVE AN OPEN MIND

You may enter fellowship believing that you are destined to be a particular type of specialist, but keep your options open. There are so many aspects of cardiology that you may not have discovered yet, and this is the best time to do so. Depending on where you do your residency, there usually aren't many opportunities to truly learn all that the field has to offer. Spend your time learning about interesting conditions that you aren't familiar with. Always look to expand your horizons and challenge yourself. You have the rest of your life after graduation to decide on your niche.

2. START RESEARCH EARLY

Many fellowship training programs have research time built into your schedule, typically after the first year. This should not mean that you start looking for a research project in the beginning of your second year. Keep your eyes open to interesting projects and find something that excites you. Start looking for a mentor early on in order to find a good project. The earlier you start your research, the more productive you will be with your research time (i.e., submitting a publication or presenting at a conference). Make this your goal before you graduate.

3. DO AS MANY ELECTIVES AS POSSIBLE

Fellowship is the best time to learn about all that our wonderful subspecialty has to offer. Cardiology is very exciting and our world is intertwined with many other specialty groups - pediatrics, endocrinology, and surgery. Get to know your colleagues in these other fields, and learn why we make referrals to them. Follow along patients whom we made referrals on to see how they are evaluated and learn how we can improve on co-management of patients. Take part in electives.

4. LISTEN TO YOUR PATIENTS

Being a doctor is a very special profession where we get to hear the intimate stories of each and every one of our patients. Take the time to listen to each one of them carefully. Let your patient's experiences guide you and your practices. Ask patients about the details regarding both good and bad experiences during their medical care. Learn from the mistakes of others, and ask questions. Each and every story can help guide you into becoming a better doctor.

5. GET TO KNOW YOUR FACULTY

As a trainee you are able to work with many different faculty members. Talk to them about their careers – how did they end up where they are today? Ask them for words of advice regarding your future career. Tell them about your own future goals and aspirations; perhaps they can connect you with others who are doing similar work.

Fellowship is the best time to learn about all that our wonderful subspecialty has to offer.

6. ATTEND SURGERIES & PROCEDURES

There is no better way of learning how an inferior petrosal sinus sampling is performed than watching one (or assisting in one) in real time! Surgeries are quite interesting as well, and can help guide you when discussing surgical options and techniques with your own patients.

7. ATTEND CONFERENCES

Learn the dates of all the national conferences, and plan to attend if possible. Learn about the “fellows conferences” that are part of some of the major conferences like the ACC.16 and others. Conferences allow you to keep up-to-date with all things related to cardiology and learn from the leaders in our field.

Last word of advice is to enjoy your training. Even though its hard work, it really is one of the best years of your life. ■

ABOUT THE AUTHOR

Deena Adimoolam, MD, is an assistant professor of medicine at the Ichan School of Medicine at Mount Sinai in New York.



INDIANA UNIVERSITY

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Department of Emergency Medicine

EMERGENCY MEDICINE FACULTY

RESEARCH

The Department of Emergency Medicine at Indiana University School of Medicine is seeking qualified candidates to join our Division of Research. This is an open rank tenured/tenure track faculty position.

The qualified applicant will have a doctoral degree (MD, PhD, or equivalent) with the requisite experience and training to continue a successful career or jumpstart a research career. A generous support package will ensure the candidates transition and continued success. Please note we are specifically seeking individuals with a passion for translational science, clinical trials, or health services research.

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The Indiana University School of Medicine Department of Emergency Medicine provides comprehensive pre-hospital and emergency care at three, tertiary, academic hospitals, including Methodist—a level 1 trauma center with an annual volume of 102,000 visits; Riley Hospital for Children—a level 1 trauma center, burn unit, and tertiary-care facility with a volume near 40,000; and Eskenazi Health, a county hospital and IU teaching partner—a level 1 trauma center and burn unit with an annual volume over 100,000 visits.

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The Department of Emergency Medicine at Indiana University School of Medicine is seeking outstanding clinical educators for faculty positions at all ranks for both our Adult and Pediatric Emergency Divisions.

Candidates must be board certified (or eligible), eligible for licensure in the State of Indiana and have a track record of leadership, scholarship and teaching. Salary, academic rank and faculty track are commensurate with training and experience.

The Indiana University School of Medicine Department of Emergency Medicine is one of the oldest EM residency programs in the country. We are looking for leaders to continue our unwavering commitment to education. IU provides comprehensive pre-hospital and emergency care at three primary academic hospitals including, Methodist—a level 1 trauma center with an annual volume of 102,000 visits; and Riley Hospital for Children—a level 1 trauma center, burn unit, and tertiary-care facility with a volume near 40,000. Eskenazi Health is a county hospital and IU teaching partner—a level 1 trauma center and burn unit with an annual volume over 100,000 visits.

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