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Ace Your Interview:

Tips for Landing Your
Dream Job in Oncology

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To provide oncology trainees with the know-how they need to shine during interviews, in 2016 *ASCO Connection* published a series of Q&As with medical recruiters from some of the top organizations in the country, including academic medical centers, private practices, and industry.

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ACE YOUR INTERVIEW

by Shira Klapper, Staff Writer

Tips for a Great Interview:

Be Polite, Know the Organization, and Practice, Practice, Practice

As an oncology trainee, you've logged years of hard work on the path to becoming an oncologist—as a medical student enduring marathon study sessions, as a resident pulling all-nighters, and then as a fellow learning the ropes of supervising students of your own. Finally, you're ready to venture out and land your first job as a full-fledged attending.

But while fellows have an encyclopedic knowledge of medical oncology, they may need some brushing up on an equally significant area of study: interviewing skills. Marissa J. Anderson, a physician recruiter at Mayo Clinic, offers expert advice on how to make the best possible first impression during your oncology job interview.

AC: What are the top things interviewees can do to make a good first impression with the medical recruiter?

MA: We recently provided a “lunch and learn” at Mayo Clinic for our residents and fellows on this topic. I emphasized that one of the most important things to remember during an interview is to be polite, not only to the people you think are the main decision-makers, but also to people like support staff, the medical recruiter, and others. Even though the final decision is made by the department search committee, they solicit outside feedback. How you treat others during the process often



MARISSA J. ANDERSON

Physician recruiter, Mayo Clinic



indicates how you will treat nurses or allied health staff. Be aware that that your responses and behavior are shared with the search committee from the moment you enter the building.

Second, do your research. Get to know the organization you're interviewing for (or talking to, if you're not at the interviewing stage yet). A little research beforehand will allow you to compose questions that show you're serious about the job and are knowledgeable and prepared.

Third, always act professional. Use manners, be appropriately expressive, keep your cell phone out of sight and on silent, and dress appropriately, which in this case means a suit.

Lastly, be careful not to make salary seem like your main motivator. There's a way to ask about it so you have a general idea what it will be. Often, it will come up in the general discussion, but don't have it as one of your first questions.

AC: What questions should interviewees expect to be asked at every interview?

MA: Trainees should expect a question about what their future goals are in terms of their professional life. For example, they might be asked, "Where do you hope to be in 5 years?" The interviewer will want to see that the institution's goals align with the career goals of the trainee.

At Mayo Clinic, we also want to see whether the interviewee will be a good cultural fit for our organization. We might conduct a behavioral-based interview, with questions related to past experiences and, typically, designed to assess the interviewee's performance in several categories, such as teamwork, customer service, quality, and patient care. Interviewees should be prepared to speak to specific examples in relation to those types of categories. The Chair of the department might have different questions, but from an HR perspective, these are often part of the interview.

AC: Can you say more about what you mean by “cultural fit?”

MA: For Mayo Clinic, teamwork is a huge component of our culture, so we want to see that the trainee is, and has been, a team player. Some other practices may be more individual-focused, but at our organization we have physician assistants, nurse practitioners, and nurses who work closely with our physicians, so we try to see how the interviewee would work with those individuals. In addition, here at Mayo we have a patient-centered culture, so we'll be looking for behaviors that show you put patients first.

The interview is also a time when the interviewee should be assessing whether his or her skills and professional needs fit the organization's culture. Some people work better as a team and some people work better individually. Understanding how you work best will allow you to know if a specific organization will bring out that quality in you. The trainee should be interviewing us just as much as we're interviewing them. We want it to be a good fit from both of our perspectives—we don't want you to feel like you made a wrong choice and leave within 2 years.

AC: What would you say to the fellow who might become shy or nervous during interviews?

MA: Not long ago, I sat down with a fellow who described herself as an introvert and I gave her some suggestions. To sum up in one word what I said to her: practice! There are different ways to practice when you have limited time to interview. For this individual, I said, if you have



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—Marissa J. Anderson

time while you are at a conference, such as the ASCO Annual Meeting, if there is a career-focused area, go to that area and take time to talk to several organizations, not just ones you necessarily think you want to work at. Put yourself out there and talk to the recruiters and practice your elevator “who am I” speech that you have ready so you can get used to talking about yourself, which is one of the hardest things to do.

In an informal environment such as a conference career fair, where you’re talking to organizations that you personally don’t have high stakes in, you can feel more comfortable practicing for how you will present yourself in a “real” interview. Maybe you’ll end up doing great and finding out that the organization is different than what you thought, and it may be someplace you’d consider for a job in the future.

If talking to people at a career fair seems overwhelming at first, just practice your speech in a mirror, choosing three to five things you would want individuals and organizations to know about you in regards to how you set yourself apart, what goals you have for your future career, and so forth. Think: If you had 2 minutes to talk about yourself, what three to five things will you want to convey to people? You can also practice at social events, not necessarily with your friends, by putting yourself out there and introducing yourself to people you may not typically introduce yourself to. By sharing a little bit about yourself, you become more comfortable with not being comfortable. ●

ACE YOUR INTERVIEW

by Dean Walker

Five Difficult Oncology Job Interview Questions (And How to Answer Them)

1. WHAT CAN YOU OFFER OUR GROUP?

This question is trying to determine if the candidate is knowledgeable about the group in which they are interviewing and whether any research was done to prepare for the interview. In answering this question, fellows will want to show that they've researched the practice. They need to talk about the treatment offerings of the practice, the practice's patient care philosophy, and how, as a new oncologist, they will fit into the practice. Since the question is being asked from the perspective of the needs of a community-based private practice, fellows need to communicate that as an oncologist starting out, they are willing to treat a variety of cancers to build and grow the practice.

DON'T: "I have a good personality and I'm willing to work hard and do whatever you require of me."

DO: "Prior to our meeting, I researched your practice online and called a friend who is familiar with your group. I see you have several doctors who specialize in breast cancer but only a few who see lymphoma. Although I would see any type of cancer, maybe I can bring my recent training to inform better patient care about lymphoma, and I can build this into the practice."



DEAN WALKER

Director of Physician Recruiting,
The US Oncology Network



2. WHAT ARE YOUR PERSONAL CAREER GOALS?

This question is another way of asking, “What are you looking for in joining our practice?” Fellows need to show in their answer that they are big-picture strategic thinkers. A standard answer is forgettable. Practices are looking for an oncologist with a bigger vision, so being able to articulate that into an answer will certainly be beneficial to any candidate.

DON'T: The common answer is, “I want to be a good doctor and a patient advocate.” Everybody says that. This is not a wrong answer, but there are better, more outstanding answers.

DO: “I would like to establish strong working relationships among my colleagues and referring physicians within the community. I would like to participate in research and be viewed as a community educator and thought leader.”

3. CAN YOU DEFINE YOUR IDEAL PRACTICE SETTING OR SITUATION?

This question will prompt preferences for geographic location, the number of offices and hospitals covered by the practice, call coverage, number of patients seen, etc. How this question is answered will reveal personal work ethic and willingness to grow the practice and be a team

player. It will also reveal preference and understanding of the differences between academic, hospital, community-based, and private practice employment models.

This question is also relevant since it taps into differences in work culture between generations. Generally, physicians of the younger generation are prioritizing a good quality of life. On the whole, the previous generation of physicians, right or wrong, devoted themselves wholly to work. In my experience, I've noticed that the younger doctors are looking for a better balance and are thinking about how the job fits in with their personal lives, family lives, and community lives.

Fellows need to realize that the practice is hiring to benefit the practice and its patients, and they need to give an answer that shows they are committed to both. I would caution though, that fellows need to be honest. If a fellow has just started a family and needs more personal family time, they need to be open and up-front about that. It's going to lead to disaster if a fellow says, "I can go anywhere and be anything you need me to be," when in reality, that promise cannot be fulfilled. Fellows saying they can be on call 24/7 and see patients at outer reaches of the catchment area will most likely be asked to do so. Generally, a lot of information about the number of hospitals and patients can be found by doing pre-interview research online. Most medical groups have doctor bios online that list hospital privileges and where patients are seen.

DON'T: "I only want to work in one location with several other physicians who can mentor me. I prefer not to drive to several hospitals to round on patients. I prefer to be part of a large call group so I don't have to carry too much of the work burden."

DO: "I understand I must work hard to build my practice and promote myself and the group among referring physicians through innovative brand-building techniques such as community talks, peer-to-peer meetings, and spending time in the physician lounge at the hospital. I will work to build relationships throughout the community and establish myself as a trusted, caring physician."



Fellows need to show that they are big-picture strategic thinkers. A standard answer is forgettable. Practices are looking for an oncologist with a bigger vision.

—Dean Walker

4. HOW MANY PATIENTS ARE YOU COMFORTABLE SEEING IN A DAY?

This question will give the interviewer insight into a fellow's willingness to be a hard worker and team player. Fellows should convey that they understand the importance of being available to take care of all patients referred to them because this is essential to building a practice.

The interviewers are not looking for the answer, "I'll see 30 patients a day!" But they do want to have a general idea if the fellow understands the economics of oncology. In today's world, with economic pressures always going up and reimbursements going down, fellows need to be more efficient and productive, which includes seeing higher volumes of patients, but never compromising patient care.

DON'T: "I would only be comfortable seeing eight to 10 patients per day." While this is reasonable for a physician just starting in a community practice, it's not easy to sustain a practice at this level.

DO: "I understand that with reimbursement pressures facing oncology and with increasing competition, for example, from hospitals and other physicians, success will be defined by quality of care, efficiency, and productivity. I also understand that I must be available to take care of all patients being referred to me. I am willing to work efficiently and productively while maintaining high-quality care for my patients. As I become more confident and established in my practice, I expect to be a strong, productive contributor to the success of the group."

5. WHAT DO YOU KNOW ABOUT THE ONCOLOGY CARE MODEL (OCM)?

Since the OCM is a new paradigm in oncology, fellows are typically unprepared to answer this question. Even if they've heard of the OCM, they likely have not been subject to the broader policy conversations during their fellowship training. And this makes sense—the priority during training is to learn how to treat cancer, and not to become experts in the broader policy issues that affect the delivery of care throughout the country.

Nonetheless, the OCM is the future face of oncology, and if interviewees do some research and come prepared to answer bigger-picture questions about oncology, they're going to set themselves apart from other interviewees by leaps and bounds. They don't have to get into the minute policy details of what the OCM is, but fellows need to have a general, high-level understanding of the direction oncology care is going in the country.

DON'T: "I don't have a strong grasp of policy issues, but I hope to learn more as I grow as a physician."

DO: "I understand the increasing pressures facing the oncology marketplace and how the OCM will increase the importance of being efficient as well as the significance of building quality initiatives into a practice that provide a win for patients, payers, and the practice. This is especially true in community practice, where reimbursement and cost-containing allow the practice to grow."

In conclusion, it's imperative that fellows are well versed in the goals of the specific practice that they are hoping to join as well as the health care world around them. This knowledge will not only make them a more outstanding candidate, but a better-rounded physician. ●

ACE YOUR INTERVIEW

by Shira Klapper, Staff Writer

Finding the Right Fit: Questions You Should Ask During Your Job Interview

You're interviewing for a great position at a fantastic practice or institution. Your suit is perfectly pressed. You brought plenty of copies of your stellar CV. You gave insightful responses to the interviewer's questions. As the interview wraps up, you are asked, "So, do you have any questions for me?"

You've reached a crucial point. Asking smart questions that hit the mark will allow both the interviewee and the interviewer to see if the job is the right fit. To get a sense of which questions to ask during an interview—for example, whether it's okay to bring up questions about work-life balance and how much online research to do before your onsite interview—*ASCO Connection* interviewed Stephanie Hutchens, a Physician Recruiter at Valley Health Plan/Sentara RMH Medical Center.

AC: Recruits know that before arriving at an interview, they should conduct in-depth, self-directed online research to get a strong understanding of the practice and to generate questions. At the interview, what questions do you definitely want to hear to indicate that the interviewee is adequately prepared?

SH: There are several areas of questions you should be asking about during the interview—and which we as recruiters want to hear.



STEPHANIE HUTCHENS

Physician recruiter, Valley Health Plan/Sentara RMH Medical Center



PRACTICE TYPE

The specific practice type is one of the most important elements to understand. There are so many different models and affiliations out there—for example, there are independent practices, single-specialty and multispecialty clinics, and hospital-owned groups. There are hybrid practices that are independent but affiliated with the health system or hospital. We want to hear that you're trying to gain a solid understanding of the specific practice type.

HOSPITAL AFFILIATION

You also want to ask about the professional affiliations the practice has with the hospital. For example, in our local community in Harrisonburg, we don't have any immediate competition, so having privileges at only one facility is an attractive quality if candidates are seeking a balanced work-life schedule. In communities where practices require their physicians to obtain privileges at multiple hospitals or outpatient centers, I would

suggest they ask many questions about schedules and travel times to be sure to understand exactly what they are committing themselves to.

WORK AND CALL SCHEDULE

Equally important to practice type and hospital affiliation is the work schedule and call schedule—everybody is looking for that work-life balance. Call schedules are often more detailed than they appear, so be prepared to discuss these very specifically. For example, you may hear, “It’s a one in four call schedule,” but what does that really mean? Is that during the weekday? Does that include evenings? Are weekends incorporated or separate? What about when other providers take time off or are at professional conferences—will the call volume increase, and how often does that occur? Understanding these details is important. Since it’s sometimes hard to verbally describe what a schedule might look like, ask if the interviewer can provide an illustration of a sample schedule.

MENTORS

Ask if there are mentors assigned to newcomers—that will help you know how supportive the team is likely be upon your arrival. Having that go-to person is extremely effective during the onboarding process.

SOURCE OF REFERRALS

You should ask where the referrals are coming from. While this question might seem more important in a busier area with more competition, it is also important in a smaller area, where it often comes down to individual personalities and the personal connection between doctors. At Sentara RMH Medical Center, we still do peer-to-peer introductions because doctors like to be able to connect the name with the face. We take all of our new hires out and introduce them to referring providers.

HOW CONFLICTS ARE HANDLED

One question I don’t hear often enough is, “How are decisions and conflicts handled at the practice?” It seems that more and more, new



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—Stephanie Hutchens

recruits want to provide input and feedback in their practice. If that's important to you, but you're walking into a practice where only the senior partners are making the decisions, that might not be the best fit.

AC: Is it okay for a recruit to ask to speak to recent hires to find out about the work culture?

SH: Absolutely. I often encourage people to do so. In fact, when I'm walking around the hospital, I try to introduce recruits to many different staff members, even those outside of the interview's agenda. If I come across a provider that recently joined us, I'll say, "Dr. Smith here just joined us last year." Then the interviewee can ask questions such as, "How do you like working here? What was important to you when you joined the practice? Why did you choose this location or area? Are there things you were told during the hiring process that maybe the group hasn't delivered on, and is there anything I should be concerned about?" Most people want to feel like they're part of a team, so asking another new hire if they feel the group is collegial and team-oriented is very appropriate.

AC: As you said, work-life balance is on everybody's mind. What questions should an interviewee ask about work-life balance or work-family balance?

SH: There's never a bad question to ask about work-life/family balance. There are definitely personal questions that as recruiters we can't ask the candidates, but if they open the door and want to talk about topics such as lifestyle, culture, family needs, religious services, etc., more often than not we're happy to answer any questions they may have. Again, it's about the fit. If a candidate wants to be in a larger city with access to certain amenities because it's better for their family needs and we can't provide that opportunity, then we probably wouldn't have brought them in for an interview to start with. Ultimately you want to confirm that the location and the practice are a good fit for you and your family. The more time and effort you invest in planning and asking questions surrounding your needs, the more revealing the answers will be. ●



ACE YOUR INTERVIEW

By Jack Lambert, Staff Writer

Negotiating the Contract for Your First Oncology Job

When does a job interview at an academic institution become a negotiation?

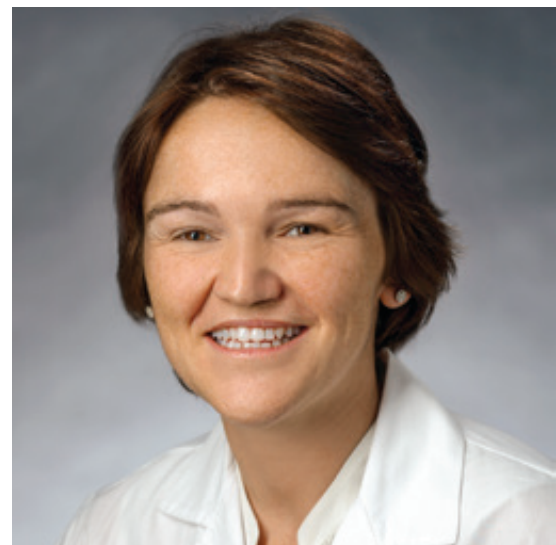
It's often difficult to predict, especially for an early-career oncologist trying to impress and persuade the person across the table. Yet there is a moment, either during the actual interview or shortly thereafter, where the question is no longer, "Why should we hire you?" but rather "What will it take for you to join our team?"

It's a welcome, albeit difficult, question. There is a fine line between ensuring the best possible situation and running the risk of the institution deciding to move on to other candidates.

Filipa Lynce, MD, of Georgetown Lombardi Comprehensive Cancer Center, spoke on this challenging topic at the 2016 ASCO Annual Meeting in the Trainee and Junior Faculty Member Lounge. Here, she shares her advice on how early-career oncologists should approach contract negotiations with an academic institution.

AC: What factors should a person consider and be prepared for ahead of their salary negotiation?

FL: It's important to determine both where you are looking, because factors vary by city or state, and what type of job you are looking for.



FILIPA LYNCE, MD

Medical oncologist, Georgetown Lombardi Comprehensive Cancer Center



There is a rate that is determined by the state for a physician's salary. That said, it does not hurt to have multiple offers in the same city or town. You would be surprised; a lot of times, a rule is a rule that can be broken. Usually your salary is standard for your first job; however, if you have a few years of experience or bring something unique to the institution, that will help in your negotiation.

Most of a physician's salary comes from the revenue they create by seeing patients. If you go into private practice, you will see more patients; if you are looking for an academic position, often salary will depend on how many days you are in clinic.

AC: How should early-career oncologists approach the length of their contract? Is it necessary to consider incentives?

FL: In my experience, physicians in many academic institutions have yearly contracts that get renewed in a fairly smooth process. There can also be longer contracts depending on personal circumstances.

Depending on where you are starting, it might take longer to build your practice. If you are replacing a physician, you will be busy very quickly. But if you are a new member in a practice that already has seven oncologists in your specialty, it will take a little bit longer to build up your practice.

For many institutions, your salary is protected during your first 2 years and is not dependent on incentives. After a certain amount of time, your salary can go up or down depending on the number of patients you are seeing or what you are contributing in grants, publications, or patients placed on clinical trials. In academia, all of those factors—service, committee work, teaching, giving rounds or conferences to students—can be taken into account for both promotion and salary.

AC: Early-career physicians often feel overworked. Can you negotiate your schedule into your contract?

FL: There are two things you should try to make clear in your contract. The first is the amount of time you spend in the clinic and how that time is measured (e.g., in terms of patient volume or days/half-days spent in clinic). The second is the inpatient load. If you are interested in pursuing an academic career, you need to ensure that you will have enough time to accomplish your research goals, and it is important to define this in your contract. It is also important to define what type of staff support you will have when it comes to patient care.

AC: What is the danger if you are not clear about your schedule?

FL: Sometimes more experienced physicians can think that a junior physician's availability is wide open. The department might split the number of inpatient weeks throughout the department equally, or senior staff may have fewer inpatient responsibilities. Even if it is not written in the contract, junior physicians should discuss how inpatient distribution is made.

As a junior faculty, you might not have a lot of patients, so inpatient service may be a source of revenue. But if the service is busy, and you are planning to start research projects, it will be hard to accomplish anything meaningful if every other week you are covering everyone else's patients.

AC: How should an early-career oncologist approach restrictive covenants in contracts?

FL: Restrictive covenants, or clauses that might bar a candidate from



There are two things you should try to make clear in your contract. The first is the amount of time you spend in the clinic and how that time is measured. The second is the inpatient load.

—Dr. Filipa Lynce

working in a specified geographic area for a certain number of years if they decide to leave, are becoming standard in academic medical practice. What you can do is look at the miles specified in the restrictive covenant to see how it applies to other institutions in the area. Figure out if it might bar you from working in a neighboring institution or a place you might want to work in the future. Ask around to make sure that the covenant is standard and not just in your contract.

AC: What are some aspects of a contract that a person accepting their first job may not think about?

FL: Ask about what kind of support you will get to present your research. Some contracts give you a certain amount of money per year toward your education or research, and others may pay for one annual meeting but also might have internal funds to use when presenting your own work. As junior faculty, you might not have a lot of grants and will need funding to attend these meetings. Other small things to consider include software needed for research projects, a work computer, and whether credentialing fees, licensing fees, or board exams are reimbursed.

AC: Physicians often join academic practices in order to work under a specific mentor. Is that something you can write into a contract?

FL: Yes, you can ask for it. Sometimes you will go to an institution because there is a person you really want to work with. But when you get there, you may find that the person is so busy that you don't have enough mentorship. Putting specific terms for mentorship in a contract is a way to make your mentor more responsible and ensure that the institution takes ownership of your career.

As with many other things in life, contract negotiation is a learning process. You learn as you go and as you talk to other people who have been through a similar process. So don't feel disappointed if on your first contract you didn't negotiate anything because you were just glad you got an offer. The next one will be better! ●

ACE YOUR INTERVIEW

By Miriam A. Knoll, MD

From Resident to Recently Employed: Advice and Encouragement From the Other Side

I recently completed my residency and the accompanying long process of finding my first position after training. Looking for that job was so different than applying for residency, and I have often heard senior residents wish aloud that job searching could be more like registering for the Match, in which all open positions are posted and everyone would serially interview for each job. The fact is, the Match is an artificial construct in the hierarchical world of medicine, and residents should embrace the newfound reality check that is the very core of looking for their first attending position. Here are some tips from someone who was just in your shoes.

1. DECIDE EARLY IN YOUR TRAINING WHAT KIND OF JOB YOU ARE INTERESTED IN.

There are many different types of jobs in medicine and they are often roughly divided into “academic” or “private practice” positions, plus jobs in industry, government, and nonprofits, among others. Since the majority of your training will have been spent in an academic type of environment (hence the reason for your training program to exist in your hospital), it can sometimes be difficult to imagine working in a different professional setting. You may have had exposure to private practice or other settings through relatives, friends, or colleagues. Consider seeking out advice from these individuals in addition to speaking to the chair, program director, and



MIRIAM A. KNOLL, MD

Radiation oncologist, John Theurer Cancer Center at Hackensack University Medical Center; medical director, Department of Radiation Oncology, Hackensack University Medical Center/Mountainside



attendings at your institution. Don't be afraid to explore different options. You need to find the right job for you, and it may be different than the job your mentor chose to take when they were at your stage in life.

Something to keep in mind is that professional settings are becoming more fluid and less siloed. Physicians in academic centers develop close relationships with their patients, and physicians in private practice make significant contributions to clinical research—it's not always either/or. A colleague of mine, Dr. Glen Gejerman, a radiation oncologist at Hackensack University Medical Center and a partner at Regional Cancer Care Associates (RCCA), where I currently work, shared a story with me. "My first job out of residency was at the same department where I completed my training," he said. "After receiving a very attractive offer, I accepted a position in private practice. I had conflicting emotions: during my residency training there was a strong emphasis on our responsibility to advance the

field of radiation oncology via clinical research. While academia certainly provides more of the mentorship, structure, and resources necessary for research, there *are* opportunities for private practitioners to participate in clinical trials. Many of my colleagues in private practice are active in trials available through ASCO, the Radiation Therapy Oncology Group, and the National Cancer Institute's Community Oncology Research Program. I am fortunate to practice at RCCA, where more than 300 clinical trials are offered across all of our locations. We have developed the infrastructure to conduct both retrospective and prospective trials and are able to offer our patients novel therapies. While many private practices are more focused on clinical care, there are opportunities for those looking to combine a strong patient-focused career with research participation.”

2. PRIORITIZE YOUR MUST-HAVES.

There are many different factors that characterize your “dream job,” including hospital/practice environment, pay and benefits, location, responsibilities, and patient population. You may be able to find a job that has all of them, but you may not. It’s imperative to explore what your must-haves are. For example, if your spouse is still completing their training, you may want to work close by. Others want to move back close to their family, especially if they lived far away during residency. Some trainees prioritize the type of position they are interested in, no matter the location (for example: an academic job). There is no right or wrong answer—everyone is different. You need to find the right job for yourself, and that may be different from anyone else you know. Figuring out what’s most important to you will help you hone in on where to look for the best opportunities for you.

3. UTILIZE EVERY RESOURCE TO FIND JOB OPPORTUNITIES.

Recruiters, websites, cold-calling, and word of mouth are all ways to find a job opening. Many jobs are filled internally before those hiring even post it publicly! Therefore, it’s essential to share your job quest with everyone you meet. When I started looking for a job, I told all my family members, friends, and acquaintances, “I’m completing my training soon



You need to build the case for why you would be a valuable addition to the practice. Think about it now so that you can confidently advocate for yourself during interviews.

—Dr. Miriam A. Knoll

and am starting to look for a job. If you hear of anything, please let me know!” Even individuals who do not work in medicine may hear about a position or know of someone in your field, who may know of someone else, etc. Widening your “search committee” to include more people will help you find more opportunities.

Tell your colleagues and co-residents in other specialties in the hospital that you’re job hunting, including your friend who is a cardiology fellow and that attending neurosurgeon with whom you frequently share patients. Even though they aren’t in your specialty, they may know of openings through their network and can perhaps reach out to recommend you for a position. Your education and responsibilities during your training may be very specialty-focused, but as an attending you will need to work collaboratively with physicians across all specialties. Doctors and hospitals know this, too, so when a recommendation on your behalf comes from a physician outside your specialty, that is taken seriously as well.

4. HAVE A ROCK-SOLID ANSWER TO THE QUESTION, “WHY SHOULD WE HIRE YOU?”

Each job will have many applicants. Ask yourself, “Why should they hire me?” In your mind, you need to build the case for why you would be a valuable addition to the practice you are joining. Think about it now so that you can confidently advocate for yourself during interviews. Go through your ACGME case log: perhaps you’ve had training in certain rare disease sites, or have experience with valuable procedures. You may have done research in a field where you now want to focus your future practice.

I remember learning this lesson early on in my training. My former chair, Dr. Ken Rosenzweig, led a mission to make Mount Sinai’s Radiation Oncology Department entirely paperless via an expanded electronic medical record (EMR). These changes were initially difficult for us residents, who needed to learn the new note-writing and order-entry systems. Dr. Rosenzweig told us, “Any skill you’re learning, especially one that not many other physicians have, is going to be something you can highlight when you’re looking for a job. You will have worked through

an EMR conversion and that experience might be something a future employer is looking for. So even if you hate doing this now, it is going to be something you are proud of when you look back.”

My overall advice is to look at the big picture and strive to find a unique place for yourself within the world of oncology. I wish you success in landing your dream job and embarking on the medical career you’ve been working so hard to attain. ●



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