

# Training the trainer: five practical considerations for your first five years in practice

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Congratulations, you've made it! After years of studying, subspecialist training, and rounds of interviews, you have a staff position. If you are lucky, you also have your own office, a nameplate on the door, and an administrative assistant. Pharmaceutical representatives are lining up to see you! Your hard work has finally paid off. This is what you have been working toward your whole life ... your dream career, right?

It won't be long before doubts begin to set in. The "imposter syndrome" will soon percolate to the surface of your mind<sup>1</sup>. You may find yourself questioning your own abilities. Are you really ready for this new role? Do you deserve it?

Believe it or not, the answer to both questions is yes. You passed all of the medical rituals and trials by fire to get here. But now what?

Although the oncology literature contains guidelines addressing the "ideal" management of cancer, there appears to be little practical advice to guide physicians through their first years of practice. Given that those early years are pivotal to the rest of your professional career, we offer 5 practical considerations on which to reflect: responsibility, productivity, mentoring, criticism, and self-care. Those 5 categories were chosen by a group of physicians at various stages of their own careers who simply cannot help but ponder "If only we had known...."

## Responsibility

You are now the "most responsible physician." In most health care systems, the most responsible physician is the contact person for all medical services related to a particular patient. During your training, calls about patients stopped when you were no longer "on service," but now that you are staff, the calls, the questions, and the requests are never-ending<sup>2</sup>. Even if you are lucky enough to have others triage calls for you, you are still ultimately responsible—both medically and legally—for all the answers and advice provided<sup>2,3</sup>. With the invention of e-mail, there are increasing expectations that you will be continually accessible and instantaneously responsive at all times. Unfortunately, those expectations can seriously impair your quality of life without your realizing it<sup>4</sup>.

In addition to direct medical care, comes administrative responsibilities—some of which are familiar to

the trainee, some of which are not. Appropriate medical documentation, proper billing submissions, requests to drug funding authorities, and requests for completion of insurance and other forms are all tasks that are essential to a well-functioning practice. Those indirect care tasks equate to a considerable amount of time beyond face-to-face patient contact. Training programs might expose trainees to an "independent" longitudinal or patient follow-up clinic, but it is difficult for any program to cover and to prepare you for all of the possible scenarios that arise from true independent practice.

Contributing to the operational function of your institution will also affect you. Taking part in conference activities (research ethics boards; various staff, hospital, and university committees; and residency training programs) and organizing on-call schedules are core components of practice and service to the profession. Some of those responsibilities might quickly be passed to you as the most junior faculty member. Although you have to be a team player, you also have to set boundaries. It can be hard, but try not to be the "yes person" all of the time. Be selective.

## Productivity

Get organized. Developing an effective approach to organization is key to becoming productive. Being organized can dramatically decrease your workload by improving your efficiency. See what works for others; develop systems that work for you and that ultimately move you toward your desired goals. Learn to delegate tasks that you don't have to handle personally.

Establishing yourself in your desired career path is essential. However, settling into your new role can take some time and adaptation. The sooner you actually set goals (short-, medium-, and long-term), define a realistic plan to achieve them, and then regularly review them, the more likely you are to succeed. Ideally, goal-setting should be done pre-employment and in consultation with your director. You should have a detailed breakdown of your job description before starting. Take time to review and reflect on it. That description is what you will be "judged on" going forward. There is never any time better than the present to start defining what it is that you want—or don't want—in your new position. Where do your passion and skills lie?

Are you a clinician, a clinical scientist, an educator, an administrator, or a combination<sup>5</sup>? Remember, your job description is not set in stone and can be modified as your understanding of your role within the organization evolves.

At a minimum, try to ensure that you perform an annual review in which you have a frank discussion about realistic individual and institutionally supported expectations based on your job description<sup>6</sup>. Table 1 lists a few of the criteria by which you might want to assess your career progress.

Keep your *curriculum vitae* up to date! Taking this step will help to keep you on track and ready for future promotions.

### Mentoring

Having a mentor will ease the transition from “learner” to “learned.” Creating an enduring relationship with the right mentor or mentors can assist in many facets of your career, helping you to develop clinical, professional, administrative, research, and personal skills. The greatest mentor–mentee relationships typically develop organically and should be mutually beneficial.

The mentorship relationship can change and evolve as your career progresses. Mentorship is not a one-way street, nor is it a formal contractual obligation. You might outgrow your mentor. Although friendships and collegiality hopefully will endure, you might have to look at former bosses, teachers, and mentors differently now that they are your colleagues and peers.

### Dealing with Criticism Effectively

Like death and taxes, criticism is inevitable. Having a level head is a necessary requirement of the medical profession, and responding—not reacting—to complaints is no different. Complaints can come from a variety of

sources: patients, families, staff, administration, and even colleagues. Some of the complaints will come through informal channels; notification of formal complaints will usually come from your director. The most important thing to do—which is usually the hardest—is to actually listen to the subject (not the emotion) of the outlined complaint. Keep your emotions in check, and don’t react—instead, reflect.

Discussing complaints openly with a trusted colleague, family, or friends can also help. Most complaints typically arise because of poor communication. Make sure to answer all formal complaints, and try to make amends whenever appropriate. Remember that not all complaints will come from work; you also have to deal with those that come from the rest of your life—family included!

Once the matter is dealt with, learn from it, remember it, and do something to better yourself because of it, but don’t dwell or perseverate on it—move on.

### Self-Care

Despite what you might think, no one is a good multitasker. At best, we can become more efficient “serial taskers,” and a new staff job can become all-encompassing. Every patient needs some kind of different decision or consideration. But you have to make sure that all of those extra hours, night visits, and weekends at the office do not come with the added cost of neglecting other equally important areas of your life.

Life is full of responsibilities, and sometimes an artificial and arbitrary division is made between work life and home life. Time must be protected for you, your family, and your friends. Burnout is far too common, even at the start of clinical practice<sup>7</sup>. It is important to monitor for and to note the warning symptoms of burnout and to initiate strategies to manage, or better yet, prevent it.

**TABLE 1** Potential goals for career development

Role	Obligatory tasks	Check all that apply	Career goals	Check all that apply
<i>Administration</i>	Active member on committees	<input type="checkbox"/>	Head of site group	<input type="checkbox"/>
	Attend rounds	<input type="checkbox"/>	Head of department	<input type="checkbox"/>
	Audit or peer review	<input type="checkbox"/>		
<i>Teaching</i>	Inpatient and outpatient teaching activities	<input type="checkbox"/>	Director of Education	<input type="checkbox"/>
	Continuing medical education program	<input type="checkbox"/>	Lead of education category	<input type="checkbox"/>
	Presenting at rounds	<input type="checkbox"/>	(for example, fellowship, residents, undergraduates)	
	Journal club	<input type="checkbox"/>	Continuing medical education organizer	<input type="checkbox"/>
<i>Clinical</i>			Speaker at accredited meetings	<input type="checkbox"/>
	Inpatient and outpatient consults	<input type="checkbox"/>	Create specialist programs or clinics	<input type="checkbox"/>
	Inpatient service	<input type="checkbox"/>	Institute quality improvement programs	<input type="checkbox"/>
<i>Research</i>			Peer-reviewed grants	<input type="checkbox"/>
	Enter patients on clinical trials	<input type="checkbox"/>	Peer-reviewed publications	<input type="checkbox"/>
			Investigator on a research study	<input type="checkbox"/>

Self-care also involves financial planning, and although retirement might seem eons away, life has a habit of passing by quickly<sup>8</sup>! It is never too soon to put your financial affairs in order: Avoid overextending your finances, minimize debt early in your career, and have a plan to maximize your retirement savings.

## DISCUSSION

Here, we have presented just some of the learnings collected from a group of physicians at different life stages in their careers. Although none of our comments should be viewed as being more important than any other, it is most important to make time in your schedule for self-reflection and self-awareness. Thus, hopefully, when you look back 20 years from now, you won't moan, "If only I had known...."

### CONFLICT OF INTEREST DISCLOSURES

We have read and understood *Current Oncology's* policy on disclosing conflicts of interest, and we have none to declare.

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