

the WOMAN PHYSICIAN'S PLAYBOOK



7 Strategies to Gain
Confidence and
Control for Your
Personal and
Professional
Success

MODULE 7: NEGOTIATE YOUR WAY TO A BETTER CAREER

Transcript



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Woman Physician's Playbook: 7 Strategies to Gain Confidence and Control for Your Personal and Professional Success

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For Your Information:

We recognize that every person has different learning styles and therefore each module is accompanied by an almost word by word transcript of the video training.

Dedication: To all the women who tried and failed. You were still a success because you tried.



Linda Brodsky, MD
Founder and President of Women MD Resources

Welcome!

Hi everybody. This is Dr. Linda Brodsky. I am your host for the Women Physicians Playbook. We are on strategy #5 of the 7 strategies to gain confidence and control of your personal and professional success. We are going to ***negotiate your way to a better career.***

In our last module we had you learn all about mastering your workplace, the people, the policies and the procedures. Once you have that under your belt, you are now ready to learn negotiation skills to get where you want to go. So let's get started.

Module Overview

First is our module overview. Of course, we are going to start with a module review of our strategies. Then we are going to go into the ***basics of negotiations*** or negotiations 101. We are going to take some time to talk about the ***negotiation process***. It is a process that can be learned, and once you learn it and start to apply it every day, you are going to get better at it.

It is important that you learn about ***contracts***, so we are going to discuss the basics of contracts. There is going to be a detailed contract checklist, and I think you will all find this very, very helpful. Finally, we are going to end with ***getting the right help***, and of course there will be some homework.

7 Strategies

Let's do some review. The review is basically for those of you who have skipped around, because I want to keep this in the context. The seven success strategies for confidence and control build one upon the other. The first one is ***define YOUR all***. You can have it all as long as you know what your all is like, what you do, what you value, your home, your work environment, your family, your friends and your colleagues. What that all has to look like.

Once you have that, you ***take inventory*** of what it is that is your real and take it to your ideal, and that ***is how you take control***. In order to do that, you have to ***communicate*** to others so you can ***connect to others and protect yourself***. That will help you get from the real to an ideal. Then you ***master your workplace, the people, the policies and the procedures***. As I said before, this is a tough one, because you don't have as much control over it as you have over the other skills you are learning.

Today, we are going to discuss ***negotiate your way to a better career***. That is how you get through mastering your workplace. After that you are going to ***rise above and defeat gender politics***. Finally, we will ***create work-life integration***.

Negotiations 101

Let's start with negotiations 101.

What is the definition of a negotiation? What does it mean to negotiate?

It means to arrange or settle a situation by discussion and most importantly by mutual agreement. You come to an agreement to settle a situation. It could be something large or something small.

In essence, ***this is a process***, and a process is a way to get from point A to point B with both parties believing that they are getting a fair deal. The important point here is to get from point A to point B with both parties believing they are getting a fair deal. It is also known as the "benefit of a bargain." A bargain means an agreement. You get the benefit of agreeing on something so there is no ambiguity or any bad feelings in a relationship. Everybody knows where they are coming from.

The process is a ***series of discussions***, and that is how it happens. These series of discussions reveal expectations and objectives of the two parties relating to the situation that they have of mutual interest. You have to know what your ***expectations*** are and what your ***objectives*** are. It also helps to listen and understand what the party with whom you are negotiating expects and what their objectives are as well. If everybody's expectations and objectives are the same, it's easy. However, as we all know that is never the case.

Negotiations 101

To continue on to negotiations #101, I want to tell you negotiations don't occur just for a new job or to create a contract. We negotiate every day through the workplace, through the home and through interactions with our friends.

For example, getting help for a task, you negotiate to get that help. Asking for more resources. Negotiating with the nurse when taking care of a patient. And you negotiate in discussions with your partner and spouse every day. In other words, negotiating skills impact every part of our lives.

Basic Principles of Negotiations

Let's get some basic principles of negotiations right out in front. As we said before, you negotiate any time you want to go from A to B. You want to find out how you are going to travel from Buffalo to New York with your spouse on a certain date. You have to negotiate the time you want to leave and the airline you want to fly with, and you have to negotiate all the little details.

You need to know your ultimate goal before you make your first move. Unless you are very clear about what your ultimate goal or objective is at the end, and there are usually many objectives, you can't really make your first move. Your first move is your opening move, and all the moves after that are

going to depend on an opening move just like in a chess game. It really is a chess game. If you are like me and don't play chess very well or know how to play it at all, this can be very difficult to conceptualize and then actualize.

Once you have clarity on your ultimate goals, you work backwards to bring the negotiations to the conclusion you are seeking. You set that ultimate goal and move backward through the process that you are going to move forward through in a few minutes. You find out that when you work this way you are going to find all the trouble spots. You are going to say "Gee, what happens if this happens? What happens if that happens?" For each trouble spot, you need to have a strategy for each one.

When you start by knowing your ultimate goal and before you make your first move, it allows you to keep your eye on the goal and not to get off the track. It is so easy to get off the track when something else is offered or put out there. If it doesn't match your ultimate goal, you are not going to conclude the negotiation successfully.

Step by Step: Process for Negotiations

Negotiations are a step-by-step process, and let's go through them one by one. To remember them, I have little icons that I think you will find enjoyable or at least memorable.

- First, **start off on the right foot**.
- You are always going to **do your homework**.
- You are going to then **create your prioritized shopping list**. What are all the things that you want ideally, absolutely need and think you need? That is your prioritized shopping list. We will talk more about how you prioritize it and how you use those priorities.
- You are going to **marshal untapped assets**. We talked about this before. That is way the whole idea of having YOUR all and understanding all the skills and the values that you bring to any situation needs to be clearly in your mind and if possible written on paper. This is the untapped asset that you are going to marshal during a step-by-step negotiation.
- Finally, **get the right help**. I am going to hammer this home because too many of us think that anybody can help with a negotiation. Bbut you have to get the right people, especially for the important contract negotiations in a new job.

Start Out on the Right Foot

So, let's start out on the right foot. How do we do this? We set the **right tone** by presenting the challenge as needing a solution that will be mutually beneficial. The challenge might be: "How do we come to an agreement so that we can work together?" We are going to need a solution that will be beneficial to both parties. How do we overcome the challenge in our operating room? We have a problem that needs a certain type of solution because we can't do certain types of cases. Who is it going to be mutually beneficial to? How is it going to benefit the hospital, the surgeon, the patient and the

community? You have to present the challenge that needs a solution that will have benefit for the different parties.

Starting out on the right foot means understanding the process, **going back to the process and sticking to it**. Don't jump any steps and don't skip on any steps. Make sure all steps are as robust as possible so you are ready to begin the negotiation.

Even if it is something small, **make it a formal process**. Even if you are negotiating with your spouse or kids, you still should make it a formal process and try to frame it as a challenge. We have to all be satisfied, and that formal process is a process that we laid out. You don't have to say, "Oh, I want to start out on the right foot and do my homework and make my shopping list." You can do that quietly. It doesn't have to be out in the open, but it should be at least in your mind a formal process.

Never, ever negotiate against yourself. Always let the other person tell you what they think they want, because oftentimes you are going to find out what they want is much more, depending on which side you are coming from, then you were willing or thinking you had to do. You might start out in a better place than you would have put yourself in. It also gives you an idea where they are coming from and how far it is going to take to bring you together for a mutually beneficial agreement.

Do Your Homework

Process #2 is to do your homework. To do this you have to **understand what the people and the places you are negotiating with want**. You need to understand not just what you need and want but what they need and want. Sometimes it is a little difficult to get that out because you could get mixed messages or they might not want to tell you. As best as possible try to figure what they need and want. You can ask them.

You need to do your homework and understand **what they have**, because if they are lacking in what you bring this gives you a negotiating advantage. Understand what they have and what they bring to the table as much as possible. You might have to go and investigate this.

It's very important that you know the **worth of the job if you are looking for a job in the marketplace**. You have to look at what the compensation model is and what you are being paid. We are going to get into a few of these. Marketplaces are very local and can be as much as a small city, in a region, in a state, in a specific specialty and a specialty in one region versus another. The marketplace varies tremendously.

Knowing the worth of the job in the marketplace means doing a lot of homework. You have to go on to the internet, call your colleagues and go to your organizations and find out what is the worth of the job is in the marketplace. This also applies to negotiating with third party payers. What is the going community rate? Why should you get higher than a community rate when you negotiate, and if you are

able to negotiate on your own? Know your worth in the marketplace in that geographic area whether it is with insurers or with an employer within a private practice or within an academic practice.

There is some information in academic practices offered through the American Association of Medical Colleges--AAMC. While this gives you a range between the 25th and 75th percentile, what it doesn't give you are the little hidden extras that faculty members get that aren't reported to the AAMC because they don't have a standardized reporting system that requires that everything be reported. If you use that data, you are likely to be underestimating your worth in the marketplace in that particular geographic area in that particular specialty

Create A Prioritized Shopping List

Number #3 is create a prioritized shopping list. This is where it gets to be fun. Create a list of what you need and what you want in every single area. We went through all of this before, and we are going to go through it again and includes your equipment needs, your space needs, your time needs, your personnel needs, things that you absolutely have to have and things you feel you need.

You prioritize this into your three categories ***what you absolutely need, what you really want and what you would like***. You may be able to forgo what you want. Prioritize these, but ***don't share your priorities*** with anybody, because some of these are non-negotiable and others are "give-aways". Keep them to yourself until the right time. They don't have to know what is negotiable, what is not negotiable and what are the "give-aways." So keep this to yourself until the right time.

Quite frankly, ***different career paths need different shopping lists***. If you are going to take one career path versus another you are going to need different shopping lists. For example, if you are going into a corporate administrative job where you are not building up a practice which you can take with you—kind of like your equity—you are going to need to have a parachute, a buyout. If you are on that career path, your shopping list is going to look a lot different than if you are working in a clinical practice.

Marshal Untapped Resources

We spent a long time identifying those things you bring to the situation that might not be readily apparent to anyone else but you and even sometimes not even to you. You have to ***look at all the skills you have brought*** and have probably kept a good record on your CV of all the skills and all the experiences you have had so that you can bring those experiences to the situation and use them as leverage.

You are going to say, "Here are my areas of special expertise and experience." Then you will ***clearly communicate*** what you bring to the situation and things that may or may not be apparent. You will try to pair them up with things that they need themselves. As you marshal your untapped resources, you are going to pair them up with things they might need.

For example, a hospital is opening a new Ambulatory Surgery Center, and they want you very much to come and work there. You are negotiating with them because there are other places that want you to bring your cases to that Center. You say to them, "I am interested in some administration and would like to have some say in how the Center is run. I would like to be your medical director which I think deserves some compensation." You can then tell them where you have been before when you have done medical direction and what you know about ambulatory surgery, and that will communicate to them what you bring to the situation.

Some examples of this are your administrative skills, your team experience, any research you have done, any participation in quality assurance and improvement, social media experience, compliance knowledge and many other resources that you bring to this negotiation.

Get the Right Help

Finally, get the right help. If you are negotiating for something in your department for a promotion or position, you get a colleague or a faculty champion. If you are negotiating your way out of a bad situation, definitely get a colleague or a champion faculty to help you. Find a senior partner who knows the ropes of the practice. You are negotiating a salary or negotiating getting into partnership, hopefully, there is a senior partner who knows the ropes of the practice. Some of them may be willing to help promote you. Some of them may hold back because they don't want to share, but if you can get somebody who is willing, wants you to stay and knows the ropes of the practice, that would be of great help to you. It will be the right help.

For a contractual agreement, I cannot emphasize enough that you need an attorney skilled in both contracts and health care. **You need a contract with protection going into and coming out of the situation.** Unless this attorney who not just reads the contract but is there at the beginning in helping you devise your strategy, you are not going to be able to get the protection going into and coming out of the situation without a lot of backtracking. So you want somebody with you at the beginning of these major contractual agreements. We cannot (and do not) stress enough that you must have **an exit strategy in place before you start.** I know this sounds very cynical, but 1 in 3 doctors or surgeons leave their first position within 1-2 years. Most of them do not have an exit strategy, and those years are wasted. So you must have an exit strategy in place before you start assuming that things might not work out. Frankly, getting the right help is not where you want to skimp. You want to get the best help possible.

What Is a Contract and Why Do I Need One?

Let's talk more about contracts. What is a contract, and why do I need one? A contract is an **agreement between two parties.** It can range from a letter to a much more formal and detailed document. In order for a letter or document to be contractual, that means legally binding, it has to have certain components. When you get a letter of intent, and they say that is all you need, unless it has the right components it may not be all that you need. You have to be attuned to this.

It sets forth what both sides want, need and expect, and it has to be **protective for both sides**. Both sides have to be protected in a lot of ways from each other and from other issues that might come up.

What is a Contract and Why Do I Need One?

It is a roadmap that guides the career advancement, and your career is going to advance no matter where you are whether you are in industry, private practice or academics. **The contract is a roadmap** and is going to help the way the career is going to advance. It should help you **achieve your goals**. The contract should clearly spell out what goals are expected, how you are going to achieve them and how the person with whom you are contracting is responsible to help you achieve your goals and what your responsibility is to achieve your goals.

Because things are spelled out, a contract **builds confidence**, and it is going to help you feel more confident about what you are doing because it is already spelled out. A contract **confers respect** to the relationship. You are respectful of one another's boundaries and one another's responsibilities. So it confers respect to the relationship.

How Do I Get Started?

How do I get started in the negotiation is the next logical question. The very first thing is **learn what they want**. You open the discussion saying--what is it that is on your mind? What do you want to get out of this process? What do you want by having me come on board? What do you need? Then understand what you need and want to know from them. They told you what they want, but then you have to ask yourself what do I need, and what do I want to know from what they told me? What else do I need to know? There is a checklist of what you need and want to know. The checklist will help you get started and includes a lot of stuff.

You are going to say: "There's no way I am going to get this stuff." Well, there is a way. It is called patience and going through the process. You are going to want to know in any organization its **governance of practice and how the institution or organization works**. How is it governed--The organization, the governance of the practice and the institution. How do they work? How are they structured? How will you fit into that structure? You are going to want to know practice productivity measures. How are you going to be measured on your productivity? How does that particular practice measure up to its productivity?

You are going to want to know **requirements for day-to-day practice**. Where are you going to be? Where are you going to spend your time, and what are you going to do during that time? Are you going to spend Monday mornings seeing 20 patients and Monday afternoons doing special procedures? Tuesday all day are you going to be teaching? Wednesdays are in the operating room. Thursdays you are

in meetings, but in the afternoon there is another clinic for the residents. You need to know what your day-to-day practice is going to look like.

You are going to want to know what the academic environment is like. Are you going to be given protective time for research? Are you on a clinician educator track and have protective time to develop a curriculum, or is this supposed to be done after hours? You need to find out these requirements. Of course, you are going to want to talk about compensation issues. As I said before, compensation issues for academics are very complicated, because oftentimes you are being paid by the university, and it is not a full salary. You are usually being paid by the hospital that controls the graduate medical education or GME money that compensates you for training residents. Whether that money comes directly to you or goes to you through the university or the hospital contract because you are now a hospital employee depends on the situation.

Of course, the **compensation issue** of how much of the money you make from seeing patients comes back to you and goes to other places such as the Dean's tax, Chair's tax and overhead costs. Compensation issues have to be very much worked out, and they are not very easy. In a private practice, there is the same thing. Where are the revenues streams? Do you get to participate in alternate revenue streams in the practice that you do such as dispensing of equipment. If you are in sleep medicine, you have part of overseeing how the CPAP machines are dispensed. There are other checklists that you have to get to understand what you need and want to know about that organization.

Checklist: Governance

Let's talk about the governance, because this is very important. Who is in charge? You want to meet that person and want to know who that is. You want to talk to them. Who makes the decisions, and what do they make decisions about? So who are the decision makers? There may be several decision makers, and you want to know who they are, what they are about and what decisions they make are about.

What are the lines of communication? That is the hierarchical structure we discussed in our last module. You are going to find out before you get to negotiations, what are the lines of communication? If I need this, who do I go to? If I need to talk about that, who do I go to? If I am having problems, who am I going to be hearing from? You are going to want to know what the criteria for advancements are whether it be for a partnership in a practice, academic rank or leadership positions. You are coming in as a Chair, and you might want to know what is the next leadership position? You might aspire to be a Dean. You might come in and say what are my requirements that will put my leadership position as Chair lead to a Dean's position?

Are there different types of partners or positions of control? How is it structured? Are there senior partners, associate partners, junior partners and just associates? Each one of them has different responsibilities, different decision making rights and different compensation. Is there an administrative team? If there is, you want to meet them and see what the people there are like. What do they do for

you? Who is on the team? Who owns the practice? Who controls the faculty practice plan? These are related issues. You are going to want to know do I have input to my staffing, and who are they, and how much input do I have? This is part of governance at the very, very on the ground level. Of course, is there a buy-in to join, and is there a buy-out when you retire or leave? That is the governance check list.

Checklist: Practice Productivity

We talked about practice productivity, and there is a checklist for this that you want and need to know. What is the practice's or the department's productivity? I know of one department who was in bankruptcy for many years, and people had to take cuts. Are you going to join that department? I don't think so. You are going to want to know what the practice's productivity is. Are they bringing you in on a shoestring, or are they solvent enough so that you can be brought in with room to spare if it takes a little while longer for you to take off.

What are the revenue streams and the funding sources? Do they come from state lines or salaries because you are in an academic or state institution? Do they come from patient revenues only? Do you get rent because you own a building and rent part of it out? Do you own any of the ancillary services that might be useful to your patients or to other patients? Do you need to know what the revenue streams are and the funding sources, and how do they get distributed?

What is the patient mix? This can be very important if you are coming into a practice, because that is going to tell you what the payer mix is going to be and what they are paying. Whether you see a patient as a new patient, and they have one type of insurance versus another, you are going to get very different reimbursements. That can affect how that practice works. You can be the busiest practice in the area, but if you are only servicing low income families at Medicaid rates, you are going to be working very hard and not be able to have the revenue stream that you need to say pay off your loans which I am sure for the medical students and residents is of great concern.

That takes us to what are the ***insurance reimbursement rates***? You need to know this. It does vary—Medicare is not the same everywhere, and Medicaid is not the same everywhere and neither are the different insurances. Is there a faculty practice plan? Please ask to see the exact document, and read it carefully. It is going to tell you how much of the money you are earning from your clinical practice is going to be redistributed to other people. You don't want to be caught short that you are really giving away most of what you earn. If the majority of your revenue, your compensation, comes from your practice and you are giving away most of it, you are going to be working very hard and soon become very resentful. Is any practice financially stable? You can look at the books with someone knowledgeable. Ask to look at the books and make sure it is with someone knowledgeable—someone with a health care business background or a business background. There are many different services, and you get people with accounting degrees as well. You want to know what the ancillary revenue streams are and how they are allocated.

Finally, are there any **compensation agreements for people who take on additional administrative duties**? Is there compensation for medical directors in hospitals, someone who does a lot of administration in the office, or someone who has special expertise in compliance and takes care of the compliance issues for the office? Find out if there are special compensation agreements for medical directors and others who do special jobs.

Checklist: Requirements for Day-To-Day Practice

The next checklist is the requirements for day-to-day practice. This day-to-day practice is what makes your life happy or not. Are there **sufficient staff** such as secretaries, medical assistants, special nurses and technical support to help you do your work efficiently so you are not doing a lot of busy work such as making appointments, making routine calls back to patients and tracking down laboratory tests?. Are there sufficient people to help you do your work?

Is there an **electronic medical record** in a practice management system that is all electronic? This is an absolute must in today’s world. It helps you get paid faster, helps you keep track of patients and helps you see the health of your practice.

Equipment—What kind of equipment is there? Look at the type and condition of the equipment. We discussed this when we talked about the workplace environment and having your all. What should that workplace environment look like? So, you need to look at the type and condition of the equipment, and is there enough of it.

Space—I cannot tell you how important it is to know how many rooms you are going to work from, how often and where. You have to have enough rooms so you can see enough patients and actually be seeing patients simultaneously if there are procedures to be done and tests to be done during the office hours or other things. You have to have enough rooms so the nurses can prep the patients, so when you come in a lot of the things such as the vital signs and updating of the charts can be done. You need to know where your space is and how often you are going to be there, because this speaks to the issue of traveling. How often are you going to be at the more sought after places that the practice offers?

It is essential to **know your day-to-day schedule**—how much time in the clinic, how much time in the operating room or the procedure suite, how much time in administrative work and how much time to travel?

How much time do you get for **other things** such as continuing medical education and research or whatever it is in the particular job you are looking at? Does the schedule have time for academics or lifelong learning? Do you get to go to conferences? Is that part of the culture of the private practice? How much time do you get to go to conferences? Even in academic practices, I know one academic practice that gets five days a year. That is really not enough to build up a truly academic career. One meeting will take your five days, and you really need to belong to multiple societies.

What are the **call responsibilities**? I know of nothing more divisive than call responsibilities. These should be mapped out at the beginning and should be in writing, and you should hold to the call responsibilities. You must take your call and make sure you are not given excessive call. Occasionally there is some room for expansion and contraction depending on what other people are doing, particularly if you taking time off having a baby or to take care of a parent. You are going to have to be a little flexible about the call.

When I had all three of my children, I made up every single call night that I missed during the time I took off. That was very much appreciated by the people with whom I worked, but I did not do it all at once. One situation was for the older children when I wasn't a resident I took call over 3-4 months and took extra call days to make up for it. When I was a resident, I took extra call before I had the baby. Make sure you take your call responsibilities. I did have one psychiatrist who came to me who had three months of medical leave after her baby, and then she arranged for another month of an elective which she could do at home and then take care of her baby. During those four months she did not take call, and when she got back she met a lot of hostility because she balked at making up her call responsibilities. This was not a good idea. Finally, she did come to an agreement. She negotiated with her fellow residents and her fellow fellows how she was going to make up her call responsibilities. We had a long talk about this. Since the call was from home and her husband was home, I felt that these are her future colleagues. You want to depend on them.

So, what are your call responsibilities and live up to them.

How are patients allocated for practice building? Do all the new patients go to the senior partners, or are they fairly distributed? Do more new patients call on Mondays and get scheduled with a certain partner or on Tuesday with so and so? Well, you might think that is fair, but more new patients call on Mondays than say Tuesdays or Wednesdays. That might need to be rotated, and you have to look at that carefully.

Checklist: Compensation Issues

Let's talk about the checklist for compensation issues. This is often hard to determine, because first you have to determine the **fair market value by specialty, by region and of course by job**. If you are going to be a Chief of Service at one of the top ten children's hospitals, you need to know what the Chief of Service at the children's hospitals make and then blend it with what is going on in your region

especially if any one of those hospitals is nearby or similar hospitals nearby. Determining fair market value can be a little tough especially for the more esoteric specialties and jobs.

You want to find out about **bonuses**. Are they available and on what basis?

Of course, there are the **perks**. Is there a car allowance, a phone allowance or a travel allowance? Do they take care of licensing and society memberships, and if so how much? How about books and journals? I understand that a lot is on line now and may not cost as much, but you are going to want to have some books and some journals, and even on line there is a cost for these things.

How do you get to be in the **pension and profit sharing plan**? These are usually set up before you get there, but hopefully you get maximum ability to put away tax-free as much money as possible every year. How long does it take you to become invested in the pension and profit sharing plan?

Are there are **health and dental benefits**? What do they look like? How much do you have to pay in? What are the co-pays? What is the cap? Do you get out-of-plan health benefits? So look at this carefully.

Does your job supply any **insurance**? Is there life insurance, and most importantly is there disability insurance with details? The **most important insurance is malpractice insurance**. There are two basic types of malpractice insurance and one is occurrence versus claims made. Occurrence policies cover you for your life no matter when the malpractice claim occurs and is more expensive. A claims made policy is much less expensive but is only for the time that you hold the policy. Say you hold the policy for a year, and the claim is made during that year, that's fine. If the claim was made after that year that you held the policy, unless you paid a tail, an amount of money after the insurance policy was up, you might not be covered. You have to find out if you have a "claims made" policy, and who is responsible for the tail. Is it your employer or you if you are joining a practice, a group or a university?

Of course, you want to know about your **paid time off and vacation**. Some practices say "well you have six weeks off" and that has to include everything. Others have different kinds of arrangements. I know of one radiology practice where everybody has to decide what eight weeks they are taking. They are allowed to take one week at a time and is always a Saturday to Saturday, and they must know a year in advance. I find that very, very limiting and would drive me crazy. However, that is the way they do it in that group. So find out how they do this and how you accrue time off and vacation time.

Checklist: Other Issues

Let's go through the checklist of other issues. These are very important. You want to know if there is a **termination clause**. What can they fire you for if you are joining a group practice and there is a contract? Are there any **restrictive covenants**? Ideally, you don't want any restrictive covenants. You don't want them to say that if you leave them you can't practice in an area for a certain amount of time and a certain amount of mileage. Restrictive covenants are not enforceable in some states, or they have

to be of a limited time or a limited space enough to say that you cannot practice within 200 miles or something like that. You want to make sure there are no restrictive covenants.

You want to know if there are any **restrictions on outside income** like if you are consulting for a pharmaceutical.

Another issue you want to know is what are the **family leave policies**. We talked about FMLA in our last module—mastering the workplace environment. I told you about family leave policies and how you have to go about finding out whether they exist (and they have to exist), and whether anybody takes advantage of them and what is the reaction when they do.

Health-dental benefits—we discussed this in the other compensation issues.

Policies and procedures—you need to know the by-laws of the partnership, the by-laws of the department and the by-laws of the university faculty depending on where you are going. You probably want to see the manuals for employees to see what kind of work environment is being provided and the people who are going to be working for you. You want happy workers. You want to see what they are being given and how they are being treated.

What Does the Right Help Look Like?

Now that we have gone through the checklist, you are going to want to know what does the right help look like? How am I going to get to helpers? Like physicians, attorneys have specialties.

Before we get to this, you can help with this by talking to knowledgeable people or talking to people who are in the field of recruiting. You can talk to people who have the data. That is some of the help you are going to need to gather up this information.

Once you gather it, you are going to get ready to start to negotiate, and you are going to need an attorney for big contract negotiations. As I said, like physicians, attorneys have specialties. They have experience in negotiations, and not all attorneys do especially well with these kinds of negotiations. They need to have experience in contracts. Having your sister-in-law who is an elder care attorney and does not have experience in contracts is not going to be helpful.

Attorneys who have experience in health care law and understand the ins and outs of what is happening in health care law—the Stark Laws, the laws that govern the relationships between hospitals and others. What is happening in compensation models for physicians who are working in hospital settings that are not employed by the hospitals? You are going to want someone who wants to be involved before the negotiation begins and who is going to find out what it is that you want and need so that person can help you put together the strategy and the process where you start with your objective and work backwards from what you have to get to your objective, figure out what those people have and what their objectives are and how they want to get from their objective to your objective from what

they have. Somebody who wants to be involved not just somebody who says “send me the contract when it is done.” That’s not going to be helpful.

Next Steps: Homework

Well, our homework and our next steps:

1. Make a list of all the documents that govern your work relationship right now. This includes fellows and trainees. Look at the contracts for people who are in practice and the partnership agreements. For students, the school pledge and what you have contracted for as a student. You might want to look at the leases that you have in your own practice. Understand all the contracts and all the documents that govern your work relationship.
2. I want you to list three recent negotiations that you had and rate yourself as to your success—0 being you bombed out and got nothing and 10 being you were highly successful and felt that you built a really good relationship which was mutually beneficial. Not that you got everything you want, because that is not success. It is mutually beneficial, and everybody got the benefit of the bargain.
3. If you have a contract, check to see if it has all the elements it should, and particularly if you have a good exit strategy.

Don’t go it alone. Get the right help, and go write it down!

Congratulations

Congratulations! You finished another module—module #7. ***Next is rise above and defeat gender politics.*** This is a very important module, and I think you are going to find it very interesting. It is a little bit of a departure. I hope you have learned a lot, and you are going to stick with the complete journey, because we here at Women MD Resources are here for you to help you create clarity, build confidence and take control for your personal and professional success.