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**Surgery PA Market Watch** is published bi-monthly by Harlequin Recruiting in Denver, Colorado, as a service for physician assistants and advanced practice clinician candidates seeking new opportunities.

Submissions of articles and perspectives on the PA practice environment and job market that may be of interest to readers are welcomed. Please contact the publisher or editor for more information and guidelines.

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## Pursuing Postgraduate Surgical Training

### PA's Who Take Time Out for Surgical Residencies or Fellowships Find the Investment Pays Off in Numerous Ways

By Bonnie Darves

**J**obs in the surgery arena are plentiful for physician assistants these days, but those who take the extra step to pursue a residency or fellowship either just out of school or when contemplating a specialty shift are finding the experience both intellectually gratifying and career boosting.

Taking a year to obtain advanced training helps PAs not only gain new skills, expand their knowledge base and develop better clinical judgment, it can also help PAs eyeing leadership roles advance through the career pipeline more rapidly. In addition, employers are increasingly seeking PAs who've undergone residency training.

In part that's because some of the same factors driving increasing subspecialization in the physician surgical specialties are also propelling the trend toward specialty-focused

clinical specialty outside of primary care, particularly in fast-growing specialties such as hospital medicine and urgent care.

An estimated 3% of PAs go into post-graduate training programs, in any specialty. Today, there are 52 recognized PA residency programs—with most concentrated in surgical specialties and emergency medicine. The majority of physician assistants pursue residency or fellowship after completing PA school, but most programs also see applicants who are contemplating a career shift from primary care or other specialties into the surgical arena.

"Over the years, it's primarily been PAs coming straight from school, but we've also had residents who are making a transition at 40," said Robert Sammartano, RPA-C, the former longtime director of Montefiore Medical

**"Broad exposure to different types of surgeons**

**and procedures helps PA residents get an idea of**

**where they might want to focus their practice."**

— Patrick Knott, PhD, PA-C, Illinois Bone and Joint Institute



PA practice. Healthcare organizations recognize that dedicated expertise is an important driver of improved patient safety and can, in well-organized clinical departments, also yield greater efficiency.

In addition, care delivery models—in both the ambulatory and inpatient setting—are fast evolving toward team structures in which advanced practice clinicians (APPs) play a key role. Over the last decade, PA roles have become more prevalent in virtually every

Center's pioneering surgical PA residency program, established in 1971 in Bronx, in New York. "I think the program works well for both types of PAs. It provides exposure to a broad range of surgeons and procedures, and a high-acuity and diverse patient mix—because the Bronx is basically a Third World country." Mr. Sammartano left the program in 2016 after 13 years at its helm, and now teaches PAs in the Touro College PA Program in New York.

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## Postgraduate Surgical Training

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Ben Philip, PA-C, who now directs the Montefiore program, known for its rigor and intensity, likens the residency to “a boot camp of all the different surgical specialties. It’s a real immersion because you’re introduced to 20 to 30 surgeons,” he said. “And they each do procedures in their own way, so you get to see and learn many different techniques.” The Montefiore program was considered a model for many PA surgical residencies established in its wake.

Program directors report hearing a fairly consistent theme in newly graduated applicants’ reasons for pursuing postgrad programs: the brief stint in surgery during an elective hooked them. “Usually, they say that they just loved their surgery elective and want to get more exposure before they go into practice, and they want to see different types and aspects of surgery,” Mr. Philip said.

### Promise of diverse experience is a draw

That broad exposure is a big draw for applicants to the Illinois Bone and Joint Institute’s PA surgical residency program in North Chicago, Ill., says its co-director Patrick Knott, Ph.D., PA-C. “Our residents have the opportunity to work with all of the orthopedic subspecialties in all types of care—such as foot and ankle, hand, shoulder, spine, total joint and deformity,” said Dr. Knott, who is also a professor at Rosalind Franklin University of Medicine and Science. “Broad exposure to different types of surgeons and procedures helps PA residents get an idea of where they might want to focus their practice.”

That potential to work with different orthopedic subspecialists, in addition to her own experience in military medicine, prompted Casey Fox, PA-C, to apply to Dr. Knott’s program. While serving in the Air Force after PA school, Ms. Fox had the opportunity to work with orthopedic surgeons in a trauma center during a deployment to Afghanistan. “I got to

be second assist on more than 50 surgeries and recognized that I wanted the opportunity to be exposed to many subspecialties,” said Ms. Fox, who is midway through the Illinois Bone and Joint Institute program.

“Even though I always knew I wanted to be in orthopedics, I’m definitely getting that broader exposure. We scrub in on 20 to 30 cases a week, and work with 14 different surgeons,” Ms. Fox said. “I might scrub in with a hand surgeon in the morning and a trauma surgeon in the afternoon.” Choosing to do the residency

was a big decision, she notes, because she already had some experience in surgery. “In the end, I decided that I really wanted the formal training,” she said.

Some surgical PA postgraduate programs also offer new PAs a way to essentially subspecialize during their training. For Marielle Faraone, PA-C, a recently established fellowship program in pediatric surgery at Texas Children’s Hospital in Houston essentially checked off a few boxes on her wish list. Ms. Faraone, who graduated from PA school

## TIPS FOR PAS CONTEMPLATING SURGICAL RESIDENCY

Surgical PA program directors, and residents and fellows, interviewed for this article offered a range of tips for PAs who are considering applying for a postgraduate training program. Following are a few.

**Thoroughly check out the program’s structure and support environment.** PA residencies might vary considerably in how enrollees spend their time and the amount of relative time devoted to didactic, clinic and OR work, notes Amy Haller, PA-C, director of the UPMC program. “It’s important to find out about the program’s specific makeup and the [time] breakdown over the year,” she said, by asking about the classroom, lecture, clinical rotations and OR exposure, and any additional training that might be required or available. “You also need to know how you will be evaluated and supported—and what the mentor environment will be. Will the physicians be directly involved, for example?”

**Ask about the depth and breadth of experience you will get.** Prospective applicants should ask detailed questions about the types and number of surgeons they’ll work with, and the opportunities they’ll have for truly hands-on training and experience in the OR and clinic settings, advises Robert Sammartano, RPA-C, former director of the Montefiore residency program. “Ideally, the training should be structured as a job, with the PAs having responsibilities and privileges like those of a surgical intern, so that you really get the practical experience,” he said. “Ask about the first- and second-assist opportunities, and if you’ll be able to do consults and see patients on your own as you move through the program. The point is that you develop clinical judgment based on direct experience.”

**Speak to several recent graduates.** Visit the training site for any program you’re considering, and set phone conversations with graduates. These are two steps that, in an ideal world, shouldn’t be skipped, several sources agreed.

in 2016, knew she wanted to be in surgery. She also had a strong interest in pediatrics. So when she saw that Texas Children's had a program dedicated specifically to pediatric surgery, she jumped on it.

"I was actually job searching when I saw the listing for the pediatric surgery fellowship, and I thought, I have to apply for that!" Ms. Faraone recalls. She was thrilled to be accepted, as the program, which trains six fellows a year, is the only one of its kind in the country. The academic focus and sheer size of Texas Children's, and the patient acuity, essentially guaranteed exposure to a broad range of surgical specialties and procedures—nearly a dozen in all. But it was the transplant service that Ms. Faraone found most gratifying, so she chose it for her additional elective rotation toward the end of the program year.

"Last year, in addition to transplant, I also worked with plastic surgery, urology, ENT, neurosurgery, trauma and general surgery. And because of that exposure, I was able to pinpoint what I wanted to work in," said Ms. Faraone, who is now a PA on Texas Children's abdominal transplant service. She actually works in a newly created position that she helped define. "I feel that the rigor of the fellowship program set me up to be successful in the role I'm in now."

### Residency as career 'jumpstart'

The opportunity to expand knowledge and skills, and gain experience in surgery in a condensed timeframe are, in themselves, good enough reasons to pursue a residency. Graduates report that the post-graduate training confers numerous other career benefits—both in the near term and down the road.

The general thinking, even if not supported by hard data, is that completing a surgical residency or fellowship program is the equivalent of three to five years of experience—depending on whom one asks. In looking at the career progression of Montefiore graduates

over the past decade, Mr. Philip observes, such fast-track advancement is common.

"From my experience, our graduates get good surgical jobs from the get-go, and many also escalate to administrator and chief-level

treasurer of the Association of Postgraduate PA Programs. "What I've seen with my graduates is that they're definitely up and running right away in their new jobs—there's very little onboarding needed."

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## "I feel that the rigor of the Texas Children's fellowship program set me up to be successful in the role I'm in now."

— Marielle Faraone, PA-C, Texas Children's  
Abdominal Transplant Service



experiences in a shorter period of time," he said. "Basically, nothing fazes you after putting in 60 to 80 hours week during residency dealing with complex medical and surgical problems. When people go to a job after fellowship, it's like a cakewalk compared to what they've been through, so they excel."

Amy Haller, PA-C, is a case in point. After completing her surgical residency at the Yale/Norwalk Hospital program in Connecticut in 2009, she joined the University of Pittsburgh Medical Center as a senior PA in the Department of Minimally Invasive Bariatric and General Surgery. Within three years, she found herself working with the department of surgery to create and direct the UPMC Advanced Practice Provider Surgical Residency Program. This year, after six years of running the residency, Ms. Haller was named director of the organization-wide UMPC Center of Advanced Practice Education.

"Completing a residency not only helps you gain clinical confidence in a short period of time, it also accelerates your transition to practice. I think it also can position you to move into leadership roles relatively quickly," said Ms. Haller, who is also secretary/

At the same time, Ms. Haller advises PAs to pursue surgical residency for the right reason: the professional enrichment the experience offers. "We want people whose motives and intentions are to gain skills and truly develop their practice," she said, not just bolster their resumes.

Based on his nearly two decades in postgraduate PA education, Mr. Sammartano observes that even extreme career jumpstarts are not uncommon. "We had a graduate who went to work in trauma in Pennsylvania, and in six months he was the chief PA because he was running circles around people who'd been there for 10 or 12 years," he said. "The Montefiore program really changes people."

Dr. Knott observes that his orthopedics-trained PAs are in such high demand that it's not uncommon for Midwest surgeons to drive hours to talk to the residents about career possibilities. "We've even had practices arrange a bus to bring our residents to their institutions," he said. In addition, the group's surgeons are often willing to connect graduates with their colleagues in other geographic areas, when residents start looking for opportunities.

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## PROFILE



**Who:** Jena Smith, PA-C

**Position:** Neurosurgery PA, University of Texas Health San Antonio

**What are doing in your new job, and what appealed to you about the position?**

I'm working with seven neurosurgeons, each with their own subspecialty, in a primarily outpatient clinical capacity. My role is to perform a history and physical, review pertinent imaging and diagnostics, and formulate a diagnostic and treatment plan to present to the attending neurosurgeon who then agrees with, modifies or adds to it.

I was drawn to this current position initially because of the large academic center setting and affiliation with medical school and physician assistant programs, which I knew would provide opportunities to participate in academics and research. Also, I had primarily inpatient and first-assist experience and this position afforded me the opportunity to round out my clinical skills on the outpatient side. It's provided me a more comprehensive experience from first initial consult and patient selection for surgery to the long-term follow-up. This has really made me a better, more well-rounded clinician.

**What drew you to physician assistant practice?**

I decided to pursue physician assistant studies after weighing the pros and cons of nursing, advanced practice nursing, physician assistant and medical doctorate programs. After graduating with my biology major, I was undecided, so I took a year to figure out what I really wanted to do.

What appealed to me about PA programs is that they follow the same medical model for education and training that physician programs do, so I was assured I would be trained to think the same way that physicians do. I also was very attracted to the flexibility of the profession—that we're trained as generalists and then get to choose which specialty we want to work in and have more hands-on/on-the-job training. That also means we have the flexibility to switch specialties, which also appealed to me.

**Why did you choose to practice in neurosurgery, and what about the field do you find gratifying in terms of the scope, patient population or practice environment?**

Actually, I never thought I would voluntarily end up in neurosurgery and it was a happy accident for me. I had been practicing in general surgery and was in a new position after a major geographical move where I wasn't completely fulfilled. After a few interviews, I decided to meet with a friend of a friend who

happened to be looking for a neurosurgery PA in her practice. We met for coffee and had a frank discussion about what the practice was looking for, and I ended up going for it.

Also, neuroanatomy and neurophysiology are complex and fascinating. Neurosurgery is a very challenging specialty intellectually, which is satisfying. I remember one of my first surgical cases was an endoscopic third ventriculostomy for fenestration of an arachnoid cyst. As I watched the neurosurgeon advance the endoscope, I literally felt like my breath was taken away. Visualizing the brain anatomy during that first case was surreal, and I was hooked.

**If, based on your own experience, you could give your colleagues coming up (those still in training or seeking a first opportunity) one or two bits of advice on how to approach and organize their search, what would you recommend?**

If you aren't limited to one geographical area, expand your search. Utilize all available search methodologies and talk to EVERYONE. I switched to neurosurgery because of that connection I mentioned, and it's been one of the best things that ever happened to me professionally. So, if a friend of a friend is willing to connect you with their colleague who might know about an opportunity, explore it.

I think it's also important to submit your resume and a strong cover letter even for

*continued on next page*

## SURGICAL PA JOBS

Stuart, FL: *Neurosurgery PA: Hospital Employed*

Trenton, NJ: *Neuro-ICU PA/NP: Hospital Employed*

Modesto, CA: *Cardiovascular Surgery PA/NP: Hospital Employed*

Greenville, NC: *Oncology Hospitalist NP/PA: Hospital Employed*

Fresno, CA: *Neurosurgery PA/NP: Hospital Employed/Private*

Turlock, CA: *General Surgery PA/NP: Hospital Employed*

San Antonio, TX: *Neurosurgery PA/NP: Academic*

Modesto, CA: *Neonatal NP: Hospital Employed, Part-Time*

Modesto, CA: *OB/GYN NP: Hospital Employed*

Atlanta, GA: *Neurosurgery PA: Private Practice*

Farmington, NM: *General Surgery PA: Hospital Employed*

Raleigh, NC: *Neurosurgery PA/NP: Academic*

## Cover Letters: Why They Matter

By Katie Cole



Frequently, PA and NP candidates ask me how they can make their resume stand out, and the short answer is always: write a cover letter. This might seem

like common sense or hardly worth mention; however, in reviewing the applications I receive for physician assistant and nurse practitioner jobs, I find that only about 20% of candidates provide a cover letter without my explicit request.

Even if it seems a bit old-fashioned in this digital age, the fact remains that a cover letter is the best way to not only showcase your experience and preferences but also explain why you qualify for the position you are interested in.

The cover letter doesn't need to be long and detailed, and it shouldn't replicate your resume. Two to three paragraphs should suffice, and the tone should be professional but not stiff. The letter should describe briefly where you've been (either in training or in your work experience) and what you hope to achieve in your career and in your new or next position.

Of course, it should also briefly state why you think you're a good candidate for the job.

If you're a new grad looking for your first job out of training, the cover letter offers one of the only ways to essentially "personalize" your experience in training and the type of job you would like in starting your career. If you are applying for a surgical specialty job that's different from the specialty in which you rotated, highlight the surgery and first-assist experience you gained that might cross over to the surgical specialty the prospective position identifies.

If you are an experienced candidate looking for a new job, explain your current level of experience in some detail in your cover letter. Include any first-assist experience, as well as specific procedures you have performed. Include what you're comfortable with in terms of practice environments and the types of procedures that you most enjoy.

After you've briefly summarized your experience, focus the next paragraph on the type of position you seek, including the surgical specialty areas you would like to work in and

your ideal practice environment. Include any preferences you have (within reason), such as whether you prefer a M-F 8-5:00 schedule, whether you would like to take call, and your ideal mix of clinic vs. OR time. If you have family or other ties to the location of the prospective job, always include this information as a key reason that you are interested in the opportunity.

Lastly, conclude your cover letter by thanking the reader for the opportunity to apply and for taking time to review your package. If you have a specific clinical schedule, indicate in closing when you would be available for a phone interview and the best way to reach you, i.e., cell phone and/or email.

Writing a cover letter is often overlooked, but it shouldn't be. It's a potentially important differentiator when a prospective employer is sifting through a dozen or more applications, and it offers a great chance to give the reader a sense of who you are.

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*Ms. Cole is a Denver resident and publisher of Surgery PA Market Watch and Neurosurgery Market Watch.*

## Profile

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opportunities where you might not meet 100% of the "requirements" for the position. If you don't reach for the sky, you'll never start to fly.

Also, if you ever plan to take a break—long or short—from clinical practice, be sure to have a proactive re-entry plan to make it smooth as possible. For example, if you decide you want to take more than two years off, find some way to stay clinically active—a part-time or prn position at urgent care or occasional locums work.

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**In moving between two surgical specialties, how did the GS experience better equip you for your next chapter, and what have you**

**found to be markedly different between the two practice environments?**

I was always interested in pursuing a surgical physician assistant position, but I wasn't sure if I wanted to start out in surgery. As a new graduate, I considered starting out in family medicine to become an experienced, well-rounded primary care provider first. This might be a good idea for some, but now I am very glad I pursued the specialty area I was most interested in from the get-go.

That's why I recommend that PAs shoot for the moon and try to find that dream position. As a PA, you are trained and equipped to transfer your clinical skill into any surgery or medical specialty.

Many of my colleagues have transferred successfully from one field to another and have been surprised by how quickly they adapted.

I am glad I started out in general surgery. My experience crossed over quite nicely into neurosurgery because many surgical principles and standards of practice are universal to all surgery specialties. For me, it became a matter of fine-tuning my focused clinical exam and just adapting to my new specialty.

I have since transferred from inpatient neurosurgical care into outpatient neurosurgical care, and that was another major transition. I've learned not to fear change, but to just be motivated by new learning experiences.

## Postgraduate Surgical Training

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### Downsides and reality

Program directors and grads acknowledge that there are possible downsides to completing a residency, depending on the PA's personal situation. For one, the intensive nature of postgraduate training—60-plus-hour weeks are the norm—might also necessitate a move across the country, with all the disruption that entails.

In addition, the stipend PAs receive while in training is generally considerably less (in the \$60,000 range) than they would earn moving right into practice, although some programs pay more than others. Most sources

interviewed for this article noted that the income differential is usually made up quickly after moving into practice because residency-trained PAs tend to earn higher salaries and progress up the income scale more quickly than their colleagues who took positions right out of school.

The biggest issues and potential drawbacks to pursuing postgraduate training, in Mr. Philip's view, are the physical demands of programs and the factors associated with relocating to the training location— especially for PAs who have families.

"I always explain to candidates that the intensity of residency is far higher than what they experienced in PA school. I also stress that it's important to have a stable environment and strong support structure when you come out of the hospital and back to real life during training, he said. "We have PAs coming from all across the country, and if they have families, it can be very challenging for them."

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*Bonnie Darves is an independent healthcare writer and editor of Surgery PA Market Watch. She is based in the Seattle area.*

## FEATURED OPPORTUNITY

### Neurosurgery Physician Assistant Opportunity in North Carolina

A department of neurosurgery in Raleigh, N. C., is seeking a neurosurgery PA or NP to join the department. This position will be primarily outpatient at an outpatient clinic within the main campus of the university. The PAs work independently and have their own nurses.

The schedule is Monday to Friday, 8 a.m. to 5 p.m., with rare call on weekends. The incoming PA will spend four days with neurosurgery patients and one day performing

administrative work. This position does not include OR or surgery first-assist duties. The department is seeking a candidate with neurosurgery, neurology or spine experience and prefers at least one year of practice experience. The PA or NP will be completely independent and will be assigned to one location with one to two providers.

The department will provide a competitive compensation package including salary and

full benefits. The greater Triangle area of Raleigh, Durham, and Chapel Hill is family friendly, while offering young singles many options for an active outdoor and social life. The Research Triangle Park, a globally prominent high-tech research and development center conceived around the three academic centers in the region, has made the area culturally diverse, economically resilient, and nationally recognized as a great place to live and work.

## SURGERY PA EVENTS

### AANS Annual Meeting

☐ April 28 - May 2  
New Orleans, Louisiana

\*\*\*Meet us there! Booth #1047\*\*\*

### Advanced Practice Oncology Summit - Cleveland

☐ May 4-5  
Cleveland, Ohio

### Trauma 101: Fracture Care for the Community Orthopedist and Orthopaedic PA & NP

☐ May 10  
Clearwater, Florida

### AAAP 2018

☐ May 19-23  
New Orleans, Louisiana

### PA's Guide to the Musculoskeletal Galaxy

☐ June 27 - July 1  
New Orleans, Louisiana

### 2018 Fundamental Critical Care Support

☐ October 11-12  
Lake Buena Vista, Florida