

BY BARBARA ALDEN WILSON

# THE Job Quest

Navigating the journey from residency or fellowship to permanent employment may seem overwhelming at first, but knowing what you're after and how best to find it can make it easier.



**S**O YOU HAVE ABOUT A YEAR—maybe even 18 months or more—until your residency or fellowship training wraps up. It may seem like a long haul before you're finished.

In terms of finding a job, it isn't.

"My recommendation is to start your job search one-and-a-half years to one year before you finish," says Ryan Mire, MD, an assistant clinical professor of internal medicine for Vanderbilt University in Nashville and the author of the book, *Transitioning Into Private Practice: A Guide to Employment After Residency* [published by Ryan Mire, MD, 2004; available through [drmirejobsearch@yahoo.com](mailto:drmirejobsearch@yahoo.com)]. "If you wait until

your last semester, the opportunities will be picked over. The majority of practices know two years in advance that they're going to need someone. They are ready to start looking at candidates."

Even if you've put off your search (or didn't realize that starting it six months out qualified as "putting it off"), there are steps you can take to ensure the best possible pool of opportunities.

## Where to start

Whether you'll be working with a staff recruiter, looking on line, or using a search firm, you'll need to approach your search in an organized manner.

"Physicians really aren't given training in how to find a job," says Julie Sherriff, the president of Sherriff and Associates, a search firm in Kansas City, Kansas. "I always say they should work through the process just as if they were diagnosing a patient."

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Sherriff recommends that you examine what you're seeking in a practice. Consider practice size, type of patient base, call responsibility, and income.

Dana Butterfield, the executive director of the Association of Staff Physician Recruiters (ASPR), based in St. Paul, Minnesota, also recommends deciding on a location.

According to physicians who have been through the process, location is often a major consideration and can help focus your search right off the bat.

"I knew I wanted to get back to my wife's hometown of Louisville [Kentucky] to practice," says Rob Keifer, MD, a pediatrician-turned-anesthesiologist with Anesthesia Associates of Louisville. "I did my training at the University of Virginia, then contacted every employer in Louisville while I was on break two-and-a-half years before I finished. A little more than a year before I finished, I started pursuing those contacts in earnest. It was tough to find anesthesiology positions when I was looking [in the late 1990s], so I ended up taking a job for a year in Dayton, Ohio, until I got a call from Louisville. I don't regret it [the time in Dayton], because it was still relatively close to Louisville."

Joe Craft, MD, a cardiology fellow at Washington University/Barnes-Jewish Hospital in St. Louis and the chair of the resident/fellow section of the American Medical Association (AMA), will need a job in June 2006. He is looking at "a number of opportunities" in both teaching and private practice, mostly in the midwest and southeast. He has already decided not to pursue any opportunities farther north than St. Louis.

"I think it's important to consider geography during the job search," Craft says. "You must be happy where you're going to

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be. You will likely be bogged down with long work hours and call when you first start out, so you're not going to have that much time for travel to visit family."

Sherriff, however, thinks location is much less important. She says some job candidates dismiss an area of the country only because of preconceived notions about it. Many times, she says, she has turned around clients' ideas that a city is

"dull" or an area is "backwoods."

"For one of my recent candidates, I found a job in Dayton, Ohio," Sherriff says. "Her response was, 'Dayton? I'm not going to Dayton!' Her fiance was going to medical school and they wanted some options for him near her. She was also looking for cultural opportunities. I told her about the numerous medical programs in the area, as well as the fact that Dayton has a ballet company, an

opera company, and plenty of other offerings. She decided it actually was a good choice for her to consider."

On the other hand, excitement about location shouldn't override your other job criteria.

Sheriff tells a story about a client who was deciding between coastal opportunities in Maine and the Southeast. "After seeing the southern location, he said, 'This is gorgeous, let's just go there.' But I said that first, we must look at his criteria."

His criteria included top-quality schools, a safe environment, and a practice opportunity that had an entrepreneurial bent with good prospects for a significant long-term increase in earnings. The southern opportunity, Sherriff says, fell short of the client's goals.

"This city had one of the highest murder rates per capita in the country," she says. "The public schools were poor. Three doctors had come and gone from the practice in the last year. It wasn't a good bet for financial growth. So the client went to Maine. His wife's family is somewhat close by, which was what the wife wanted. [See sidebar, "The Spouse Factor," opposite.] They're now doing gangbusters and recently built a beautiful home."

### **Go it alone or use a recruiter?**

Once you've determined the characteristics of a job that are most important, you still have some big decisions. Not only can choosing a practice opportunity be a daunting prospect, you have to decide how you're going to search. Where to turn? "Look at a number of resources," says Marilyn Hill, the direc-



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tor of physician services for Beebe Medical Center in Lewes, Delaware. "When it comes to finding good physicians, we realize we must diversify. We use direct mailing, ads in *Unique Opportunities*, and direct e-mail, but we don't use independent search firms. The hospital considers me their firm."

Still, a search firm can be helpful in finding more obscure positions, says Rich Glehan, a principal for The HealthField Alliance recruiting firm in Danbury, Connecticut, and the chair of the ethics committee for the National Association of Physician Recruiters (NAPR),

"One big advantage to working with a recruiter is that you have the opportunity to hear about far more practices, especially those that are not well publicized," he says. "But firms are not the be-all and end-all source for information."

Craft says he is "not aggressively" working with a recruiter, but is relying on one for out-of-town opportunities. He has been able to research some positions himself and has heard of some through word-of-mouth, he says.

# The Spouse Factor

**A critical factor in many a physician's job search is the needs of a spouse or partner.**

**F**OR JOE CRAFT, MD, OF ST. Louis, it is a make-or-break issue. The Washington University/Barnes-Jewish Hospital cardiac fellow is engaged to be married in August and his fiancée's needs are crucial to his decision. "She is a social worker in education, and any recruiter or practice that would not take her into consideration would be automatically excluded from my search," he says.

Julie Sherriff, the president of Sherriff and Associates in Kansas City, Kansas, points out that a staff

recruiter or search firm can be helpful in keeping everyone's interests at heart. "We can look at lifestyle factors, employment, or educational opportunities, social and cultural offerings, just about anything that could make or break a decision," she says.

In fact, says Rich Glehan, a principal for The HealthField Alliance search firm in Danbury, Connecticut, if a recruiter is not interested in your spouse or partner and his or her concerns, view it as a "giant red flag" not to use that recruiter. ■

be the exclusive representative in your search, Glehan says. "I don't believe in this at all, although many of my colleagues don't agree with

If you're considering a search firm, check [www.napr.org](http://www.napr.org) to find out if the firm you're considering is an NAPR member in good standing.

What to do about calls or e-mails from headhunters? Proceed with caution, says Glehan.

"These contacts can work out well, but you need to find out everything about the firm that the person is calling or e-mailing from," he says.

And while it's important to work with someone who is honest with you, it's important for you to be completely honest with the recruiter, whether it's a staff recruiter

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**"Go in [ to the interview ] with the attitude that you're there to showcase your talents and abilities. Don't be nervous. Have fun with it and show your personality. Be honest about what you have to offer."**

"I have a pretty good idea of what's out there."

Often, the best leads just come from letting those around you know what you're looking for.

A search firm may want you to sign a "right of representation" to

me. Most doctors don't adhere to rights of representation anyway. They're going to work with whom they want and may want to keep their options open. A contract with a recruiter won't get you better service. It doesn't replace knowledge."

or a search firm. “Often, with international medical graduates, their culture may be to negotiate without being totally forthcoming,” says Sherriff. “This can be especially true about money issues. I’ve also had communication problems with Americans who are getting opinions from every family member remotely experienced in law or medicine. I hear these opinions second- and third-hand and have to sift through and figure out what my client is really concerned about.”

#### On-line opportunities

Several on-line search services are available geared specifically to physicians. Among them is HEALTHeCAREERS.com, which focuses only on health-care opportunities and is affiliated only with professional associations.

“We do the work for the associations,” says Carol Moore, the vice president of marketing and communications for HEALTHeCAREERS.com. “Candidates can get a very targeted search through the American Cardiology Association at our Web site, for example,” she says.

HEALTHeCAREERS.com’s services for physician job candidates include the ability to post a CV—anonymously, if you choose—and the opportunity to receive e-mail alerts, which give the candidate immediate notice about new positions that might be of interest.

“A single-specialty practice may not advertise anywhere else,” Moore says, “so you will find opportunities that are not advertised elsewhere.”

Keifer says he had colleagues who used *GASNet.med.yale.edu* for anesthesiology jobs, although he did not use Internet resources for his own search.

Moore also says that HEALTHeCAREERS.com offers support at various associations’ annual conferences.

“We often have computers set up in the convention halls for hands-on instruction from our people. A physician job candidate can flag his or her profile to say ‘I’m here at the conference’ and a potential employer can do the same thing,” Moore says. “We’ve been able to facilitate face-to-face interviews this way, without the added time and expense of travel and accommodations for the candidate. It works out great for everyone.”

Craft suggests that looking into professional societies—national, regional, and local—can be beneficial as well. The AMA Residents and Fellows Section offers written materials on transitioning to practice, licensure criteria, and contract negotiation.

State or county medical or professional societies also offer solid opportunities to network with established physicians locally. They’re also a good resource for trainees interested in settling in a new area. “These societies have a wealth of resources about local practice environments and what it is like to live and work there,” says Craft. These resources are often free or require a nominal membership fee, which always increases once residency or fellowship is over.

#### The interview process

If you’ve done your homework, according to Butterfield, you should be able to find what you want from among three to five opportunities. Write down the prospective employers and your criteria on a spreadsheet to narrow down your options.

Interviewing with more than five practices will be a waste of your time as well as that of any employer who was never a good fit to begin with.

Once you’ve chosen the best opportunities and have lined up the interviews, it’s time to take stock of what you can offer a potential employer, in addition to what they can offer you.

Craft says the process shouldn’t cause undue stress. “In a lot of situations, residents and fellows can expect this job search to be a lot more friendly than residency applications. There are no application fees, and in the large majority of cases, your travel expenses are covered.”

Keep in mind, he says, that you really don’t have to jump at the first job you are offered, and there is no reason to dread the interview itself.

“Go in with confidence,” he says. “You should consider yourself highly sought-after, because the training you’ve just completed offers the latest and greatest that medicine has to offer.”

Butterfield agrees. “Go in with the attitude that you’re there to showcase your talents and abilities,” she says. “Don’t be nervous. Have fun with it and show your personality. Be honest about what you have to offer.”

Be prepared, Hill says, to give the potential employer a base salary range that you would find acceptable.

“This is what I ask a candidate first,” she says. “But really, income is just part of the picture. I also ask what is most important to the candidate and his or her family. Maybe they want to be in the area because their parents live there and they need them nearby to babysit the kids. Maybe they’re a husband/wife team and scheduling is

more important than salary. I like to ask these things to make sure the position will be the right fit. The candidate's leverage comes with negotiating extras. For example, he or she could ask whether [medical school] loan repayment might be included in the compensation package, especially if the salary offered seems on the low end. For someone with \$250,000 in tuition loans, this can be the biggest issue. But the candidate should ask these kinds of questions last in the interview. You don't want the immediate focus to be all about the money coming to you."

Keifer recalls a candidate for a nurse anesthetist position at his practice whose first questions at the start of the interview were, "How much will I be paid?" "How much vacation will I get?" and "Will I be able to get this specific day off right after I start."

Keifer says, "At that point, the president of the organization said, 'Thank you, we're done,' and the candidate was very quickly shown the door. No one could believe she would ask those things right up front."

Once salary is brought up by a potential employer, consider the long-term scenario carefully. Even if the starting salary is everything you've hoped for, focusing solely on short-term salary won't do you any financial favors, says Vanderbilt's Mire.

"Often, in the interview, residents or fellows focus on the first-year salary or guaranteed salary, which will be set for maybe two years," Mire says. "Your salary beyond that may be based on productivity, meaning if you can't see a certain number of patients in a day or week, you could end up taking a pay cut after the guarantee period is over. You must understand the pro-

ductivity model or formula to determine how your future salary will be determined."

Once you and an employer express mutual interest, follow-up is of key importance. One of the biggest mistakes a candidate can make during the interview process, says Mire, is not going back for the second interview.

"It happens," he says. "Because they probably had to pay to travel to interviews for residency programs, residents may assume that their travel expenses for the second interview aren't covered by the employer. At the same time, the employer may assume the resident knows that travel expenses will be paid for. So a resident may choose to go to only select second interviews—maybe even only one." This can mean a great missed opportunity, or even burning a bridge for later in your career.

Other gaffes include not inquiring about the business aspects of a practice and focusing only on your call schedule and first-year salary or guaranteed salary.

"A good prospective employer would like to hear questions about the finances of the practice," says Mire. "Any practice worth joining will have nothing to hide. But if they have three major malpractice suits pending, for example, they might not be on solid financial footing. It's analogous to marriage: If you're in love with a person in debt, you will acquire some of that debt yourself if you marry that person. Financial problems in a practice you join will become your financial problems as well."

Keifer says that his practice's business manager handles interviewees' questions regarding finances.

"In our case, the business manager

can best explain the business end of the practice and is happy to talk to candidates about it," he says. "I'm most looking for questions about patient mix and load. I also welcome requests to be taught a few procedures. If there are one or two things a candidate has not yet been taught but is happy to learn, great!"

Keifer points to his own experience when he first started working in anesthesiology. "There were two guys from Duke who did blocks slightly differently and better than what I had learned, and I thought, 'How great for me that I can learn from them.' They were happy to show me what they knew."

Keifer does caution that a job candidate should request only a few such learning experiences. "Obviously, if you seem not to know how to do much, your training will come into question and you're not going to be hired," he says.

For additional information, see "Acing the Interview," from the July/August 2000 issue, at [www.uoworks.com](http://www.uoworks.com).

### Mulling over the offer

When you receive what seems to be a good offer, get it in writing, says Glehan.

"This is one of the biggest problems that could come up in a job search," he warns. "You need to get a full employment agreement in writing. Many doctors get their compensation and benefits and call requirements in writing, but forget to ask for the terms and conditions of partnership."

If the prospective employer wants an answer first and says, 'Don't worry, we'll take care of the contract later,' tell them, 'No,' Glehan says. "A verbal agreement and a handshake mean

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nothing.”

The other big mistake in accepting a job offer, according to Mire, is not getting a lawyer to review the contract.

“It is essential,” he says. “It is always worth the attorney’s fee.”

If a prospective employer does not allow you to take a contract to your lawyer for review, “Run, don’t walk, away from the job,” Glehan says.

If, on the other hand, the opportunity is in writing and you’re strongly interested, let the employer know, Mire says.

“If they make you a good offer, find out their deadline for your decision,” he says. “There is a fine line between being rushed and meeting a deadline, but you should know what their expectation is. If I have a candidate for a July start date, I would expect to do the interview in August and have the contract signed by December.” After contract negotiations, there are still the issues of licensing and hospital privileges. The entire process can take months to complete, and most employers like these steps finalized before the start date.

If you are trying to decide between two offers, Mire recommends visiting both places for a second or third time. Ask questions at the practice and in the community. Do some more exploring of neighborhoods. Even talk to a realtor about your situation and get some advice about what to expect in terms of housing availability and prices.

“Every potential employer expects that you’re looking at other possibilities,” Mire says. “So be honest if you want to explore other offers before making a decision. Just remember that no one appreciates being strung along in case ‘something better’ comes along.” ■

Barbara Alden Wilson lives in New Jersey. She is a regular contributor to *Unique Opportunities*.