

Job Search 101

You're on the verge of realizing your dream: your first real job as a physician. But do your homework.

In today's market, it's not hard to find a job—the trick is to find the job that's right for you.

It's

a modern tale of two cities. In this version, the hero and heroine are nearly the same age, both bleary-eyed medical residents in the same specialty at the same major medical center. But, when their paths diverge after graduation, their stories take starkly different paths.

Jane Simmons (*not her real name*) took a position in a large, urban, multi-specialty practice and within months knew that she had made a big mistake. She was working far more hours than she had anticipated and, to make matters worse, seemed to be on call more than other physicians in the practice. She also did not enjoy the area of the country she was in. Despite its warm climate, it was located in a large city, far from her first choice that was closer to her rural Northeast roots.

The final straw, the one that caused her to leave the practice after only 16 months on the job, was the dysfunctional office environment, where backbiting ruled. Every time she thought of going to the practice administrator with a complaint, she had to pull herself up short. The administrator was the medical director's husband.

Contrast that with Michael Duffy, 38, the medical director of Family Health Services in Twin Falls, Idaho. He is still with the same organization he signed on with after residency. The Boston-born physician loves his small

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community and the lifestyle it affords. Recently married, he anticipates a long and satisfying career practicing the type of medicine he loves, in what he considers the ideal practice setting—the community health center model—all in the midst of the wild outdoors in which he immerses himself every weekend.

How did such promising beginning chapters in the lives of two equally qualified residents lead to such radically different endings? The key, say the experts, is how each handled their post-residency job search.

Out of the blocks

“There are so many practice opportunities nowadays,” says Dana Butterfield, the executive vice president and the chief operating officer for the Association of Staff Physician Recruiters, “docs can go just about anywhere.” But that does not mean they should wait until the last minute to begin their job search.

“Unfortunately,” Butterfield says, “residents are so busy and so stressed out with their training and getting through the day-to-day, many tend not to worry about the job search until the 11th hour.” But timing is everything if you want to land the practice you want in the geographic area that is most likely to present you with a satisfying lifestyle.

Marilyn Hill agrees. She is the director of physician services for Beebe Medical Center in Lewes, Delaware. “Residents should start getting serious about their job search in the fall of their second year,” says Hill. “You don’t want to be in a situation where you decide in May where you’re going to practice in July. It is important to plan to arrange time off in advance for interviewing. Choosing a geographic

The first step in landing a rewarding post-residency appointment is to prepare yourself mentally. And that entails an introspective and sometimes difficult look at who you are and what are your priorities.

focus and practice type will help organize and streamline your efforts. Also key is allowing sufficient time for contract negotiations, obtaining state licensure, and the hospital and insurance credentialing processes. Lack of planning and not having your privileges may delay your start date and revenue generation.”

Tim DeCapite is pleased that he followed the advice of colleagues to get started early. The 30-year old, third-year dermatology resident has been sitting pretty for months, having landed the job of his choice during the summer before entering his final residency year at the University of Maryland Medical Center. He will join a small practice in northeast

Maryland, close to where he and his wife grew up and where they still have strong family ties. Starting in January of his second year of residency, it took only six months for DeCapite to zero in on his first job choice.

There is another, more practical reason to start early, according to family medicine practitioner Duffy. “The job market today is so competitive among employers, with everyone trying to recruit physicians, that residents today can set up a program where the practice you choose will grant you a monthly stipend, even through a year or two of residency. If they can land you early, they avoid the large fees they would pay to a search firm.” That’s not a bad option when most

It’s No Secret

You hear it at professional conferences. You read it in journals. Research supports it. The worst-kept secret to finding that perfect job is conducting your own networking.

Unfortunately, networking is difficult for many residents. They are unused to self-promoting or looking out for their own interests, traits that their training has frowned upon. But, as Michael Duffy, MD, the medical director at Family Health Services in Twin Falls, Idaho, puts it, “It’s not until you get out of residency that you have the opportunity to speak up for yourself and what is important to you.”

Here are some networking techniques that have proven successful time and again.

- 1** Make a list of professional contacts, from your chief resident and medical director to people you met at conferences.
- 2** Attend professional meetings and events, especially in the geographic area in which you eventually hope to settle down.
- 3** Always carry lots of business cards and give them out liberally.



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4 Always ask for your contact's business card. Take notes about them, their interests and families. Personalized follow-up earns brownie points.

5 Volunteer for professional committees and nail down your assigned tasks. Few things are more effective in enlarging your networking base and expanding job opportunities.

6 When you begin your search, call your contacts and ask them if they know of job openings in your preferred geographic locations and practice modalities. "Mainly

I just talked to people," says Tim DeCapite, a third-year dermatology resident at the University of Maryland Medical Center. "Networking was big for me." The result? DeCapite landed his first-choice position before he began his third year of residency.

7 Send hand-written thank you notes. In today's frenetic, emoticon world, that gesture will win friends and influence people. "Just the fact that you took the time to do it will make you stand out," says Dana Butterfield, the chief operating officer of the Association of Staff Physician Recruiters.

Michael Duffy, MD, is now medical director of Family Health Services in Twin Falls, Idaho, where he signed on as a physician immediately after his residency. Recently married, he works in his ideal practice setting and enjoys Idaho's wild outdoors every weekend.

residents come through their medical education up to their eyeballs in debt.

The first steps

Residents who have successfully negotiated their first job offer, as well as professional recruiters, agree on one thing. The first step in landing a rewarding post-residency appointment is to prepare yourself mentally. And that entails an introspective and sometimes difficult look at who you are and what are your priorities.

"They really need to understand their personality," suggests Allison McCarthy, one of the principals with the na-

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tional consulting firm Barlow/McCarthy, which helps hospitals attract and retain physicians. “For example, are they control oriented? Do they like working as part of a team or are they very independent? Do they have leadership qualities? Do they tend to be entrepreneurial? Are they social butterflies? They need to assess these for themselves.”

McCarthy recommends that every resident take the DISC Assessment or the Meyers-Briggs Type Indicator, either of which assess the individual's personality type and can help the resident determine if a particular job culture is a good fit.

The next big task is to prioritize, which in the case of married residents, especially those with children, can be a delicate juggling act. “It's absolutely critical that you are honest with yourself, with what your priorities are,” says Duffy. “If spending time at home and doing the things you truly enjoy are really important to you, then seek the opportunity that will give you that. If you don't, you won't be doing yourself or your family any favors. That is why I say that the first step is a full blown prioritizing session with yourself and your family.”

Prioritizing should cover a wide range of career and family options. And that means starting early in residency and setting aside contemplative time to ponder the answers to thorny questions. What type of practice best suits you (i.e. small group, large multi-specialty, clinic, hospital)? In what area of the country do you want to live? Does the urban or rural lifestyle appeal to you? Are there adequate career and lifestyle opportunities available for your spouse?

“It's at least a year-long process,” consultant McCarthy says. “It would be even better if they began to think

Did You Know...

... that 42% of physicians relocate to be closer to families? “We find that being within a two-hour range of family is comfortable choice,”

reports Marilyn Hill, Director of Physician Services at Beebe Medical Center in Delaware.



... that 51% of physicians leave a practice due to a poor cultural fit (a politically correct way of saying they did not get along with their peers)?



... that 46% of doctors are likely to resign within the first three years and 60% within the first five?



... that mentoring is considered a strong retention strategy? 95% of respondents to the 2007 AMGA/Cejka Search Retention Survey believed that assigning a mentor increases retention and 56% of respondents assigned a mentor to newly hired doctors.

Source: 2007 Retention Survey from the American Medical Group Association and Cejka Search.

about it a couple of years ahead. In any case, I encourage them to think through what they want first before they start searching. Once they start, everybody will try to pull them in different directions. There will be so many offers out there they might end up taking something because someone else was successful in spinning it the right way to make them think they want it, versus them really knowing this is what will make them happy.

“That's why mental preparation is

critical, understanding what makes you tick, understanding the kind of environment you thrive in from a practice and geographic perspective, and not just for you but for everyone else in your household.”

The long run

Most experts view the ideal job search process as a well-timed marathon rather than a last-minute sprint to grab whatever is available. As long as you prepare and give it plenty of time, the steps are predictable and the result is statistically in your favor.

Once prioritizing is checked off your list, the next step is to develop your curriculum vitae. “They need to spend time on their CV, make sure it is orderly and is not haphazardly thrown together,” says McCarthy. “If they know that writing is their weakness, they should hire a writer or use an editor to clean it up. It is the first impression and you want it to reflect well. I've seen some disasters. The CV needs to be eye appealing, but not overwhelming.”

In one sense, the job search should begin the moment residency begins. The operative word there is networking. (See “It's No Secret,” page 22, for networking tips.) Throughout residency, the doc-in-training is exposed to speakers, attends conferences, and interacts with staff physicians who, in turn, have colleagues throughout the country. Each of these contacts is a potential source of job opportunities.

Sharon Buchbinder, RN, PhD, and the chair of the department of health science at Towson University in Maryland is in a unique position to comment on the job search process. Buchbinder has researched the reasons that physicians leave a practice and her findings shed light on the

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search process itself.

“Research and anecdotal information shows that the first thing that goes wrong is that expectations aren’t met,” says Buchbinder. “Someone is promised something and the promises aren’t sustained by the organization.” That means you must carefully vet any potential employer, interview carefully, check concerns like on-call expectations, and finally, make sure these issues are all in writing.

One of the things Buchbinder recommends is that residents check out how the organization treats its physicians. If there is a reluctance to allow the resident to talk to physicians already working there, that’s a red flag.

“They should ask the age-old question of what is the physician turnover rate? I would also include nurses in that question. Is your support staff going to be there for you? Has there

Thanks to his early start in the job search, Tim DeCapite, a third-year dermatology resident, already has his career lined up: He will join a small practice in northeast Maryland, near where he and his wife, Megan, a pediatric resident, grew up. The position was his first choice among jobs, and allows the couple to live close to their extended families.

been turnover in staff? Any sign of churning in the workplace is scary,” says Buchbinder. Churning is more prevalent when an employer’s spouse works in the physician’s practice, because if problems arise there is often an inherent conflict of interest.

Hospital management today is like a pressure cooker, so high CEO turnover needs to be viewed in context. However, it’s a good sign if the CEO in the hospital you are vetting has been there for at least two or three years, a strong indication of the hospital’s bottom line.

And speaking of bottom lines, most residents are poorly prepared for eval-

uating the financial stability of a practice or hospital. “I wish I had been better prepared for the business side of assessing a practice,” says DeCapite. “Our academy has a practice management course at our annual meeting and I attended that the last two years and that was very helpful. But I relied most heavily on my co-residents who had just gone through this process. I shared some things with an attorney as well. I also spoke with my Dad, who’s an accountant.”

Other financial assessment tools are available online, such as Standard and Poor’s, and cost containment commission reports. The Center for Medicare

and Medicaid Services also has performance indicators for individual hospitals, although “user-friendly” is an alien concept on these government sites, so be prepared to dig.

“If a physician is going into practice in a hospital setting they should investigate the education level of the nursing staff,” Buchbinder reminds residents, “because it’s been demonstrated conclusively that the higher the educational level of the nurse, the better the care is, and the lower the mortality rate for patients. Also, you want all of your teammates to be smart because that will make your practice easier. You want them to be at the top of their game,” she says.

While a traditional interview is one way to determine if there is a good fit with the organization, an even better way is to spend concentrated time on site. “The site visit is crucial, it’s everything,” says Duffy. “Don’t just talk to the person who picks you up at the airport, but pull others in the office aside and talk with them. Get a real feel for the practice. Talk to the nurses, ask for their emails and fire them some candid questions.”

Dermatologist DeCapite went one step further. “I visited all the practices I was interested in and I spent time with them in clinic, so I was able to talk with them and the staff. I picked their brains about how they liked working there and how things were in the practice.”

Nailing the search

With no shortage of available practice opportunities, physicians are doubly blessed with an abundance of search options, both traditional and new wave.

Generally, job search options fall into two broad categories; do-it-yourself and traditional search

firms. However, with the advent of computers and online services, the options have become dizzying.

Take search firms, for example. There are still those that offer full service searching. For those residents who cringe at the thought of flying solo through the maze of job prospects, professional search firms may be the answer. Good ones will still suggest the doc go through some profile assessments and will provide organizers for self-examination in terms of geographic and practice preferences, but they will hold the hand of the doc as he or she negotiates the process. They will then match the resident’s desires with jobs listed in their database or in other proprietary databases to which they have access.

On the surface this sounds good and most docs seem, in fact, satisfied with the results. Duffy, who works in the community health center in Idaho and who found his long-term practice on his own, cautions colleagues to understand the process and to be prepared to make it work for them.

“You’re giving your info to an entire organization, who may then work with another agency. Their goal is to get you signed so they can get paid. You may specify exactly what and where you want, but the next day the phone starts ringing from all sorts of places. You end up getting bombarded and pressured by irrelevant offers.” Duffy suggests that the answer is to spend time up front prioritizing so you are not swayed by jobs that are even slightly off the mark.

Some search firms offer a smorgasbord of options, from full search to just helping with CV and cover letter prep, to providing databases to which residents do their own mailings.

With the advent of the Internet, more and more physicians are go-

ing the DIY route and the options there are nearly unlimited. If you are a National Health Service scholarship recipient, for example, you have an online database of communities that meet its four-year payback requirement. That was Duffy’s route, and after setting his priorities, he interviewed in communities of his choosing that were NHS-certified.

In-house recruiters are a jobs goldmine, so long as the resident has a clear idea of his or her preferences, geographic and otherwise. Residents typically become aware of this pipeline through referrals, word of mouth, or exposure at meetings and conferences. Arguably the best place to start an in-house search is with the Association of Staff Physician Recruiters (www.aspr.org), a collective of nearly 1,200 in-house recruiters in the United States and Canada.

The ASPR website lists jobs available through its members and provides a link directly to that recruiter and, if available, the health institution’s website. The advantage to working with an in-house recruiter is that person knows the community intimately. Another thing to note is that in-house and search firm recruiting work hand-in-hand. In-house recruiters regularly hire search firms to help with hard to fill positions.

The key driver of success working with a recruiter, whether in-house or through a search firm, is to be completely candid about yourself and your want list. To make the best career fit, the recruiter needs to understand who you are and what are your goals.

“Be forthcoming,” Butterfield says. “Tell the recruiter exactly what you want right from the get-go, whether

you want to work full-time, take calls, prefer a rural or urban setting, if you want to make your bonus. Be honest, so you don't waste time. You may not get everything you want, but the recruiter will try to get you most of what you want. They know that if you are not happy in the setting, you won't stay."

The Internet also offers residents a treasure trove of job search information. Some of the larger physician search firms, such as Cejka Search (www.cejkasearch.com), list jobs that can be searched for free, as well as helpful articles loaded with tips for conducting a job search.

Doing a Google search for physician jobs brings up hundreds of articles, blogs, organizers, and sources that offer real value for the overwhelmed resident. Websites

such as JibberJobber (www.jibberjobber.com) bill themselves as career management sites. Although not physician specific, JibberJobber offers a way to place your CV online and organize your search. Other generic but helpful sites include Indeed (www.indeed.com) and the information-packed Job Hunter's Bible (www.jobhuntersbible.com). The National Institutes of Health Virtual Career Center (www.training.nih.gov/careers) is another excellent source of information, including how to develop a CV, comprehensive articles on job searching, interviewing and negotiating a job offer. *PhysicianCV.com* is another good resource for help creating, managing, saving, and distributing your CV. No one has access to your CV on this site without

your permission.

Whatever method you choose—and most residents employ several options—start early, prioritize and be patient. In today's physician marketplace, you are in the driver's seat.

"There is a physician shortage across most specialties right now, and it's expected to get worse, placing residents as a commodity in even higher demand," Director of Physician Services, Hill, says. "Ultimately, as the challenges increase for us in the healthcare field, the team approach to delivering the highest quality of care to our friends, families, and those that live and visit in our communities is our opportunity to progress." ■

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