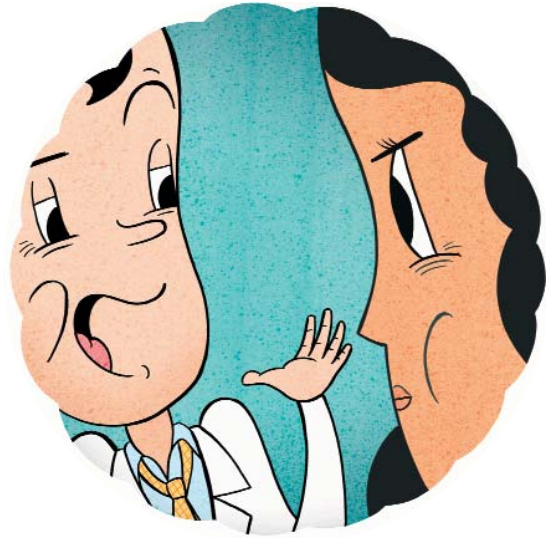


Oops, Did I Do That?

Learn from the mistakes of others so you don't ruin the perfect practice opportunity.

To deal effectively with physician recruiters, mind your manners, pay attention to your communications, and don't forget that you're always being evaluated.



Ob/Gyn

chief resident Mark Jones* was ecstatic. He and his wife had just decided to switch their job search focus from Dallas (where her family is) to Denver (where his family is), and an on-line search turned up a job description he thought was nearly perfect for him. He hit “reply” and wrote an e-mail explaining his reasons for wanting to settle in Denver. He attached his generic cover letter and his CV. A response that should have catapulted him to the top of Denver’s “hot” candidate list instead almost wrecked his chances with the employer, the largest hospital system in the metro area. Why? His generic cover letter said, “My wife and I have a strong desire to stay in the North Texas area due to family that are long-time residents of the Plano area.” Database notes indicated that he had told a Dallas recruiter that his wife’s large extended family, the low cost of living, lack of income tax, and extensive network of friends were part of the choice.

It took Mark several months to convince hospital recruiters and practice administrators in Denver that he was not simply looking to leverage Dallas negotiations with a few all-expense-paid visits to his folks in Denver. He finally got some interview invitations in May, but the attractive groups had long since signed their top-choice residents. This story ended well with the family settling happily in Texas, but he will always wonder “what if?”

(*name changed)

St. Luke's Medical Center in Denver. "The polite, patient, and friendly candidate today is the physician that my staff and nurses adore five years from now."

Another blistering e-mail from a sports medicine fellowship-trained family physician was directed not at the recruiter, but at the short-sightedness and shallowness of physicians in the community who chose not to invite him for an interview. A recruiter within the same health-care system but in another state was contacted by this physician seven months later about a job that appeared to be a great fit. The recruiter entered the name in the hospital system database and pulled up the history. He decided to pass—the tone of the physician's correspondence just didn't sound like the kind of personality his facility would welcome.

Money shouldn't lead. Cass Greene moderates an industry list-serve for in-house recruiters representing more than 22,000 hospitals, clinics, and medical groups nationwide. Although the Boone, North Carolina-based Medical Staff Recruiters Network is primarily a forum for in-house recruiters to share information and ideas, physicians often contact Greene asking to be put in touch with in-house recruiters in their target areas. "It's uncomfortable when a physician tells me he only wants to hear about jobs where he can make at least \$XXX,000. I'm obligated to convey their criteria along with the CV, but many in-house recruiters have expressed the feeling that focusing on money in an introduction e-mail may present a candidate in an unflattering light."

Greene recommends you follow the recruiter's lead and wait until compensation comes up in the natural flow of the conversation. "In talking about how the compensation system works, it's perfectly

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okay to ask what the base+bonus compensation range is expected to look like. But money talk will come naturally after you exchange some preliminary information to confirm that the practice scope and structure may be a fit," she says.

Be consistent. IN TODAY'S ON-LINE WORLD, A JOB SEARCH HAS A "FOOTPRINT." You may have been interviewed by several profiling organizations before you enter your last year of training. They ask you what types of jobs you want, where you would like to live, and why. Hospital systems subscribe to these databases.

If last year you told PracticeMatch, PracticeLink, or Profiles that you will only look at coastal areas, you may be greeted by polite skepticism when you call a midwestern city about a posted job. If you have said all along that you won't do obstetrics in your family practice and you suddenly change your mind when a job requiring obstetrics opens in your dream location, recruiters notice. Historically, a match based on a fundamental compromise by either the employer or the recruit is more likely to fail in the long run.

Preferences do change, however. If yours do, include an explanation in cover e-mails about what has prompted the 180-degree turn. A recent engagement or an immediate family member's terminal illness will explain an otherwise concern-producing change in direction.

Tailor your geographic target. "When asked to specify geographic preferences on line, pick a region or a few states rather than just one city," says Tony

Stajduhar, the senior vice president of sales and marketing for HEALTHeCAREERS.com. The stated preferences help a recruiter gauge whether its hospital's opportunity might be a fit for you. Many physicians make a careful decision to settle where family lives, but a large number fixate on one place without any real reason, and without due diligence. "If you get tunnel vision and don't visit several areas that meet your basic criteria, you might miss out on an ideal location that will give you an even better mix of lifestyle, work environment, and community than you expected," Stajduhar says.

You should be aware, however, that a list of 20 states you would consider can be a deterrent to in-house recruiters. Stajduhar, who has experience in both the search firm and in-house recruiter arenas, differs from many of his former colleagues on this point. "I disagree with the thinking of many in-house recruiters who ignore candidates whose profile shows 'open' in the geographic preference field, but it's a fact of life that some recruiters assume that a physician who will look at any opportunity, anywhere, is not likely to stay long once recruited."

Proofread and spell check. Now that all of your correspondence is saved in one record, all correspondence is contributing to that digital footprint. The beautifully crafted CV and cover e-mail in October is tempered by the first 3 am cryptic note, "snd more info. Do u know \$\$\$?"

Use the spell-check option included in every e-mail system. This is especially critical if you just weren't born with the

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spelling gene, or if English is not your first language. Misspellings and grammatical errors detract from your message and raise concerns about your written communication skills. Every recruiter and practice administrator reading your e-mails is cognizant of the liability issues associated with poor communication skills. Medical malpractice carriers have drilled it into recruiters' heads that physicians who can't communicate in writing are prone to malpractice suits. If you aren't a good writer, hit "save" instead of "send," then enlist the help of a partner or colleague to wordsmith important communications before they go out.

A relatively new problem recently is the "track changes" option on Word. If you use this tool for editing, make sure that you take it off before sending and save your CV again. If you don't, your CV can open with all of the edits showing. Sandy Barrett, a physician recruiter at the Medical Center of Aurora in Colorado says, "We may let you know the first time, but if you keep resending it like this, it's going out to the practices that way. The way you present yourself on the CV and cover letter is interpreted as a reflection of your detail orientation."

PHONE ETIQUETTE 101

Once a potential fit is confirmed via e-mail and CV review, a phone conversation with the recruiter is typically the "next step."

Don't talk if you shouldn't. It's really fun to talk to people after a second glass of wine, but don't answer the phone if you don't recognize the caller's number. You can lose an interview invitation or say things you'll have to unravel later if you're too relaxed. Likewise, let your voice-mail screen your calls if you're groggy from sleep deprivation. Nobody makes their best impression when exhausted, and even good reasons (like busy call) don't fully offset that flat affect and slow uptake. Lastly, don't take the call if you have a 2-year-old just winding up a tantrum and it's your first conversation with the recruiter. If the dog is projectile vomiting, wait until you're able to focus.

Leave a good voice-mail. Speak clearly and spell your last name. Mention your specialty and refer to the ad that prompted your call. Reference the job location or ad header rather than an identification number. Recruiters have as many as 100 ads running on different sites at any time, and every site has a different numbering system. Nobody references them internally by number, but mention "five-physician ob/gyn group in horse country suburb" in your voice-



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mail and I'll have all the stats and details at my fingertips when I call you back.

Jason Shenefield, a physician recruiter at Edward Hospital in Naperville, Illinois, points out that a mumbled, cryptic message without an intelligible phone number will simply be deleted by the recruiter. Even if the phone number is retrievable, the opportunity to make a strong first impression is lost. "I can't help but wonder," says Shenefield, "if that candidate can't pull himself together and communicate clearly in a 30-second voice-mail, what is he going to be like with the hospital's patients at the end of a hard day?"

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Know your geography. If you don't recognize a city name or don't know the area, Google before you talk to the recruiter. If your reason for responding to the ad is grounded in faulty geography, you're wasting both your time and the recruiter's.

In Denver, we get calls from candidates with family in Salt Lake City looking for jobs in the city so they can be "close to family." That's a 16-hour round-trip drive across some of the most demanding mountain highways in the country. Not exactly a weekend visit for young families. If that's the only reason for living in Denver, we know from experience that it will not be a sustainable fit.

Chuck Kassis, the vice president of business development at Regional Medical Center in San Jose, California, has a similar issue. "I'll get physicians who look great on paper and sound great on the phone until they start telling me how much they want to be in southern California. The ad specifically states that the hospital and the job are in San Jose—not southern California in anybody's book."

Paint a verbal picture. Early in your job search, come up with a brief explanation of who you are and what you want. It should mirror your standard CV cover e-mail text and it should be so internalized that you can deliver it in your sleep. The more succinctly you can give us what we need to know, the faster we can let you off the phone and get things moving. Here's an example:

"My name is Samantha Marsh, I'm a third-year internal medicine resident at St. Vincent's in Cleveland. I'm looking for an outpatient-only practice in North Atlanta because my siblings and parents have all settled there and we want to start our family there. My husband is in

IT and works on a virtual team—all he needs is an airport. Ideally, I'd like a group of four or more, but I would look at anything with two or more physicians. I'll sit for my boards in August and we plan to travel a bit before my start date, so I'm available 9/1/2008. I'm looking for typical scope of internal medicine with potential for special interest in bariatric medicine. I have a clean record, no claims."

When you talk to a recruiter, make sure you provide a balanced picture of you as a candidate when you move into more detail about your qualifications and interests. Sometimes physicians dwell on volunteer, leadership, research, or consulting activities because they think it makes them more attractive. When they stop to take a breath, they've outlined an individual who doesn't have much time or energy left for the routine clinical practice job the recruiter is trying to fill.

That mistake can really backfire because the recruiter's notes go with the CV to the hospital or group. Hugh Tappan, the CEO of Wesley Medical Center in Wichita, Kansas, recently passed over a pediatric specialist candidate for his hospital. The CV was flawless, but the candidate seemed far more interested in his entrepreneurial pursuits than in practice. Strike two was a lack of any rationale for interest in the location, and strike three was a vague mention of unspecified needs for time off to wrap up some deals. "As soon as I saw [the recruiter's] cover notes, I was done with the candidate. I didn't look at the CV a second time," he says. According to Tappan, "a candidate can't get a job just by talking to a recruiter, but a physician can lose a lot of jobs by what they say to recruiters."

Barrett, at the Medical Center of Aurora, says that candidates sometimes forget that in-house recruiters are asked

to look for practice builders, not warm bodies. "Be enthusiastic and curious about my city," Barrett says. "If getting basic information out of you is like pulling teeth, it's hard for me to picture you earning word-of-mouth referrals. It's hard for me to rationalize recommending you to our private practices."

Finally face-to-face

You may have exchanged dozens of e-mails and voice-mails with your recruiter by the time you meet. Build on that foundation by giving the recruiter a big "why" for championing your candidacy with the decision makers.

Exhibit booth etiquette. Conferences and other events where hospital recruiters are invited to exhibit and entertain prospective candidates are a common first meeting place. It's a great time to chat and learn more about an opportunity that interests you—as long as there are other recruiters covering the booth. If there is just one person, don't monopolize the lone representative during busy booth traffic times. We want to talk, but use your peripheral vision to watch for other attendees who may be hovering waiting. Be discreet if discussing an offer in progress and don't ask your recruiters to babysit your toddler while you and your spouse have lunch.

Be "on" from the moment you land.

One of the biggest mistakes candidates make is not realizing that the interview starts the minute they arrive. The hotels report a candidate who has a tiff with the front desk, and the guy at the coffee cart in the lobby will go out of his way to say what he thought of you, and although we love it when our guest aces the interview and gets the offer, the physician recruiter is still part of the interview team rather than your advocate.

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Anything you say might be reported in the interview summary. Barrett remembers a psychiatrist's visit where, from the beginning of an interview day, "there was something just 'off.'" The candidate had a perfect CV for the job and a rock-solid reason for wanting the city, "but she was a little too informal, a little too girl-to-girl chatty, sharing a little too much personal information," Barrett says. "We realized afterwards that she didn't realize the interview had already started. She thought the recruiter's role was to help prep her to put her best foot forward with the decision makers."

Nobody Ever Became a Recruiting Legend by Ordering Reasonably Priced Wine Put in-house recruiters around a table and eventually you'll hear stories about candidate entertainment expenses. Robin Amos, physician recruiter for the Presbyterian Medical Group in Charlotte, NC was recently given a receipt that included \$145 entrees and \$132 bottles of wine. "I know it wasn't the candidate's fault" Robin explained, "but this dinner is already a legend with the candidate's name attached to it". The usual budget for a recruitment dinner is \$50-60 per person when the hospital is hosting. If somebody is egging you on to get the 24 oz lobster or try the \$30 top shelf martini, take the high road and decline. Why? Because you can bet that the group submitting the receipt is going to justify their excess by implying that you picked the wine and ordered the most expensive item on the menu. Nobody is going to question you, because you were the guest. But do you really want to be remembered as "THAT GUY?"

Congratulations, you got the job. Once you've successfully run all the gauntlets and settled in the community, there is nobody cheering and singing your praises louder than the hospital recruiter who first introduced you. We stand up a little straighter and prouder the first time we hear "our" recruit paged overhead in the hospital. Your happy, busy practice is our good outcome. ■

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Who's Who in Recruiting?

The differences between in-house recruiters and commissioned search firms

Are you talking to a recruiter who is salaried by the hospital that is funding the group's recruitment? Or to a recruiter employed by a contingency firm who is paid when you take the job? Does it matter?

HERE'S WHAT YOU SHOULD KNOW:

In-house recruiters (also referred to as "staff" or "hospital" recruiters) are salaried employees of the hospital or organization conducting the search. They pay the mortgage by consistently facilitating matches that work for the long haul and meeting the needs of their hospital administrators. They live and work in the community or close by and may wear more than one hat in hospital administration.

Since hospital recruiters are part of the hospital team, it's not their job to help you get the position or figure out how to get the most money. Their job is to help the hospital or group pick the best fit—the physician most likely to be efficient and happy in the job for years.

Hospital recruiters will introduce you to groups the administration wants to help. If a practice lands itself in "time out" with hospital administration in the middle of a search, the search goes on hold. No CVs, no interview travel, no income guarantees.

Hospital recruitment is bound by the Stark statutes even if the position is employed by a group. If your specialty is oversupplied in the community or if the group has contract elements forbidden by Stark, the hospital cannot provide any assistance.

Firm recruiters (also referred to as "agency" recruiters, physician search firms, or headhunters) are paid by the

client organization if a candidate they introduce accepts the job and practices in the community for a specified number of months. They may have a base salary, but these recruiters pay their bills by commission. They are motivated to get the practice to make you an offer and to get you to accept it if offered. There are also "retained" firms that are paid up front to run the entire search, but those are the minority today. Firms do want the hospital to be satisfied because that means more assignments and referrals to other hospitals in the system.

Firms will tell you about those jobs with hospitals or groups that agree to pay the fee—typically \$18,000 to \$24,000 per position filled. You will never be asked to pay this fee. However, because the budget for recruiting a physician isn't infinitely flexible, a fee obligation might mean the hospital is less inclined to ante up more money for a signing bonus or higher relocation allowance.

Firm recruiters usually are not local. Assume they don't know the city, the group, or the specialty politics unless you're told otherwise.

THE TAKE-HOME MESSAGE

Don't put all of your eggs in one basket. Respond to a lot of different ads and use Internet search engines to contact hospitals and groups directly if you don't see ads for your specialty.