



March 2010

## Is it Too Late to Hire a 2010 Resident or Fellow?

In a word, "No!" Just as all of the "good" physician jobs aren't filled by the end of winter, all of the "good" physicians aren't committed to a job either. Why is this?

First, many residents and fellows are extremely busy in their final year of training. Whether it is due to Chief year responsibilities, research projects, or other duties, some do not start looking for positions until the first quarter of the year.

Second, because of competition, some residents and fellows will learn in the first quarter that the job they thought they had was offered to another candidate, or a hospital, group or practice they were considering may have decided not to recruit after all. So, don't worry – have confidence that the right physician is likely still available.

Even though it's not too late to hire a resident or fellow, you may expand your possibilities for success by considering that your job opening could be filled by a physician who has been in practice just a year or two – relatively fresh out of training, but ready to make a move. Now is a great time to approach them or even more experienced physicians about your job opening. Early spring is when many of these physicians may start contemplating relocation, as most contracts come due in mid-to-late summer and it is also a good time of year to relocate.

Now that you know there are still excellent candidates seeking a position, what should you do next? To begin with, move quickly! If your work demands do not allow you to devote the necessary time to recruitment, consider hiring a professional recruiting firm that can make your search a top priority. They will conduct a personal phone call campaign, place ads in multiple venues, and email and network with active and passive candidates about the position.

Once a candidate has been identified, you or your recruiting firm must continue to act quickly and:

- Contact the candidate immediately upon receipt of his/her CV/resumé to conduct a telephone interview
- Invite screened candidates to set an interview date within the following two weeks if possible
- Coordinate a quality interview itinerary for the candidate and his/her spouse or significant other
- Conduct references, credential verifications, and background checks so that an offer of employment will not be delayed
- Prepare a post-interview survey of those who interviewed the candidate so there will be no delay in pursuing the next steps
- Prepare a letter of intent so that it can be presented to the candidate at the close of their site visit or be e-mailed within a day or two of the interview
- Assure that an up-to-date employment contract is ready to be completed and e-mailed to the candidate
- Once the signed contract is received, it is important to maintain communication with your new physician through his/her transition and after employment has commenced

Please contact us for with any questions or to see what physicians may be available in any specialty.

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## Top 10 Tips for Conducting Reference Checks

Before making a contract offer, checking references will help you get a better picture of a prospective candidate's skills, strengths or weaknesses, work habits and personality. Tips to ensure quality reference checking include:

1. Obtain permission from the candidate to conduct reference checks. If verbal permission is given, this should also be confirmed in writing.
2. Ask the candidate to provide 4-5 references that include peers, administrators, nurses or others they work with closely, and to advise the references that you will be contacting them.
3. Establish a consistent referencing format with the same questions for all candidates interviewing for the same opportunity.
4. Ask specific, open-ended (not yes or no) questions to evaluate clinical skills, strengths and weaknesses, interpersonal skills with colleagues and patients, and ability to handle stressful situations and if an answer is too vague, probe for a more meaningful answer.
5. Document reference names, contact information and relationships to the candidate including where, when and how they know the candidate, and document their responses as well.
6. Although those giving references may prefer to fill out a form, oral references allow you to hear tone of voice or inflection and pick up on any hesitation which may indicate something is being left unsaid or needs to be discussed further.
7. Questions must fall within the limits of federal law pertaining to nondiscriminatory employment. You should not ask questions regarding race, color, religion, gender, age, national origin, marital status, pregnancy or children, or about medical conditions or disabilities – to name a few.
8. Ask if the candidate is eligible or would be considered for re-hire if you are contacting a reference in an organization where they previously worked. If the candidate is just completing training ask if they would hire the candidate or refer family members to the candidate for care.
9. While asking a reference to rank a candidate on a scale may seem helpful, rankings are subjective versus objective and open to interpretation.
10. If not prohibited in your state, make sure to address risk factor questions including; malpractice history, disciplinary actions, revocation of privileges or licenses, passing of academic exams, current illegal substance abuse and other legal concerns that would affect the candidate's practice of medicine.

Interviewing references can be a challenging task and is critical to the overall evaluation of a potential candidate. To get the most from those providing references, be friendly and conversational yet respectful of their time. A closing thank you is always appreciated!

For additional information and sample reference questions, please contact us.

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## It's Important to Plan NOW for Vacation Coverage

As the country begins to thaw out after a long winter and the flowers start to bloom, your medical staff is naturally beginning to think about spring break and summer vacation. More seasoned physicians and advanced practitioners may be entitled to three, four or up to six or even more weeks off. Hopefully you are already planning for vacation coverage in order to prevent any loss of revenue while your providers are away.

The *Central New York Business Journal* reported on average, physicians generate \$1.5 million per year in net revenue for their hospitals/medical groups. One hospital CEO notes surgeons (Cardiovascular, Neuro, Orthopedic) generate \$2.3 million per year! The loss of revenue from physicians going on vacation for weeks at a time can have a significant effect on your bottom line. Continuity of care is always a priority and losing patients and referrals to a competitor can have a lasting effect on your hospital or medical group.

You can resolve all concerns by using the services of a locum tenens firm, which can pay for itself when you are short staffed. Your locum tenens firm will arrange physician coverage for the timeframe you specify – short or long term. They will arrange all the details including physician reimbursement, malpractice insurance, roundtrip travel, lodging and rental car. Your hospital or medical group is charged a daily or hourly rate and your facility retains all the fees generated by the medical provider. Most importantly, you retain your patient and referral base and will continue to provide quality medical services to your patients and community.

So, NOW is the time to plan ahead – spring break and summer vacation are just around the corner! For more information on locum tenens services, please contact us.

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### Compensation Corner:

#### Dermatology

2009 National Mean \$395,000

By Geographic Region:

East	\$347,000
West	\$417,000
South	\$396,000
Midwest	\$398,000

#### Urology

2009 National Mean \$408,000

By Geographic Region:

East	\$391,000
West	\$413,000
South	\$427,000
Midwest	\$413,000

#### Pharmacist

2009 National Mean \$113,000

#### Surgical Assistant

2009 National Mean \$82,000

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