



November 2009

## Avoiding a Nightmare Candidate Site Visit

*"The hospital put us up in a cheap hotel that backs up to a seedy bar. My husband was livid and shielded our 11-year-old daughter from it every time we went to our car. I don't care if there was a tournament in town, their hotel choice killed the deal for us."*

*"I was in the executive suite waiting on a meeting with the CMO. The executive assistant quietly mentioned to the CEO who I was. He waved his hand casually to me, and then totally ignored me as he chatted sports with another assistant. I never even met him formally on the visit. Why would he think I'd want to go there and run a multimillion dollar department in his hospital?"*

These are actual comments from physician candidates after returning from site visits. With competition for physicians at an all time high, it is crucial that everything goes smoothly during a site visit so he or she leaves with a complete understanding of the position and the merits of the community. The first step is to carefully plan the site visit before you even have a candidate! Here are the important factors to consider when planning for a site visit:

### Lodging

Choose an upscale, updated facility with a good reputation. Do not try to save money with an economy hotel. Have someone from your organization tour and evaluate prospective lodging. Check the quality of the linens, the room lighting, internet access, and the cleanliness of the facility. If possible, choose a lodging facility that provides food service or is located adjacent to a restaurant.

If you have ongoing recruiting needs and plan to interview several physicians, you may want to negotiate a corporate rate with the manager and arrange for your organization to be billed directly. If you take the time to choose carefully, your candidates will appreciate your attention to detail and will also understand their comfort is important to you. They will also appreciate a welcome basket with bottled water, fruit, and snacks.

### Transportation

It is expected that the hiring entity will pay for interview expenses. This includes airfare or mileage, car rental, lodging, meals, and other incidental costs. For airline reservations, either have a member of your staff make these or allow the candidate to do so and then quickly reimburse him or her. Since many airline tickets are non-refundable, you may want to reimburse the physician so you don't have to pay for the tickets if the candidate cancels the visit.

### Maps

In addition to providing directions from the airport to the hotel and from the hotel to the interview site, also provide candidates with a detailed driving map of the area. Sometimes an online map program contains errors, so be sure and inform the candidate of the best route.

A campus map, including instructions where to park, will also be appreciated by candidates. And with a map of the facility, they will quickly be able to find their way to each appointment.

### Interview Itinerary

A typical candidate interview will include appointments with physicians and administration in a variety of departments. When considering the specialty of the physician interviewing, design an itinerary which will answer his or her questions about the opportunity. Questions such as:

- What is the reputation of the facility? What is the vision or 5–10 year plan?
- How well is the facility run? What is the financial health of this facility?
- What support is available for my specialty?
- What is the quality and dedication level of the medical staff?
- To whom will I refer; who will refer to me? What about call coverage?
- What attracted and keeps other physicians here?
- What is the financial potential and long-term outlook for my position?

It is important for candidates to meet the chief of the appropriate department. He or she can be instrumental in planting the vision and sharing their enthusiasm for the growth within the department. If the chief is not available, choose someone from the department who will be an enthusiastic advocate.

In addition to the candidate's interview itinerary, it is important to prepare a separate itinerary for the candidate's spouse. Learn ahead of time what the spouse's interests are and what criteria he or she believes is most important in a community. If career prospects are something you can assist the spouse in investigating, attempt to schedule visits with executives or hiring entities in their industry. Make arrangements for the spouses of existing staff physicians to meet with the spouse. The key? Do not leave the spouse to fend for him or herself for long periods of time. Make a favorable impression by making the visit as meaningful for him or her as you do for the candidate.

### **Community Tour**

The community tour is essential to the success of the site visit. Plan the tour to allow the candidate and spouse to see the aspects of your community that will interest them (housing, schools, cultural and recreational activities, shopping and other amenities). If you use a realtor to conduct the community tour, make certain he or she is knowledgeable about the area, supportive of your endeavors, communicates well, and will not try to sell the candidate a house on his or her first visit. Instead of a realtor, another option is to use a business person or other community ambassador to conduct the tour.

### **Preparation is the key to success.**

If you plan thoroughly, the site visit will likely flow smoothly. Candidates will feel well cared for and leave impressed. Your thoughtful preparation and attention to detail will indicate your seriousness about the candidate and show the quality of your practice opportunity.

For more assistance in planning a site visit, please contact us.

## **Top 10 Behavior-Based Site Visit Questions**

In order to ensure you are hiring the candidate who is the best fit for your practice, it is important to step outside traditional interview questions and focus on questions that will reveal his or her true character. By utilizing open-ended and probing questions you can avoid vague, canned or hypothetical answers.

Behavioral questions focus on real time experiences and are based on the premise that past performance will be a predictor of future behaviors. Questions should focus on five specific assessment areas: Technical/Clinical Competency, Interpersonal Skills, Practice Management Competency, Professional Competence and Corporate Contribution/Group Culture Fit.

While there are numerous behavioral-based questions that will elicit answers reflective of a candidate's true self, below are 10 key questions:

### **Technical/Clinical Competency**

1. What stands out about your clinical skills? Why do you say that? What would your colleagues or staff say is your greatest strength? What clinical area do you feel you can improve upon? What steps are you taking to ensure growth in this area?
2. If a patient presents with XYZ symptoms, how would you go about evaluating the patient? What tests would you run? How would you explain the situation to the patient?

### Interpersonal Skills

3. Describe a time you had to communicate bad news to a patient. How did you deliver the news? How did you manage the emotions of the situation?
4. Think about a difficult peer, colleague or administrator. What made him/her difficult? How did you successfully interact with this person?

### Practice Management Competency

5. Describe a typical day in your current practice. What makes this schedule work? What would you like to change and why? What creates stress in your day? How do you deal with that stress?
6. Give an example of when someone was not performing to your standards. What did you do? What was the outcome? How would you change the way you handle it next time?

### Professional Competence

7. Give an example of when a patient had a complaint about you or your practice. What did you say to the patient? How did you resolve the complaint?
8. What is the most recent constructive criticism you received from a peer or colleague? How did you handle the criticism? What actions did you take to address the issue?

### Corporate Contribution/Group Culture Fit

9. Give an example of a project you have been involved with or a contribution you have made to your organization. What was your specific role? What made you effective? If others were involved, were you a leader or a follower?
10. Describe an organization change that impacted you over the last few years. How did you feel about it? What did you do to adapt? How did you help others respond to the change?

Responses to these questions will provide key insight into a potential candidate and help determine if he or she will be a good fit for your organization. If you have additional questions or would like to discuss how to successfully incorporate behavioral interviewing into your candidate screening process, please contact us.

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## Compensation vs. Work/Life Balance – Winning Recruitment Tips

Research shows the majority of Generation X (born 1965–1980) and Generation Y/Millennials (born after 1980) professionals are more focused on *lifestyle* than compensation. To be competitive in an era of physician shortages, increase your chances of successfully recruiting newly trained physicians by adopting some or all of these recommendations.

### Know the Candidates

Learn as much as you can about candidates before you invite them for a site visit (see Top 10 Phone Interview Questions, October 2009 issue). By conducting a careful telephone screening before a site visit, you can identify what is important to the candidates so you can determine if their *wants* will be a match for your organization's *needs*. If you believe you may have a match, you can begin to think about customizing your offer to meet the criteria important for each candidate before the visit.

### Flexible Scheduling

Flexibility to balance work and life is a key factor for younger physicians in deciding which practice to join. To improve your recruitment odds, be receptive to flexible scheduling options such as:

- 3-1/2 or 4-day work week
- Job sharing (one full-time position shared by 2 physicians)
- 3 weeks on, 1 week off

- 4-day weekend once a month
- Flexible daily schedules to allow for young family obligations or travel time
- Option to work outpatient only

### **Technology**

Up-to-date technology is critical to young physicians – make sure your organization has state-of-the-art communications.

- Become fully wired
- Provide physicians with Blackberries or PDAs
- Most advanced EMR
- Update your website to accommodate on-line appointment scheduling
- Streamline communications between physicians, administration and patients

### **Compensation and Benefits**

While younger physicians are seeking work/life balance as their top priority, they also want to be paid fairly. It is important to know the current starting compensation range for the specialty you are recruiting. If you need current compensation and benefit data, please contact us.

A well-rounded benefit package is also important to younger physicians. Be sure benefit program information is documented and readily available to share with candidates.

### **Recruitment Incentives**

As the competition heats up, having the flexibility to offer those incentives most important to the candidate will help ensure your recruitment success. Incentives to consider:

- **Site visit expenses** – it is customary for organizations inviting a physician (and spouse/significant other) for a site visit to pay the site visit expenses.
- **Signing bonus** – 85% of practices today offer a signing bonus. The amounts offered differ by specialty, ranging from \$5,000–\$50,000. For specialty specific data, please contact us.
- **Relocation** – virtually all recruiting organizations offer relocation packages tailored to the physician's needs, with the average ranging from \$5,000–\$15,000.
- **Stipend** – savvy organizations are offering monthly stipends to physicians in training (typically during their last year) who are willing to sign contracts early. Stipend amounts vary by specialty.
- **CME** – 96% of practices offer CME packages including paid time off and expense allowance.
- **Housing assistance** – some organizations are prepared to offer housing assistance to newly recruited physicians. This is particularly important in communities/regions with high housing costs or a shortage of housing.
- **Loan repayment** – loan repayment is frequently a deciding factor for young physicians considering their first practice opportunity. Your organization may qualify for federal or state loan repayment programs. If not, consider offering \$10,000–\$25,000 per year for 3–5 years.

Be competitive by including information on recruitment incentives when you advertise your opportunity – it will increase the number of interested candidates. Remember to mention the recruitment incentives during telephone interviews with prospective candidates. Finally, have written details about recruitment incentives you can e-mail to candidates interested in your organization.

### **Leadership**

In general, a significant percent of younger physicians are not interested in assuming leadership positions. With the development of hospital-based specialties, primary care physicians in particular are less likely to spend time at the hospital. In addition, young physicians are more focused on family and lifestyle.

Since the shrinking pool of leaders will impact all organizations in the long run, a good plan is needed to identify those physicians with leadership potential. Once you have targeted this subgroup of young doctors who are interested in becoming physician leaders, it is important to customize opportunities for leadership development.

- Sweeten the deal with additional perks for physicians willing to take leadership roles

- Carefully choose the committees and activities to get these physicians involved
- Connections are important – begin to foster integration and mentorship during the site visit

If your facility can successfully adopt some of these recommendations, your recruitment process should go more smoothly and your odds for success will increase. Candidates will be impressed with your readiness, your flexibility and your commitment to the successful recruitment and integration of new hires.

For more assistance in recruiting younger physicians, please contact us.

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## Certified Registered Nurse Anesthetists – CRNAs

Nurse Anesthetists have been providing anesthesia care to patients in the U.S. for nearly 150 years. They first provided anesthesia to wounded soldiers during the Civil War. Since World War I they have been the main providers of anesthesia care to U.S. military men and women on the front lines. More interesting facts about CRNAs include:

- The CRNA mean compensation reported in 2008 ranged from \$138,000 to \$158,000 per year depending on the region of the U.S. where they were practicing.
- There are 39,000 CRNAs and 40,900 Anesthesiologists practicing in the U.S.
- Approximately 44% of the CRNAs are male, compared to less than 10% male in the nursing profession as a whole.
- CRNAs administer 30 million anesthetics to patients in the U.S. each year.
- CRNAs provide 2/3 of anesthesia care in rural America. In some states, CRNAs are the sole providers in nearly 100% of the rural hospitals.
- CRNAs practice in traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, and pain management specialists; the military, public health services, and Department of Veterans Affairs healthcare facilities.
- In 1986 Congress passed legislation that made CRNA the first nursing specialty to be accorded direct reimbursement rights under the Medicare program.
- According to the American Association of Nurse Anesthetists, approximately eight CRNAs can be educated for the cost of one Anesthesiologist.
- Between 1,300 and 1,700 student CRNAs graduate each year from one of the 109 accredited Nurse Anesthesia Education Programs. There are 1,800 affiliated clinical sites in the U.S.
- Education requirements for CRNAs:
  - Bachelor's of Science in Nursing or other appropriate baccalaureate degree
  - Current license as a registered nurse
  - At least one year of experience in an acute care setting
  - Graduation from an accredited graduate school of nurse anesthesia (programs range from 24–26 months depending on university requirements and offer a master's degree)
  - Clinical training in university-based or large community hospitals
  - Must pass a national certification examination following graduation
  - Obtain a minimum of 40 continuing education credits every two years

Like many physician specialties, there is a shortage of CRNAs. Some facilities fill their positions with locum tenens CRNAs until permanent nurse anesthetists can be recruited. For more information regarding CRNAs or assistance recruiting a permanent or locum tenens position, please contact us.

## Locum Tenens and Electronic Medical Records

Maintaining continuity in services, revenue and patient care is always priority within a medical practice. Many healthcare facilities depend on temporary physician staffing to bridge the gap during maternity leave, vacation, sabbatical, CME or an unexpected emergency. So who are these locum tenens physicians? Locum tenens physicians are likely:

- Residents or fellows
- Physicians with blocks of open time
- Semi-retired physicians who miss medicine
- Physicians in transition
- Physicians exploring practice opportunities
- Physicians wanting to work part-time
- Physicians wanting flexibility

Physicians who choose locum tenens are independent, able to adjust to new environments and can start seeing patients immediately upon arrival at your facility. They often love to travel, enjoy a variety of practice settings and like to keep up-to-date with the latest medical technology.

One consideration most hospitals and practices should think about is new technology. Do you know there are over 200 different EMR, EHR, DHR and CHR companies? Recently, a consulting firm was evaluating several electronic medical record systems and needed to know how user-friendly the EMRs were for physicians. Three locum physicians were ideal for evaluating the systems. One physician was a "millennial" (techie resident), one a middle age physician who was "old school" and one was an older physician who loved the challenge of learning new technology. The evaluations were valuable in determining the most comprehensive and proficient system.

Locum physicians must be able to adapt quickly to new settings and new technology; however, with over 200 different EMR systems, don't forget the importance of having an orientation for locum physicians. If you quickly familiarize the physicians with your system, the locum assignment will likely be more efficient and enjoyable for the physician, you and your staff, and your patients.

For information on locum tenens, please contact us.

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### Compensation Corner: 2009 Mean Compensation for Orthopedic Surgery

General	\$513,000
Foot & Ankle	\$458,000
Hand	\$543,000
Hip & Joint	\$604,000
Pediatric	\$439,000
Spine	\$679,000
Sports	\$575,000
Trauma	\$529,000

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