• MODULE 3 •

ENGAGING PHYSICIANS AND ENHANCING PROFESSIONAL SATISFACTION

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Pennsylvania
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module 3

ENGAGING PHYSICIANS AND ENHANCING PROFESSIONAL SATISFACTION

module 1: Values, Trust, Conduct

module 2: Assessment of Current Medical Staff Structure and Restructuring for the Future

module 3: Engaging Physicians and Enhancing Professional Satisfaction

module 4: Communication

module 5: Credentialing and Privileging

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Introduction

In this module, we will look at how to identify, train and enhance leaders currently existing within your medical staff, as well as how to develop new leaders for the future. We will also explore options for enhancing physician satisfaction.

Leadership means many things to many people. A leader is anyone who influences change, not necessarily someone with a title. For the purposes of moving the organized medical staff forward and positioning it for successfully embracing the changes that are rushing toward us, we will define medical staff leadership as being about change, and how to manage and direct that change.

We will also explore options to help educate physicians in leadership skills that are not taught in medical school. Many physicians are already leaders. They lead by example, sharing their values and inspiring others. They may just need to polish their skills—how to run a meeting, keep it on track, deliver bad news, keep lines of communication open, deal with difficult physicians, and other things that medical staff leaders need to be skilled in.

Leadership Roles and Responsibilities Clearly Defined

The leadership roles that exist or need to exist to make the organized medical staff successful have to be clearly listed in your Medical Staff Bylaws, and each needs to have a list of responsibilities expected for that individual to carry out. The titles may vary, the lengths of term may vary, but the ultimate goals and responsibilities are essentially the same.

Effective Leadership Training and Development

Many physicians bring leadership skills to the medical staff without formal leadership training. That doesn't necessarily mean that they have the skills to successfully navigate the difficulties that lie ahead for the medical staff. Leadership skills, however, can be taught in numerous ways, some requiring very little financial output and can be completed when time allows.

There are many resources for leadership training and development for physicians. A few examples are the Pennsylvania Medical Society Leadership Skills Academy, American College of Physician Executives, The Estes Park Institute (estespark.org), Greeley Peer Review Boot Camp, and American Medical Association. Many more are easily found on the Internet. There are on-line webinars, multi-day conferences, reference materials, books, speakers and toolkits readily available. Consider getting your MBA, or supporting physician leaders in getting theirs.

Practical Pearls

- Clearly define roles and responsibilities
- Select skill-based leaders
- Support leadership training for physician leaders

Establish a physician leadership library at your facility. Have leadership courses and workshops developed by health system educators at your facility. Schedule off-site annual or semi-annual leadership retreats. Develop and distribute a medical staff leadership newsletter to all staff members.

Engaging Physicians Who Have Skill-Based Leadership Traits

Not every physician who is outspoken is a leader. When selecting leaders, make sure you are not just selecting the politicians of the medical staff. Be sure you are picking individuals with true leadership abilities, who have the respect of their peers and the dedication to devote to the task at hand. The leaders of your medical staff should be "physician champions." They represent all physicians, not just themselves or a select few. They help to ensure quality care is delivered to all patients. They make sure that clinical excellence is the standard every day.

Establish a formal process for selecting the best qualified candidates for all roles—medical staff officers, department chairs, division chiefs, committee chairs. These are the individuals having the most direct impact on the direction of your medical staff and its relationship with hospital administration and board of directors. Define the selection process and criteria in your Medical Staff Bylaws.

Enhancing Physician Satisfaction

Physician satisfaction is a broad topic. It means different things to different people. Are you self-employed, or employed by a large group practice, or employed by a health system, or some other arrangement? It makes a difference in determining what would enhance satisfaction.

Financial Compensation/ Work Volume Balance

Adequate and fair compensation is the first thing that everyone mentions when discussing physician satisfaction. Over time, with the changes in healthcare systems, physicians are often finding themselves paid less to do more. The volume of work has increased steadily every year at a greater rate than compensation. Pay for rapidly growing administrative duties also has not increased over the years in most health systems. These two expanding responsibilities have cut deeply into sleep, exercise and family time, thus decreasing satisfaction, particularly with primary care practitioners. Value-based compensation methodologies must be developed and implemented. If physicians are going to be paid based on volume, then administrative duties must be assigned a value to compensate.

Benefits

Examine the current benefits package within your health system, or given by your employer. Are there adequate vacation and sick days? Are physicians given CME days, and a monetary allowance for continuing education? Are there in-house CME and leadership training opportunities? Are dues to professional organizations and/or subscriptions part of the package? Is clerical support and office space provided? Perhaps it is time to have a discussion with administration to explore other options that might increase satisfaction within the system.

Collegial Relationships Within the Medical Staff

Can collaborative, collegial relationships between members of the medical staff be enhanced so as to foster an advanced culture of quality and value in the delivery of care? What factors inhibit the maintenance of good relationships? What factors prevent an advanced culture of quality and value in the delivery of care?

Recruiting and Retaining High Quality Physicians

In many systems, the biggest factor that leads to physician dissatisfaction is being overworked. There are simply not enough physicians to do the work that needs to be done within their health system. Sometimes it is because the system does not want to hire additional physicians. Sometimes it is because physicians don't want to come to that community to live and work. Often, other options such as allied health practitioners or other staff are not being used to their full potential. Figuring out how to recruit and then retain high quality physicians is critical to enhancing satisfaction. How interviews are conducted can make the difference between filling a position with a highly qualified candidate, or continuing to be short-staffed.

Streamlining Administrative Duties

With each passing year, the amount of paperwork that is required of a physician grows, while other duties are seldom reduced. Health systems need to look at new and innovative ways to reduce these administrative burdens when possible. In addition, physician leaders within the organized medical staff need to look at the processes that they have in place for data collection, documentation, etc., and assess what is relevant, and whether there are things being done that are no longer useful or required by law or accreditation requirements.

Does Anyone Care?

Do you believe that your administration or governing body cares about the personal wellbeing of the physicians on their staff and/or in their employ? Do many of the physicians even care? Does anyone care about your continued professional development? Has this topic ever been discussed with administration? Maybe it is time to have that talk now—open, frank, fair and positive.

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Engaging Physician Leaders Gap Analysis

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
Do you offer formal leadership training?			
Does the hospital pay for leadership training, or are physicians required to pay for it themselves?			
How many physicians participate in leadership training?			
Do you offer formal quality improvement/data analysis training?			
If so, how many physicians take advantage of it?			
If multidisciplinary team building training were offered and paid for, would medical staff leaders be interested/willing to take it?			
Do physicians feel that they need or would benefit from additional training in areas of leadership, data analysis or team building?			
Do you have a process to ask Medical Staff members what their interests are in training topics?			
Do you see any gaps in your current training offerings?			

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Engaging Physician Leaders Gap Analysis

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
What other training would benefit physicians in order to support their roles as medical staff leaders?			
Do you have training that is specific or customized to their positions, i.e., department chair, division chief, committee members?			
How are physicians selected for leadership positions?			
Are medical staff leaders in your health system vetted for required traits of leadership - ethical, committed to their role, good communication skills, clinically relevant, proven leaders, etc.?			
Has your medical staff developed criteria that ensures that the best qualified, not just the most popular physicians, are in positions of leadership?			
Do you have a formalized, written process to be used for identifying qualified leaders?			
How do you identify future leaders within your medical staff?			
How do you groom future leaders?			
How do you vet future leaders?			

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Enhancing Satisfaction Gap Analysis

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
Do financial incentives work in getting more physicians to participate in Medical Staff leadership and governance?			
Would compensations in lieu of cash—i.e., tuition (and time for employed physicians) for leadership development courses, subscriptions, professional memberships, dues reduction for independent physicians, etc., be acceptable?			
Do you feel that if system-employed physicians were compensated additionally for participation in OMS activities, they should have protected time for these activities, while having their productivity standards adjusted accordingly?			
Do you feel that if system-employed physicians are fairly compensated, and have their productivity standards adjusted accordingly, they are adequately compensated for the additional responsibility?			
Do you feel that if compensation were offered to private or privately employed (independent practicing) physicians, they would be more inclined to participate in Medical Staff activities?			

Enhancing Satisfaction Gap Analysis

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
How much compensation would be reasonably satisfactory? How should appropriate compensation for Medical Staff governance activities be determined?			
Should physicians being offered compensation for additional duties be formally interviewed prior to being offered positions? Should the organized Medical Staff, as a body, be actively involved in the interview and selection process?			
Are physicians within your health system generally willing to invest the time and effort in specialized training outside the clinical realm in order to improve overall performance of the system and patient value/quality?			
Are physicians compensated for doing this?			
Are RVUs adjusted for participating in this type of outside training?			
Does OMS leadership (including independent practicing members of the Medical Staff) at your facility have any input or involvement when physicians are hired?			
Who, within in your health system, is responsible for identifying need for team(s)? Are physicians actively involved in this process, or only added to the team?			

Enhancing Satisfaction Gap Analysis

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
How many clinical teams do you have? How many have physicians on them?			
Do you feel that the physicians recruited and hired by your health system are generally of high quality? Are they the kinds of physicians you want to work with?			
Does your health system encourage and support physician efforts to provide compassionate patient care as a priority?			
Does your health system encourage and support physician efforts to provide high quality patient care as a priority?			
Does your employer care about your work-life balance?			
What ONE thing would greatly improve your level of satisfaction as a physician?			
How can the collaborative, collegial relationship between members of the organized Medical Staff in your hospital or health system be enhanced so as to foster an advanced culture of quality and value in the delivery of care?			

Enhancing Satisfaction Gap Analysis

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
Would the creation of collaborative arrangements with older physicians, enabling them to reduce their workload but still practice medicine, be of benefit to not only help them, but also help to reduce the workload of other physicians?			
How much flexibility do you have in building your own work schedules?			
Does the executive leadership measure or recognize the daily stress that physicians are subjected to? If so, how do they measure?			
Does your health system provide any type of stress reduction workshops for physicians, or other types of personal growth opportunities? Would physicians participate if they did?			
Are adjustments to RVU requirements made to enable them to participate?			
Does your health system provide any type of physician wellness programs? Would physicians participate if they did?			

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Enhancing Satisfaction Gap Analysis

QUESTION	ANALYSIS	DESIRED OUTCOME	ACTION OR FOLLOW-UP
Are physicians employed by your health system given consistent work schedules?			
How far ahead do you know your schedule? Weeks, months, etc.?			
Who dictates the physician's work schedule? Is there significant physician input into their schedules?			
Are physicians routinely given patient feedback results? If so, does this help with physician satisfaction? If it is not being done, do you feel that it might enhance satisfaction?			
Does receiving feedback help with physician satisfaction?			

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Current Trends in Medical Practice and Governance Structures

With the changes in employment trends among physicians, as well as the increased demand for measurable performance and quality for payment, the traditional hospital staffing structure must change in response.

Successful health systems know that there cannot be competition between the medical staff and the administration and/or governing body. Health systems that demonstrate pride in their medical staffs have higher physician satisfaction. This translates into higher patient satisfaction, and a higher bottom line. Turnover in both physicians and other employees is lower when physician engagement is a priority.

Examples of trends in compensation and employment models include:

- Stipends for emergency department call
- Stipends for medical staff leaders
- Modified work schedules for older and/or disabled physicians
- Pay for performance/quality; bundled payment initiatives
- Hiring of physicians targeted to high-growth specialties
- Contracting of specific physician types, such as hospitalists, pain management, primary care specialists, etc.
- Co-management agreements
- Patient centered medical homes, accountable care organizations and team-based medicine
- Physician informatics directors
- Physician quality officers
- Patient safety directors

Health systems must decide what their governance style will be. An overall assessment of current staff structure, areas of strength, areas requiring improvement, inefficiencies, etc., must occur. Are your current arrangements still relevant, or is it time to find more effective models? From that, decisions regarding what is needed, what is no longer effective or necessary, and what the future of health care is going to require, at least over the next five years, must be made. Once this assessment is made, decisions must then be made regarding the requirements and ideal structure of physician roles within the health system.

Practical Pearls

- Find out what the current trends are in your area.
- How do physicians feel about those?
- What are your competitors offering?
- Search the internet for innovative medical staff models.
- Consider setting up a peer group to brainstorm with others dealing with the same issues.

Questions to be asked include:

- Do we need more physician involvement in IT decisions?
- Do we currently solicit physician input on decisions that affect patient care?
- Who on our medical staff has the expertise in IT to be effective in this role? Do we have someone on staff already, or do we need to hire from outside?
- Is patient care quality formally overseen by a physician?
- Does quality review now require a full time physician dedicated to only quality review and initiatives within the system?
- Do our specialized units have dedicated medical directors?
- Would the establishment of medical directors improve the care rendered in the ICU, CCU, NICU, PICU, etc.?
- Do we currently have someone on our staff who would have the expertise to lead these units, or do we need to hire from outside?

- Do we have/need to increase physician representation in strategic planning activities?
- Do we have physicians who are interested/skilled in strategic planning?
- Can interested physicians be brought up to speed in order to be useful in strategic planning?
- Do we have any physicians on our staff who could benefit from a modified work schedule, while still providing value to the health system?
- Should we consider developing collaborative arrangements for physicians possibly considering retirement but not ready to completely give up practice?
- Could we work out an arrangement that would help reduce the workload of other physicians while still providing practice opportunities for others who may not be able to or wish to work full time?
- Do we have any physicians who are forward thinking and able to develop innovative care models, and obtain the support of the physician and employee staff as well as management and governing body?
- Would these physicians have the time in their current employment status to devote to these types of projects? Should a new position be created for them?
- Is there money in the budget to provide compensation for this role?
- Do we currently have or need to increase physician representation in financial planning activities?

Practical Pearls

- Consider calling a one-time meeting of the Medical Staff to discuss the current trends in medicine as pertains to physician roles and responsibilities. Provide definitions of bundled payments, patient centered medical home, ACOs, etc. Not all physicians may understand what some of these things are and therefore may not understand how decisions might affect them and their career choices, as well as your organized Medical Staff.

- Do we have physicians who are interested/skilled in financial planning?
- Can interested physicians be brought up to speed in order to be useful in financial planning?
- Do we have enough senior physician leadership?
- If not, do we have anyone currently on staff who would be interested, and would have the appropriate skill set to be effective in this position?
- Should we look outside for additional talent to fill these important roles?

Engaging Physicians Across Generations

The phrase "multigenerational workforce" refers to the differences between the generations within today's workforce, and what motivates and provides satisfaction for these different groups. It is today's "generation gap."

Current statistics say there are approximately 77 million baby boomers, around 28% of the population! In 2011, the oldest boomers turned 65, and a baby boomer turns 50 every 18 seconds and 60 every 7 seconds.

Studies show that depending on which generation you fit into, from the Traditional generation to the Millennial Generation, each of these groups has different motivators, rewards and challenges. What motivates you does not necessarily motivate a physician from another generational group. Dealing with intergenerational conflicts can lead to frustration or success, depending on how aware you are of the impact on your organized medical staff. Effective leaders must understand the generational differences of those they are attempting to lead, and use this information when providing direction.

Figuring out what is important to each group will help you motivate and reward physicians from each generation, and help engage, or re-engage physicians to take an active role in the organized medical staff at your facility. Having highly engaged physicians will dramatically improve quality and value outcomes, physician satisfaction and ultimately, patient satisfaction. The inability of physicians to work effectively across generational lines can, and often does, impact the quality of patient care delivered.

There are several different names for each generation, and depending on sources, the years may differ. Generally:

- Born in 1945 or earlier: World War II, Traditional, Mature, Silent
- Born between 1946 and 1964: Baby Boomers
- Born between 1965 and 1980: Generation X (Gen Xers)
- Born after 1980: Millennial, Generation Y

Generation	Values	Motivators	Rewards	Challenges	2011 Stats
Traditional (< 1945)	Strong work ethic, disciplined, stability, do not question authority, financially conservative, organizational loyalty.	Recognition that they contribute to the overall success of the organization	Certificates, plaques, etc., that recognize their loyalty and service.	Uncomfortable with conflict, will seldom question authority, may not see others as having a strong work ethic if it differs from their own.	5%
Baby Boomers (1946-1964)	Team oriented, communicators, emotionally mature, strong work ethic.	Leaders who get them involved and show them how they can make a difference.	Personal appreciation, promotions and recognition.	Not always looking at the bottom line financially, uncomfortable with conflict, may put process ahead of results.	38%
Generation X (1965-1980)	Self-reliant, thrive in chaos and change, streamline systems and processes, want measurable results, less organizational loyalty.	Allow them to get the job done on their own schedule. Need frequent feedback.	Free time, upgraded resources, and opportunities for development, resume-building activities, and bonuses.	Skeptical, distrustful of authority.	32%
Millennial (1980 >)	Goal oriented, social responsibility, higher expectations, values most closely resemble Traditional.	Need actions to connect to their personal and career goals. Need frequent and immediate feedback.	Awards, certificates, tangible evidence of credibility, bonuses.	Need supervision and structure, inexperienced with interpersonal conflict issues.	25%

Leading a Multigenerational Workforce:
http://assets.aarp.org/www.aarp.org_/cs/misc/leading_a_multigenerational_workforce.pdf

It is important to remember that people usually identify with more than one generation in their behavior and values. The closer you are in age to the next generation, the more likely there is to be overlap. In addition, not everyone will fit neatly into his or her generation. After all, we are all still individuals and our own experiences and values will ultimately determine what motivates and rewards us.

Workforce Analysis

Conduct a generational workforce analysis as a starting point for any process attempting to highlight and accommodate the multigenerational workforce to achieve success. This analysis should consist of the following data:

- # of physicians 65 or older
- # physicians 64 – 48
- # physician 47 – 32
- # physicians 32 or younger

A simple determination of the percentage of your medical staff that falls into each group will help to provide a snapshot of your staff. This is useful in determining how to communicate, reward and motivate medical staff members to take an active role in the success of your organized medical staff and ultimately, the quality of patient care delivered within the health system.

Communicating Across the Generations

One of the most difficult things to do is to deliver a message and have everyone in the room hear the same thing. Some of this is due to the multiple generations in the audience. We are listening for different things within the same message. Who delivers the message, and which generation they are from, may also contribute to this. A Millennial may deliver a message that is crystal-clear to all the other Millennials in the room but the Baby Boomers do not understand it at all. They may question the relevance or think it is too confrontational. A WWII message may come across to the Gen Xer as rigid, too conservative or not "thinking outside the box." So, how do you communicate so that the entire audience understands what is being said? It may not be as complex as you think. What are the communication commonalities across all generations?

Respect — Speak respectfully

Professionalism — Language used should be professional

Positive — Message should be positively presented, even when topic may not be

Direct — Do not beat around the bush

Straightforwardness — Present the facts

Clarity — Make sure the message is clear. Do not make anyone need to "figure it out"

The mode of communication used across the generations is also different. The "younger generation" wants it quickly, instantly and electronically. The "older generation" may more often appreciate paper. However, it is also quite clear that this is not an "all or nothing" rule. Many "older" generation physicians are quite tech savvy and connected, and want that same instant communication. There are also "younger" physicians who appreciate having the paper. Finding the right balance is not always easy because there really is not a one-size-fits-all answer for communicating with your medical staff. A blend is probably the best approach — email blasts, text messaging, posting of information on physician intranet, posting in the physicians' lounge and sometimes, even snail mail or fax blasting to physician's offices. If something is urgent, try posting the details to the intranet site, but sending a mass text message to the medical staff members' cell phones to alert them to go to the site. Weekly update emails sent to the physicians, listing news items, reminders of upcoming events, important links on the hospital website, and other items of interest are useful. Often, for things like medical staff dues invoices and reminders, snail mail may work best in conjunction with email invoicing, with an online payment option. Many physicians, particularly

the WWII and Baby Boomers, are not comfortable with electronic payment options. Younger physicians generally prefer that option.

Motivation and Rewards Across the Generations

Recognition, promotions, continuous educational opportunities, ability to make decisions on one's own, a desire not to be micromanaged, support and feedback are all motivational factors. Depending on the generation, the motivation comes from different sources. As noted above, motivational factors vary for the generational groups. What motivates you probably will not motivate your daughter, and surely would not have motivated your father. What motivates us is largely determined by the values and rewards of our childhood. Baby Boomers were not part of the "everyone gets a trophy" generation. This is not a concept they can understand nor can the Traditionals. They feel that they have to earn everything they get. Millennials, however, grew up often being rewarded for mere participation, and being part of the team. This often causes conflict between generations, with older physicians feeling that they have worked very hard for what they have, but the younger generation is just being handed everything without having to work for it. "This younger generation doesn't know what it's like to work the hours we worked, and give up seeing their kids grow up in order to be successful." True. The younger generation also does not want to know what it is like. They want to be able to have a balanced work and personal life. They want to be there to see their kids play soccer, graduate from kindergarten and take them to Disney World. They also care deeply about their patients and providing high quality health care. They believe you can have both.

Monetary awards for additional work, additional time off, reimbursement for childcare or elder care when needed to attend meetings, promotions, raises, certificates of recognition, articles on the website or newsletter recognizing achievements are just some of the ways physicians can be rewarded. In the pay for performance era, any time taken away from patient care to put into non-clinical activities will decrease income. Compensation of some form will be required in order for physicians to be willing to give up additional time. Each generation has an interest in the workings of the medical staff and the hospital, but many are not willing to participate if it costs them time or money. Reimbursing physicians for these activities will help significantly in getting willing and able participants.

Bringing the Generations Together

One of the recurring themes is that the Millennial generation most wants mentoring. They also do not want to be treated as insignificant because of their age. Creating informal "mentoring teams" between Traditionals and Millennials may be an ideal way to connect the generations, and also to provide value to each. The Traditionals, with their years of clinical experience and professional and personal wisdom, can help to guide their younger peers, while the Millennials offer technological guidance and new methodologies that can be invaluable for their older colleagues. In addition, Traditionals tend to think that the Gen Xers and Millennials do not have the same work ethic as their generation. This mentoring will allow them to see that Gen Xers and Millennials do not work less, they just make better use of technology.

The Boomers and the Xers most strongly diverge in their motivators and rewards. Boomers prefer hands on learning while Xers do not want to be micromanaged and prefer to learn on their own. Putting these two groups together in a mentoring program can help to open lines of communication between the two groups, while also helping them to learn to work together in healthcare teams and share knowledge, both clinical and technological.

Physician Recognition Awards appeals to all generations. These may be presented at Medical Staff Meetings, with something as simple as a framed certificate, or as elaborate as a financial gift and engraved plaque. There may be one, or many. They may be for a variety of activities—financial savings, quality improvement initiatives, mentoring, serving

on medical staff committees, identifying safety issues, and so on. Peer recognition is something that each of these groups appreciates. It is a simple but effective method of not only recognizing achievements, but also showing the medical staff the achievements of their colleagues.

Engaging Physicians

We talk about engaging physicians, but what does that really mean? There are over 30,000,000 results on Google when you search Physician Engagement. Does it mean the same to everyone? Probably not. For our purposes, engaging means motivating physicians to invest in excellence for their medical staff, their hospital, their co-workers, their patients and themselves. Building a structure at your facility that allows physicians to have the means and opportunity to participate is critical to engaging physicians. As healthcare changes rapidly, keeping this structure healthy will require constant monitoring and ongoing efforts to keep physicians interested and motivated to reach for excellence at every turn. Defining the benefits and rewards of physician engagement will help to design methods of encouraging active participation on the part of the medical staff members not currently involved.

Resources

www.gallup.com/poll/11503/Physician-Engagement-Built-Bought.aspx

www.acpe.org/ECommerce/Education/IHS.aspx
Integrated Health Systems: Key Concepts
(ACPE on line course)

www.getinvolved.gov/newsroom/programs/factsheet_boomers.asp

Physician Recruitment and Guide to Physician Interview Preparations

Effective Recruiting

The primary objective of physician recruitment is to meet a need within the health system. The objective should be to increase the quality of talent hired by the system. The right recruit will be a colleague who has the skills and personality to be successful in your organization's culture. Identifying the right candidates can be difficult. Having measurable metrics makes the process easier. It is important that all applicants provide quantifiable data. HCAHPS data provides standard results that can be used for comparing applicant quality results and patient satisfaction. Use of a skilled recruiter can be invaluable.

Recruiting physicians is expensive and time consuming. Therefore, it needs to be done effectively each time. It is important to develop a plan that will be used consistently for every interview. The plan should be updated and enhanced as needed.

During the interview process, focus on hospitality. Make the applicant feel at home from the first moment. Make them want to come back and make this their home. Be warm, welcoming, considerate, and anticipate their needs and interests. Treat each applicant as you would want to be treated. Treat their family as you would want your family treated. Remember, too, that word gets around. If you provide a positive experience, others will hear about it.

Decisions to Make

- Individuals that will meet/interview applicant – make sure all relevant people are scheduled such as CMO, CEO, Department Chair, Director of Nursing, etc. Any individuals who would be of particular interest based on specialty should also be invited, particularly with potential future partners in practice.
- Most people prefer one-on-one interviews. Don't overwhelm an applicant by asking them to face a room full of people. This may be reserved for an exit meeting, if desired.
- Give consideration to who is conducting the interviews. Are they knowledgeable, personable, and professional?
- Provide a detailed tour of the facility, with special attention to areas of particular interest based on physician specialty. Show off your "best practices" and centers of excellence. Always exhibit pride when showing the facility to applicants.
- Ensure that enough breaks are built into schedule to provide time for applicant to be able to check emails, return phone calls, etc. Be sure snacks and beverages are provided during the day, using china, linen and silverware, not paper.
- Location of interviews—select a comfortable, aesthetically appealing environment. Make sure there are electrical outlets for laptops or chargers, paper and pens, waste baskets, comfortable chairs, restrooms nearby. Check the room well in advance to make sure it's clean and set up appropriately.
- Make sure someone meets the applicant/family when they arrive in town—at the airport, train station, edge of town, etc. Having an applicant getting lost can start the interview off on the wrong foot. Be sure to be prompt and clear about where you will meet them. Allow enough time, if possible, to give them some down time to relax and refresh before you pick them up again. An hour is usually sufficient.
- Overnight accommodations—make sure hotel is the best quality available in your area. If no one is personally familiar with the facility, have someone trustworthy visit to look at guest rooms, fitness center, lobby, breakfast area, etc. to ensure that it is appropriate for a visiting guest and their family.
- If a spouse/significant other is coming, find out what they would be interested in doing. Offer options based on popular activities in your area. Schedule time for them to tour the area. Consider

engaging a knowledgeable, professional realtor who would be willing to explore the area, discuss schools, housing, shopping, and other things of interest, understanding that this may not be a potential client. Another option would be to engage local business leaders to spend time extolling the virtues of the area and the business opportunities. Consider arranging for time spent with someone in the same profession as the spouse. This individual might be more able to help the spouse feel that they, too, would fit into the area.

- Determine if they will be bringing children along. If so, provide for age-relevant activities and dinner, if permissible with applicant. If providing babysitting services, be sure that the service used is someone reliable and have them introduced to applicant and spouse, providing experience information of sitter, contact information and information about location and activities that children will be engaged in. Be sure to check with applicant/spouse prior to that day to see if child has any dietary restrictions or any other special accommodations that the sitter needs to be aware of.
- Plan dinner/social activities for applicant and spouse, if applicable. This may be the night before interview, or night of interview. Prior to visit, contact applicant to see if they or their spouse have any special dietary requirements. Be sure to accommodate these when selecting dining venue, and ensure that the venue is best available in your area. Do not select a chain restaurant unless that is the only option in your area. If possible, reserve a private dining area.
- Schedule lunch on the day of the interview to include the applicant and spouse, if applicable. Invite key community leaders from financial, educational, cultural, religious, industrial venues within your community as well. Bringing new physicians to the community benefits everyone in the community, and so including these types of individuals allows the applicant to experience what that community has to offer. Key business leaders have considerable interest in the health of the community and should be willing to participate. Talk to them prior to beginning interview process to gauge their interest and explain your intent with regard to their participation in the process.
- Develop detailed packets of information to be given to each applicant. Include information about the facility, medical staff, services offered, number of employees, the history of health system, any graduate medical education training programs or medical school affiliations, other training programs within the system, call schedule expectations and other pertinent information.
- Include local chamber of commerce information including area statistics, brochures on any area highlights, information on local schools, colleges, cultural activities, shopping venues, and anything that makes your community special. Consider what you and your family would want to know if you were relocating.

After the Interview

- Make sure that all questions are answered before the applicant leaves, or at the very latest, the following day. Have one individual collect any questions from applicant and/or spouse to coordinate and make sure they are handled appropriately and quickly.
- Be certain that you know what the applicant is looking for in a career opportunity before they leave. Just as they have questions, you have questions as well. Make sure you are comfortable with their expectations and would be able to meet them if extending an offer.
- Establish a date that you will be contacting the applicant with a decision, and meet that date.

- Follow up with a letter thanking the applicant and spouse for their visit, offering to obtain additional information or possibly scheduling a follow-up visit.
- If the applicant does not choose to take your position, have someone (possibly recruiter or HR manager) interview them to ask why they did not accept the position, using specific questions regarding hospital, salary, location, family considerations, etc. Promise that their anonymity will be respected and that the answers will only be used to improve the experience for future applicants. Examples of questions could be: Did you find the hospital would meet your practice needs? Did you find the hospital physically appealing? Did you feel that the hospital provides up to date technology? Did you consider the salary offer to be competitive? Did you feel that the benefit package was competitive? Did you feel that you could make this area your home? Did you feel that this would be a good area to raise children? Did you feel that your spouse would easily be able to find employment here?

It is important to find out what applicants like and dislike when visiting your area. It may be that they simply had more than one offer, both were comparable, and they chose the other. It may also be, however, that something about your offer was not appealing to them or their family. This is the information that must be obtained in order for you to effectively make changes and enhancements in your system, your process or your presentation that will make and keep you competitive in the future.

Financial Compensation, Benefits and Duties

For health system employed physicians, financial compensation and benefits are an important part of determining where you want to work, or how long you are willing to stay.

Turnover in physician employment is no different than with other employees — it is expensive. In addition, it can impact patient satisfaction and disrupt care.

The AMA's Principles for Physician Employment (www.ama-assn.org/resources/doc/hod/ama-principles-for-physician-employment.pdf) offers useful advice and direction to physicians on their contracts. It provides guidance for physicians who may not be sure what's appropriate in a contract and are not sure where to turn for advice.

In addition, payment agreements are discussed briefly.

Remember — no two health systems will probably offer the same contracts, benefits or compensation packages. You have to make the decision about what type of arrangement best suits you. You need to figure out what is most important to you — money, benefits, time, etc.

When discussing financial arrangements with your employer, if there are things you don't understand — ask. There are usually very valid reasons why things are done a certain way, and the person you are interviewing with is probably willing to explain it. If you are already employed, but have wondered about something in your contract or benefit package, again, ask.

Always consult your financial advisor for guidance, particularly prior to interviewing.

References/Resources/Readings

Julie Bird. April 2013. "Develop, nurture leadership to improve the bottom line." Fierce Healthcare. www.fiercehealthcare.com/story/develop-and-nurture-hospital-leadership-improve-bottom-line/2013-04-04?utm_medium=nl&utm_source=internal

Linda J. Komnick. April 18, 2013. "Recruiting Physician Leaders." Hospitals & Health Networks.

Pennsylvania Medical Society
Physician Leadership Training Academy:
www.pamedsoc.org/AudienceNavigation/Physicians/Leadership-academy.html

American College of Physician Executives:
www.acpe.org

American Medical Association:
www.ama-assn.org

Estes Park Institute:
http://estespark.org/program-topics.jsp

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