So You Want to Get a Job?
Unlocking the Secrets to the Perfect Interview
Beyond Residency
Objectives-You Should be able to...

• Evaluate fit of a potential job with your career goals
• Discuss what not to do in an interview setting and why
• Apply strategies to drive the interview
• Summarize the information needed to decide what job to accept and why
Leaders

• D. Mark Courtney MD Director of Research Northwestern University

• Deb Diercks MD Chair University Texas Southwestern, Dallas, TX

• Additional didactic participants from the SAEM Industry Advisory Council
References and Background

• Assumptions:
  – All of you are looking for wellbeing in your career
  – That starts with the type of job you have
  – Academics vs. Community Practice vs. Hybrid
  – Industry Advisory Council
  – Google SAEM 13 questions.....
# 13 Questions to Find the Perfect Job for You

Finding the right job after residency can be challenging. Make sure to ask questions during your interview that will help you understand the workplace expectations, culture and community. Ask about things that are important to you and will help you find fulfillment in both your work and your life for years to come.

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
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<td>1. What is the group-at-large’s philosophy on physician wellness and how is this realized to the individual practicing clinician? Does this vary group-to-group at the local level?</td>
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<td>2. What amenities exist within the non-work related community that I’m practicing in?</td>
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<td>3. What are the details of my total compensation package (deferred compensation, malpractice insurance, retirement, other benefits, etc) and how does that change over time?</td>
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<td>4. Other than direct clinical service...what are other expectations or opportunities either now as a new hire or later as I mature in the group? How are these supported or decided upon? (teaching, leadership, hospital service, other)</td>
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<td>5. What are the unique ways your group or department innovates or leads practice change in acute or emergent care?</td>
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<td>6. What is the best way to understand patient volume or physician/mid-level staffing coverage in this group or at these hospitals (acuity, admission rate, length of stay, patients seen per hour or double or single coverage overnights)?</td>
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Industry Advisory Council Member Organizations

• US Acute Care Solutions
• EMRecruits
• ApolloMD
• Leading Edge Medical Associates
• Envision Physician Services
• Integrative Emergency Services
• American Physician Partners
Format

• We will dive into 6 of these questions that cover 4 domains:
  1. non clinical engagement
  2. volume/acuity/staffing
  3. performance evaluation
  4. what are the main pain points of clinical setting

• Each domain discussed for 10 min max
  – First 3-5 min example of how NOT to ask this question
  – Second 5 min example of HOT TO ASK this question and group QA
So the interview has wrapped up and all you have talked about is clinical care and compensation.

• Interviewer asks: “So do you have any other questions……”
WRONG way to explore this important part of your next job

#4 You are trying to learn about non clinical expectations......

Role of the applicant:

Deb Diercks MD UTSW Chair of EM
RIGHT way to explore this important part of your next job

#4 on the 13 questions

“Other than direct clinical service... what are other expectations or opportunities either now as a new hire or later as I mature in the group? How are these supported or decided upon? (teaching, leadership, hospital service, other)
WRONG way to explore this important part of your next job

#6 on the 13 questions: you are trying to learn about how busy it is..PAs and NPs...MD coverage...how sick the patients are

Role of the applicant: Travis Ulmer MD, US Acute Care Solutions, VP of Marketing and Recruiting
RIGHT way to explore this important part of your next job

#6 on the 13 questions

“What is the best way to understand patient volume or physician(APP) staffing coverage in this group or at these hospitals (acuity, admission rate, length of stay, patients seen per hour or double or single coverage overnights)?
Another important related question........

#8 on the 13 questions

“What is the role of APPs in this group both at large or locally where I will work? What are the expectations with respect to supervision and acuity of patients seen?
WRONG way to explore this important part of your next job

#13 on the 13 questions: how are you evaluated and what happens if you are not meeting expectations?

Role of the applicant: Nick Zenarosa MD, CEO of Integrative Emergency Services
“How is physician performance and quality of care evaluated and what is the individual physician’s due process options if performance does meet expectations?”
Wrong way to explore this important part of your next job

#11 on the 13 questions: What are the things that most lead to frustration in the day to day aspects of this job? What is being done to address them?

Role of the applicant: Craig Meek MD, Director of Communication and External Affairs, Leading Edge Medical Associates, (LEMA)
RIGHT way to explore this important part of your next job

#11 on the 13 questions: what do you think are the things that most contribute to work environment stress at this job?

Rank the following things in order of what causes the most frustration in day-to-day work in this particular practice setting:

• Interaction with consultants
• Boarding/ED crowding
• Patients presenting with substance/behavioral health challenges
• Medical record documentation demands?
• Complex multi-morbidity geriatric patients

What things are being done to mitigate or address these?
RIGHT way to explore this important part of your next job

#9 on the 13 questions (related to last point...different and easier way to ask)

“If you could change something about your organization, what would you change?”
Additional questions we did not get to

#1 on the 13 questions

What is the group-at-large's philosophy on physician wellness and how is this realized to the individual practicing clinician? Does this vary group-to-group at the local level?
Additional questions we did not get to

#3 on the 13 questions (money)

“What are the details of my total compensation package (deferred compensation, malpractice insurance, retirement, other benefits, etc) and how does that change over time?”
Additional questions we did not get to

#7 on the 13 questions (money)

“Do I function as an employee of the contract group or hospital or an independent contractor? If the latter is the case, why? How difficult is it to establish and manage?
Additional questions we did not get to

#10 on the 13 questions (money)

“Who is responsible for medical malpractice coverage and how and what occurs when physicians leave the group (tail insurance)?”
Additional questions we did not get to

#12 on the 13 questions (money)

“Who is ultimately responsible for the contract to provide care? Who am I working for (Hospital, medical school or practice management group that contracts with the hospital) and how could this change over time?”
Additional questions we did not get to

#5 on the 13 questions

“What are the unique ways your group or department innovates or leads practice change in acute or emergent care?”
Additional questions we did not get to

#1 on the 13 questions

“What amenities exist within the non-work related community that I’m practicing in?”