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TheDocHunter Advice from the Recruitment Guru

The Smart(er) Questions

By Larry Wills

I wonder if the old adage, “*There are no dumb questions, only dumb answers*” has merit? Over my twenty years of experience recruiting emergency physicians, I must admit I’ve heard my share of “dumb” questions. Two of my favorites: “Will the company pay to move my horse?” and “Will I be able to bring my dog to the ED when I do my shifts?”

Were those dumb questions? Maybe. However, they were important to the person asking. This makes me think about residents in search of that perfect post-residency position. Equipped with their list of typical questions, they rattle them off to the recruiter like a crazed contestant on Jeopardy. But do these standard questions truly provide appropriate insight about the practice, community, and hospital? I don’t think so. How many times have we heard, “Gee, if only I had known” or, “I didn’t know I had to attend committee meetings”? The better informed you are about all aspects of a position, the more confident you can be about your decision. Here are some of the most common questions generally asked by residents:

“What is the ED volume and physician coverage?”

“What is the compensation?”

“How many shifts do I need to work to be full time?”

“How is the medical staff back-up and nursing staff?”

“How long do I have to wait for partnership?” (if any)

All are important, of course, but consider adding some of these to your list:

“Can I talk with other physicians in the group?”

This will give you a perspective of the practice from the existing group members. Are physicians paid on time? What is the relationship with the medical director, nursing and other ED support staff? What is the peer review process? Is the compensation what the recruiter said it would be?

“Is shift distribution equal within the group?”

Determining how many shifts you will work is one thing; knowing the shift distribution is another (i.e., days, nights, weekends and holidays). If it is not equal, at least you can be aware of the structure prior to committing. Remember, shift distribution can impact compensation with incentive-

based models.

“Can I make the same dollars clinically as the physician who has been with the group ten years?”

Seniority is important and should be rewarded; however, clinical compensation must be based on patient care—not physician tenure.

“Why do you have an opening?” and “What is the average tenure of the group and how long have you had the contract?”

These two questions can help you determine the stability of the physician group or contract.

“What are the career growth opportunities within the group?”

Just coming out of residency, this may not be in the forefront of your decision-making process, but it is good to know if opportunities exist.

If it is a partnership position, rather than ask, “How long before I can become a partner?” try, “What does it mean to be a partner?”

The Doc Hunter
Larry Wills



Wills has been a medical recruiter for 29 years, for the Air Force and Fischer Mangold before joining TeamHealth. Wills has spent 20 years recruiting specifically for emergency physicians.

There are many partnership models, so you need to have a good understanding about the partnership you are joining.

Over the years I have told many EM residents that they are in the “driver’s seat” with respect to the job market; but remember, the questions you ask—or don’t ask—can determine the garage you park in. Oh, and as to my favorite “dumb” questions above, did I answer them? Yes. But I must confess, they were dumb answers!