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How to ace the job interview process

Failing to ask the right questions could land you the wrong job

by Phyllis Maguire

Shawn M. Burns vividly recalls his experience as a physician recruiter with one prospective candidate in Texas several years ago. The physician had only one career goal in mind—finding a job in Denver so he could go skiing—and Mr. Burns, who is now vice president, physician services for Sound Inpatient Physicians in Tacoma, Wash., wasn't representing a position that met that objective at the time.

When he heard from the physician a few years later, the doctor had scored a position in Denver, but he was so overworked that he had no time to hit the slopes. "He was geographically closer," Mr. Burns says, "but professionally, he might as well have been on Mars." The physician has since jumped to a program in Houston and is finding a lot more time to go skiing.

As a 17-year recruiting veteran, Mr. Burns offers the anecdote as an example of how physicians can go into the job interview process with the wrong goals and asking the wrong questions.

Hospitalists looking for a position know that they will be able to field multiple offers. But it's precisely because hospitalists have so many options that the interview process becomes even more critical for both first-time job-seekers and seasoned physicians alike. Having such a big menu to choose from means that physicians need to go into that process with a clear idea of their objectives. Only then can they come out of that process with as much information about prospective programs as they can.

Rush through your interviews, both hospitalists and recruiters say, and you'll reap stress and burnout—and likely have to start the whole process over again. Here are tips they offer to help your job interviews run more smoothly and be more on target.

Look beyond geography and compensation.

Most recruits have the interview basics down, recruiters say: Show up early, dress professionally, don't make inappropriate jokes or comments, and keep several copies of your CV in your briefcase in case you need to hand them out.

But first-time job seekers in particular make two common mistakes, says Mr. Burns: They fixate on either geography or money, or both.

"Programs were wondering if I was going to survive in a small community where there's no single life."

—George Mekhjian, MD, Saint Anthony's Health Center

Basing a job decision on geography alone without using the interview process to assess the position, he says, will land you in the wrong job, even if it's in the right place.

The same is true of compensation: Dollar figures don't mean much unless you know what the job entails. "Say you have an offer that pays \$160,000 vs. one that pays \$190,000," Mr. Burns says. "You're judging those figures in a vacuum until you determine what duties are required to earn those amounts." (See "The job interview: questions you need to ask.") [LINK TO SIDEBAR](#)

At the same time, geography does count, as least as far as helping you pinpoint a setting where you'll feel most comfortable. George Mekhjian, MD, who finished an internal medicine residency last June at Saint Louis University Health Sciences Center in St. Louis, went on about seven interviews with practices in both urban and suburban settings. He came away from the process knowing that he wanted to stay in a larger city.

"I actually wanted to stay in St. Louis," Dr. Mekhjian says. "I knew there were a lot of opportunities here, and I wanted to keep playing on the same basketball and soccer teams."

While he did have St. Louis in mind, he also did plenty of homework on prospective programs, networking with colleagues from residency and medical school, and thinking hard about the package and practice he wanted. Out of all the positions he interviewed for, he ended up taking a job with the IPC-The Hospitalist Company practice at Saint Anthony's Health Center in Alton, Ill., which is 25 miles from where he lives in downtown St. Louis.

- **Know your own objectives.** Seasoned hospitalists have a real advantage when it comes to goals for their next position. They probably know, for instance, what type of schedule they want to work and what types of services they feel comfortable providing.

Graduating residents, on the other hand, "have a hard time articulating their goals because they are just forming them," says Jennifer S. Myers, MD, hospitalist and patient safety officer at the Hospital of the University of Pennsylvania in Philadelphia.

"Some of them are undecided, so they make the mistake of saying, 'I'm not sure what I want to do. This seems like a good temporary position.' "

Instead, she says, residents who can't offer a list of clear career goals should talk about what excites them about hospital medicine and what attracts them to the field. That at least gives both the recruit and the program, Dr. Myers points out, a better sense of how the recruit might be valuable to the program.

- **Get your personal house in order.** One thing that Dr. Mekhjian says caught him off guard during his interviews were personal questions, usually from programs in smaller towns, about whether the program location would appeal to someone who's single.

"I'm not married and I don't have children," he says. "Programs were wondering if I was going to survive in a small community where there's no single life."

In fact, recruiters say you need to make sure your own house is in order before you start the interview process. Mr. Burns says his firm's recruiters initiate that process with a phone interview with the candidate that can last as long as an hour.

But within 24 hours of that first phone call, he says, Sound Inpatient Physicians' recruiters make another call: to the candidate's spouse or significant other, if there is one. Experience has shown, he says, that there is no point to scheduling a face-to-face if the candidate's family is not on board. His advice? Make sure you and your family have thoroughly discussed the possibility of switching jobs and relocating before you answer an ad.

- **Always make time for a phone interview.** Use the phone-interview process (usually several calls) to get as much as 70% of the interview process behind you before you and the company go to the time and expense of meeting in person.

Before any face-to-face meeting, for example, you should have a very good idea of the ballpark range of compensation and the specifics about the program. You should also have told interviewers a good deal about yourself.

The first phone interviews are a good time to let recruiters know about any rough patches in your background, such as malpractice judgments or disciplinary actions. You also need to make clear at the very beginning of the phone interview process if you have special needs that must be met, such as a need for a particular religious community or for special schooling for a child.

● **Prepare for probing questions.** According to Karen Zeller, president of Rocky Mountain Medical Search in Fort Collins, Colo., interviewers today increasingly rely on behavioral interviewing techniques. Those techniques are founded on the principle that past behavior can illuminate your future behavior.

When you're asked about specific past performance, Ms. Zeller says, think carefully and craft an answer that speaks to the particular situation.

Even better, go into any interview with an analysis in hand of several specific past situations and how you responded. Questions to expect include the following:

- Tell me about the last time you went over the top for a patient.
- Tell me about a situation where you had to influence others or show leadership.
- Tell me about a time when you had a bad outcome with a patient and had to tell the family.
- Tell me about a conflict you had with another physician and how you handled it.

Preparing answers in advance is also a good idea for physicians who have been practicing for years. Seasoned veterans tend to not prepare as much for interviews as graduating residents, says Ms. Zeller, because they assume their experience will speak for itself.

But "inpatient medicine is very much a team sport," she says. "Employers are looking for physicians who can be team leaders and team players at the same time." Key skill sets for hospitalists include communication and interpersonal skills, team building and the ability to influence others in stressful situations, so come prepared to discuss past examples of them all.

At the same time, Ms. Zeller adds, when you're asked more traditional questions about personal strengths and weaknesses, don't give pat answers. When listing weaknesses, be sure to explain how you're overcoming them.

"If one of your weaknesses is a short temper," says Ms. Zeller, "mention that you're exercising more at lunch or practicing counting to 10 first."

And when asked about strengths, don't use it as an opportunity to brag. "You can couch your strengths in terms of how other people have described you, saying 'I got feedback from the chief of medicine that I was particularly successful in this situation,' " she says.

● **Finesse achievements.** Speaking of bragging, how do you highlight professional achievements? "First, wait and see if the interviewer brings up your previous experience from reading your resume," advises Dr. Myers.

But be prepared to raise them yourself if the conversation doesn't turn that way. "You could say something like, 'I've enjoyed this aspect of my current job or residency training,' " she says. "'I'm anxious to build on that experience in the future.' "

● **Don't badmouth other employers.** While you should never speak ill of another employer, you should discuss challenging current or previous jobs in terms of what you did to deal with a tough situation.

"What did you do to meet those challenges?" says Ms. Zeller. "You can describe strategies you used to try to overcome them." Dr. Myers also suggests this tack: Talk about difficult situations in terms of what you learned.

"You can use it as an opportunity to say, 'I learned how important it is to have an equitable call schedule' or 'I learned I don't want to see patients 25 weekends a year,' " she says. "Talking about how a former position shaped you, even if the experience was negative, shows maturity and professionalism."

- **Save your hardball for the end of the game.** Candidates and recruiters should both have a good idea of each other's compensation expectations very early on. If those compensation expectations are wildly divergent—off by, say, a factor of \$35,000—recruits and recruiters should just part ways.

And while you need to confirm those income expectations at each round of interviews, don't start negotiating until there is an offer on the table.

"Say a candidate has taken a tour of the hospital and met with a number of key individuals," says Sound Inpatient's Mr. Burns. "Then the candidate says, 'I understand the compensation is \$160,000—but for me to come here, it's going to take at least \$180,000.' That's presumptive on the part of the candidate because nobody yet has offered the job."

- **Don't leave without asking about the next step.** Finally, if you like what you're hearing and think you want the job, let the program know. "Find out what the next step is," says Rocky Mountain's Ms. Zeller.

Whether you know you want the job or not, you should send a written thank-you note, she adds. Plan on writing an individual note to everyone involved in the interview process, including all the principals.

"And if you really want to score a home run," Ms. Zeller says, "send a thank-you note to the support staff for making the interview process run smoothly."

Phyllis Maguire is Executive Editor of Today's Hospitalist.

The job interview: questions you need to ask

When you go on a job interview, you're probably most concerned about how to dazzle your interviewers and generally make a good impression. But don't make the rookie mistake of sitting through a round of job interviews without getting the information you need to make an informed choice.

While you need to come prepared to answer plenty of questions about yourself, you also need to do your homework. Do research on prospective practices to get answers to the following questions:

- What is the daily census and number of patient encounters?
- How many hospitals or other facilities does the program cover—and would you have to cover more than one?
- What schedules do hospitalists work, and would you have a say in putting your schedule together?
- What new services is the program planning on adding?
- What kind of access do physicians have to specialists?
- What kind of financial package does the program offer in terms of benefits and incentives?
- Are there opportunities for part-time work? If you wanted more income, could you increase your number of shifts?
- How involved are hospitalists in ICU duties and responsibilities?
- How is the program managed, and who do the hospitalists report to? What is their involvement in decisions that affect them?
- How are hospitalists received in the hospital?
- Do the hospitalists act as a team, and how often do they meet?
- What opportunities are there for advancement or leadership?