

How to Choose and Evaluate a New Job Opportunity

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The purpose of this chapter is to help both newly graduated fellows and physicians evaluate new job opportunities in a sequential manner that will most likely lead to success without surprises. Skillful interviewing and job evaluation is a complicated skill that takes lots of practice. This chapter will provide a basis for you to both understand the environment you are considering for a new job as well as the ability to define what you want to do within the context of these new opportunities.

First, know who you are:

During your training or prior work experience what type of practice did you enjoy the most? Of course as a geriatrician you like everything, but think hard now, what was most rewarding for you? Did you really like the hospital service, were you stimulated by home visits or was being the attending on the teaching service the most fun for you. If you can, try to prioritize your list of clinical activities they you enjoy the most. Also, if you found some activities that we not especially enjoyable, make note of those too.

Another consideration, especially since you are a rare entity, is how much administrative work are you willing to do? This can frequently overburden a new geriatrician as in many organizations the lack of infrastructure and programs in geriatrics will mean that someone has to build the programs. Do you want to meet with various departments to start an ACE unit? Do you want to be the “go to” person when the clinic isn’t working properly or someone has a complaint? It is best to be cautious in the area of administrative responsibilities particularly if this is your first job as prior work experience is generally the best preparation for these duties.

Once you have your list of clinical, administrative and other activities that you do and don’t like place it in a file where you can refer back to it. This list will come in handy when you are discussing job responsibilities and allocation of time, to compare against the various job offers you may receive.

It is really imperative to know what is important for you. Is your relationship with your boss critical for your functioning or are you so independent that you just want to go about your daily affairs and not worry about your supervisor or others. Do you like structure, i.e. at 9 AM I am doing this then at 11 AM I’ll be doing that and at 2PM this and so on. Or are you someone who wants to be told, “this is the goal, how you get there doesn’t matter too much, just get the job done.” Do you need the collegiality of a large group practice to bounce ideas and problems off, or would you rather work alone? How would you like to allocate your time? Do you need a flexible schedule or part-

time opportunity for child care or other issues. Do you want to alternate clinical activities with administrative?

Where are you willing to live? The location where you grew up or trained is not the only place to practice, though most people want to stay with familiar surroundings. The location/geography question may be more or less important depending on what your career path is. If you are going to pursue an academic career, and your career path is very important to you, then you may need to be more flexible in terms of what parts of the country you consider.

What type of practice would you like to work in? In geriatrics, in particular, the variety of opportunities is almost endless. Hospitalist, PACE doctor, home care, exclusive long-term care, academic (with its own multitude of options), multi-specialty or single specialty group practice, solo practice (for the very brave), managed care, HMO and many others. If you don't know or have not experienced any or many of these types of practices keep your mind open as you may find an opportunity that fits your needs, in a way that you may have never anticipated.

What are your long-term goals? Will you be happy taking care of patients in whatever setting you choose, until you retire? Would you like the opportunity to change responsibilities for variety or do you like to do the same thing. If you are looking at an academic position, what do you want to be doing 2, 5 or 10 years after you start your position? Only after you've done your own internal assessment are you ready to evaluate the various job opportunities that may be presented to you.

Shop the market

So, once you've identified what you'd like to do, where you want to live and what types of responsibilities are important to you, you are now ready to try and track down some opportunities. Where do you start? If you are just finishing your training, talk to your program director about what you are looking for and interested in. Ask him/her about job opportunities locally or nationally. Frequently, fellowship program directors will be the first to receive flyers or announcements about job opportunities or they know of job opportunities through an informal network of geriatricians.

Try to start with people you know who may have connections or friends locally or other parts of the country where you would be interested in working. Frequently jobs in geriatrics aren't "advertised" but if the right candidate comes along a suitable position can often be created.

Talk to your own colleagues. What are they going to be doing, how did they find out about the job and what connections did they

have that worked for them. Of course, you can review the job listings in Journal of American Geriatrics Society, Journals of Gerontology, AGS Newsletters and other medical or aging related journals, as well as looking at job postings at their national meetings.

If you are really striking out on all of the above options you may want to consider using a placement agency or what is referred to as a "head hunter." Placement agencies can have various allegiances. They may be representing a hospital system that is looking to recruit a certain type of physician or they may work on your behalf to locate the type of position you are looking for. Make sure you know what you are dealing with. In order to find the best match for your requirements you will need to discuss almost all of the items on your priority list and what type of employment you are looking for. Be careful, because in some instances if you happen to find a job on your own, if you've signed an exclusivity clause contract, then your "head hunter" may be entitled to a placement fee even though he/she had nothing to do with your job offer.

You've located a possible position

Prepare for your first visit. It goes without saying that you should be courteous to each and every person you come into contact with by phone, e-mail or letter prior to your visit. Many so called strong candidates have been grounded by administrative support staff who reported to their superiors that the candidate they are about to interview were extremely rude, impersonal or otherwise disrespectful to them.

Prior to your visit find out as much about the health system or practice you are going to visit. How long have they been around? What is their reputation in the community? Have people left in the past and what were the circumstances? Are they expanding or contracting over time? What are they known for?

Who will you be meeting with? What are their positions and titles? Try to find out as much about these people as possible. This will reflect positively on you as you go into the interview.

First visit

The first visit should be viewed as a mutual "get to know me visit." There should not be any undue pressure to make any decisions or commitments. Questions you should ask yourself would include: Do I like these people and could I work with them. Does the environment seem supportive and collegial? What kind of support system is in place for the types of clinical, educational or research activities I will be considering. Also, if possible try to get an overview of the practice/group/system as to its overall financial health, reputation and how desirable a place it is to live and work. How busy

or harried do the physicians and staff seem to be? Do they seem to get along? What do other departments or divisions think of them? At the conclusion of the first visit you should feel comfortable that this opportunity may be worth further exploration.

Second visit

Now things are starting to get a bit more serious. Both you and the potential employer are starting to think that this may be a viable match. The goal of the second visit is now to hone down on duties and responsibilities, specific support provided, expectations and production, how you will be evaluated and at least a sense of the salary range.

As it relates to "production" ask how physicians are compensated. Are they on a base salary alone, base salary plus production or 100% production? What do they mean by production? Is it based on numbers of patient encounters, relative value units (RVU), revenue brought in, or some other measure? How are non-revenue generating activities such as administrative, research or educational activities counted or valued? If the salary is highly production based how much time would do they give new hires to "generate their income?" Is there some sort of guarantee for 1, 2 or more years? In some cases the salary guarantee is nothing more than a sort of loan that has to be paid back at some future date, so try to clarify if the guarantee is provided gratis or does it have to be paid back with future earnings (that is in future years your salary would not go up as much since you would be paying back your loan)? If you get a guaranteed salary and you find out you really don't like your new job and can't fix the problems, find out what the obligations would be if you leave within that time period.

What specifically will your responsibilities be? How much time will you have to complete patient care, administrative duties, educational assignments and other activities that may be included in your job description. Remember that list of duties that you enjoy or don't enjoy you made? Now is the time to break it out and see if you can find a respectable match with this potential employer. How many hours per week do they figure you will be working? Ask! If everyone you see is working 80 hours per week is that what you would be comfortable with? How much time off do you receive? What about sick leave, continuing education time including national meetings and time you may need for doctors appointments, banking or other incidentals. How is call coverage handled? What are your responsibilities on call, what back up if any do you have and how onerous and how often do you have to take call.

What opportunities are there for change if your initial job assignment is not to your liking? How flexible are they and have they ever had to make a job assignment change with another physician. Try to get an idea as to how flexible or inflexible they may be.

If you are dealing with two or more independent entities that have to work together then you need to speak to both. For example the University may be your employer but the hospital which is run by a different organization is running the geriatric clinic. Make sure both entities are in synch and saying the same thing. If they aren't then watch out or at least try to clarify why there may be a discrepancy between what they are saying.

How supportive is the department head, leader or boss of geriatrics? Does he or she even understand why geriatrics is different? What about that person's supervisor, do they have the same understanding? Ideally you want to go at least 2 levels above your potential supervisor to understand how supportive they are of geriatrics. If they are unable to at least convey a basic understanding of the field and why it is important, then this is a warning sign. Also, when you're meeting with the upper level of administration try to find out what they see as challenges and opportunities in their areas. What is the "big picture" vision for the clinic/hospital/institution? Where do they see themselves in the next year, 5 years and 10 years? What are their major focus areas and how are they developing them?

You will want to explore the outside environment at this time as well. Where do the physicians live? What is the cost of living? Could you afford to live near the medical center (would you want to)? Are there any outside hobbies or activities that are important to you that need to be nearby? Now is the time to explore these issues. If you need childcare is it nearby, available, affordable and of adequate quality. What about the school system, crime, local economy, taxes and other quality of life issues?

Third visit / Final negotiations

By now the probability that you are going to leave is getting high. However, there are still several things that need to be worked out and you either agree or you may be looking at a potential deal breaker. At this point in negotiations anything that was not clarified or they told you they would get back to you on the answer is due now. Any substantial commitments that are not the routine or standard for other job applicants that have been made to you, in terms of job responsibilities, equipment or other non-routine conditions that they have agreed to, you must get them in writing now. Particularly if you are being recruited to start a senior program whether it be an outpatient clinic, ACE unit or other program you should get the

institutional commitment in writing which specifies the amount of resources and for how long this start up support is being provided.

It is not uncommon for administrators to turn over just as, or soon after, new hires are coming on board and with their departure go their verbal commitments as well. Finally, as it relates to these written commitments make sure they come from the highest level of administration possible. This will usually not be your new boss, but someone higher up the chain. If you fail to do this you may end up with something on paper that has no currency because that person was not authorized to make those commitments and didn't know it.

By this point you should have a very good idea as to what your job responsibilities and duties are. Again look at your list of likes/dislikes and make sure you have a good match. This is also a good time to ask what happens if one of their established key faculty/physicians or support staff leaves, what is the plan to cover this now unassigned work.

What level of administrative support is provided? You do not have to take this as a given, as for some positions, administrative support can be negotiated. However, if you fail to discuss and negotiate this, it will likely come back to haunt you later. How many people will you have to share this person with? What happens if your administrative responsibilities increase and your current support can't keep up? Is that your problem or would they support a new position?

If you are evaluating an academic position you will want to know how grant funds or foundation awards are handled. How are funds allocated, what do you get, and what goes to the institution? Who handles the accounting for those funds? Are they in your department or do you have to deal with a CPA in a distant office who doesn't know or care who you are?

How much time and funds are available for continuing education? How much vacation do you earn each year? What are the retirement plans and what other benefits are included with the job? Is parking provided? In many big cities this is a major issue and some jobs are associated with nicely covered reserved parking being provided. Again, this is another area that can be frequently negotiated. How much are they willing to provide for moving expenses? Do you have to use their mover or can you select your own? What kind of malpractice coverage do they provide? Make sure you understand what type is being provided and whether there are limits or exclusions that could put you in jeopardy.

Finally, salary, do not undervalue your training, skills and abilities. In all areas of new job selection this is one area where geriatricians in particular often don't or only minimally negotiate. Regardless of your gender, you should negotiate the salary, and don't

be afraid to ask for more than the starting salary upper range. It is also reasonable to ask for a signing bonus. Almost everyone will understand the expense of moving, student loans or other aspects of junior faculty life. Even if there is no history of giving a signing bonus, make sure you at least ask for one.

You will never be in a stronger position to negotiate than when you are seriously considering a job but haven't signed on yet. Always, assume the worst case is that they can say no. Often even if you are out of range on a request, the courteous response from your prospective employer is, "let me get back to you on that." Generally, you'll find a reasonable counteroffer that is better than what you were originally offered but is less than what you asked for. There is nothing wrong with that happening. If you really want something don't roll over, stick to your guns and the opposing party will see that this is important to you and try to accommodate your request.

As the last item, if you are asked to sign a contract, by all means hire an attorney who specializes in physician contracts to review the agreement. Though this can cost anywhere from a few hundred to a few thousand dollars (worst case), you should think of this as long-term care insurance as it applies to your job. Your attorney should have full knowledge of what you negotiated, what you agreed to in terms of job responsibilities and the commitments made on both sides. He/she will ensure that if you need to leave your position or the job turns out to change substantially over time that you are protected from being sucked into a situation where it's very difficult to extricate yourself.

Overall, evaluating a new job opportunity is a fun and exciting time. It's a chance to improve your situation, enter a new environment and expand your horizons. It should be done in a logical and sequential manner to protect both you and your subsequent employer. Things that are not discussed have a habit of rearing their heads later, usually in manner that is not pleasing to either party. Always remember that most everything is negotiable and that the worst thing that can happen is they say 'no.'" Good luck on your future job searches.