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SUCCESSFUL RECRUITING BY AN ACADEMIC HOSPITALIST SECTION

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ABSTRACT

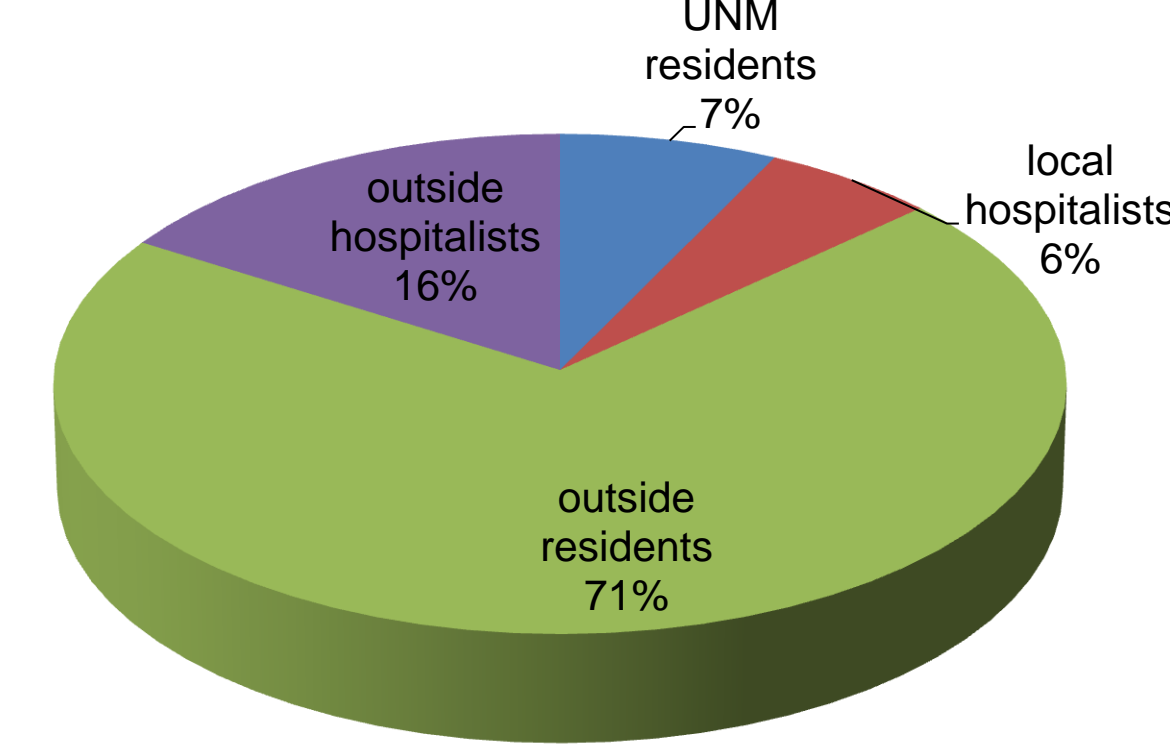
Statement of Problem: Because of changes in resident staffing, our academic hospitalist Section required a 50% increase (from 12 to 18 FTE) in faculty members in one year. Thus, we undertook an intensive recruiting effort that spanned 9 months. **Innovation Objectives:** In a cost effective way, to attract and screen a large number of applicants for a position with our Section of academic hospital medicine. **Program Description:** In January and October, we advertised in national journals and on websites. We responded to over 100 inquiries with a standardized email describing our program, and with an invitation to formally apply by providing a letter of intent, current curriculum vitae, and three professional references. Over a 9 month period, we received formal applications from 68 physicians (53 were currently completing their residency, and 15 were practicing hospitalists). 5 were from our own residents, and 4 were from local hospitalists who had completed some training with us. These 68 applications and/or letters of reference were reviewed by our Hiring Committee. Using pre-established screening criteria, 26 of 68 (38%) applicants were judged competitive. Using standardized interviewing tools, Hiring Committee members interviewed by telephone 24 of these competitive candidates and their references. Of these, 18 were invited for an on-site visit. **Findings to Date:** Almost all of the invited candidates (16/18) visited our department for a one or two day visit which included face-to-face interviews, rounding, and social events. 12 of these 16 candidates (and 6 of 8 local candidates) were offered a position, and 5 accepted. Four of these had completed their residency in the past year. 3/5 (60%) of the successfully recruited faculty members had done some training at our institution. The recruiting cost included \$6,431 for advertising and \$14,292 for candidate visits; and required weekly meetings by our Hiring Committee. **Key Lessons Learned:** Using pre-established screening criteria and standardized telephone interviews, we targeted those candidates which we felt we were most likely to successfully recruit, and invited them for on-site interviews. We ultimately offered a job to 75% and hired 30% of those who completed an on-site visit. Over half of our successful recruits were from local candidates. The cost of our recruiting was \$4,145 per successfully recruited physician.

METHODS

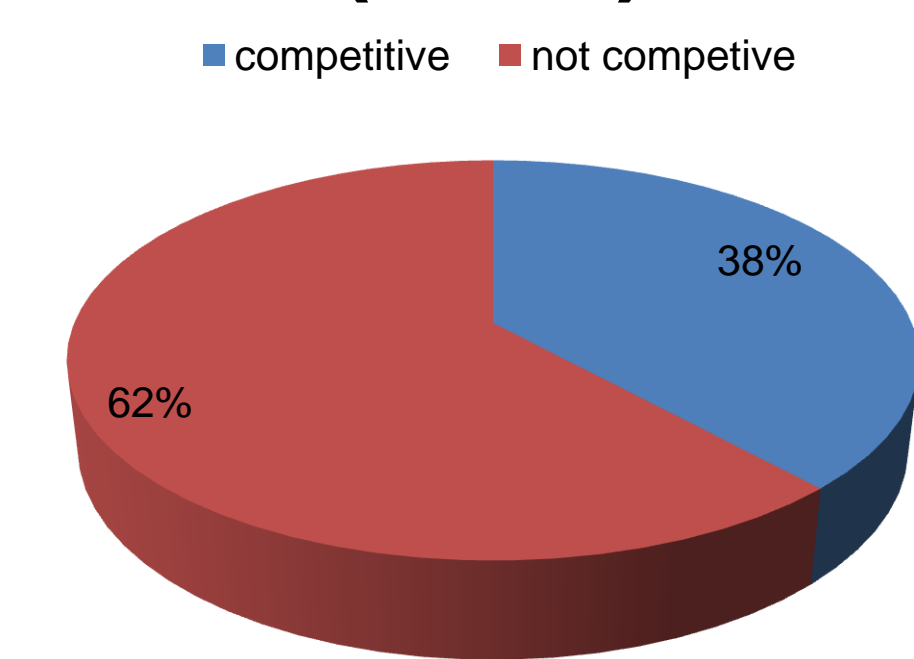
1. Positions were advertised in national journals and websites
2. Inquiries were sent standard email response with information about the program, minimal requirements, and request for CV, letter of intent, and three professional references
3. Completed applications were screened by the Committee and voted competitive or not competitive
4. Competitive applicants and references were interviewed by phone with standard interview instruments.
5. Committee reviewed phone interviews and voted to invite or not invite for on-site visit.
6. On-site visits included formal interviews with Committee members and Division Chief; rounds and conferences; and meals with Section members
7. Committee reviewed on-site interview comments and voted to extend offer or not.

RESULTS

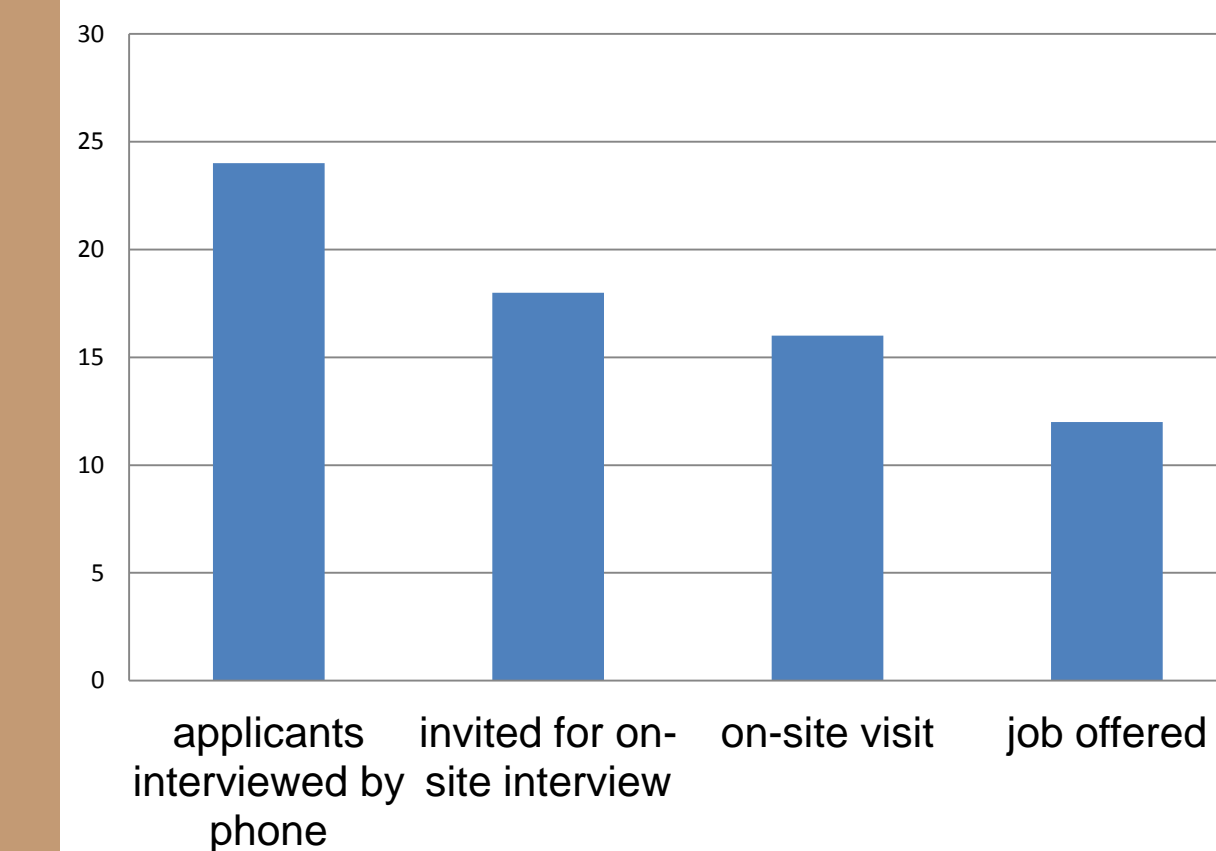
Total completed applications (n=68)



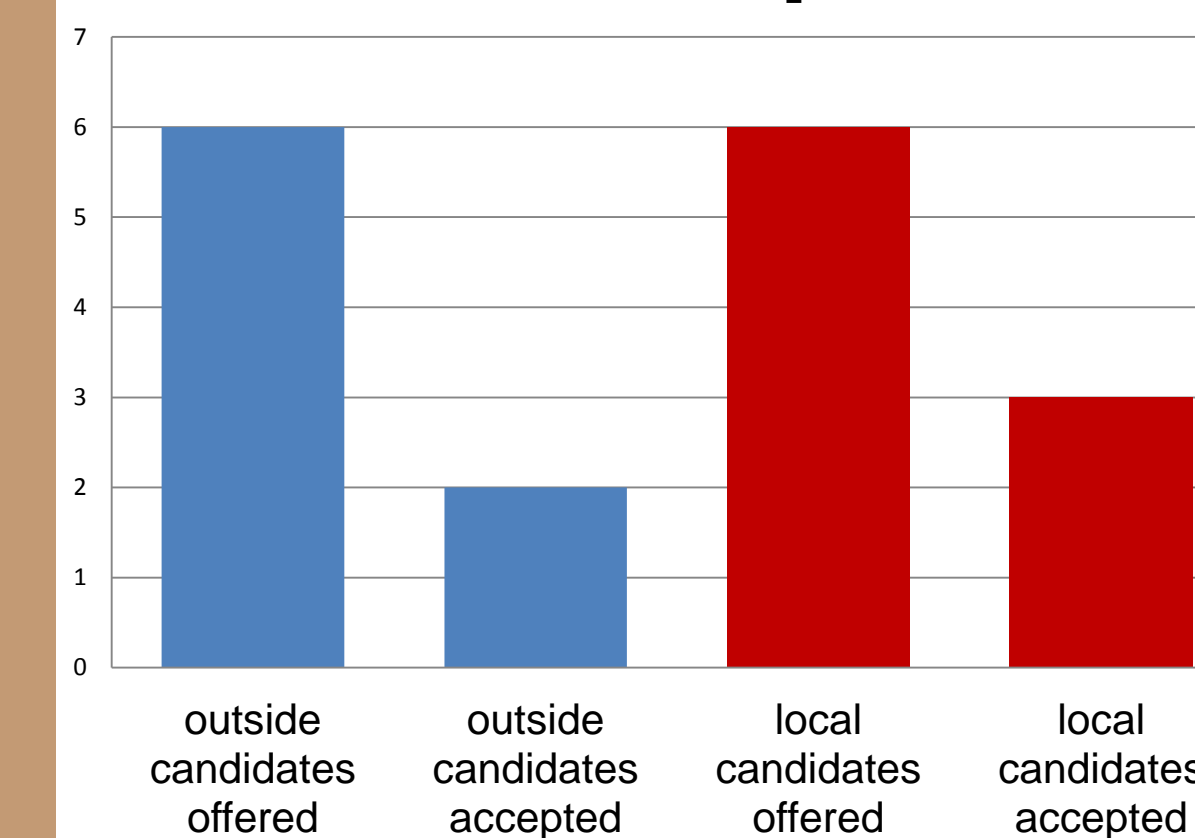
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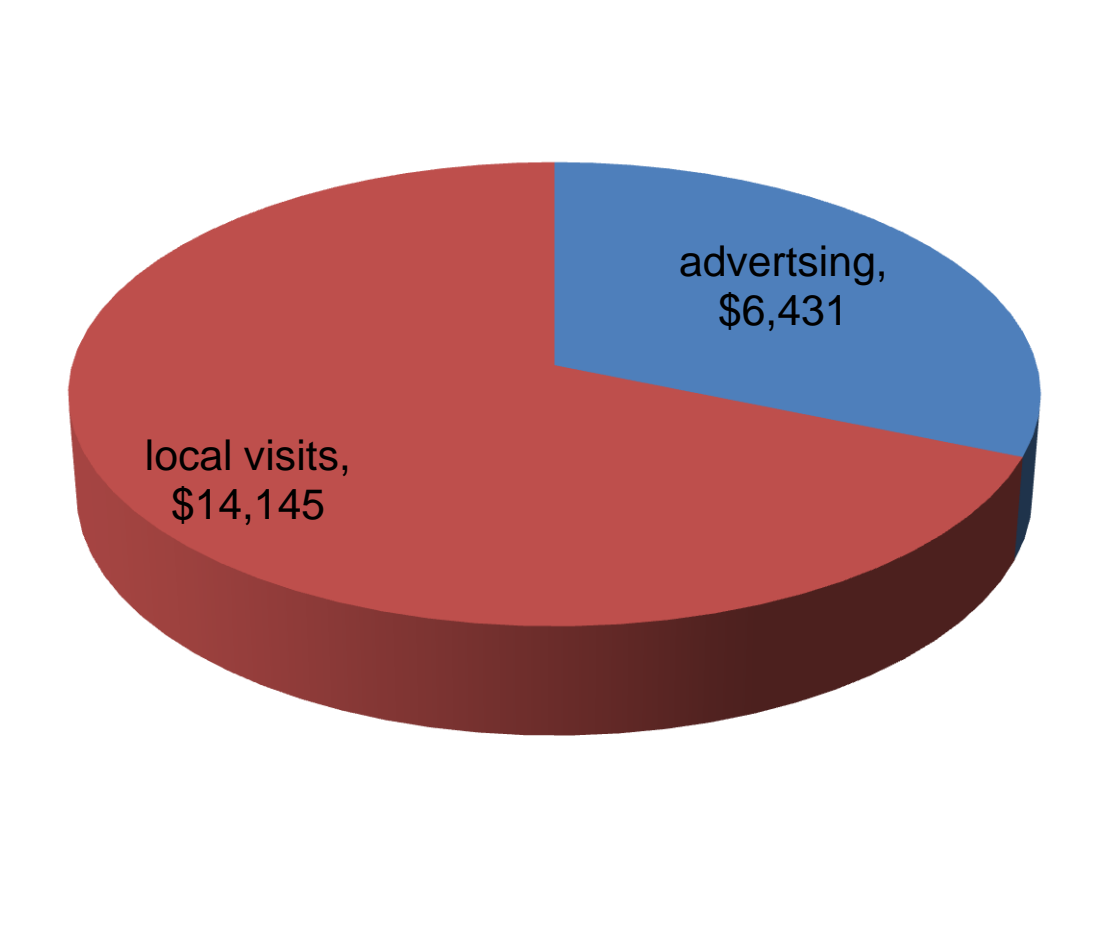
Competitive applicants



Positions offered and accepted



Costs



LESSONS LEARNED

1. Our success rate for successful recruiting was higher for local candidates than outside candidates.
2. Standardized telephone interview instruments led to more consistency and saved time by the Committee.
3. The Committee was frequently able to judge whether or not a candidate would be offered a job after completion of the telephone interviews; the on-site visit typically was more about recruiting the candidate rather than deciding to offer a job or not.
4. Our success rate in recruiting invited candidates was high (30%) and thus recruiting costs were low.

CONCLUSIONS

1. Pre-established screening criteria and standardized telephone interview instruments improved the Committee's ability to target candidates who were most likely to be successfully recruited
2. Over half of our successful recruits were from local candidates.
3. The cost of successful recruit was \$4,145.

Standardized Telephone Instruments

Candidate Telephone Interview	Telephone Reference Phone calls
Candidate: Date: Interviewer:	Candidate: Reference: Date: Interviewer:
Tell me about yourself	[When calling a reference, introduce yourself, state that you are checking the reference on (name), a candidate for a position as an academic hospitalist and you have the candidate's permission and/or an authorization and release to talk with the reference.]
Current Position:	How do you know the candidate? How long, in what context?
Why are you contemplating a move?	All candidates have strengths and weakness, can you comment on both.
What would you describe as your ideal practice?	Have you observed the candidate in a role of educating learners or peers and how did he/she perform in that function?
Have you been involved in any quality improvement activities?	Have you observed the candidate in a stressful or confrontational situation and how did he/she handle that?
What is your salary at your current position?	Can you comment on his/her ability to engage or drive quality or systems improvement or any change implementation process?
Is there anyone else involved in making this decision?	How would you rate his/her abilities in regard to: (on a scale of 1-5 with 1 being the lowest)
What time frame are you looking at for a new position?	General medical knowledge Relationships with patients Individual judgement Ethical/Moral Conduct Relationship withness Medical Records Responsibilities Leadership/Management
Are there any specific needs or desires in community or environment?	Time Management/Efficiency Relationships with peers Patient care outcomes Communication/Diplomacy Innovation Communication with patients/peers/staff Education/Teacher
Is there anything which might make it difficult to be successful with us?	Validating Questions: We are looking for exceptional candidates for a position as an academic hospitalist who will excel in clinical, educational, and administrative roles. Would you hire this candidate for this position?
Harts (why leaving current situation?) Uncover Knockouts (either for us or them that would make us not compatible) Spouse Family (decision makers)	Is there anything else relevant to the candidate's performance and attitude in your workplace of which I should be aware?
Time Frame for interview and decision	