
WORST-CASE SCENARIO
JOB SEARCH
SURVIVAL GUIDE

FOR RESIDENTS

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INTRODUCTION

Job searching is a numbers game. You, one job seeker, are trying to find the perfect job among tens of thousands posted on some 50,000 online job boards operating around the world. No wonder it typically takes six to 12 months for a resident to find a clinical job. Here's another number: 71—that's the number of clauses in a typical physician employment contract.

Yes, job searching is a numbers game, and you hope they add up to a great career with great compensation and benefits, so you can start whittling away at those student loans. But job searching is also a people business—who you know, who knows you. According to *What Color is Your Parachute?*, only four percent of job seekers find their jobs online. Most find them through networking. But where do you even start?

This is a busy time in your life. You're completing your residency, trying to decide on next moves, facing a mountain of debt. A job search is not what you're trained for. That's why we've put together *The Worst Case Scenario Job Search Survival Guide for Residents*, because we're the people who want to stack the numbers a little more in your favor.



WORST CASE SCENARIO:

You started your job search late. You have three months left in your residency, and you haven't so much as looked at your CV.

Step 1.

Don't panic.

Step 2.

Pick up the phone and call a recruiter now!

Step 3.

Complete our job search questionnaire on [page 16](#) to get your head in the right place.

Step 4.

Review temporary job options on [page 6](#).

Step 5.

Whatever you do, don't take the first job that comes along. You may regret it.

HOW DO I START MY SEARCH?

Use a recruiter or go it alone?

Did you know that only about four percent of job seekers find their job online? There are somewhere in the neighborhood of 50,000 job boards operating globally, meaning that finding your perfect job is like trying to find a virtual needle in a virtual haystack.

On the other hand, 80 percent of job seekers actually find their job through networking with other people in the industry. Let's say you've built up your social network to 500 people. A recruiter has access to a much larger network, often nationwide. LocumTenens.com's network, for instance, is 200,000 strong. Furthermore, recruiters can often find a need where there was no listed job opening. At LocumTenens.com, two thirds of our placements are not publicly advertised. Physicians trying to do job searches on their own will most likely never find those opportunities.

There are many other reasons to choose a recruiter instead of flying solo. A seasoned physician recruiter can help you with the finer points of negotiation. They can confirm that the compensation package is in line with market practices. They can help you weigh the merits of different offers. A recruiter takes the emotion out of contract negotiations and insulates you from the awkward position of having to negotiate with your future boss. You probably don't like difficult conversations. Recruiters are trained to have them! Let them play hardball on your behalf. Hey, movie stars and athletes have agents. Why shouldn't you?

Finding the Right Recruiter

So you've decided that between finishing your residency and studying for your boards, you really don't have time to tackle a job search. How can you be sure that you're choosing the right recruiter?

Type of representation

There are two basic models for physician recruiting. In the case of *client representation*, a staffing firm is engaged by a hospital or healthcare facility to find a physician who has a specific combination of skills and experience. Their recruiters are mostly concerned with ticking boxes on the employer's checklist. Any CV that comes close gets presented.

In the client model, a recruiter is mostly concerned with filling openings that he or she holds contracts for. They are less motivated to go out to their network and look for the perfect job for you and more interested in getting you to fit in with one of their contracted clients.

Physician Representation: A New Model

LocumTenens.com is one of a very small percentage of recruiting firms using a new model—*physician representation*. In this model, the recruiter engages in a search based on the physician's preferences and needs, tapping his or her contacts to find the right employer match.

DO NOT PAY A PLACEMENT FEE!

Whatever you do, do not let a firm convince you to pay a placement fee. The employer always pays the fee, even in cases of oversupply in the labor market. If a firm asks you to pay any type of placement or consulting fee, even promising pie-in-the-sky results, run, don't walk, out of their office.

Evaluating a recruiting firm:

Your due diligence questions

Before you settle on a recruiter, make sure you do your due diligence. Research the company online. What is their reputation in the industry? You want to choose a recruiter that has not just healthcare experience but a long history placing physicians and, even better, placing physicians in your specialty. Use the questions below to “interview” a potential recruiter.

- ▬ *How long has your firm been in business?*
- ▬ *How many physicians have you placed in the past year? How many in my specialty?*
- ▬ *How large is your employer database?*
- ▬ *What's your geographic footprint? Do you place physicians all over the country or just regionally?*
- ▬ *Ask questions to make sure they understand your specialty. Are they going to sound credible when representing you?*
- ▬ *What is your process for job matching?*
- ▬ *This process should include a lengthy conversation about your goals, needs, your family's needs, etc.*
- ▬ *How much experience do you have negotiating physician compensation packages? How many compensation packages have you negotiated in the past year? Will you be able to advise me on how competitive my job offer is?*

SHOW ME THE MONEY

If you would like salary data for a specific geographic location, give our physician recruiters a call (800.562.8663). We have access to physician salary surveys from industry leaders.

MYTHS OF GEOGRAPHY

Myth:

Physician jobs in rural areas are less desirable.

Fact:

Demand for physicians in rural towns is much higher, often driving compensation way up.

Myth:

A low cost of living leads to a higher quality of life.

Fact:

This is not necessarily the case. For some, a lakeside mansion in a sleepy little town just doesn't have the appeal of a small urban loft close to all the action.

WHAT JOB IS RIGHT FOR ME?

Location, location, location

There is a lot to consider in choosing a part of the country to start your career. You may have put hobbies and cultural activities on hold while you were in medical school and residency and are eager to take them up again. You may have a young family or know you want to start a family in this new phase of your life. All of these factors should carry some weight in your decision. See our questionnaire on page 16 for help organizing your decision making.

Rural vs. city

Generally speaking, the smaller the population of a town or region, the higher the salary will be. This phenomenon results from higher demand for jobs in bigger cities; more physicians want to work in New York, Chicago or Los Angeles than Fargo, North Dakota. The advantage of a small burg is that you are more likely to get paid in the 90th percentile and still enjoy an ultra low cost of living.

So depending on your priorities and the premium you place on living in a large city, you should weigh the pros and cons of a higher salary in a sleepy town versus a lower salary in a vibrant city. If your primary concern is paying off student loans quickly, the big city may not be the right place for you. If arts and culture and location matter to you more than compensation, put urban employers at the top of your list.

Another thing to consider is that in smaller locales, there is a greater need for generalists. They have a lower physician to population ratio and hospitals and practices need physicians who can see most cases and wear many hats. If you are most interested in being ultra-specialized, a large urban hospital or health system may be more your style. But the more specialized you are, the fewer job openings there will be in your target cities. You should be prepared to expand your geographic search to include lower priority locations.

Hidden gems

Several publications put out lists of desirable cities in the United States—the happiest, healthiest, most family friendly, the best bang for your buck. The cities that make those lists are often very surprising. Take the time to research cities that may not have made your original short list to see if you can discover some hidden gems, where salary, culture and lifestyle may converge to create the perfect location for your career and life. If you're an international medical graduate, you may not be familiar with parts of our country outside of your residency town. It's worth taking the time to research cities and interview around the country.

GO NON-TRADITIONAL

As you consider a possible practice setting, don't neglect to think about non-traditional settings like government facilities—VA and military hospitals, Indian Health Services—and community health centers.

Practice Setting

Most residents have extensive experience in a hospital setting by the time they're finished with their education. For that reason, it makes sense for you to spend some time thinking about other settings. You could arrange for informational interviews with established physicians in settings that are different from the one where you did your residency. During the interview, make sure to consider the patient mix and types of cases that you would see in that context.

As you consider a possible practice setting, don't neglect to think about non-traditional settings like government facilities—VA and military hospitals, Indian Health Services—and community health centers. If giving back is a high priority for you, these special patient populations can be very rewarding. The pay won't be as high, but the good feelings will be higher. Most government employers allow you to work anywhere in the country (including Guam, the Marshall Islands and U.S. military bases all around the world) on any state license. Also, government jobs often come with exceptionally good benefits.

Another consideration of practice setting is the types of patient populations you'll encounter and the hours you'll keep. If you're keen on having more control over your hours, a private practice is likely a better fit. On the other hand, hours at an urgent care center can be more irregular, but the case mix may be more stimulating.

If you're really unsure about your preferred practice setting, one option is to do some locum tenens work after residency before taking a permanent position. This allows you to "try on" a practice setting before making a more permanent decision. This could be especially useful for residents considering starting up a solo practice. Understanding the business side of private practice can help prepare you for or dissuade you from a private practice setting.

Informational Interviews are interviews initiated by job seekers to gain industry information or career advice instead of employment. They are also a great networking tool and can sometimes result in a solid job lead.

WHAT JOB IS RIGHT FOR ME?

Employment Status

Another thing to consider is what type of employment model you want. There is a strong trend toward increased physician employment, but that doesn't mean that other options aren't worth considering. Below is a chart comparing the three main physician employment statuses. Take a look and weigh the pros and cons as you continue your job search.

	employed	private practice owner/partner	locum tenens/ contractor
billing/reimbursements	none	complex	none
business development	little	on your own	none
insurance contracts	yes	yes	none
malpractice insurance	employer paid	expensive	employer paid
regulatory complexity	low	high	lowest
risk	lowest	high	low
hours	set, regular	long	you decide
vacation	3-8 weeks depending on specialty/seniority	you decide	you decide

We have purposely excluded income from the table above because it is subject to a lot of variability, for instance, the frequency of contract assignments, in the case of a 1099 contractor, and the profit-sharing arrangements in a private practice setting, to name two. There is a trend toward offers that come with income guarantees for a period of time, allowing you to ramp up gradually without taking a hit to your income. If you would like benchmark income data for different employment models, contact one of our physician recruiters.

Seven or more years of medical training simply do not prepare you to navigate the daunting task of finding a good job. That and the stresses of daily life can make what should be one of the most exciting and refreshing times in a young physician's career quite challenging.

—Fourth Year ENT Resident

Not ready to decide?

Temporary Job Options

There are a lot of good reasons not to start a medical career by signing on the dotted line in permanent ink. Maybe you want a break from the rat race. Or you aren't sure what type of opportunity you really want. Whatever your case, a temporary job opportunity may make sense. Here are some to consider.

Trial Practice Opportunity - You might call it "try before you buy." A TPO position would allow you to try out a job and an organization without fully committing. After a trial period, you would have an out if you decided that it was not the best fit clinically or culturally.

Moonlighting - Depending on the type of license you have, in some states you can moonlight in your final year of residency. Moonlighting allows you not only to earn a little extra money, but also to try a type of clinical setting that is different from your residency's setting.

Locum tenens work - A locum tenens physician, by definition, takes the place of a physician who is absent, but that does not truly cover the scope of what a locum tenens physician does. A locum tenens physician can provide coverage while a hospital or practice searches for a permanent physician. He or she can cover vacations and leaves or provide seasonal coverage during volume surges. A significant percentage of locum tenens physicians end up converting to permanent.

CV-BUILDING BLUEPRINTS

Your CV is your ambassador. It will speak on your behalf before you will, which is why you need to make sure your CV can stand alone as a complete and positive testament to your accomplishments and skills. It will have to pass through a variety of screening steps, which means you must make it extremely easy for each screener to pass you up the decision-making chain-of-command instead of screening you out. The goal is to make all the important and necessary information easy to see in a 30-second glance, about the time a screener will look at your CV.

Follow our CV-building steps below to construct a solid CV.

- 1 Make the first page of your CV the essentials at a glance. First level screeners want to quickly scan your CV and see if you meet the criteria they are looking for. Make sure your first page includes all the basics: education, residency, fellowships, board certifications and licenses, followed by skills and practice experience (or employment history). Least important are publications or academic positions, so leave those to the end of your document.
- 2 Make sure that your CV is updated. Always have your CV updated and at the ready. You never know when you might get a call about an attractive position.

The best time to update your CV is the moment that you have something new to add. After some time has gone by, it's easy to forget important details. Also, updating your CV a little at a time is easier than revising it all at once.

A WORD ABOUT LENGTH

Longer is not necessarily better. The goal here is to go for quality rather than quantity. If you have an extremely long list of publications, for instance, perhaps you could pick the most interesting or relevant ones to highlight. The important thing is for you to be noticed for your qualifications rather than the length of your CV.

CV: WHAT NOT TO INCLUDE

⊗ Personal information:

In the 1980s and 1990s (and even, on occasion, still today), people included information about their marital status, children, interests and hobbies, health status and religious affiliation. Thanks to equal employment opportunity legislation, employers may not discriminate against you on the basis of any protected category. It is, therefore, best to leave all of this information out.

⊗ Work experience prior to college

⊗ Lengthy lists of publications that span pages and pages (see above)

3 List areas of specialization. If you are specialized in particular procedures or particular modalities, you should list those in your CV. That information helps recruiters place you in the jobs that best match your skills and interests. When recruiters query their physician databases looking for qualified candidates, you are more likely to appear on their lists when you include as many specifics about your skills as possible. Also, if a medical director or other decision-maker sees a specific skillset they are looking for or something their organization is lacking, you will be escalated to the top of the pile.

4 Don't forget the finishing touches. Formatting and editing may seem less important than the actual content of your physician CV, but the look and polish of your document help make it readable and are therefore an important aspect of your CV. Use recognizable rather than unique fonts. Stick to 11- or 12-point type and standard margin widths. Use bullets instead of paragraphs when possible. Spell-check your document before you send it off. It's always a good idea to have someone look over your CV and check for typos and grammar errors. Don't rely on your software's grammar checker—it's not infallible!

Education and Medical Training

Fellowship July 2012–present
Critical Care Medicine
Mayo Medical School of Graduate Medical Education
Rochester, MN

Residency June 2009–June 2012
Internal Medicine
The University of Arizona Medical Center
Tucson, AZ

Internship June 2008–June 2012
Internal Medicine
The University of Arizona Medical Center
Tucson, AZ

Medical School August 2004–June 2008
Doctor of Medicine
UC Davis School of Medicine
Davis, CA

College August 2000–June 2004
Bachelor of Science, Biochemistry
University of California – Santa Cruz
Santa Cruz, CA

CV Building Blocks

The most important thing about your CV is to make it easy for screeners to screen you in rather than out. They're looking at your resume for a very short period of time trying to find some very specific checklist items. The easier you make it for them to find those things, the better your chances of getting a call back for a phone screening or interview.

Objective

This is an optional section that helps decision makers decide whether you're a good match for a position or not. This is where you can list some very specific requirements regarding the position or type of hospital or practice you would like to work for. Make sure those requirements are absolutes and not nice-to-haves or you might find that you're screened out for opportunities you really would be open to.

Example:

To obtain a permanent position in general diagnostic radiology at a large urban hospital.

Summary or Qualifications

The summary is also optional. This is a good section to highlight what makes you different from other candidates. Are you double-boarded? State that here. Did you attend a top-tier medical school? Mention it in the summary. Mention your unique skills and sub-specialization. Because it is not required, only use this section if it will help you create a cohesive story about your background or sell yourself better. Otherwise, leave it out.

Example:

Board certified general surgeon, licensed in Illinois, fellowship in trauma surgery—expected completion date June of 2013.

Education & Training

Early in your career, education should be the first section on your CV below the objective, if you're using one. As you gain experience, it can be moved below your work history. There's no magic formula here. List all your education and training in reverse chronological order ending with your bachelor's degree. If you had a stellar GPA list it, or simply add cum laude, magna cum laude, suma cum laude. If you had fantastic MCAT scores, list those. We know your mom bragged about your MCATs, but they really should be objectively great.

Licenses & Certifications

List all state licenses you hold and any board certifications or board test dates. List additional procedures or modalities that you are trained in or certified to perform.

WORST CASE SCENARIO:

You missed a hugely egregious spelling or grammar error in your CV.

Step 1.

Don't panic.

Step 2.

In a phone or face-to-face interview, don't try to ignore the error. Use it as an opportunity to show off your sense of humor. In a self-deprecating tone say:

You would think 12 years of education would make one an expert in grammar. Sadly, it doesn't.

or

I'm an expert in human anatomy. Sentence anatomy, not so much.

Work History

List all healthcare-related employment since college in reverse chronological order. You should also include any healthcare-related volunteer positions you have held. Include non-healthcare employment when it helps explain gaps in your CV, e.g.: between college and medical school. If you are a career changer, with a lengthy work history prior to medical school, you should include your previous non-healthcare employment, but only briefly describe your responsibilities, highlighting, as much as possible, experience that complements your current career track.

If you have a lengthy list of volunteer jobs, create a section just for volunteerism.

Honors and Awards

List scholarships, merit-based grants, academic or philanthropic awards, honor societies, etc.

Professional Memberships

List only relevant professional societies and associations.

Publications & Poster Presentations

List any publications and conference presentations. If this list is very lengthy, pick the most important ones to highlight or provide a separate document available upon request.

Work History

Emergency Medical Technician (July 2002–June 2004)
CALSTAR: Gilroy, CA

- Performed patient assessments
- Wound care, splinting and irrigation
- Operated medical devices and equipment approved for field use by the agency and treatment protocols
- Checked all equipment and medical devices to ensure safe and effective operation
- Communicated code responses to the nursing staff
- Reported medical events to triage nurses

Receptionist (part time from August 2000–June 2002)
Student Health Center at the University of California, Santa Cruz

- Booked appointments for students with physicians and nurse practitioners
- Received and processed immunization records
- Processed payments for medical services
- Pulled and filed medical charts
- Assisted with processing of insurance claim forms

Volunteer (part time and summers from June 1999–June 2002)
Santa Cruz AIDS Project

- Assisted with creating educational material and flyers to distribute to clients
- Participated in community outreach to at-risk populations
- Provided transportation to doctor's appointments for clients
- Updated organization's website content
- Answered phones and general e-mail inquiries

References

While these are not required to be included in the body of your CV, they can be nice to include, especially if your references are very impressive. These should be people that you are certain will have nothing but glowing words of praise for you. A word of caution, though: be prepared for your references to be called a lot and without notice if you include them on your CV. Make sure they are willing to be subjected to this and warn them in advance of sending out your CV far and wide. Otherwise, don't include your references and simply state: "References available upon request."

THE INTERVIEW DE-MYSTIFIED IN FOUR STEPS

1. First things first: Work on phone skills

You'll need to make some phone calls before you secure a job. Now is the time to polish up those phone skills.

Smile and dial.

Unlike a face-to-face interview, you can't convey anything through body language over the phone. You can only use your voice to make a positive impression. People who work in phone sales or in a customer service call center are often told to smile when they are speaking to a client on the phone because the person at the other end of the call can hear their smile even if they can't see it. In our business we use the catch phrase "smile and dial" to remind us of this basic phone technique.

Make sure you clearly enunciate, even over-enunciate a bit, when you are speaking on the phone—the person you are calling will not be able to use visual cues to understand what you are saying, so make it as easy as possible for them to hear you.

Avoid dead air.

While it's good to stop and think before answering a complex interview question, long pauses don't translate very well over the phone. First acknowledge that you heard the question with something as simple as "That's a very good question" followed by a short pause. This ought to allow you to gather your thoughts without too much dead air.

2. Before the interview: Be prepared

Do your research.

Go to the hospital, health system or practice's website. Read their mission statement. Find out about their community outreach programs. Look at their current press releases. This will give you a good overall sense about what is happening with the organization and what their values are. Read the executive team's bios and the bios of anyone you will be meeting. Also, look for their LinkedIn profiles. You will impress your interviewer with your initiative, and you will gain a good sense of how well you would fit in with the organization's culture. You may also find some common ground that will allow you to establish a rapport with them—maybe you went to the same medical school or you have a hobby in common. These are all bits of information that can help you break the ice and make a positive impression.

Prepare for the site visit.

If you've done your research prior to your face-to-face interview, you should have a sense of who the key people at the hospital or healthcare facility are. Make arrangements in advance to schedule informal interviews with people who are not part of the formal interview process, including potential mentors and collaborators. Make plans to talk to your future peers to get a good sense of the organization's culture. Think about intra- and inter-departmental dynamics and how you will fit into them.

WORST CASE SCENARIO:

You miss a phone interview because of an unscheduled meeting or because you get pulled away at the last minute.

Tip:

Have phone numbers handy. Let the interviewer know in advance that you will miss the appointment, if possible, or as soon after the appointment as you can. If you don't follow up or communicate, the interviewer will assume you forgot or are rude, which will inevitably cause them to make assumptions about your reliability. Don't neglect to call because you are embarrassed. Believe me, they will understand—they know this business. Just take the time to be courteous and you will not be adversely affected.

COMMON INTERVIEW PITFALLS

- x Unprofessional appearance
- x Aggressive, overbearing, egotistical behavior or entitled attitude
- x Passive or indifferent behavior; lack of enthusiasm and interest
- x Nervousness or lack of poise and confidence
- x Excessive focus on compensation
- x Not being forthcoming or seeming evasive
- x Making excuses for questionable factors in work history
- x Criticism of present or past employers, colleagues, technology, projects
- x Failure to maintain and actively participate in a conversation
- x Poor preparation for the interview, lack of information about the organization, failure to ask informed questions

2. Before the interview: Be prepared (Cont.)

Bring copies of your CV.

You don't know how prepared your interviewer will be, and you never know when you will be asked to stay for an impromptu interview with another stakeholder, which by the way, is a great sign that they are interested in you as a candidate.

Be prepared to talk about everything on your CV.

Make sure you revisit your CV before the interview so that you can speak credibly about everything in it. If you make claims to skills and experience, make sure you can back them up with specifics. Rusty skills or previous jobs that are part of ancient history may come up in conversation and you want to be ready to talk about those. If you can't talk about any part of your resume cogently, revise it or throw it out. Otherwise, your entire CV may be called into question. (Make sure your CV is updated, including your certifications. You don't want to start talking about a new procedure or modality that you are newly qualified to do that doesn't appear on your CV.)

Be on time.

This seems patently obvious, but some people fail to abide by this basic social convention. In an interview, you want to make the best first impression possible. Plan on arriving 10 or 15 minutes early, but don't announce yourself to the receptionist or administrative assistant earlier than five minutes before the scheduled time. Padding your time ensures you won't have to make that embarrassing call explaining you will be late.

Make time to get to know the area.

The site visit is a great opportunity to evaluate the merits of not only the job you are being interviewed for, but also the location if you are an out-of-towner. If you have family who will be moving with you, ask your recruiter to make arrangements for your spouse or partner to come along on the trip. Savvy employers will even make arrangements for you to see the sights, try the restaurants, check out the real estate market or enjoy the cultural life of your prospective new town. If they don't, make time and plans on your own to get a feel for the city. Try to make arrangements to do and see the types of things you enjoy in your current town. Ask yourself, will I feel at home in this town? Will my family?

The more you make of your visit, the stronger your decision making will be at offer time.

3. During the interview: Setting the tone

Take notes.

Taking notes shows that you are engaged and interested, but don't forget to look up and make eye contact from time to time.

Be personable, but don't ramble.

You want to be conversational in your answers even to simple questions. However, you don't want to ramble and get off topic. Keep in mind that during the entire interview, your prospective boss is envisioning you in the role that you are interviewing for. Rambling makes you appear unfocused, making the interviewer wonder whether you will be unfocused in the job.

Beware of weed-out questions.

A question like "what's your motivation for working here?" is intended to gauge your interest in the organization in general and the job in particular. Make sure you convey your interest by explaining how you envision yourself in the role and describing how it fits in with your career objectives.

Be prepared for behavioral interviewing questions.

Behavioral interviewing questions allow the interviewer to screen for key behaviors in particular situations. The questions will use phrasing such as "Think of a time when you had to deal with x or y situation. How did you handle it?" or "How would you handle x?" During the entire interview, you should be mindful of how you're presenting yourself to the interviewer. Everything you do and say,

especially your answers to behavioral interviewing questions, will be evaluated and used to determine your fitness as a candidate.

Have a well-thought-out question or two prepared.

As the interview is wrapping up, the interviewer will ask you whether you have any questions. Make sure to come prepared with at least one or two questions. If you have no questions, the interviewer will assume you have no interest in the job. Minimally, you should ask what the next steps are in the process. And be sure to explicitly state your interest in the job to each person that you meet.

Ask the magic question.

There is one question that we teach candidates to ask that puts them at the top of the finalist list. But you must ask it at the beginning of the interview. It will allow you to address previously unstated goals and objectives during the interview and get every interviewer to enthusiastically endorse you for the job. There's a bit of training involved, so give us a call and we will step you through how to do it.

KEEPING THE BALL IN YOUR COURT

At every stage of the job search process, from the screening phone call to the contract negotiations, make sure you stay upbeat and enthusiastic. Convey your interest in the position at every step. Your goal is just to make it to the next step— from the screening interview to the phone interview to the face-to-face interview to the offer. Even though for most physician specialties there is a very tight labor market right now, you don't want to appear arrogant or entitled. If you decide the job is not the right fit for you, you want to be in the position to turn them down rather than the other way around.

4. After the interview: Following up

The thank you note

While e-mail is a perfectly acceptable medium for a thank you note, a hand written note makes a great impression. Some veteran recruiters even encourage candidates to sit down in the lobby immediately after the interview and write the note then and there. Have your envelope pre-addressed and stamped and drop it in a mailbox that same day. Make sure to include specifics from the interview, especially how you can help the organization accomplish its objectives, and express your enthusiasm for the position and the organization.

The follow-up phone call

Don't wait for the phone to ring. After a few days, call the recruiter or hiring physician (be respectful of the follow-up process that was described to you), and again express your enthusiasm for the job. Some job seekers worry that they may be perceived as desperate or pushy if they follow up too soon or at all. This could not be further from the truth. After a few days, if you haven't heard back, pick up the phone and call. You may want to reach out to the person you most connected with during the interview process. If you established a rapport with someone, he or she is probably enthusiastic about endorsing you for the job.

It's a great time to be a doctor in the United States. Demand is high and will only go higher as more patients join the insurance rolls and baby boomer physicians retire. As demand goes, so goes salary.

FINAL STEPS

Contract negotiation

You're at a considerable disadvantage at this stage if you're not using a recruiter or if your recruiter balances his time between placing doctors and IT professionals. A physician recruiter understands the complexities of an employment contract. A recruiter should also be able to advise you about appropriate salary ranges. At LocumTenens.com, we have access to professional salary surveys to help us assess any offer.

Compensation arrangements can include straight salary, RVU production or collections-based pay or some combination of them. In addition, you may be offered retention or signing bonuses or some form of equity in the practice. If your pay will be based on a percentage of production or collections, you will need to consider how it is calculated and how quickly you will need to ramp up your production once you start your new job. Be sure to ask for a clear explanation or breakdown of the production/RVU model before accepting anything.

The AMA has put together a fully annotated sample employment contract, with examples of language that is pro-physician, pro-employer and neutral for each clause. Members can download it here for free: [AMA Annotated Model Physician Employment Agreement](http://bit.ly/mzedrd) (<http://bit.ly/mzedrd>).

Choosing between multiple offers

If you are choosing between multiple offers, you will need to consider each offer's total compensation package, including the value of the pay, bonuses, equity, benefits, retirement, loan forgiveness, etc. Ask yourself: Am I comparing apples to apples? If the compensation packages are similar, are there other factors that will affect your disposable income? Is the cost of living substantially lower in one city than another? How about taxes? If you just do a side-by-side comparison of salaries, you are not going to get an accurate picture. You should also consider how each position will further your long-term career and personal goals. If one position offers greater pay up front but less long-term potential, your best bet may be to play the long game.

Use the job search checklist on [page 16](#) to do a point-by-point comparison of the two offers. See which one of the offers ticks more of the boxes that you marked at the beginning of your search process.

It's a great time to be a doctor in the United States. Demand is high and will only go higher as more patients join the insurance rolls and baby boomer physicians retire. As demand goes, so goes salary. Now is a great time to define your dream job and go out and find it. If the job search process seems daunting, get a recruiter in your corner to help you along the way.

About Permanent Physicians from LocumTenens.com

“Wait,” you say, “I thought locum tenens physicians were temporary?” Yes. LocumTenens.com has been operating since 1995 as a full-service locum tenens agency and operator of the industry’s largest job board. Throughout the years we’ve always come across physicians who would like our help finding them a permanent position and employers who want to hire them. In 2011, we decided to become match-makers in the permanent arena. Already we’ve placed hundreds of physicians in great jobs around the country. We have a database of over 200,000 employer contacts and six specialty-specific recruiting teams. Our average time to place a physician is 98 days compared to an industry average of 222.

If you’re ready to start your job search, give us a call.

About the Author

For 10 years, Scott Selby has been helping the nation’s leading hospitals and health systems find top talent in a wide array of roles including physicians, physician executives, hospital leadership, pharmacy and other allied health personnel. Scott currently serves as the Managing Director of Permanent Physician Placement at LocumTenens.com, leading a team of highly experienced recruiters who represent top physicians in the country in their career transitions. While Scott is outside of work, he enjoys spending time with his wife and four children and cheering on any Atlanta sports team and the Georgia Bulldogs. He has a weakness for any food that includes peanut butter, and his personal motto is to “work hard and cheerfully” at whatever he does.

Worst-Case Scenario Job Search Survival Guide for Residents by LocumTenens.com is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported License



APPENDIX: JOB SEARCH CHECKLIST

Geographic location

- Do you prefer a small or large city?
- Do you like the suburbs or the country?
- Do you want to live close to family?
- Soul food or cheesesteak?
- Arts and culture or backcountry adventures?

Practice setting

- Large health system
- Rural hospital
- Teaching hospital
- Safety-net hospital
- Accountable Care Organization
- Veteran Administration hospital
- Military hospital
- Indian Health System facility
- Ambulatory Surgical Center
- Cancer treatment center
- Imaging center
- Solo practice
- Single-specialty group practice
- Multi-specialty group practice
- Practice management company
- Community health center
- Urgent care center

Employment status

- Salaried (W-2)
- Private practice owner
- Private practice partner
- Contractor (1099) or locum tenens