

The Interview: Make It Work for You

Whether it involves crossing the street or crossing the country, the initial job interview for a potential hire is a serious investment of time, energy, and money for both parties. How should you prepare, and what should you expect?

Background Checks

Preparing for an interview begins long before you receive that first screening phone call from a practice. As you would expect, a practice will check your credentials and references beforehand. But a thorough practice will also talk to individuals with whom you work.

“Most important is our informal network,” comments Harvey D. Bichkoff, MPH, the CEO of California Cancer Care, a 10-physician group in Northern California. “We know a lot of people at a lot of places, including [our colleagues] at training programs, and a personal reference with someone we know is key.” As the chief executive of the group, Bichkoff works with the senior oncologists to coordinate much of the recruitment process and also negotiates details of the employment contract and the starting date.

Barbara McAneny, MD, an oncologist and the CEO of New Mexico Cancer Center in Albuquerque, also investigates candidates beforehand. McAneny or one of her partners who is familiar with the candidate’s community or training program talks to people who have worked with a candidate. “I ask a lot of questions about whether the physician has had complaints from patients, because more than anything, I look for someone to make patients happy; and in oncology that’s tricky, because you’re telling patients things they don’t want to hear. Obviously, we also check the candidate’s fund of knowledge. But someone can be brilliant, yet so terrible at communicating with patients that his knowledge is worthless in helping patients make decisions.”

McAneny also tries to talk to the nurses who have worked with a candidate. “In my experience, somebody the nurses like will do a good job. If people are arrogant toward nurses, they tend to be arrogant toward others as well.”

Bichkoff puts it this way: “Physicians need to know that they are *always* being interviewed, even when they don’t think they are.”

Telephone Interview

A phone interview is often the first step in the interview process. Remember that the goal of the initial telephone interview, as in the entire job-finding process, is finding the right match for both parties. The process began with identifying your own priorities about the location and type of practice you want (see “Deciding About Practice Options” in the July 2006 *JOP*).

The practice will use this call to be sure you are serious in considering its opening and to try to assess your fit with the practice. Be forthright and truthful, and use this opportunity to determine as much as you can about whether the practice seems to be a good fit for you as well.

Planning to Visit the Practice

If you are invited to visit the practice, learn everything you can about it—the types of patients seen, the number and types of clinicians, and the physicians’ backgrounds. McAneny suggests accessing the National Practitioner Databank if this resource is available to you. An alternative source may be publicly available data from the medical licensing authority or the medical board of the state in which the practitioners are licensed.

Peter Eisenberg, MD, the medical director at California Cancer Care, advises, “Do your homework and be well prepared. Look at the practice Web site and talk to other practices and doctors in the community. Find out who these people are. Look up their research interests.”

Before you arrive for an interview, ask for an agenda so you’ll have an idea of what to expect. Determine who is in charge of negotiations. “Come loaded with questions,” Bichkoff recommends. Make a list of topics to cover, and don’t hesitate to refer to it during the interview. Your preparation will be welcome, and your questions can serve as a tool for more thorough exchange of information.

The interview process may cover 2 or even 3 days, or, if you live nearby, it may be spread over several shorter visits. If you are traveling a distance, your spouse or life partner should go with you to evaluate the community, the career opportunities, and housing, and to participate in any social functions planned with the group. Delicately and politely try to determine in advance the social situations in which a spouse or partner is expected to participate. Gauge the formality of the meeting, its setting, and who will attend. McAneny usually has candidates schedule two visits to Albuquerque. “We want to meet the candidate first and make sure he or she does well in that visit before we fly in the family.”

The prospective employer usually pays for reasonable travel expenses; if so, the practice should book the flight and handle the lodging and transfers. If you have children, expect to leave them at home unless you are specifically asked to bring them.

If you are seriously considering several practices, decide which one you think is your best option and schedule that interview last. This will give you the chance to hone your interviewing skills, and you will be able to use information

Questions to Ask

- What is your patient volume and mix of patients, including languages spoken?
- How many new patients do you see in a year?
- What is the wait time to see a new patient?
- Does the practice have a business plan?
- What is the group's share of the oncology market?
- How is strategic planning done?
- Do you conduct patient satisfaction surveys?
- Is the group expanding or planning any mergers?
- How are nurse practitioners or physician assistants used?
- How are new patients assigned?
- How is call coverage handled?
- How long has each physician been with the group? Have any physicians left the group in the last 5 years? Why did they leave? Would you mind if I spoke with them?
- How is the quality of care evaluated?
- What clinical trials is the group involved in?
- What is the path to partnership or ownership, and what does the buy-in look like?
- How is income split among the partners or owners? How is productivity defined?
- What is the pension or retirement plan?
- What input will I have in decision making for the practice, including office staffing and policies and business decisions?

from the other practices as a base for comparison in the contract negotiation stage.

During the Visit

In a small group practice, you will likely meet with each of the physicians, and in large groups, you'll meet with several of them. You may be invited to sit in on patient visits. This is a valuable opportunity to see a physician's practice style firsthand. Observe, and don't contribute unless asked.

Pay attention to how the office is run. Notice how the staff interacts with you, with the partners or senior physicians, with the patients, and with each other. Note how patients are greeted and the patient flow of the office. Ask to see the office policy manual.

"Candidates should talk to the nurses and front-office people in a practice—not just the business managers, but the people who do patient scheduling," McAneny suggests. "Find out if they are treated well, if they're proud of where they work. I find that if the doctors treat the staff well, they're treating the patients well."

Ask specifically which physicians in the group are the ones you would be involved with most, on a day-to-day basis, and be sure

to spend time with them. Some interviews would otherwise involve only the senior doctors, precluding the opportunity for you to get to know all of your potential colleagues.

In the early talks with members of the practice, address more general aspects of the practice and community—patients, office administration, and the physicians' clinical and hobby interests. Don't bring up specifics about compensation, productivity expectations, and practice income unless you are serious about pursuing an employment relationship and the practice has expressed a serious interest in you. As Bichkoff puts it, "The timing and how it's brought up is important; that discussion needs to take place, but not in the first five minutes. It needs to happen after we've figured out if there's a good fit, if they have a compelling reason to practice in this geographic area, if we like them."

Your goal should be to leave the interview with a clear picture of the practice's culture, physician values, patient volume and their clinical problems, the practice's financial health, as well as an understanding of what would be your case load, call schedule, nonclinical duties, and compensation. "The culture of the practice is priority 1, 2, and 3!" Eisenberg comments.

Know What You Want

Knowing what you want in a position continues to be front and center in finding a good practice match. You should determine as best you can whether your practice philosophy, personal values, and work style are compatible with those of the other physicians in the practice. "I can't stress enough the importance of culture," Eisenberg says. "Candidates should

Questions to Expect

- Why did you go into cancer care?
- Why do you want to live in this area?
- What are your spouse's interests and goals, and how would your joining the practice affect your family members?
- Where do you see yourself 5 and 10 years from now?
- What were the emphasis and philosophy of your training program?
- Why did you choose your training program, and what other programs did you consider?
- What did you like best about your training? Least?
- How could you add to our practice?
- What tumor types are you interested in?
- What are you most proud of in your career or your training?
- Describe a mistake you made with a patient.
- Where else are you interviewing, and what is your timeline for making a decision?
- What kind of salary are you looking for?
- What do you like to do in your free time?

Warning Signs of Possible Problems

- Vague statements about financial data
- Refusal to let you speak with current or former physicians
- A pattern of frequent physician or staff turnover in the last 2 years
- No goals in place for the practice
- Widely disparate practice styles within the group

decide what's important to them—free time, money, academic independence, clinical trials, collaborative practice—whatever it is. And they should be honest. If money is most important, they need to look for a practice where that is a good fit.”

McAneny agrees. “They have to know what they want. They need to think about that before they start accepting invitations to visit. Some are very risk-averse, or more interested in having control of their time than being an entrepreneurial risk-taker and building a practice. They need to find a match.”

The physicians you interview with will know what they are looking for in a new oncologist. “We look for someone with an interest in clinical trials, who is more focused on patient care and evidence-based medicine than the economics of practice,” Bichkoff states. “And we sometimes consider a candidate's area of expertise if we need to focus on a specific tumor type, and his or her training could benefit us.”

“I want to pick up that sense of excitement about seeing patients,” McAneny says. ‘I like someone who wants to talk cases—who says, ‘I learned this, I did that.’ If their first question is about how much money they will make or how much time off they will get, I'm not interested. But if they say, ‘I want to see all the leukemia patients in your area because I love taking care of leukemia patients,’ or, ‘Am I going to have an active role in decisions about adding new services and hiring nurses?’ that's the person I want to have in my practice.”

Finally, don't minimize the importance of a good community fit for your family. Accepting a new position in a location that does not meet the needs and desires of your spouse or partner can result in long-term friction and unhappiness that makes the move unsatisfactory in the long run. Address these issues early and honestly with your family. The suitability of the community and practice to your spouse or life partner can be as important to a successful career decision as the interview process with the practice.

The next issue of Strategies for Career Success will cover elements of a contract and the role of advisors in evaluating a practice and a contract.

Assessing a Position

Use the list below to document your impressions and key points about the practice.

Practice characteristics

Important values
Clinical profile of patients
Experience and skills of physicians
Referral patterns
Staff roles and qualifications
Physician and staff turnover

Your compatibility with group

Size of group and profiles of individuals (age, sex, clinical focus)
Priorities and values regarding lifestyle, income, practice goals
Individual and group involvement with community
Expectations about socializing with group members and referring physicians

Office facility and procedures

Office hours and patient scheduling
Layout and appearance of examination rooms, offices, treatment areas
Patient flow
Medical record system
Computer equipment, software, and support
Written policies

Business specifics

Legal structure and governance of group
Size of market area (geographic and population)
Oncology competition in market area
Fee schedule
Payer mix of patients and practice managed-care contracts
Billing and collection systems

Compensation Package

Clinical responsibilities
Nonclinical responsibilities such as teaching or peer review
Productivity expectations
Call schedule
Salary
Relocation allowance
Partnership buy-in agreement
Continuing medical education: paid leave time, expense allowance
Vacation time
Retirement plan
Health and life insurance benefits
Medical liability insurance coverage
Incentives or bonuses