“So you want a job…”

Job search handbook
for physiatry residents

"So you want a job…" job search handbook

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Timing: when to begin

Q: When should I begin the job search?
A: Consider jobs more like rolling admissions than residency interviews (i.e., once a job finds an appropriate candidate, s/he may be hired a week or two later….the practice doesn't have to interview other candidates and then wait for an official date to announce its choice). Thus, it makes sense to begin the job search earlier rather than later. My thought is to start getting your stuff together (resume, cover letter, references – see below) and deciding on what factors are important to you (see below) near the end of your 3rd year (May, June). Then start the search process (asking around, searching the internet and job boards) around July-August, with August/September being a good time to begin the formal application/asking process.

Q: Isn't that a little early?
A: Perhaps. Some groups may tell you that they are looking for someone to begin working immediately and prefer not to wait until graduation of next year. However, they also are looking for the best candidate – and if it is you, they may be willing to wait. In some of these situations, they may ask you to re-contact them at the end of the year to assess the status of their (and your) search process.

Also, it may take six or more months to obtain state medical licensure in certain states, such as California or Texas. So, if you are interested in applying for jobs in those states, you may want to start looking earlier.

Decide what you want

Identify your professional interests and goals.

Rarely does a resident find the *perfect* position. Most of the time, it comes down to finding the position that has the best combination of factors which are important to you. Rank the factors that are important to you. For example, the following factors are often important to residents:

- Atmosphere
- Practice type
- Geographic location
- Finances
- Stability

Atmosphere: how happy are the physicians?
- How well do the physiatrists get along with each other?
- Has there been a lot of turnover (a sign of unhappy workers)?
- How do the physiatrists get along with therapists, nurses, office and administrative staff?
- How do the physiatrists get along with physicians in other specialties (especially neurology, neurosurgery, orthopedics, general medicine)?
- Fit; how do I fit in with the practice? Do I feel comfortable here; do I feel like I fit in? Do the partners seem to get along with me and me with them? Some of this may be a gut, gestalt type of feeling. "Fit" is

important because the number one reason for termination or people leaving practices is because of mismatch – a mismatch in personality (and professional) styles.

Practice type: what type of job do you want?
- Academic versus private? These two job types are not mutually exclusive, but they generally follow certain trends. Academic positions often involve teaching and research opportunities, are located at larger academic centers and possibly involve a lower salary. Private practice groups often involve more practice management and business orientation, as well as developing more networking and referral patterns.
- Inpatient rehab unit?
- Inpatient consults?
- Outpatient clinics? What type of clinics? General rehab, inpatient follow-up, MSK, workers comp?
- Electrodiagnostics?
- Procedures?
- Opportunities for research?
- Subacute rehabilitation?
- A mixture of the above?
- Solo practice? Group practice? How many people in the group? A group of physiatrists, or become the only physiatrist in an orthopedic/neurosurgery group?
- Call schedule?
- Patient population served?

Geographic location: where do you want to live and practice?
- West coast? East coast? Midwest? Don't care?
- Urban, rural, suburban?
- Any familial ties or restrictions?

Finances: what is your range for salary?
- Guaranteed salary or productivity-based ("eat what you kill" model of private practice – your salary is based solely on the number of patients you see)? Most private practices offer a guaranteed salary during the 1st and 2nd years (they realize that you are easing into the practice and won't be seeing a large volume of pts initially), with a productivity-based bonus on top of the guaranteed salary. One thing to be aware of is that "guaranteed salary" might actually be a loan. For example, the salary and office expenses (minus the actual revenue from collections) are covered over the first year. After that time, an accumulated debt is tallied, and that debt is forgiven over a period of time, such as 2 years, with 1/24th of the debt being forgiven each month.
- Consider benefits, including loan repayment, health/disability/malpractice insurance.

Stability
- How long has the group been in practice?
- Has there been a lot of turnover (among physicians and other staff)?
- Have there been any recent major changes?
- Does the practice foresee any future major changes?

Obviously, everyone will have an individual list of important factors, each factor with a different weight. Determine these ahead of time, as they will help narrow your search and limit potentially fruitless interview ventures and practice mismatches. The factors will also provide great questions for you to ask the practice/physicians during interviews.

Assemble and refine the resume

If you went straight from college through medical school and residency, not much may have changed on your resume since you applied for residency – except maybe for some new research and publications or posters, community service, or participation in AAPMR council activities.

Q: What should I include and exclude on the resume?
A: Medical school, graduate school and residency activities are fair game to include. College stuff is iffy – I would include college activities only if they are major, super-impressive or rehab-related. Omit any high school activities.

Q: Any other tips?
A: A good start is to review formats of other sample resumes. Many examples are posted on-line.
- Use action words in your resume, such as “coordinated” and “organized” instead of “was a coordinator” or “acted as an organizer.”
- Ask your advisor or attendings to proofread your resume and offer suggestions.

It may be helpful to have a working copy of your resume on a flash drive or saved as an e-mail attachment, so you can access it easily – if an attending wants to look at it and offer suggestions, or if you have an idea of an activity to add to it, etc.

Have multiple copies with you, ready for distribution, before attending a job fair or interview.

Compose the cover letter

The cover letter is usually the first communication from you that a hirer will read. Thus, make it clear and concise.

The cover letter should clearly state who you are, when you are graduating, the type of practice you are looking for and why. It should be around three paragraphs and no longer than one page.

Recommended structure:
- Write to the appropriate person (unless it is a blind response to an ad) to avoid generic salutations like “Dear Sir or Madam”
- The first paragraph usually introduces yourself (“Hello! My name is <name>, and I am a resident in <residency program>, scheduled to graduate in June <year>.”)
- The middle one or two paragraphs describe what type of practice you are looking for, how you learned about their practice, why you are interested in their practice (“I learned about your physiatry job opening from the AAPMR website. I'm interested in a general rehab position…”). This is your chance to personalize the letter and show them that you know a little about the position and practice. During this past of the cover letter, you also can set yourself apart from others: briefly express why you are enthusiastic about the position and what makes you uniquely qualified.

- The last paragraph summarizes details, including your contact information ("I will be able to start working in [date, such as July 2009]. Enclosed is a copy of my resume. Please contact me at [phone] or [e-mail address] if you have any questions. Thank you! I look forward to hearing from you soon.")

Be straightforward. Avoid redundant words. Proofread and have someone (advisor, attending, co-resident) review it.

Also, nowadays the cover letter could be your initial e-mail communication, given the prevalence of electronic correspondence.

Gather references/letters of recommendation

Q: Do most practices ask for these?
A: Usually, group practices ask for references – an attending they can call to ask questions about you. In addition to asking about your personality and clinical skills, you may be surprised to learn that many groups also ask about documentation skills, promptness with writing notes and any difficulties with paperwork (which makes sense, as practices won't want to hire anyone with documentation problems, as these may lead to improper billing and fraud in the future).

Q: How many references?
A: Usually, three references will suffice. One usually is from the residency program director. The other two should be attendings that you've worked with closely and that can vouch for you positively. Think back through the various physicians you've worked with on inpatient, consults, clinics, research, etc. One might also be your advisor.

Q: What about letters of recommendation?
A: Usually, references are enough (except when applying for academic jobs; most of these will require written letters). Rarely, a group will ask for letters of recommendation. Obviously, these can be the same people that are your references. It's polite to give letter writers a lot of advance notice (at least a few weeks).

It's helpful to give the references/letter writers a copy of your resume and any other information you would like them to know about you or include in their letters.

It's also professional to notify your references ahead of time and let them know that they might be receiving phone calls from certain people (helpful if you can give them names and information about the practices ahead of time) – because the references not only will speak positively of you, but they also can ask questions of the practice and develop impressions of their own. It's always helpful to hear an attending's impressions of a practice.

Also, remember to thank your references/letter writers profusely, as they are performing great favors for you. Keep them updated about your search, and (obviously) tell them when you've selected a job.

Search for jobs

Q: Where do you find information on job openings?
A: There are many ways to search…

1. Networking and word of mouth. Check with your program director. Ask recent graduates who have been through the job search, as some of them may have investigated jobs that you are currently interested in. Ask attendings what they have heard about places. Insight from other people is invaluable.
2. Surf the internet for rehab hospitals and clinics that are located in places where you are interested in living
3. Throughout the years, you may have received random e-mails from your administrative coordinator or program director about various job opportunities. Hopefully you saved some of them and can refer back to them for some contact information.
4. The AAPMR has an online job board, but you need to be a member to access it. Go to www.aapmr.org and access "Physiatrists Job Board." It's helpful to post your resume on it, as some practices do look at the resume and will contact you. Check the board often, as new jobs are added fairly frequently.
5. *The Archives of PMR* journal and *The Physiatrist* newsletter from AAPMR (received monthly in the mail if you are an academy member) have some job listings in the back pages.
6. Job fairs – the annual Academy meeting has a job fair, usually the night before the meeting begins. Also, CareerMD.com has job fairs that visit various cities. The CareerMD.com job fair seems to be geared more towards primary care providers, but it may have a few groups that have physiatry openings.
7. Don't be afraid to "cold contact" some places that you're interested in. This can be sending an e-mail cover letter with your resume attached. If you don't receive a reply in a few weeks, consider a follow-up email or phone call.
8. Recruiters – you will hear various opinions on recruiters (Miner and Mason, Linda Farr, etc.). They are usually hired by a physiatrist group to find a new hire. Their mission is to fill the job. The physiatrist group pays the recruiter, so the recruiters do not directly charge you. However, it makes sense that your starting salary likely is affected by the recruiter fee (the employer may take up to 30% of your initial salary to compensate the recruiter). Sometimes, the recruiter receives compensation for the longer you stay at your job, so they may have interests in finding a good match rather just filling the spot. Recruiters often work to fill opportunities in less urban areas (which sometimes pay more than urban areas as a way to attract physicians, which may offset some of the the recruiter's compensation).

Once you find an interesting position, send the contact person your cover letter, resume and any other information they request. Make sure you specify your practice interests (usually done in the cover letter – see above).

Q: How many places should I contact and interview with?
A: Depends. An article in *Unique Opportunities (The Physician's Resource)* stated that a general range for residents is "five to six opportunities." Obviously, this depends on your important factors – i.e., your search may be limited by your geographic preference, as there may only be two or three physiatry practices within your chosen area.

Develop an organization system

You will accumulate a lot of correspondence and information from your places of interest. Having some kind of organization system will be helpful, like a file folder for each location, or some other system that works for you. This is helpful because a member of the practice may suddenly call one day (this happened rather frequently), and then you can quickly refer to your folder of information to remember information about their practice, what information you've already sent and received from them, etc.

Interview

The interview.

First of all, you most likely already will have spoken with the head of the practice. The director usually calls you after you've submitted your cover letter and resume to (1) explain the practice, (2) answer any questions, (3) gather a sense of what kind of person you are. It is helpful to have a few prepared spiels about yourself, including who you are, what you are looking for, where you are looking and why. Thus, your interview day likely won't be the first time you've talked with the head of the group.

Q: What's a typical interview day like?
A: Obviously, you should dress professionally and show up on time. A business manager or practice coordinator usually sends you a copy of the itinerary before the interview. A generic schedule involves meeting with practice partners in the morning, receiving a tour of the facilities, possibly meeting with other important people (including referring physicians, nurse managers of rehab units, business administrators, finance administrators), lunch with the group, followed by meeting other people you didn't meet in the morning. Dinner is usually a final time for discussion and questions.

Q: What are some questions to ask?
A: It's helpful to research the group a little beforehand, such as checking their website, asking attendings if they have heard anything about the practice, etc. so you can ask intelligent questions. Some sample questions are listed below. You may direct certain questions to specific people, such as business questions to the office manager, inpatient rehab questions to the rehab nurse manager, etc.

General questions to ask any practice
The basics:
- Detailed description of the job expectation; the job description, i.e. what your typical workday/workweek will look like.
- How long the practice has existed
- How long they have been recruiting for the position
- Practice philosophy
- Any major changes to the practice recently, and any they foresee in the upcoming years
- Strengths of the practice

- Areas for improvement, challenges facing the practice
- Why did you decide to join the practice?
- Are you expanding or replacing a person? Why did the former physician leave? What is the need they are filling?
- How are important decisions made?
- Any teaching opportunities? Opportunities to work with residents? Affiliation with med school?
- Any regular conferences or meetings, journal clubs
- Any travel between clinics and hospitals
- Any non-clinical responsibilities?
- Financial health of business
- Any investigations, liability issues occurring or pending
- Full or junior partnership offered? When? How is it decided? Do buy-in and buy-out work on same formula? If not offered partnership, when are you notified about this so you may begin looking for another position?

The logistics, the nitty-gritty (these should also be specified in your eventual contract):
- Restricted covenant (i.e., a non-compete clause)? This is where a practice may restrict you from working within a certain radius of their practice, if you leave their group. This prevents them from training you and then having you leave and establish a competing practice next door. What is the radius of this restriction? For how long? Is there a buy-out for the covenant? Be aware that non-compete clauses are illegal in some states.
- Salary – what is it? Guaranteed or productivity based? Be aware that “guaranteed salary" might actually be a loan. For example, the salary and office expenses (minus the actual revenue from collections) are covered over the first year. After that time, an accumulated debt is tallied, and that debt is forgiven over a period of time, such as 2 years, with 1/24th of the debt being forgiven each month.
- Any performance-based incentives?
- Do they pay for county, state and DEA licenses; license renewal; board fees; CME activities; books and journals; professional society dues
- Vacation days? Sick days? CME time?
- Benefits (health, disability, medical/dental etc.)? Moving expenses covered? Retirement plan, matched by the practice, vested? Pension?
- Tail coverage offered? Tail coverage is essentially malpractice coverage when you are leaving your job; it covers prior acts and patients seen, for when you retire or move to a different job.

Questions for inpatient rehabilitation units
The basics:
- Number of beds
- Average daily census
- Average length of stay
- Types of pts they care for – TBI, SCI, stroke, ortho, polytrauma, etc.
- Where do pts come from? What are sources of referral?
- Who does consults, and what is the consult system? How are consults distributed?
- How are inpatients assigned to physicians?
- Therapy services offered (besides PT/OT/SLP) – such as voc rehab, rehab psych, prosthetics/orthotics

The logistics:
- Call schedule
- Weekend rounding schedule
- Do they have daily team huddles? Weekly team rounds, with or without the pt?
- Type of medical record, and if it is the same throughout the entire hospital (some rehab units have a different format from other services)

The bigger view:
- Rehab department's reputation in the hospital
- How referring physicians view the rehab unit
- What referring physicians feel is the role of rehab
- The relationship between rehab and other departments (especially neuro, ortho, medicine)
- Competition: other inpatient units in the area

The policies:
- CARF accreditation
- Any effect of Medicare's 75% rule (now 60%)? Any difficulty meeting this cut-off?

Questions for outpatient clinics
The basics:
- Average number of pts per day
- Time allotted for new and follow-up patients? Quota on number of new and follow-ups that need to be seen per week?
- Types of pts, pts demographics
- Sources of pt referrals
- How are new pts assigned
- Electrodiagnostics? How many per week? Types of tests (all CTS and radics, or more complex studies)? How much time is allotted per test? What is the machine used? How are they divided amongst physicians? Are there other practitioners in the community who perform electrodiagnostic testing?
- Any procedures commonly done, like botox injections, ITB pumps, dry needling/trigger point injections, interventional procedures. If no interventional procedures done in the practice, where are pts referred?
- Availability and quality of outpt therapies (PT/OT/SLP). How about prosthetics/orthotics, vocational rehab, neuropsychology? Types of therapies – for example, are outpt PTs available who do neuro rehab, MSK rehab, manual medicine?
- Chronic pain program available to refer pts to?

The logistics:
- Answering service
- Call schedule
- Type of medical record? Accessible from home? Same system as hospital's record? How easy is it to get records from the hospital or other physicians?
- Billing service: inpatient versus outsourced
- Policies on no-shows, rescheduling

The bigger view:
- Practice's reputation in the community
- How referring physicians view the practice
- What referring physicians feel is the role of the practice
- The relationship between the practice and other groups (especially neurology and medicine)
- Competition: Other physiatrists, interventionalists, electrodiagnosticians in the area

Questions you might be asked
Some example questions include:
- Tell me about yourself. Describe yourself.
- Tell me more about [something on your resume]
- Why should we select you?
- What are your hobbies?

- Why did you choose rehab?
- Why do you enjoy rehab medicine?
- What hospitals do you work at in your residency? What types of pts do you care for? How have you liked your training?
- What are your strengths and weaknesses?
- Tell me about a challenging pt you cared for and how you resolved any difficult issues.
- Tell me about a conflict you had with another physician and how you handled it.
- What are you looking for in a practice?
- Why are you interested in this practice?
- What would your ideal workweek look like?
- Where do you see yourself in 5/10 years?
- What other practices are you looking at?

Ethically, you never should be asked about your marital status, plans on having any kids, religious affiliation, sexual preference or political affiliations.

Q: Anything else to know?
Of course.
- Don't be afraid to ask for more details or specifics – but also, don't dwell on small things, don't quibble over low-priority elements.
- Talk less, listen more.
- If travel is involved, the groups should reimburse for a hotel stay. Most (not all) groups also reimbursed for a rental car, gas and airline tickets.
- Get the business cards of all the major people you meet (and of everyone that interviews you) so you have their contact information in case you have further questions, also to send thank-you notes.
- Near the end of the interview, ask about their job search timeline. Are they interviewing other candidates? When will you hear back from them, and how much time do you have to respond to an offer? Be honest with your job search timeline and what you are looking for in a practice – remember, this is a mutual search and match process,

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Follow-up

It's nice to send a thank you card or note to the major people involved in your visit, including all the people who interviewed you. Don't forget other people who helped out (like administrative and support staff).

Remember their timeline and your timeline that you discussed in your interview.

Don't be afraid to call back if new questions arise, or if you're interested in a second visit.
Also, it's helpful to update them if something big comes up – such as if you are offered a job at another location and are considering it.

The offer and the decision

Q: What if they call and offer me the job, and I'm not sure yet if I want to accept?
A: First of all, be happy and excited – you got a job offer! Express your excitement and happiness to the person calling you. Ask them any questions to clarify the offer or position. Then, be open with them. For example, tell them that you would like time to digest this information and think it over, and ask when they would like to hear back from you. Or tell them that you have other interviews coming up, but once the visits are done (give them a general date for when you will be done), you will contact them with your decision. Follow through with their and your timelines.

How you choose your job is ultimately a very personal decision. Likely you will not find the *100% perfect* job, so your goal should be to find the job that has the best combination of attributes which are important to you. Weigh the pros and cons, make a chart if it helps you, talk with people. Ultimately, it's *you* that should be happy with your decision.

When you have decided….congratulations! Call the contact person to let him/her know that you've accepted the job. Discuss any points that you would like to negotiate or have clarified. The usual process then involves a contract being sent to you for review.

Q: What about the places I don't want to work at?
A: Don't forget to call the practices that you rejected. Be classy about it – tell them it was a difficult decision (which it was!), but you ultimately decided on a different practice. They will likely ask you why, what they can do to change your mind, etc. etc. Stay firm, but also be professional. Remember, rehab is a *small* world, and you do **not** want to burn any bridges. When the phone call ends, you want their impression to be "wow, I'm disappointed we didn't get to hire him/her, but I respect his/her decision; <your choice> is lucky to have hired this person." It is also a nice, classy gesture to send letters to the other partners in the practice (those whom you spoke or interviewed with) to explain your decision.

The contract

Q: What are some things to look for in any contract?
There are a lot of things. Basic details include:
- Salary (see above sections on guaranteed vs. productivity-based)
- Benefits (medical/disability, vacation, CME time, professional organization dues, licensure fees, etc.)
- Detailed job description, including your duties, work schedule
- Length of agreement
- Automatic renewal?
- Number of days for notification of termination (with or without cause) or nonrenewal? You want to have a decent forewarning (typically 30-90 days) after being notified of termination, so you can begin looking for a new job before actually leaving the practice.
- How to become a partner
- Restricted covenant (non-compete clause)? This agreement typically prevents a physician from working for a competitor within a certain geographic area for a certain period of time. However, be aware that non-compete clauses are illegal in some states.

- Tail coverage offered? Tail coverage is essentially malpractice coverage when you are leaving your job; it covers prior acts and patients seen, for when you retire or move to a different job.

Q: Should I hire a lawyer/job agent to review or negotiate the contract?
A: Maybe. Debatable. Some practices have contracts that are fairly non-negotiable – like academic centers and large corporations. Usually, these practices have relatively fair, ethical contract, so there may be little concern. For smaller private practices, hiring an agent may be beneficial. Rates vary, but this year I heard of contract review rates (for residents) ranging from $500-600. The agent/lawyer may help you change your contract more to your liking, but it also may reflect poorly on the physician if s/he has someone else negotiate; it may not be a good way to start a working relationship with the practice.

Negotiating your own contract may be a good learning experience and may be more expeditious than working through a mediator. If you negotiate, you should prioritize and be willing to compromise on non-essentials. Regarding salary, you may consider asking for something higher than what you would minimally accept so the employer can meet you in the middle.

If you want to discuss some issues with the practice, remember: "every negotiation process has a fixed quantity of goodwill between the parties…use it with care" (said by an experienced contract agent).

Regardless of whether you hire an agent or plan to negotiate a contract, it is important to make sure you fully understand the terms and conditions.

The last step

You have a job and signed the contract. Rejoice!