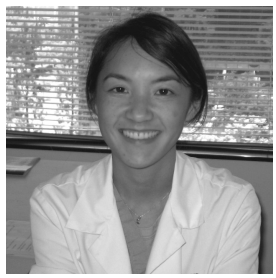
Finding a Community Job in Emergency Medicine: Advice for Residents



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A new academic year has begun, and with it, residents are becoming used to their new roles and responsibilities in the hospital. Those of us in our last year of residency have an added responsibility this year: finding a job. My e-mail inbox is already filled with invitations to apply for emergency medicine positions from different groups around the country, but I feel I needed a crash course before starting the job hunting process. I spoke with two established emergency medicine physicians working in California: Dan Culhane, MD (DC), and Michael Ritter, MD (MR), who have been involved in the hiring process. I asked them their advice to residents looking for a job. Dr. Culhane is Divisional Vice President of Central California, Texas, Illinois at CEP-America. He is also the Chair of the Department of Medicine at French Hospital Medical Center in San Luis Obispo. Dr. Ritter is the Assistant Director of Emergency Medicine at Mission Hospital and CHOC Children's Hospital at Mission. He is also the past Chief of the Medical Staff at Mission Hospital.

What are emergency departments and emergency medicine groups looking for when hiring new graduates?

DC: If a person is from a good program, it is a given that the person has been exposed to enough clinical challenges. Everyone who graduates from a good program is pretty smart. Clinical competence is usually not the issue. I look for someone who has good communication skills, a person that connects well with the patients and their families, and has good teamwork skills. The applicant should work well with the nurses, clinical staff, techs, consultants, etc. This skill takes some time to develop. People do not always come out of residency completely facile at that, but you can tell who has the potential to be a good team player. It is important for us at CEP. We have a unique structure: we are all partners of the organization and equity holders. There is a certain way you treat a practice when you are an owner. We are looking for people who are stewards that are willing to invest in the practice and are willing to grow and are willing to see the other members grow from the benefits of the partnership. We are looking for people who want to participate in the practice. I think that a practice of emergency medicine is the most successful and fulfilling when everyone in the group is engaged. We want everyone to contribute at any level whether coding, reimbursement, EMS. It helps engage members with the medical staff and the hospital.

MR: The majority of emergency medicine residencies are producing quality graduates that have a solid background in clinical emergency medicine. The rest of the qualities are the same that any employer looks for in a good employee. Personally, I like great teachers and specifically doctors who have won teaching awards. A great teacher has the patience to explain complicated medical information to our patients and their families, the paramedics, the nursing staff, etc. Communication skills are essential for emergency physicians.

The ability to get along and be a team player is also critical. A physician that angers the medical staff, patients, nurses, families, paramedics, etc. will have a difficult time lasting in emergency medicine. Unfortunately, disruptive behavior is a habit this is almost impossible to correct.

Punctuality is essential. Doctors that are late disrupt care in a busy ED, and anger their EM colleagues who are waiting for their shift relief to arrive.

Does the physician keep the place moving, or do their patients get a stage 4 decubitus from prolonged time on the ED gurney?

It is very easy to find out about the aforementioned traits. It requires a two-minute call at 3 a.m. to the charge nurse at any ED where the applicant has worked. Why 3 a.m.? It is like truth serum. Plus, most night shift nurses do not beat around the bush. This is what I ask:

1. Is the nursing staff happy or sad when they see that Dr. X is on the schedule?
2. Is Dr. X a good teacher?
3. Does Dr. X have any behavior problems? Do they regularly anger the medical staff or patients?
4. Does Dr. X move the patients in the ED? Are they punctual?

To quote my favorite internist that manages a group with hundred of employees and almost 100 physicians, "Nice

beats good." He would rather have a very nice doctor that gets along with everyone rather than the smartest physician who is disruptive and a troublemaker.

What are the important questions to ask when considering a position?

DC: Find out who owns the practice. If you do not understand the answer to the question, that should be a red flag. You want to get a sense of what degree of transparency there is on many levels: one is financial. Who runs the contract? Who makes decisions for the emergency department?

MR: You should focus on three major areas:

1. The physician group: Is there a lot of physician turnover? This is a big red flag. What does it take to become an equal partner? How many times have you not advanced a doctor to partner? How many of the emergency physicians are involved in the medical staff leadership? Has there ever been an emergency physician that has been a non-Emergency medicine department chair or chief of staff? How many years have you had the contract? Try to speak to former emergency physicians to get the scoop on why they left.
2. The medical staff: Are the emergency physicians respected by the medical staff? Does the medical staff try to block admissions? What are the weak areas or "holes" in the call panel? Where are these patients transferred to get the care they need? How many patients have to be transferred out for higher level of care or for insurance reasons? Transfers are time consuming and slow the department down. Ask specifically about psychiatric services. Does the hospital have inpatient psychiatric services? Do you have a psychiatric team? Other on call areas that can be problematic and that you should ask about are orthopedics (especially hand cases), plastics, ENT, GI, neurosurgery and vascular. Are radiology reads real time? What about night reads? How good is the radiology group?
3. The hospital and administration: Are they supportive of emergency services? How long do patients wait for an inpatient bed? What are the turnaround times for admitted and non-admitted patients? How are the ancillary support services (laboratory, x-ray, CT, ultrasound)? Does the hospital have an MRI available 24/7? What point of service testing is performed in the ED (iSTAT, drug screens, breathalyzer, urine dips, urine pregnancies, etc.)? Is the hospital financially viable? Did they show a profit last year?

What are mistakes applicants make in their application/ interview?

DC: In terms of the cover letter, I would be brief. I would emphasize accomplishments briefly and include what you are looking for. It is fair to ask about money and schedule. Most credible groups treat money and schedule equitably. A person who appears overly focused on money can be a red flag.

MR: These are the mistakes you should avoid in your application or during your interview:

1. Typographical errors on your CV: Take the time use the spell checker.
2. Arriving late: DOA in my book unless you arrive by ambulance after an auto accident on the way to the interview
3. Dressing wrong: You make your greatest impact on the interviewer in the first 15 seconds. You want to make powerfully positive impression.
4. Do not be a zombie: Enthusiasm is what the interviewer wants to see.
5. Do your research on the group and hospital: The interview is not the time for research. Show that you are interested in working for the prospective employer by demonstrating knowledge about the group or hospital.
6. Be able to articulate your own strengths and weaknesses: Only you can recognize your most valuable strengths and most hurtful weaknesses. A true weakness you can spin into a positive is "I'm a new graduate, but I'm eager and a quick learner."
7. Do not bad mouth anyone: You do not want to look like a complainer.
8. Do not ask about compensation or benefits too soon.

Is it better to start out per-diem and figure out a good fit or is it better to apply for full time, partner-track positions?

DC: I have a strong bias on this one. I think it is important that if you have a sense of where you want to work, you should go for it. When you work for multiple places, you have not shown commitment. If you commit to one place, you gain a sense of belonging and ownership. This is what you miss when you work at multiple places.

MR: It is best to commit to full time (if that is what is being offered).