Hospital medicine groups depend on camaraderie and expertise to carry them through long days and heavy workloads. Group cohesiveness—often fragile—depends on recruiting and keeping hard-working doctors who pull their weight professionally and boost the group’s chemistry.

In a field with five job openings for every qualified candidate, and average annual turnover at 12%, hospital medicine groups can ill afford a bad hire. Whether that person is a practice killer, a cipher who blends into the wallpaper while collecting a paycheck, or a doctor marking time until a fellowship or something better comes along, the group leader must quickly limit a bad hire’s negative impact.

Recognizing that competition to hire hospitalists is fierce, it may seem that avoiding or axing a bad hire—the physician who either doesn’t mesh with your team, is a professional and/or personal train wreck, or has a blue-ribbon pedigree, but performs poorly—is a luxury hospitalist groups can’t afford.

But as Per Danielsson, MD, medical director of Seattle-based Swedish Medical Center’s adult hospitalist program has learned the hard way: “No doctor is better than the wrong doctor. I don’t sugarcoat the demands of our program with prospects. We’re a seasoned hospitalist program, we work hard, and, if we have a position vacant, we’ll work even harder for short periods of time until...
We find the right person.

With a hospitalist group of 25 providers, Dr. Danielsson spends more time than he'd like recruiting and interviewing candidates, but he considers it time well spent. "The CV and interview are important, but I've devised a list of 12 personality traits that I consider important," he says. "I share the list with candidates to see if we have a good fit."

Chris Nussbaum, MD, CEO of Synergy Medical Group, based in Brandon, Fla., says: "They don't make doctors the way they used to. I don't see why some hospitalists think seeing 20 to 25 patients a day is such a big deal. I've had several tell me that 20 patients a day is no problem—and then they only last one day." When that happens, Synergy cuts its losses, not allowing a bad hire to linger.

Dr. Nussbaum didn't think twice about firing one new hire—a physician with an impressive resume who, while writing chart notes at a nursing station, watched a nurse have a seizure, gathered his notes and left the room. "He expected an endocrinologist standing nearby to help out, but it's outrageous that any hospitalist wouldn't respond appropriately," he says. Such callous behavior would send shock waves through any group, and that physician was fired on the spot.

Another organizational disrupter, briefly employed by IPC—the Hospitalist Company (North Hollywood, Calif.) made inflammatory remarks about a hospital's pre-eminent specialist and other referring physicians. He was fired. Several hospitalist leaders report hiring physicians with stellar pedigrees whose hands consistently strayed to nurses' derrieres. Those doctors were quickly shown the door.

Robin Ryan, a career coach from Newcastle, Wash., who has prepared office-based physicians for professional moves to hospitalist careers, says the new career path can be confusing. When a physician and a hospitalist group have made a mistake, Ryan says most groups cut their losses by terminating someone who doesn't fit. "Complaints often require a hefty severance fee, but it's often the road that groups take," she says.

Probing Personality

To weed out potential bad hires, employees long have used personality tests. Such tests also help job candidates focus on what they want from a hospital. "People get sick at bad times. There is high stress and sometimes high error rates. It's important for a hospitalist to analyze what your needs are and to find an environment that best suits them," says Dr. McKeen. Dr. McKeen also offers wisdom from the other side of desk, having interviewed candidates for covered spots at Brigham & Women's hospitalist program. "I've interviewed doctors who aren't interested in hospitalist medicine but view our program as a stepping stone to the job they really want here," she says. "We hired and fired someone who wanted her own way all the time. She left for another prestigious hospital. Then there are others who don't want to teach, but choose a teaching hospital."

Dr. McKeen hopes SHM's self-assessment tools will help job candidates focus on what they want from a hospital environment that best suits them. "I've seen everything—the brilliant doctor who can't function on a team, aloofness, temper tantrums, rudeness, and always pushing responsibilities on someone else," says Dr. Singer. "When something's wrong, 90% of the time we terminate them ASAP. The other 10% we salvage by finding what's stressing them, relieving the pressure, and mentoring them into proper behavior."

Cynthia Stamer, a Dallas-based attorney at Glatt, Phillips & Murray, P.C., works extensively with physicians and hospitals and sees young physicians straight from residency joining hospitalist programs "just looking for a job and not focused on whether or not there's a good personality fit." She urges job candidates and hirers to bet on full-time employment avoids potential problems. "I wouldn't recommend hiring him," if that is the case.—MP

TIPS FROM THE TRENCHES

- Budget adequate time for recruiting and interviewing.
- Conduct part of the interview over a meal with the candidate permitting you to call a number of professional and personal references.
- Check references thoroughly. Get a signed release from the candidate permitting you to call a number of professional and personal references.
- Build group consensus to work harder temporarily rather than fill a vacancy with the wrong person.
- Optimize a questionable fit (e.g., offer a permanent part-time position; give no committee or administrative assignments to a good clinician not suited for those tasks; promptly mentor an "iffy" hire).
- Cut your losses. Get rid of an organizational disrupter as quickly as possible. Severance pay is money well spent; and
- Don't pass along a bad apple to other programs without being honest. Use careful language such as, "I fired him for cause. I wouldn't recommend hiring him," if that is the case.—MP

Some hospitalist groups would rather pull a bigger load temporarily than tolerate a laggard; others stomach imperfection.