

Today's Hospitalist

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Need a
**career
makeover?**

**Negotiating
pay and work
hours**

**Signing
bonuses**

**How to ace
a site visit**

**Hidden traps in
call coverage**

**Hospitalist
compensation**

Spring 2018

Career Resource Guide

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Signing bonuses: more than you signed up for?

**DON'T BE BLINDED BY DOLLAR FIGURES
WHEN IT COMES TO THESE BONUSES**

You had three job offers, but you were hooked by the rural hospital that dangled the \$50,000 signing bonus. Given the size of the bonus, you had no problem signing a three-year contract.

But a year later, you're missing the city, and an urban hospital is interested. You'd like to make the leap, but you might be in for a big surprise.

"These large bonuses are designed to entice physicians, and they are very effective," says Chris Brown, JD, an attorney with the Health Law Firm in Altamonte Springs, Fla. But it turns out that fat signing bonuses often have strings attached.

"If your employment at the hospital doesn't work out for some reason, you can't simply terminate your contract early and walk away," says Mr. Brown. "You usually have to repay part or all of that bonus."

This is also true of other recruitment tools such as cost of credentialing, student loan repayment benefits, relocation costs and even recruitment fees. "These perks are offered as incentives to come on board," Mr. Brown explains. "If the physician leaves, the hospital or group has lost out on its investment and wants it back."

Any termination of employment before the end of the contract period—whether initiated by you or by the hospital or medical group—can lead to incentive repayment. So if you're fired, you incur the same repayment burden as if you'd left voluntarily.


How can you protect yourself? Your contract should spell out "exactly what the hospital group considers grounds for termination," Mr. Brown says. Some are obvious, such as misconduct, criminal activity or a revoked license. But continued employment is usually also tied to performance benchmarks and other criteria that vary from hospital to hospital.

Those should be clearly spelled out in the contract. And included in these specifications is whether you would be expected to repay your signing bonus and other incentives.

Further, the contract should specify repayment terms. When and how much would you have to repay? Signing bonuses, while given upfront, are typically considered to be pro-rated over a period of time, usually two to three years, Mr. Brown explains. You may have to repay only the remaining pro-rated amount. But some employers require the full amount, even if you have already worked at the hospital a year.

That doesn't mean you should avoid signing bonuses. The key is to be informed about what your prospective employer has tucked away in the contract.

Also key: not being afraid to negotiate a more favorable arrangement.

"Physicians underestimate the amount of leverage they have," Mr. Brown observes. "They're afraid they'll scare away the potential employer, but that hasn't been my experience." 

Recruiters have plenty of advice on how to make the **best impression**

Here's a partial list:

Make eye contact and offer a firm handshake. Do your due diligence. Find out in advance who are area competitors, what are different health care resources in the community and who are the lead physicians in the group you're interviewing with.

More site visit

DOS

Do your due diligence, but don't bad-mouth your current colleagues.

■ **Know yourself.** You'll be asked about your skills as well as your strengths and weaknesses, so take an inventory of what you do best, and ask your residency directors to help you identify those skills. Is your rapport with patients strong or weak, and are you good at documentation? Rehearse your answers about strengths, and don't evade questions about weaknesses. Instead, talk about whether or not you're a team player, and what your patients have liked most and least about you. Don't dwell on a weakness, but do point out what you've done to improve.

■ **Be prepared for probing questions.** Interviewers increasingly rely on behavioral interviewing techniques, which are founded on the principle that past behavior can illuminate future behavior. Go into any site visit (or interview, for that matter) with an analysis in hand of several specific past situations and how you responded. Questions to expect may include:

- Tell me about the last time you went over the top for a patient.
- Tell me about a situation where you had to influence others or show

leadership.

■ Tell me about a time when you had a bad outcome with a patient and had to tell the family.

■ Tell me about a conflict you had with another physician and how you handled it.

■ **Expect to be asked** what kind of job or practice you see yourself in in five and 10 years.

■ **Save your hardball** for the end of the game. Recruiters and candidates should both have some idea of each other's compensation expectations early on. If those are very divergent, you should probably part ways before a site visit. But don't start actually negotiating until there is an offer on the table.

■ **If you think you're interested** in a prospective position, say so. Let the practice know that you can at least see yourself working there and ask what the next steps would be.

■ **Think about staying** an additional day (if possible) if you like what you see and hear during the site visit. That's particularly the case if you haven't had an opportunity to shadow one of the doctors for part of his or her day or shift.

■ **Do send a written thank-you note,** whether or not you're interested in the job. Write an individual note to every-

Do send a written thank-you note, whether or not you're interested in the job.

one involved in the interview process, including all the principals.

Site visit DON'TS

Recruiters also offer up a host of “don’ts” for site visits, most of which are common sense. But the fact that recruiters mention them means that these mistakes sometimes happen:

■ **Don’t fixate on location and money.** Those are, recruiters say, the most common mistakes young doctors make when taking a first job.

■ **Do not bad-mouth** your training program, medical school or the colleagues you work with. Instead, couch difficult situations or relationships as “challenging,” and be prepared to talk about how you met those challenges.


■ **Don’t wear casual clothes.**

And dressing appropriately doesn’t just mean steering clear of beach clothes: Wearing a very expensive or chic outfit to interview in a small community is going to make you seem out of place.

■ **Do not use the word “cap”** when asking about patient volumes. Instead, finesse that question by asking about workload expectations, how quickly the program or practice plans to grow, and how often the practice experiences unusually high volumes.

■ **Don’t light up.** A physician who smokes is going to stand out. Don’t make that worse by interrupting interviews for “smoke breaks.”

■ **Don’t bring any drama.** Recruiters recall site visits with doctors who brought a girlfriend along—instead of the wife that group members knew the candidate had.

■ **Don’t talk at length** about past problems with addictions. 

Today's Hospitalist

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- Work hours
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Negotiating compensation

What's your
best move?



**You're
deep in the
job search,**

and you've already received preliminary offers from two groups. The problem is that your top choice is offering less money than the other practice. Can you go back to your preferred group and try to negotiate more money?

EDWARD DOYLE

"A big institution that has a lot of bureaucracy may have a set salary schedule."

—Mark Silberman, MD
Saint John's Riverside Hospital



When it comes to negotiating, new physicians are often unsure of how to proceed. Because the job search can be intimidating, many physicians decide to accept offers without even reading the contract. But others negotiate too aggressively, alienating potential employers—and missing out on great job opportunities in the process.

Here's a guide on how to get the best deal during the job search without turning off employers.

Size counts

When negotiating pay, you may find that large institutions sometimes have the least flexibility to change physician compensation plans.

"A big institution that has a lot of bureaucracy may have a set salary schedule," says Mark Silberman, MD, chief of emergency medicine at Saint John's Riverside Hospital in Yonkers, N.Y. "In some of the large municipal hospitals in New York City, for example, the chief of medicine has no ability to change salary. It's written in stone."

Practice size isn't the only factor that could limit your ability to negotiate pay. Geography will also have a strong influence on whether practices are willing to change their pay packages.

"If you're looking to go somewhere with a phenomenal lifestyle and there are plenty of physicians interested in that job if you don't take it, the situation may be much less negotiable," Dr. Silberman says. If, however, "you go to a place that is short-staffed and the group is looking for someone with your qualifications, there can be quite a bit more flexibility on negotiation."

But even if a practice is showing little to no flexibility on pay, don't give up hope. That same group may be able to negotiate on other financial issues.

"Physicians are likely to have more success

with negotiations around pre-employment bonus offerings than base compensation," says Annie Fowler, vice president of physician services for Sound Physicians, a performance management organization specializing in critical care and emergency and hospital medicine. "It's much easier for an employer to justify a one-time bonus to help meet a candidate's need in a job transition and still ensure ongoing pay parity among doctors working with each other in the same program."

One bonus to consider negotiating is for relocation. "I've seen residents say, 'All my furniture is garbage,' " says Chris Elsayad, MD, an attending in the department of medicine and co-clerkship director for medical students at Nassau University Medical Center in East Meadow, N.Y. "Instead of having the institution pay \$10,000 to move your things across the country, they'll pay you half of that amount as a signing bonus. The hospital saves \$5,000 and the physician gets a \$5,000 bonus."

Keeping compensation fair

Negotiating one-time bonuses may be easier because most practices want to make sure their physicians are more or less paid the same in terms of base compensation. Physicians are usually willing to talk to each other about pay, so any discrepancies between how much doctors make will undoubtedly create problems in a practice.

At the same time, Dr. Silberman says, practices also want to make sure that physicians aren't under- or overpaid. "If we have several young doctors with a similar amount of experience," he explains, "we want the compensation package to be fair and equitable."

So if you want to negotiate pay, you need to do so in a way that a practice can justify as fair. One way to accomplish that, Dr. Silberman

"It's easy for physicians to get starry-eyed over compensation figures and neglect to do the digging they should do."

—Annie Fowler
Sound Physicians



says, is by working more or different hours than your colleagues. "We can always flex that for physicians who want to work more difficult shifts," he says.

Dr. Silberman recalls the approach that one young physician took who had been with his practice for a few months. "He said, 'I want to work hard and make as much money as possible. I'll work any shift,' " Dr. Silberman says. "He elected to work overnights every Saturday, Sunday and Monday. Because it was all nights and all weekends, he was able to earn a tremendous salary that was at the top of the scale."

That story illustrates a simple lesson about negotiating: It's a two-way street and typically involves both parties giving up something. If you can find something valuable you can give the practice in return for its meeting your request, you're much more likely to succeed.

Income guarantees

There's another aspect of compensation you can negotiate. If you're going to work for a practice that pays you based on something other than a straight salary, you can try to negotiate an income guarantee.

Here's how a guarantee works. Some practices pay physicians based on the number of patients they see and bill for, a model that's referred to as being paid for productivity. If you're worried that you might not see enough patients early in your career to generate a significant income, you can ask for a salary guarantee. A guarantee states that you'll receive a minimum amount of money no matter how many patients you see.

"A lot of employers might be willing to meet you halfway and say, 'We're willing to give you a guarantee,' " says Ms. Fowler from Sound Physicians. The practice isn't really paying you any

more money, because most physicians will see enough patients to cover an income guarantee. "It's not necessarily giving you more compensation. The group is just making you feel more comfortable about a payment methodology that you're not familiar with yet."

Do your research

Finally, if you're going to try to ask a practice for more compensation, Ms. Fowler says you need to make sure you're comparing apples to apples when looking at multiple offers. "Make sure when you're talking about compensation that you understand all the variables involved, including workloads, shift lengths and encounter volumes."

Ms. Fowler says that when she talks to physicians, they may tell her that another group is offering them significantly more money. But when she sits down to compare contracts and calculates how many hours a year they'll be working, that difference in income can often disappear.

Her advice: Calculate an hourly pay rate based on total hours worked per year, including paid time off, for the job offers you're comparing. "Try to come up with a common denominator in the form of an hourly pay rate to compare opportunities across different compensation and bonus structures," Ms. Fowler says. Once physicians do this analysis, she points out, they often realize that they'd need to pick up only one extra shift to match what on paper looks like another substantially better offer. "It's easy for physicians to get starry-eyed over compensation figures and neglect to do the digging they should do." **TR**

Edward Doyle is Editor of Today's Resident.

Negotiating

work hours and schedules

Market demand dictates how flexible employers need to be



While you may think that negotiating a job offer is all about the money, that's not always the case. Practices are often just as willing to negotiate nonfinancial details of a job offer, but the key is knowing what you want to negotiate.

A good place to start is asking yourself this simple question: Is money or time more important to you? If you're like a lot of young physicians, you may decide that more time off or a flexible schedule is more important than a bigger paycheck.

If that's the case, you have a direction to go in when reviewing—and negotiating—job offers. “If money is not the most important thing,” says Mark Silberman, MD, chief of emergency medicine at Saint John's Riverside Hospital in Yonkers, N.Y., “there may be other things that are more important to you such as scheduling or time off or a creative position that may be part time. We really try to get a sense from each

physician about what's important to them.”

What's your deal-breaker?

Annie Fowler, vice president of physician services for Sound Physicians, a performance management company specializing in critical care and emergency and hospital medicine, urges physicians to decide what's important before entering the job search, but definitely before starting to negotiate. “Prioritize what you really want because, in any negotiation, you're not going to get everything you want. Really drill down and ask yourself: If you can get only one thing, what would it be?”

“You need to understand how much power you have in negotiating so you can decide what to ask for.”

—Kaedrea Jackson, MD
Mount Sinai St. Luke's



Then make it clear to your prospective employer that “that’s a decision point for you,” Ms. Fowler adds. “Be clear about what’s important to you. Make sure to listen to what the employer has to say, but stand firm without being aggressive.”

What kinds of things can be negotiated? “The practice may be able to offer flexibility on the number of clinical hours you work,” Dr. Silberman says, “or it may be able to be flexible on what will or will not be paid as an overtime or per diem shift.”

One physician his group recently hired is a good example, he points out. Because she has family living abroad, the physician wanted a full-time position but with extra vacation days. A deal was worked out in which she works the same number of hours every week as the other physicians. But because she gets more paid time off, her salary is prorated.

“She got exactly the amount of vacation time she needed for these extended vacations to visit family abroad,” Dr. Silberman says.

At the same time, he warns that not all groups can be so flexible with scheduling. “In a very small group,” he says, “it could create coverage issues to give that much time off to people. In a medium-size group like ours, we have enough different people, so we can work around that without affecting coverage or patient care needs.”

Know the market

Kaedrea Jackson, MD, medical director of the department of emergency medicine at Mount Sinai St. Luke's in New York, regularly interviews physicians who request specific hours or types of schedules. “They want to work particular days or shifts so they can plan their personal and professional activities,” Dr. Jackson explains.

How does she react to those requests? If the request meets the needs of her practice—a phy-

sician wants to work nights and weekends, for example—Dr. Jackson is much more likely to be interested.

But what about physicians whose scheduling requests don't represent an obvious benefit for her group? A good example is a doctor who wants a half-time schedule to pursue other professional or personal interests but still receive health care and other benefits.

Dr. Jackson says that filling one full-time position with two half-time physicians might seem like an obvious solution, but it will not always work. That approach could require giving two people benefits, something she might not have in her budget. Besides, she adds, in her area—New York—there is a steady supply of ED physicians who want to work full time.

She urges doctors to know the local job market before they begin asking a practice to make concessions. “You need to understand how much power you have in negotiating so you can decide what to ask for,” she says. “Do practices in the area need providers, or are they turning them away?”

If you don't have that background information, you may be making requests that seem unreasonable to employers. “It can be bold for someone you are interviewing to say that they want a set schedule,” Dr. Jackson says. “I interview new grads, and I've been turned off by some who seem like they are asking for the moon.”

Is there a good way to request a specific schedule or work hours? Dr. Jackson suggests starting with something like, “‘I'm willing to be a team player, but I have strong interests in working certain shifts.’ Bring it up in a conversation and ask, ‘Do you offer set schedules or vacation requests for certain months?’” If there is something you want from an employer, ask if it's a possibility. “You don't want to say, ‘This is what I want.’” **TR**



Watch for **hidden traps** in call coverage

**BEWARE OF GENERIC TERMS LIKE
“EQUAL” COVERAGE**

You’ve recently joined a medical group with 10 physicians. The contract noted that call coverage would be “equally” split among the group, which is fine by you. You’ve done the math, and that translates into three to four days per month.

But once you start, you find out that the four physicians who have each been with the group more than 20 years are exempt from taking call. This means you’re splitting call coverage with six physicians, not 10, which is quite a difference.

“This scenario is all too common,” says Chris Brown, JD, an attorney with the Health Law Firm in Altamonte Springs, Fla. “Often, contract language is broad or vague, leading to incorrect assumptions about what the employer really has in mind.” Instead, doctors should “firmly narrow down” exactly what call coverage consists of, leaving nothing to chance or to the imagination.


Dennis Hursh, JD, managing partner of Hursh and Hursh PC, a law firm in Middletown, Pa., agrees. “I don’t use the word ‘equal,’” he says. “I prefer the word ‘equitable.’” For example, he says, if all members of the group are expected to be on call two days a week but you’re always stuck with Saturday and Sunday, the numbers may be equal but the arrangement isn’t equitable.


“I use language such as, ‘call coverage will be equitably allocated and will not exceed two days per week and one weekend per month,’” says Mr. Hursh, who is the author of “The Final Hurdle: A Physician’s Guide to Negotiating a Fair Employment Agreement.”

Don’t be afraid to negotiate call coverage arrangements or to be creative when doing so, he adds. “For example, you might agree to a certain number of days per month and negotiate extra pay if you are on call additional days.”

And be sure that you have an exact definition of “day.” Mr. Hursh recalls one client who accepted a position at a hospital. “The contract stated that he would be on call for a certain number of days every month,” he says. “He was shocked to discover that he was being asked to be on call at night. It turned out, the hospital defined ‘day’ as a 24-hour period, while my client thought it meant ‘daytime.’”

Generally, hospitals spell out their expectations in greater detail than medical groups, and their arrangements are more standardized. But that doesn’t mean you can’t negotiate. “I always tell physicians not to be shy when it comes to negotiations,” Mr. Brown says.

But before you start negotiating, nail down exactly what is on the table. Every practice is different, based on the number of physicians, their specialties and other unique factors. Because call coverage is such a crucial component of your work life, begin hammering out details in verbal discussions before you even get to the contract stage. Then make sure what you discussed is what is in your contract. 



One
physician
was shocked
that a “day” of
call meant
a 24-hour
period.

Hospitalist salary survey results

**A LOOK AT PAY BY EMPLOYER TYPE,
GEOGRAPHY, PATIENT LOAD,
BONUSES/INCENTIVES AND MORE**

Physician pay: the big picture

All hospitalists	\$272,570
Full-time, treat adults only	\$283,191
Full-time, treat children only	\$204,464

Pay by employer type

Hospital/hospital corporation	\$285,514
Local hospitalist group	\$286,775
Multispecialty/primary care gr.	\$287,500
National hospitalist mgmt. co.	\$297,348
University/medical center	\$243,314

Pay by specialty training

General internal medicine	\$283,585
Family medicine	\$286,184
Med/peds	\$290,761
Pediatric/ped. subspecialty	\$230,603

Location, location, location

Northeast	\$259,282
South	\$286,714
Midwest	\$292,241
Pacific	\$274,653
Southwest	\$309,239
Mountain	\$272,917

2017
SALARY
SURVEY

3 out of 4
hospitalists
receive bonus &
incentive pay

Pay by job duties

Program director	\$311,061
Part of a teaching service	\$260,727
ICU attending	\$300,605
ICU but not attending	\$288,763
Does not work in the ICU	\$256,60

How patient load affects compensation

Patients per shift	
10-14	\$264,601
10-17	\$284,754
18-20	\$281,597
21+	\$319,118

How shift type affects pay

Nocturnist	\$311,765
Day-time only	\$276,630
Rotate blocks day/night shifts	\$284,418

Bonus or not? How physicians are paid

100% salary	\$271,607
1 - 10% bonus/productivity	\$270,238
Over 10% bonus/productivity	\$300,400
Up to 100% productivity	\$313,032

Individual vs. group-based incentives

Individual	22%
Group-based	19%
Both individual and group-based	59%

Source: 2017 Today's Hospitalist Compensation & Career Survey

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