

# ROAR

RECRUITMENT, ONBOARDING AND RETENTION



## The Physician and Provider Recruitment Professional of the Future

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### Featured Articles:

Physician Recruitment - Impacting the Future of Healthcare *(Page 6)*

Identifying the Red and Green Flags During Your Own Recruiter Job Search *(Page 10)*

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SUMMER ISSUE | 2022

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## A Letter from the Editor

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By: Liz Mahan, MFA, CPRP  
Director of Professional Development & Solutions, AAPPR  
Editor, ROAR Magazine

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**A**s I was working on the final edits for this issue of ROAR, where we look at what the future holds for the recruitment profession, I could not help but think back to the first issue I edited in the summer of 2020. That issue highlighted the virtual world we were all learning to navigate.

It is almost hard to believe that two years ago, we were still learning how to mute and unmute ourselves on Zoom. Many were navigating full-time remote work for the first time in their careers. Travel was on hold, and gatherings were postponed, posing challenges for recruitment professionals they never imagined. Yet together, we learned to harness technology and help others master virtual interviews. We found ways to onboard new providers remotely and discovered innovative ways to welcome providers and their families to our communities.

As you pivoted in your work, AAPPR also pivoted to address the challenges our members were facing. We began to host twice-monthly virtual topics to ask questions and share ideas with one another. After canceling the conference in 2020, we hosted two virtual conferences in 2021. In addition, our new certification course, the Certified Physician and Recruitment Professional (CPRP), was made available on-demand, and we worked hard to present more webinars through [Academy.aappr.org](https://Academy.aappr.org).

So much has changed since I sat down to edit that issue in 2020, and, I am sure, we will have more changes ahead. But, to share a quote you will see again later in this issue, “change is the only constant in life (Heraclitus).”

With the spirit of change and excitement for the future in mind, I share with you that this issue will be the final issue of ROAR magazine. The recruitment profession is evolving quickly. To ensure that we are sharing insights, trends, and solutions with you as rapidly as they are being identified, we are reimagining how we deliver content.

As we turn the page and look ahead, one thing is certain; through our shared knowledge, experience, and connections, no challenge is insurmountable. Together we will continue to grow professionally and advance the industry.



## Physician Recruitment – Impacting the Future of Healthcare

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By: Scott M. Simmons, MBA  
Senior Director, Professional Staff Affairs  
Cleveland Clinic

The challenges of physician recruitment have been well articulated over the years. We all know what we face, very real physician shortages coupled with increasing demand; an aging physician population; doctors across all age groups working fewer hours; Covid-enhanced burnout; true market disrupters (think Google, Amazon; Wal-Mart, etc.) entering our healthcare space, etc., etc. But we also see the continued evolution of an increasingly specialized niche profession in physician recruitment. We see increased collaborations, information sharing among competitors, enhanced recruitment technology, an increase in the number of highly skilled recruiters, and greater industry visibility and knowledge. Many of these changes result from the great work done by our industry association, AAPPR. The challenges have certainly gotten more complex, but thanks to AAPPR and others, we have also increased our expertise and are better prepared to meet those challenges.



Scott M. Simmons, MBA

Most healthcare leaders will tell you that the recruitment of new physicians is one of the most critical challenges facing their organizations. Leadership lives in a world of hyper-competition, mergers & acquisitions, grow-or-die mandates, patient access issues, aging physician populations,

new physician work options, and evolving attitudes about the workplace and work-life balance, to name just a few. So it is no wonder healthcare leaders are concerned about who is going to take care of their patients in the future. This puts physician recruitment *and physician recruiters* squarely in the bullseye of leadership's attention. I hope you agree with me that this is a good thing. I call this *enlightened physician recruitment* because, for a variety of factors, the importance of physician recruitment has never been more significant, nor has so much attention been paid to it.

Here are three of my top physician recruiter impacts. First our **impact on patient care**. Second, our **impact on the business goals** of our organizations, and third, our ability to **affect the culture** of our organizations, which includes enhancing the diversity of our patient and public-facing providers. So let's touch briefly on each of these three impacts.

### Impact on Patient Care

If patients can not get the primary or specialty care they need because there are not enough providers, or they have to wait too long to be seen, or the providers do not have the required skillsets or experience, then patient care suffers. It is that simple. Patient access is a broad concern, with many factors contributing to its challenges. Still, physician

recruitment is one of the few functional areas within an organization that can do something about it. Success in physician recruitment *directly* impacts patient care because it *directly* improves patient access. As our CEO has stated, "we have a moral imperative to make ourselves available to anyone who wants our care." Recruitment and patient access are key drivers in meeting that goal.

### Impact on the Business of Healthcare

Healthcare is a tough business. Margins are slim, costs are high, competition is fierce, patients are fickle, and policies that affect us change often. That is the norm. Now add disruptive, new entrants into the healthcare space. Non-traditional, non-healthcare industry leaders with deep pockets and vast experience in other highly-competitive businesses are betting big on healthcare as they rapidly accelerate new ways of providing healthcare. They are quickly providing alternative career options for physicians. And they need to recruit many physicians ... the same physicians we need. These business-minded disrupters understand that physicians are healthcare's version of their industry high-performers and come with salaries of \$200,000 to >\$1,000,000. Recruiting is expensive. But they know, as we do, that not recruiting, or not recruiting well, is infinitely more costly and a roadblock to business success. They know, as we do, that the average annual net revenue per physician can range from \$1mm to \$3mm or more and that a position sitting vacant can cost an organization up to \$12,000 per business day, per vacant position or more. This is one reason physician recruiters are one of the most sought-after niche specialists in the labor market today and a major target for the disrupters. They know, as we do, that experienced physician recruiters make a difference and are willing to pay for them.

Enlightened physician recruiters will be critical advisers, central to achieving Enterprise growth goals and driving revenue. Fortunate recruitment teams will have enlightened leaders who view Enterprise resources for provider recruitment as an investment that will yield rapid operational improvements and financial returns. Unfortunately, unfortunate recruitment teams have leaders who still do not get it. Dr. Miguel Regueiro, Chair of the Digestive Disease and Surgery Institute at Cleveland Clinic, is one leader who gets it. He believes that "*recruiting is the key to our success and ability to grow, innovate, educate and advance research. The recruiter is central to the process. Our recruiter is looked at as "one of us," as part of our team. We meet regularly, plan together, and ask each other our thoughts on programs, candidates, and an approach to growing.*" This is how we, as physician recruiters, will continue to impact future business goals.

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## Impact on Culture

The vision of our organization, as set by leadership, is “to become the best place for healthcare anywhere and the best place to work in healthcare.” Our culture is defined by six values, “Safety & Quality; Empathy; Teamwork; Integrity; Inclusion; Innovation”. Clearly, it is not physician recruitment’s role to create an organization’s culture, but we can certainly influence it. We can certainly enhance it. We could also damage it.

That is the potential impact of physician recruitment. My recruitment team is service line-focused. Dr. Beri Ridgeway, Chief of Staff at Cleveland Clinic, says, “*To attract outstanding physicians and scientists to serve our growing patient needs, we must be intentional about our recruitment practices. Our physician recruiters are uniquely qualified to help us in this endeavor because they understand both the clinical needs and the cultural fit of Cleveland Clinic.*” As such, they represent not only Cleveland Clinic’s culture but also the unique cultures within their respective departments and institutes. We are the front line on sourcing talent, including diverse talent, and representing our organizations and our communities to our candidates. Dr. Ridgeway continued, “*Recruitment remains essential to advance our growth, but recruitment is only part of the equation. As Chief of Staff, I have placed an additional emphasis on strengthening retention among the professional staff, especially for physicians who are underrepresented in medicine.*” As such, physician recruiters are very intentional in building diverse talent pools and slates of candidates who fit our culture. Physician recruiters are increasingly skilled at teaching others how to eliminate unconscious biases and are, therefore, impacting culture with every hire they make or influence. In-house physician recruitment professionals bring the insight that being local brings. Physician recruiters are part of each organization’s culture and live in those cultures.

**Final Thoughts** ... Here’s what I mean by *enlightened physician recruitment*. In order to ensure that we, as physician recruiters and physician recruitment leaders, have the most significant positive impact on healthcare, we must first understand a few key points about our respective organizations:

1. What our organizational culture stands for
2. What our business goals and strategic priorities are
3. The level of shared accountability for recruitment success we have with our leadership
4. How physician recruitment fits into all of the above

Three of my own OKRs (Objectives and Key Results) focus on supporting patient access, driving revenue, and enhancing diversity, which naturally enhances our organization’s culture. What more significant impacts could we possibly have? By understanding your own culture, learning your organization’s goals and priorities, and asking “what is really important to leadership,” we can continue to exert our influence and enhance our position as impact partners in healthcare.



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## Identifying the Red and Green Flags During Your Recruiter Job Search

By: Logan Mary Ebbets, MS, CPRP  
AAPPR Board Member

**A**s recruiters, we are intimately familiar with the current job market trends and the fact that it is genuinely a job-seekers market. The physicians and providers we recruit have endless choices regarding practice opportunities. But provider and physician recruiters have become desirable professionals as well. AAPPR's Physician Recruitment Workplace Satisfaction Survey published in 2020 found that more than 40% of recruitment professionals planned to leave their current organization within the next three years. Even if you did not fall into that 40%, if you have a LinkedIn profile, you have probably received multiple messages regarding new recruitment position opportunities. In our roles, we coach providers and physicians on



Logan Mary Ebbets, MS, CPRP

navigating the job application and offer process. But when we are the "applicant" for a new position, how do we vet the red and green flags of an opportunity to make sure we are making the best decision when it comes to a new role?

Here are four things to consider when interviewing with a new organization:

- 1) **Scope of Role**
- 2) **Workplace Setting**
- 3) **Team Culture**
- 4) **Leadership Engagement**

Let's dive in and identify some red and green flags to look out for when considering these criteria. As an aside, compensation will not be discussed as a criterion. Interestingly, according to the annual AAPPR Benchmarking

Survey, the pay ranges of recruitment professionals exceed the national averages of most other professionals. Since the basic compensation needs are generally being met, less tangible factors are more critical when contemplating new roles.

### Scope of Role

When learning about new positions, it is imperative to understand the scope of the role for which you are interviewing. Is this a full scope role, where you manage a search from requisition posting to triggering of onboarding? Or are you only focused on sourcing, vetting, and then handing off to the hiring team? Another important question to ask; what is the average requisition load? This component will directly correlate with your anticipated work-life balance and ability to succeed in your role.



**Red Flags:** According to the 2019 Physician and Provider Recruitment Process Report, the average in-house recruiter managed 16 to 20 searches at any given time and averaged 32 searches annually. If a position you are interviewing for discloses that its recruiters are averaging 30 to 40 searches at a time, this is a potential red flag. You will want to explore this, to understand how this impacts their current time-to-fill rates. In addition, the average recruiter spends 5 to 10 hours per week sourcing candidates (Physician and Provider Recruitment Process Report 2019). If you double the requisition load, there simply is not enough time in the day to adequately source for all those positions. Additionally, if the role is full scope and you are responsible for coordinating interviews, etc., you can anticipate that you will be working much more than 40 hours per week. According to the 2020 AAPPR

Benchmarking report, the average recruitment department employed just four recruitment professionals in 2020, down from 4.3 in 2019. At the same time, the average days to fill open positions increased to an average of 126 days for physician searches and 64 days for advanced practice provider searches. Less staffing resources generally equates to higher requisition loads.

 **Green Flags:** If the role is full scope and averages 16 to 20 searches at a time, that is the sweet spot for a recruiter. That is a manageable search load to devote an appropriate amount of time to each search. If the role does not require you to coordinate interviews and/or be on-site for interviews, even better! That is more time you will have to devote to sourcing and schmoozing potential candidates. We can prove this case by referencing time to fill data.

### Workplace Setting

The workplace setting for our roles has changed exponentially since the pandemic. In 2018, just 56% of physician recruiters said they could work from home, while in 2020, that number reached 90%. More than 80% of recruiters also say they have flexible or hybrid work hours (Wilcox et al., 2022). We have proven that we can do our jobs remotely and do them well. Therefore, it is essential to understand your future employer's philosophy on remote work. Additionally, you will need to consider your preferences around office-based versus remote work. Do you want to be fully remote? Do you prefer to work in the office or a mix of both?

 **Red Flags:** Watch out for employers who are rigid around the workplace setting and lack flexibility. Do they expect you to be in the office every day from 8-5? Or, if you are remote, do they expect your status to be that you are always available to employers? If the position is currently remote, but there is potential to return to the office, how much notice will they provide, and is this negotiable?

 **Green Flags:** The ideal employer offers flexibility and seeks to collaborate with their employees to find mutually beneficial workplace agreements that work for everyone. Additionally, they get a gold star if they provide their employee's autonomy to get their work done on their own time, around schedules that work for them. Whenever I hear a leader say, "It doesn't matter to me how or when you get your work done, as long as you get it done on time and meet deliverables," I want to hug them.

### Team Culture

We spend a lot of time discussing organizational culture, but what about team culture? If the role is part of a team, you should have a chance to interview with the team. This can be the most telling part of the interview process and can give you a peek

into how the day-to-day interactions of the team will feel. For example, how does the team seem to interact with each other? Do they have friendly banter and good rapport? Are they friends with each other outside of work? What is the average tenure of the team? Has there been considerable turnover?

 **Red Flags:** Be wary of teams with significant turnover or where the most tenured member has only been with the organization for two years or less. You need to read between the lines on this and ask yourself, "why"? This can spotlight problematic issues around leadership or company culture. For example, suppose the organization has recently gone through an acquisition, and the team represents a merger of recruiters. In that case, you will want to understand if the team has fostered buy-in and trust with one another and if they can work collaboratively. Trust your intuition. If something feels off, it probably is.

 **Green Flags:** We are a tight-knit industry. When teams have acquired co-workers from their former organizations or that have followed each other, you cannot spotlight a bigger compliment to the health of the overall team and leadership. You would not refer your colleagues to join you if the team and organization were a chaotic mess. Additionally, teams with a strong culture will look to build strong relationships with one another to leverage the individual skill sets of each member to achieve maximum impact. It is a green flag if your future team does annual retreats and/or team-building events and champions a culture of personal and professional development.

### Leadership Engagement

On AAPPR's Physician Recruitment Workplace Satisfaction Survey, when respondents were asked to list the most challenging aspects of their work, "leadership" was noted as the second most common issue behind "finding candidates." For provider recruitment professionals, this can be split into two ways. For individual contributor roles, it is essential to work under a leader who champions the work of provider recruitment and works to eliminate barriers. For a management role, it is imperative to understand how the organization's C-Suite views the provider recruitment process and its challenges. This will inform what potential barriers you may encounter in your new role. This is important to identify because it will directly correlate with your projected organizational tenure. A recent study found that "people leave managers, not companies." Fifty-seven percent of employees have left at least one job because of the leadership (New DDI research: 57 percent of employees quit because of their boss, 2019).

 **Red Flags:** The pandemic has reshaped health care and our industry as we know it. It triggered a wave of early retirements for physicians and an escalation

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of advanced practice provider compensation far exceeding the trends outlined in annual compensation reports. This has left organizations scrambling to find talent. If the leadership at your future organization is not actively addressing this, it could mean to accomplish anything in your role, you will be pushing boulders uphill. If this role collaborates with leaders who are not actively aware of the dire challenges that are facing recruiters today, you should think long and hard before moving forward. Moreover, if the leadership in the organization does not view the recruitment professional as an expert in our space, that is a red flag. To be successful in our roles, we need to be able to influence without authority. Lack of leadership buy-in and engagement around physician and provider recruitment workflows, best practices, compensation, and retention strategies will ensure that your ability to move the needle and influence decisions will be challenged every step of the way. Think long and hard before moving forward!

 **Green Flags:** Look for leaders actively engaged with AAPPR or other professional associations. They have real-time information around the latest trends within our ever-changing industry and can use that to inform the team's work. Your potential leader should have their eyes wide open to the challenges that recruiters face and actively advocate for their recruiters and their organization for change and process improvement. Look for leaders who have highlighted the importance of championing and executing retention programs to ensure that providers and staff stay within the organization. These are all green flags, and you would be lucky to have the opportunity to work under that leadership.

If you are actively engaged in a job search process or planning to embark on one soon, there is no time like the present. The provider and physician recruiter skill set is sought after and desirable by healthcare organizations, both big and small. They realize that to crack the code that is a successful provider and physician recruitment, you need someone who understands the ins and outs of this specialized niche. As you go through the interview process, remember to ask about the scope of the role you are applying for. Inquire about how many requisitions you

can expect to recruit for at any time. Discuss where you will do your work and what the expectations are around the schedule. Observe how the team seems to get along and consider what sense you get about their culture. Is this a team you would want to be a part of? And lastly, consider how leadership views the role of provider recruitment professionals. Are they aware of and actively addressing the challenges that recruiters face today? If you can find a position that only waves green flags at you, you can confidently know that you are making a safe decision and should go for it! But don't be afraid to call out the red flags and course-correct accordingly. They are red for a reason and should cause you to pause. Regardless of what you uncover, no other professional is better prepared to navigate the job search process than a recruiter, don't be afraid to leverage that skill set. Get out there, and good luck with your search!

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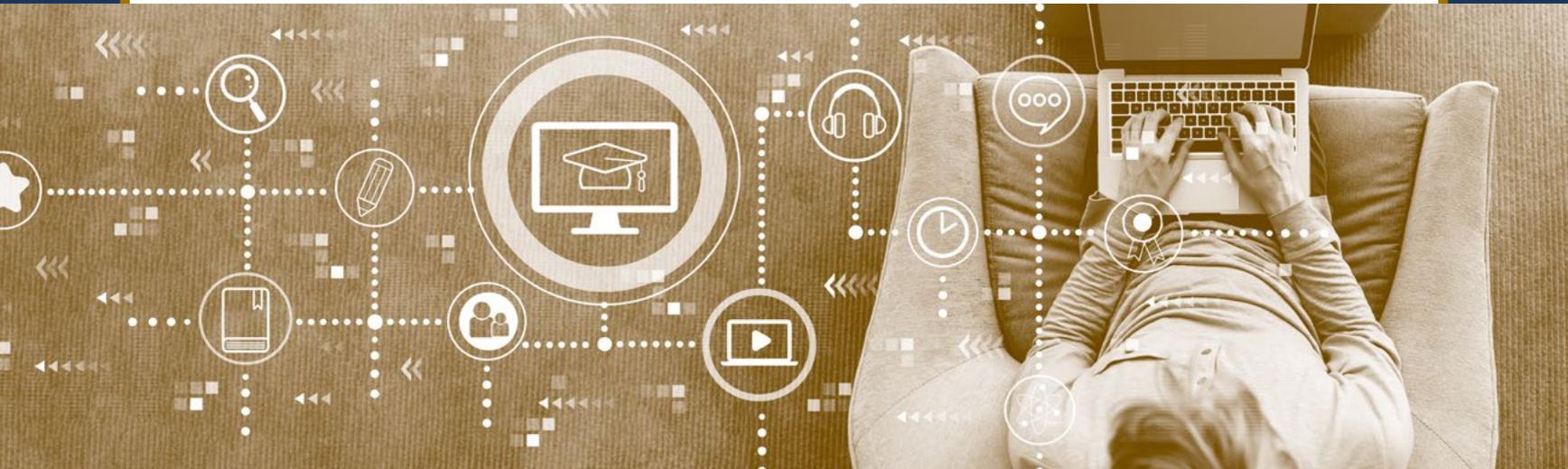
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# AAPPR

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## GUIDE TO BUILDING YOUR PROFESSIONAL BRAND



As recruitment professionals, we are keenly aware of our organization's brand and branding strategy, but have you given the same thought to your brand? What does your professional brand say about you?

Like your organization's brand, your professional brand establishes who you are and what you value. Your professional brand can not only help you stand out in a competitive job market but can also distinguish you in the workplace.

In this guide, we will look at tips to help you build your professional brand across multiple channels and leverage that brand for maximum results.

**CLICK ON AN ICON BELOW TO LEARN MORE**



**THE CV**



**THE RESUME**



**SOCIAL MEDIA**



**YOUR BRAND**



## THE CURRICULUM VITAE

### WHAT IS A CV?

CV is an abbreviation for curriculum vitae, which, in Latin, means “course of life.” The CV is a chronological history of everything you have done professionally that may or may not relate to your career. It is credential-based and details education, research, lectures or professional presentations, speaking engagements, teaching experience, professional certifications or credentials, association memberships, and honors/awards. A CV is a static document, so the only thing that changes is the length as you add additional accomplishments. Consider doing a trial run with a friend or colleague to learn how the program or application works.

### WHO NEEDS A CV?

CVs are most commonly used by academics, medical professionals, and scientists. However, all professionals can benefit from a CV as a building block for your resume.

### TIPS FOR CREATING A CV

- Utilize a basic, standard font like Arial or Times New Roman in 12pt
- Keep your margins between 1-1.5” on all sides
- Include your full name, one phone number, and email address
- Number each page and include your full name in the header
- Separate the CV into sections - education, research, memberships, honors/awards, etc.
- Use capital letters, underlining and bold font to distinguish section headers
- List details within each section in reverse chronological order
- Utilize bulleted lists to make the information within sections easier to read
- Proofread carefully to check for typos, consistent font, and formatting
- Don't worry about length; there are no limits or recommendations on how long or short a CV should be



## THE RESUME

### WHAT IS A RESUME?

The term resume originates from the French word *résumé*, which means “abstract” or “summary.” The resume is a brief chronological history of your education, career history, and skills. It is competency-based and summarizes education, career history, and relevant skills. A resume is a fluid document and should be tailored to highlight relevant skills and experience based on the position you are applying for or the industry in which you work.

### WHO NEEDS A RESUME?

Resumes are used by professionals from all walks of life, except for academics, scientists, and medical professionals who typically utilize a CV.

### TIPS FOR CREATING A CV

- Utilize a basic, standard font like Arial or Times New Roman in 12pt
- Keep your margins between 1-1.5” on all sides
- Include your full name, one phone number, email address and customized, clickable LinkedIn URL
- Separate the resume into basic sections – education, skills, professional experience
- Use capital letters, underlining and bold font to distinguish section headers
- List details within each section in reverse chronological order
- Utilize bulleted lists to make the information within sections easier to read
- Limit experiences to the highest quantifiable achievements
- Include only those experiences or details relevant to the position you are applying for or industry you are working in
- Tout your achievements and accomplishments – this is your chance to stand out
- Proofread carefully to check for typos, consistent font, and formatting
- The resume should be between 1-2 pages at most so be sure you are only including those skills and experiences that are most relevant
- Update/edit/tailor the details each time you submit your resume and customize according to the position or audience



## SOCIAL MEDIA

### LINKEDIN

Ever Google yourself and see what comes up? Try it. If you are on LinkedIn, it ranks so far up in the search algorithms that it is nearly guaranteed to be the first thing that comes up – and if you aren't? What is it going to be? Rather than leave it to chance, take the time to establish a strong LinkedIn profile, and use it strategically to take charge of your professional brand.

### TIPS FOR BUILDING A PROFILE

- Put only your first name in the first name field and your last name in the last name field, so it is easy to search
- Edit your sub-header to create something more compelling than a simple job title

*Pro Tip: When selecting an industry from the dropdown list we recommend either Hospital & Health care or Human Resources depending on your skillset and strengths.*

- Use a professional-looking picture like a close-up with a smile
- Create a personal URL to ensure you make page one of Google for your name

*Pro Tip: The URL also looks excellent in the header of your resume and allows the recruiter to click on it right from the document if they want to find out more about you.*

- Use the summary to sell yourself. Write in the first person and keep the tone warm, friendly and authentic
- In the experience, section make sure the jobs you choose to list support each other and use it to explain why you, your company or your brand bring value

*Pro Tip: Seek good testimonials for each position listed if possible.*

- Be strategic about which jobs you include on your profile, to balance what is included with what is scannable and relevant
- Write a description for each role to show what you've done, your successes and accomplishments - emphasize impact and results

*Pro Tip: Use keywords typically found in job descriptions so recruiters can find you Complete the "specialties" section to highlight relevant skills and knowledge areas and include as many keywords as you can to make it easy for recruiters and connections to find you.*

*Pro Tip: Consider looking through job postings for commonly used words and phrases in your industry or profession, these are frequently the terms recruiters will search.*



## SOCIAL MEDIA CONTINUED...

- Add, remove, and rearrange entire sections of your profile
- Build a strong network of connections - at the very least, you need a minimum of 150 connections to appear “legitimate”

*Pro Tip: LinkedIn's search results don't work quite the way a regular search engine does. Instead, when you search their system, they serve up the names of people who are immediately connected to you first, and then go on to 2nd-degree connections - those people who know someone that you know - and then third-degree connections and so on and so on.*

- Make your profile public so recruiters can see as much information as possible about you if they find you through an internet search
- Ask contacts to write recommendations for you, many recruiters or professional contacts will put weight on these
- Stay active on the site by posting regular updates, making new contacts and networking with individuals, groups or companies



## DEVELOPING YOUR BRAND

Like a corporate or organizational brand, your professional brand reflects who you are, what you value, and how you express those values. A personal brand is no longer just something nice to have; it's expected. Building a brand can help open your eyes to new opportunities or career paths. It can also help you stand out from the crowd in your current position, industry, or job market. In this section, we'll explore how the tools you've developed, your CV, resume, and social media, work together to build a personal brand.

### DEFINE WHO YOU ARE

Use your CV and resume and think about where you excel. What kind of work interests you? Are there projects where you excelled? What successes have you had? What have you been complimented on by friends, family, or co-workers? Are there jobs or roles that have drained you? Are there projects that left you feeling overwhelmed?

*Pro Tip: If you don't know where to start, ask your friends, family, and co-workers to describe you in one word.*



## DEVELOPING YOUR BRAND CONTINUED...

### CREATE YOUR VISION AND MISSION STATEMENT

Identify the what and the why of your professional brand. Taking what you learned by defining yourself, think about what you want to be known for (vision statement) and why you want to accomplish what you've set out to do (mission statement).

*Pro Tip: Consider the tone. Do you want to be viewed as serious and professional? Are you creative and adventurous? Incorporating personal characteristics and tone to your statements help develop your brand personality.*

*Pro Tip: Use the vision and mission statements you develop on your resume and LinkedIn profile summary, so there is consistency in your message*

### KNOW YOUR AUDIENCE

As you create your vision statement and mission statement, determine who you are trying to reach. By knowing your audience, you can adapt your brand to reach them better. Building a brand isn't necessarily just about selling something, it's about building a community of connections.

*Pro Tip: Keep in mind the age-old saying, "you can't please everyone." Your brand should be specific, which means it's not going to appeal to everyone, and that's fine. The goal is to have your brand appeal to those people and opportunities that are the best fit for you.*

### FIND MENTORS

Continued personal and professional growth is one key to being successful. Reach out to professionals you admire or identify with and ask to connect with them. Finding mentors can be as easy as following them on LinkedIn or could be more structured like an informational interview.

*Pro Tip: AAPPR has a mentor program available to all members. Visit: [aappr.org/member-development/mentor-match-program/](https://aappr.org/member-development/mentor-match-program/) for more information.*

### NETWORK

Networking is often underestimated. A huge percentage of new opportunities are identified through networking. The more connections you make, the more people will begin to identify with and recognize your professional brand.

### EVOLVE YOUR BRAND

You are always growing and changing, and your brand should grow and change with you. Your brand should be fluid and should evolve as your personal and professional vision, and goals change. Don't be afraid to revisit different steps as you identify new strengths or interests.

*Pro Tip: Your professional brand isn't just about who you are today, it's a roadmap for where you're going*



## The Specialized Professional: Creating an Exceptional Onboarding Experience Through Specialized Roles

By: Marshfield Clinic Health Systems

Simply put, we believe in making a difference in the employment journey of every physician and Advanced Practice Clinician (APC) who joins Marshfield Clinic Health System (MCHS).

As challenges for recruiting and retaining physicians and APCs increase throughout rural areas, MCHS has developed specialized roles to provide personalized experiences and support throughout the onboarding and orientation process. From the employment application process to practicing in acute and ambulatory settings, our roles at Marshfield Clinic Health System help providers have a positive and engaging experience and reinforce our organization's sustainability for years to come.



### SPECIALIZED ROLES

*Rita Hanson*

I serve as an Onboarding Specialist with the Physician and APC Recruitment team. In this role, I am the new provider's guide throughout onboarding and System orientation. After a warm hand-off from the recruitment team, this position serves as the primary contact to assist providers through the credentialing, relocation, state licensing, DEA certification, and orientation process.

Regardless of practice location, providers attend orientation at the System's central campus in Marshfield, WI, which offers the opportunity to network with other new providers and promote camaraderie. In addition, to enhance their first

impression of the System, I greet providers at the door and escort them through the first three days of presentations and training, including the MCHS welcome, Information Systems training, professional photograph, white coat fitting, department overviews including coding and billing, and unique individual meet and greets with System executive leaders, including the Chief Medical Officer.

New providers appreciate having one defined person to guide and help connect them with MCHS leaders and departments, which helps to eliminate the task of remembering multiple contacts.

This position gives me the opportunity to get to know new providers before they officially start and assist them in feeling both valued and welcomed. Together, we discuss navigating paperwork and relocation of their family (finding a new home, schools, childcare).

Though my role is primarily focused on providing support through the first few days of employment, the connections made before the provider's start date are lasting. It is not uncommon for me to be contacted months into a provider's employment to help find answers, connect with appropriate MCHS staff, or even discuss a personal life event.

To help enhance our robust onboarding program, providers are invited to complete a survey regarding their onboarding experience, through which providers have shared, "Rita was awesome! She was very kind and supported me through the entire process, ensuring I was supported and informed every step of the way."



**Becky (Rebecca) Wagner**

I am a Program Coordinator in the Division of Education. My role primarily focuses on providing operational support to the Entry to Practice Program, which serves to build and/or confirm the

clinical competency of newly-licensed APCs and can also be tailored for those returning to practice or transferring to another specialty.

Offered over twelve weeks, the Entry to Practice Program has a proven history of encouraging professional growth and building on six core competencies: patient care; medical knowledge; practice-based learning and improvement; interpersonal/communication skills; professionalism, and systems-based practice. The program pairs each APC with a preceptor who provides supervision, collaboration, competency validation, and feedback to promote or teach best practices.

For APCs, this program serves similarly to a mini-residency and is a welcomed addition to orientation by helping to provide a supportive, participant-led pathway into independent practice. In addition, we know this program helps curb fears about independent practice, as APCs have shared the offering of this in-house program being the deciding factor in their decision to become employed with MCHS.

In addition to the Entry to Practice Program, I have the opportunity to support the Re-Entry to Practice Program. This program, structured similarly to Entry to Practice, is offered to physicians who have been out of practice for two or more years. The program helps reinforce competency and provides a structured environment for physicians to ease into as they return to practice.

The Entry & Re-Entry to Practice Programs are designed to build clinical knowledge and skills and provide preceptors with an opportunity to build complementary relationships, have positive interactions from the beginning, and help set department/System expectations.

Program participants often share valuable feedback through program evaluations:

*“Rebecca [Becky] Wagner was a huge help and had a lot of patience with me as I learned what was expected of the program.”*

*“This was a wonderful program, and I feel it has set me up for success with my future. I feel more confident than ever going into practice.”*

*“Overall, I am grateful for the Entry to Practice Program. I couldn’t imagine how overwhelmed I would have felt if I was starting “on my own” when I was first hired.”*

I find fulfillment in my role because of the physicians and APCs I support. I understand that coming into a role, whether new or familiar, can be nerve-racking. It is gratifying to help ease fears many have when entering into a new health system and beginning their practice. Our goal is to provide structured orientation programming to help increase retention, job satisfaction, and awareness of the physician and APCs scope of practice.



**Kaela Churchill**

I serve as a Program Coordinator in the Division of Education. Among other programs offered through the Division of Education, I oversee the Physician & APC Mentoring Program. This program

exists to pair onboarding physicians and APCs with those established within the System and can provide professional and social guidance and support.

We have all been new within an organization and felt overwhelmed balancing role expectations and information intake. This is where the Mentoring Program comes into play. Program enrollment begins after a physician or APCs contract is signed. At this point, they are sent a survey that seeks demographic information (e.g., medical school, hobbies, professional interest, family demographics, etc.) to be used to ensure the best possible pairing of mentor and mentee. Once paired, program participants are provided with tools such as discussion topics. Still, mentorship design is genuinely in participants’ hands and is flexible based on individual needs and schedules. In other words, the program is designed to allow for complete focus on the act of mentoring and not on administrative tasks.

Mentors are also given the option to accept a pre-loaded gift card to use for outings with their mentee, such as dining out, manicures/pedicures, sporting events, etc. This helps promote fellowship between mentor and mentee and offers the ability to hold discussions outside work. In addition, if a new physician or APC is new to the community, the gift card offering helps open the door for exploration and recommendations.

It is well known if roots are developed in an organization and community, it increases the chances of retention. As such, the value mentors provide to their mentees, and their impact on the organization’s stability is remarkable. Mentees can submit nominations for the annual MCHS Mentor Award to recognize program mentors.

cont’d on next page →

# Stages: Physician and APC Onboarding Journey

## *Recruit & Engage to Retain*



Nominations were surprising – one submission detailed the lasting impression of a mentor by noting, “[mentor] will forever be part of who I am as a practitioner.” Another submission described the hospitality of a physician mentor who “opened his home to [mentee] and family,” which positively impacted the mentee’s onboarding experience.

Professionally, my interests lie in providing excellent customer experiences and innovating new ways to elevate the experience of program participants. I enjoy that my role allows me the ability to explore and implement different ways to continuously improve the onboarding experience.

### **TYING IT ALL TOGETHER**

Though our roles are different, we work as a team toward the common goal of providing physicians and APCs with the best onboarding and orientation experience possible.

In addition, by supplementing each provider’s employment with specialized support and programming, we increase the chances of retention and job satisfaction at MCHS.

The specialized experiences we provide to new physicians and APCs ensure they receive a genuine welcome, followed by a structured orientation and the opportunity to build relationships with colleagues and patients as they begin their practice. Based on the feedback we have received from providers, it is evident our support provides seamless integration into medical practice, our Health System’s culture, and surrounding communities.

We look forward to every opportunity to make a difference in each provider’s onboarding journey!

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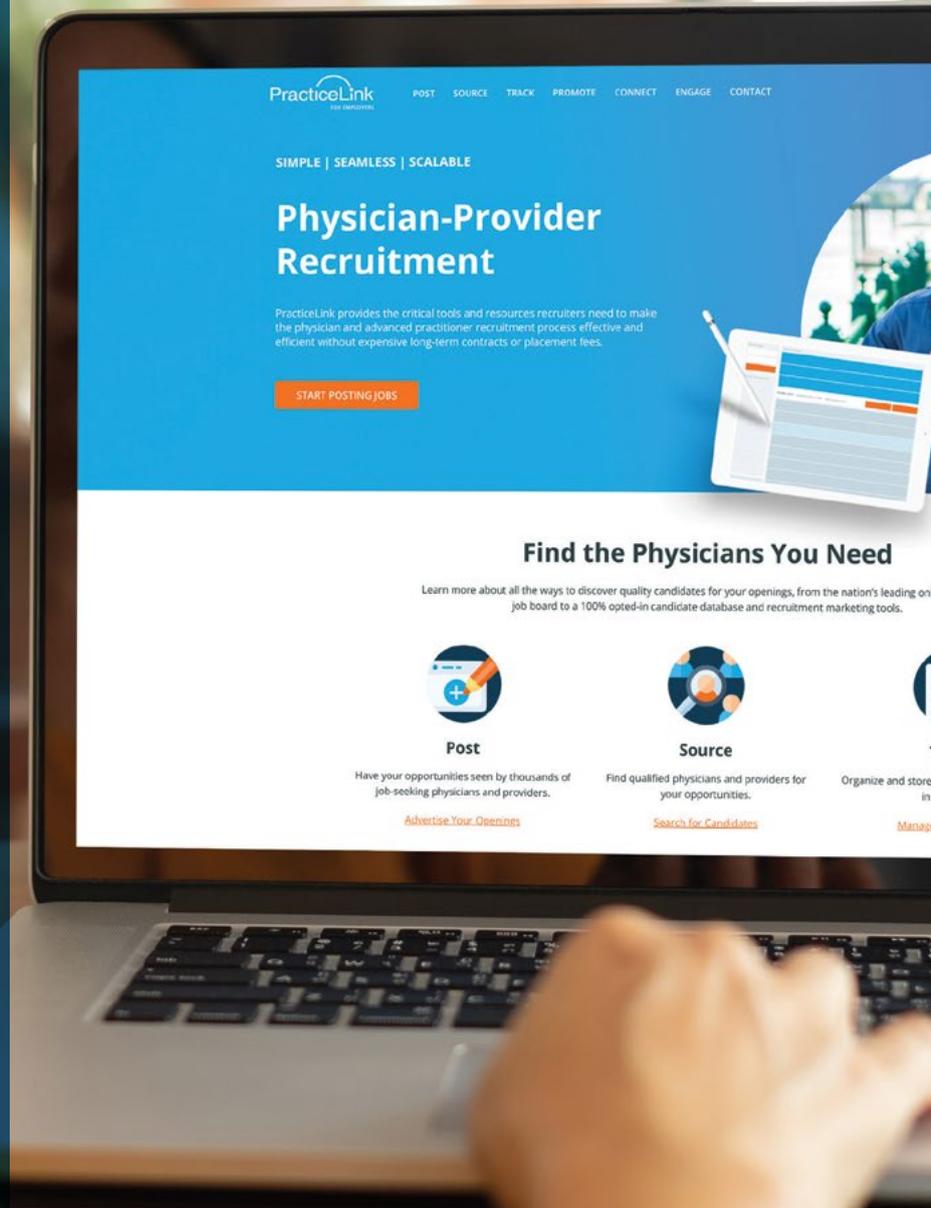
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# AAPP

ASSOCIATION FOR ADVANCING  
PHYSICIAN AND PROVIDER RECRUITMENT



*AAPP WHITE PAPER*

## **Increased Provider Turnover and Inadequate Retention Programs Spotlight Industry Volatility and Challenges Ahead for Health Care Organizations**

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## Increased Provider Turnover and Inadequate Retention Programs Spotlight Industry Volatility and Challenges Ahead for Health Care Organizations

Carey Goryl, MSW, CAE, CPRP  
Chief Executive Officer

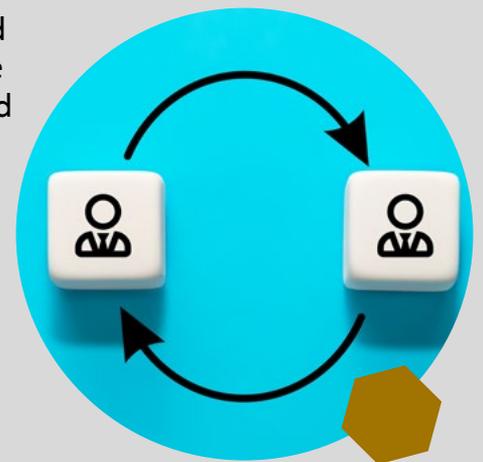
It's no secret that the market for physician and advanced practice provider (APP) talent is more competitive than ever. Data forecasts show physician shortages in many specialties continuing to climb for the foreseeable future. Increasing clinician turnover at the nation's health care organizations—driven by the COVID-19 pandemic, burnout, and other factors—portray a bleak outlook with escalating concerns of how to best retain employed physicians.

The challenge: new physician job opportunities are opening faster than existing positions are filled. And the consequences are profound. Every open provider job has a measurable impact on a health care organization's ability to fulfill its mission and maintain productivity and profitability; regardless of whether the employer is a practice, a hospital, or a health system.

To illuminate the causes of turnover and explore possible solutions, the Association for Advancing Physician and Provider Recruiting (AAPPR), the nation's leading professional organization for physician and provider recruiters, recently performed comprehensive qualitative and quantitative proprietary research. Quantitatively, the Association fielded its sixth survey in early 2022 on the reasons providers leave as well as the prevalence and perceived effectiveness of various retention strategies. The survey was compiled, tabulated, and analyzed by Industry Insights Inc., an independent research and consulting firm. For the qualitative initiative, the Association brought together a focus group of seasoned physician recruitment leaders to comment on changing employment market conditions, the impact on their organizations, and how their organizations are responding. Their comments provided insightful validation and aligned well with the quantitative data.

The group shared both longstanding and emerging physician recruitment and retention challenges that affect virtually every health care organization as the industry collectively grapples with persistent clinician shortages, turnover, and discontent.

Their observations are also alarming. Together, AAPPR reveals the urgent need for their organizations to address the physician and APP turnover challenge with fresh retention strategies and greater commitment and intention. Failure to act risks not just a tougher recruitment battle, but also productivity, profitability, access to care, and even care quality.



## Pressing Issues, Some Unanticipated, Dominate Recruiter Concerns

The recruitment executives who participated in the focus group were a cross section of the profession representing a diverse group who recruit for a wide range of health care settings, including hospitals, ambulatory practice, federally qualified health centers (FQHCs), assisted living, skilled nursing, rehab hospitals, and integrated systems, located in all parts of the country. And their employers vary broadly by size, ranging from single facilities to nationwide networks.

Yet, despite these differences, these industry leaders share remarkably similar observations about physician and APP turnover. Several timely concerns—exacerbated by a lack of retention strategies to address them—dominated their comments, with one dominant concern at the forefront.

### INSUFFICIENT CLINICAL SUPPORT STAFFING

Adequate support staff is paramount to provider productivity and job satisfaction. Support staff keep practice workflows moving, allow providers to delegate routine tasks, and are critical to the patient experience—yet the importance of maintaining sufficient well-trained staff is sometimes overshadowed by other management issues.

Two years (and counting) of the COVID-19 pandemic has intensified the extreme competition for skilled nurses, been well-documented in health care media and even the mainstream press, has strained health care facilities around the country. Now the growing challenge of keeping clinical support staff in place is making physicians' and APPs' jobs more difficult and undermining their productivity.

Less well documented, and frequently overlooked, are other clinical and non-clinical support staff that are essential to an organization's success, a provider's well-being, and a patient's satisfaction. Whether in environmental services or imaging or the front desk, too many unfilled positions in any part of the workflow can eventually cause more stress for physicians. It only follows that the ongoing struggle to retain qualified support also puts more pressure on recruitment professionals to hire top talent to meet the needs of the patient population.

Upheaval in the overall labor market (the so-called “Great Resignation”) has intensified the challenge of retaining qualified health care staff—leading to a margin squeeze that has no simple solution.

Labor demand is outpacing supply, causing wage expectations to climb. As salaries in other sectors increase, health systems, hospitals, and practices must try to compete, to avoid losing valuable talent to other industries. Focus group participants also noted that employees at all levels—physicians, APPs, nurses, and even junior staff—are attuned to the competitive market and negotiating more knowledgeably and forcefully.



As a result, compensation budgets are increasingly strained. Other costs of care are climbing, too. Reimbursements, however, are not keeping pace.

At the same time, recruiting new employees—whether support staff, physicians, APPs, or administrators—continue to be costlier than retaining existing ones. This is especially true for the organization’s top performers. It underscores the importance of better retention efforts not just for physicians and APPs, but for the staff who support them. The difficulty of hiring and retaining excellent support staff is amplifying another organizational concern.



### MAINTAINING HIGH QUALITY OF CARE

Continuity of clinical staff fosters teamwork. Familiar, trusted staff help physicians and APPs work at peak efficiency and effectiveness. Conversely, frequent staff turnover means physicians must spend more time training and monitoring staff performance (or even doing more staff work themselves), undermining productivity and patient access. This raises quality concerns, that are heightened by the uncertain timing and terms of value-based payments.

Ensuring a pipeline of highly skilled staff is essential to building superior clinical teams and maintaining physician productivity and morale. However, this requires more creativity and focus. Some organizations are testing new ways to develop internal talent such as supporting local training programs and taking a critical look at onboarding processes for new staff.

Our quantitative survey results echoed these concerns. For example, more than seventy-five percent (75%) of respondents said that administrative support to reduce physician strain was “very important”; nearly ninety-five percent (95%) chose “very” or “somewhat” important.

**95% of respondents said administrative support to reduce physician strain is “very” or “somewhat” important**

## Dousing the Flames of Provider Burnout

Solving the staff training and retention puzzle should be a key priority because inadequate support is directly tied to another source of physician turnover: *physician and provider burnout*.

In fact, three out of four recruitment leaders express *administrative support* is very important to reducing physician strain.

For many years now, physician burnout has been a well-documented emergency in health care. The ongoing pandemic, and especially the crisis period of 2020-2021, has aimed an even brighter spotlight on

physician and APP mental health and quality of life. In 2019 costs related to physician turnover and reduced clinical hours attributable to burnout were approximately \$4.6 billion and at the organizational level, the annual cost associated is approximately \$7,600 per employed physician each year.

Many hospitals have found themselves **insufficiently staffed for extended periods** in key areas thanks to the pandemic worsening the risk of physician burnout.

Staffing is far from the only organizational factor related to burnout, however. Recruitment professionals noted that technology is a frequent stressor—especially electronic medical records (EMR) systems that are not optimized, hard to master, and create extra work for physicians. New EMR deployments, while ultimately aimed at addressing this stress, may worsen it (at least temporarily) if the learning curve is too long or difficult.

In AAPPR's 2021 report on Physician Satisfaction and Burnout, over 33% of physicians cited burnout as the primary factor for early retirement and 20% of physicians attributed an increasingly difficult technology and administrative workload as causes for early retirement.

**PROMISING PRACTICE:** Involving physicians in the choice of systems and the customization of them (such as through the creation of a senior medical informatics role, to be filled by a physician) has mitigated the risk of over stressing providers in many organizations. For other organizations, involving provider teams in the building and implementation of new technology has also proven successful in minimizing the strain experienced by clinical teams.

Our quantitative survey responses aligned with this view. Nearly ninety-two percent (92%) of respondents stated that technology superusers to help physicians with EMR utilization were “very” or “somewhat” important. (More than half said such technology help was very important.)

Recruitment leaders nationwide also noted that a lack of physician involvement in decision-making is a critical burnout risk factor.

**PROMISING PRACTICE:** An organizational commitment to the principle of “no decisions about me without me” is recommended as a starting point to avoid administrative decision-making that doesn't adequately account for physician viewpoints or needs.

Active senior leadership attention to physician concerns is critical—ideally, in a structured format. For example, some leaders in the focus group commented on the benefit of regularly scheduled “road shows,” i.e., forums where C-suite executives can share plans and accept feedback directly from physicians.



**PROMISING PRACTICE:** Communication in all its forms, in both directions, helps support physician engagement—as can mentorship for newer hires and training programs that support physicians who want to pursue leadership roles.

Respondents to our quantitative survey echoed the importance of more meaningfully involving, supporting, and listening to physicians to help prevent burnout. For example, respondents supported factors like physician leadership roles (ninety-three percent (93%) said “very” or “somewhat” important); physician mentoring (eighty-eight percent (88%) “very” or “somewhat” important); and physician focus groups (seventy-six percent (76%) “very” or “somewhat” important).

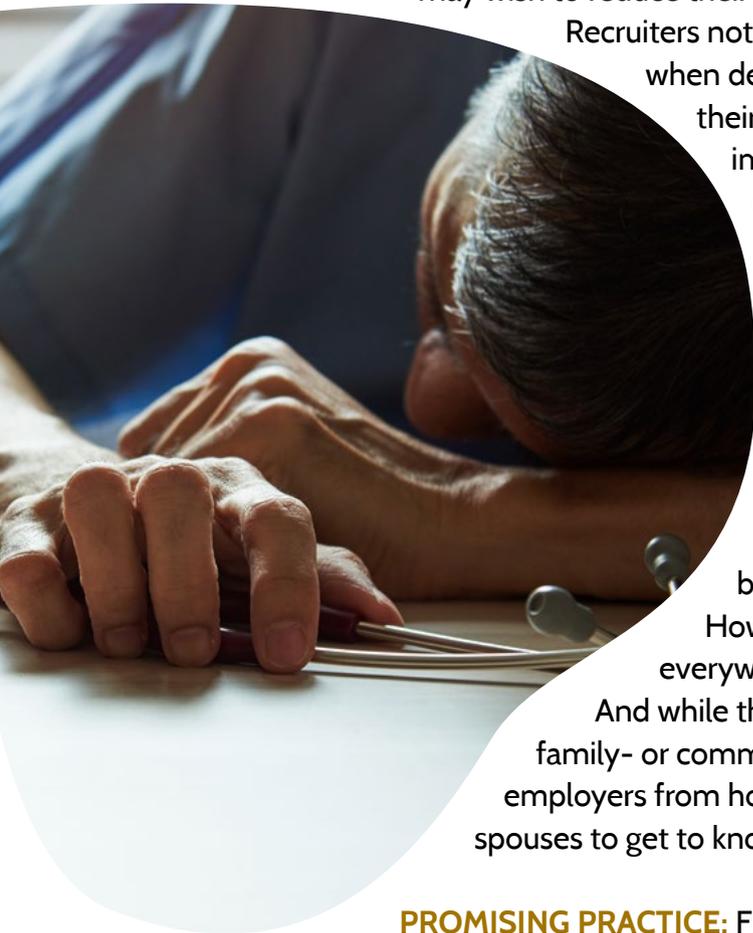
Even when support is prioritized, technology is optimized, and engagement is encouraged, some physicians still face workloads that do not allow for enough time or energy for personal life. This may be especially untenable for physicians whose priorities change as their careers progress. Female physicians, for example, may wish to reduce their workdays or on-call time if they have small children.

Recruiters note that such flexibility isn't always readily available, even when denying it has resulted in hard-to-replace physicians leaving their practices. Consequently, many organizations mentioned improving work-life balance for their providers as a concern, especially because generational norms have changed, and younger providers expect to work differently than their predecessors.

Furthermore, work-life balance challenges are not specific to urban practices or hospitals, rural practices have also seen providers struggle with the issue.

A more manageable workload and pace have traditionally been selling points of practicing in less populated areas. However, the pressures of the pandemic increased stress everywhere. Some rural areas were among the hardest hit by COVID. And while the approachability of a smaller town might normally attract family- or community-minded physicians, COVID lockdowns prevented employers from hosting events that would normally help providers and their spouses to get to know each other and their communities.

**PROMISING PRACTICE:** Flexibility and a supportive culture to find ways to meet providers' work-life balance needs is essential for retention and new hires. Additionally ensuring a manageable workload and pace can increase long term provider satisfaction.



## Need to Hire: Now What?

When recruiters face critical physician vacancies, there is always urgency. Every open physician position means more work and more stress for the other clinicians. Every day that job remains unfilled can mean fewer patients served and more revenue lost.

**PROMISING PRACTICE:** To minimize organizational stress and maintain productivity, organizations must find ways to better plan and budget for physician and APP coverage. For some organizations, the planning must include strategies to utilize locum tenens providers effectively.

Locum tenens physicians were once the expedient—if costly—solution. Now, the locums contracting process may now take almost as much time as hiring a permanent position. Candidate indecision adds to frustration and increases the time to onboard a provider. Physicians who've agreed to a locums assignment sometimes change their minds at the last minute and commit only to lower production or a reduced schedule. Hourly locum rates also continue to rise. All of these contributing factors impact profit margins that are already razor thin.

The challenges associated with relying on locums **reinforces the value and urgency** of retaining the existing physician workforce.

While in some cases buying out locums contracts and hiring those physicians full time will be possible, it's still an expensive and uncertain solution in comparison to retention.

**PROMISING PRACTICE:** The key to success in utilizing locums tenens physicians is to negotiate and manage the vendor relationship well. While some organizations may want to reduce or eliminate locums use, many other organizations view the use of locums as inevitable with the extreme situation of the pandemic making it critical to utilize temporary providers to fill critical positions.

The hiring process for physicians fresh out of training has become more complex. Residents and fellows have become more educated about negotiating their salaries and contracts. This has lengthened the recruitment process considerably.

Candidates in their final year of training are also exploring more opportunities than in the past, partly because first round interviews are now commonly conducted virtually. With more opportunities to consider, candidates are taking longer to decide—increasing the uncertainty for recruiters.

**PROMISING PRACTICE:** To effectively plan for the number of physicians they'll need, organizations must reassess and revise timelines for this “new normal.” Strategies to enable candidates to make decisions quickly can help reduce uncertainty. Examining statistics to better project the percentage of offers that will be accepted can also help avoid costly errors.



## Physician Turnover: Measuring It to Manage It

Many factors related to physician turnover and retention are beyond the control of recruitment professionals, but one is easily within their reach.

**Effectively managing key variables** such as cost, vacancy rates, and recruitment priorities starts with measurement.

Only by objectively understanding the rate of turnover and its causes can recruitment professionals and their senior executive teams work together to create retention strategies that will shift the tide in their favor.

Many organizations who actively track and report turnover data say it is strategically important to their work and their organizations. This correlates with our quantitative survey, where seventy-one percent (71%) reported that they track turnover and retention data.

Commonly, turnover reporting comes from human resources (HR) systems. Regular reports are typically distributed to “anyone who touches physician recruitment.” It is common that an organization’s entire senior leadership team receives copies of these reports (a clear sign of how important the issue of physician and provider turnover has become).

Spotlighting turnover through a monthly report ensures executives have transparent line-of-sight to potential concerns. Without objective, timely data, it’s easy to assume incorrectly that turnover is not increasing and underestimate the urgency of improving physician retention.

**PROMISING PRACTICE:** Regular turnover reporting helps recruitment professionals engage the entire organization, especially at the senior level, in acknowledging the turnover rate and understanding the reasons behind it. This paves the way for strategies to address it, which usually require support at the highest levels.

Quantitative tracking and reporting helps organizations rank the most significant reason(s) physicians are leaving their jobs. Though the settings our group participants work in vary, they’ve observed many of the same primary reasons for physician departures.

One exit trend that virtually every recruitment professional noted: ahead-of-schedule retirements.

Physicians who retire earlier than planned typically only leave a few years earlier than expected, but the effect on their colleagues’ (and recruiters’) workloads can be dramatic. It can take two new hires to replace more experienced physicians.

In many cases, physicians who had been on the fence about retiring were spurred to act by the stress of COVID. COVID also prompted some physicians to move closer to family or to choose a specialist role without required call coverage instead of staying put or retiring early.



Stress and dissatisfaction related to the EMR, increased workloads, unsatisfactory workflows, and, in a few cases, unfortunately timed compensation changes have also been noted as contributors to accelerated retirement. In cases like these, unexpected retirements may mask exits that were actually due to burnout.

On the APP front, organizations have witnessed constant and consistent turnover. With high demand for APP talent and easy mobility, the norms in that market appear to be different. At least for the moment, frequent job-changing, driven by compensation and other personal factors, is a common trend recruiters of nurse practitioners (NPs) and physician assistants (PAs) must contend with.

Our qualitative survey data aligned with the turnover reasons noted by recruitment leaders.

- Retirement was the number one reported reason for physician departures (thirty-three percent (33%), with a new position elsewhere close behind (thirty percent (30%)).
- Top reasons for APP turnover were to switch positions (forty percent (40%)) or improve compensation (thirty percent (30%)).

## The Key to Success: Formal Retention Programs

One in three physicians (30%) and nearly one in every two APPs (45%) have departed for a new/similar position elsewhere. Despite this, fewer than a quarter of our quantitative survey respondents said their organizations have a formal retention program in place. And though many of our focus group participants hail from large (even nationwide) hospital networks and integrated health systems, most also said their employers do not have a formal retention program in place.

Recruitment leaders noted that this should be an imperative in their organizations. Patient demand and the competition for physician and provider talent are forecasted to continue growing for years to come. For this reason, encouraging clinicians to stay in their jobs is as or more important than attracting new hires.

While some organizations have launched retention efforts, they are more often targeted or grassroots efforts versus top-down or coordinated, cross-departmental programs.

For example, follow-up or mentoring programs may emerge within specialties. While not a replacement for a more comprehensive program, this decentralized approach may have certain advantages since colleagues may understand best how to engage and support each other. One-off events inspired by the need to avoid the larger gatherings that were possible pre-pandemic provided an opportunity to experiment.

**PROMISING PRACTICE:** One key success factor to minimizing turnover is creating coordinated, organization-wide retention programs with senior level support.

Some organizations are experimenting with other targeted and innovative ways to retain:

- Expanding and formalizing a physician leadership development program
- Investing in physician-led EMR usability improvement
- Enlarging the senior team to include multiple chief medical officers (CMOs)
- Creating research and teaching opportunities for physicians in non-academic practice
- Identifying a mentor for each new physician (within the same specialty)
- Committing to a policy of physician involvement in all physician-related decisions
- Roadshows and focus groups featuring senior executives, where physicians can make contacts and give feedback
- Developing virtual physician roles (e.g., telemedicine, or handling calls or colleagues' in-boxes)
- Introducing incentives for physicians to commit to a retirement timeframe, enabling more effective backfilling and less team disruption
- Conducting stay interviews to learn the reasons providers choose to stay and what might cause them to leave

Also of note is the importance of signals from the CEO and senior management to physician retention. Having a senior leader who is a physician (or one who is simply focused on physician engagement) helps ensure that physician concerns are heard throughout the enterprise.

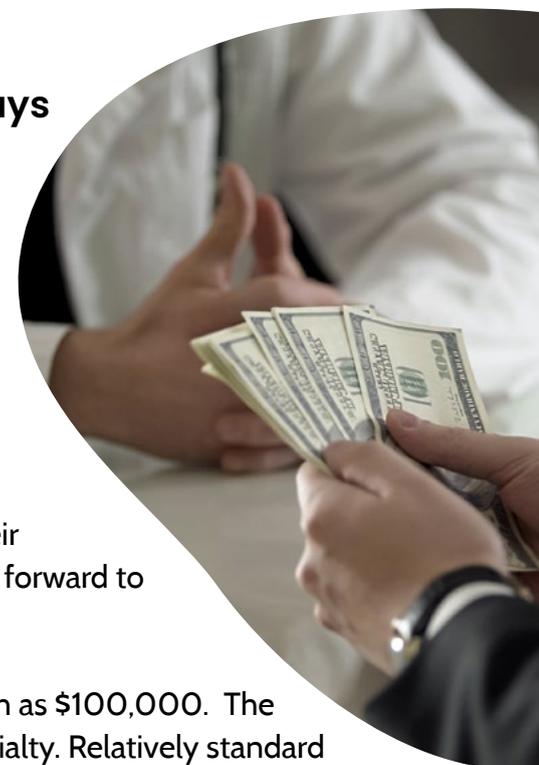
## **Retention Bonuses: Industry Standard, But Not Always a Strong Defense**

Strategies for retention also include bonus compensation. Retention bonuses are approaching an industry standard. Our quantitative survey found that just under half (forty-six percent (46%)) of respondents are offering retention bonuses. Eighty-five percent (85%) said they offered a signing (or commencement) bonus that is tied to a payback period—in effect, creating a retention incentive to stay through the contract period.

Building retention incentives into the initial physician contract can improve their effectiveness. This strategy also gives the physician financial incentives to look forward to over the life of the contract.

The range of bonus amounts can be wide from as little as \$5,000 and as much as \$100,000. The range is wide in part because the amounts offered depend heavily on the specialty. Relatively standard practice, however, is the claw back provision if the physician doesn't stay in place for the contracted duration.

Recruitment experts note that bonuses are going up and becoming typical partly because candidates have become savvier about negotiating—and in many cases, even significant retention bonuses make financial sense. The cost of replacing a physician who leaves, and of doing without them while the job remains unfilled, will typically far exceed the bonus amount.



Bonuses are not a cure-all for retention problems. Focus group participants emphasized that when an undesirable culture is driving turnover, extra compensation only provides a temporary fix. It can also become very expensive over the long-run in a high-turnover practice.

**PROMISING PRACTICE:** Tracking turnover and building organization wide programs to address provider well-being as well as the well-being of both clinical and non-clinical support staff is paramount to increasing retention.

## Key Takeaways

Competition for clinical talent including physicians, APPs, nurses, and clinical support staff continues to dramatically rise. However, added to these market scarce positions are non-clinical support staff from schedulers to environmental engineering to dietary aids. These positions are critical to the success and well-being of providers and their absence can mean reduced productivity and increased stress. Ensuring an organization has the staff it needs plays an even more critical role in recruiting and retaining providers in today's volatile labor market.

During a time of heightened stress and unpredictability, it is critical for organizational leadership to continue to listen to the needs of providers and to creatively implement necessary changes that will help to minimize fatigue and provider burnout, thereby reducing turnover. While many organizations track and report provider turnover, the most successful organization will act on the data to identify trends and mitigate factors contributing to provider and staff exits.

Finally, developing and implementing organization wide, robust retention programs are increasingly important for organizations. The revenue lost as a result of provider vacancies can be well into the six figures, not including the costs involved recruiting and onboarding new providers. Less costly are the creation of retention programs from bonuses to mentorship to a policy of physician involvement in all physician-related decisions and evolving roles for providers such as reduced schedules or telemedicine.

Through the collaboration of leadership and recruitment professionals, health care organizations can develop practices and programs that ensure the continued success of provider recruitment. With the goal of retaining top clinical and non-clinical talent, and reducing the turnover, organizations can create a work environment that demonstrates they are an employer of choice.



## About AAPPR

The Association for Advancing Physician and Provider Recruitment (AAPPR) is a nationally recognized leader in health care provider recruitment, onboarding, and retention. For more than 30 years, AAPPR has empowered physician and advanced practice provider recruitment leaders at over 1000 health care organizations to transform care delivery in their communities by providing best-in-class practices, up-to-date industry knowledge, and evolving innovative approaches for hiring, onboarding, and retaining exceptional clinical talent. We have the knowledge, expertise, and pulse on the industry to help your recruitment and retention personnel have greater success in these areas through membership.



To learn more or to become an organizational member of AAPPR, please visit [aappr.org/join-now](https://aappr.org/join-now).

## Gratitude

A special thanks to AAPPR Board member, Allan Cacanindin, CPRP, CDR from Physician, Advanced Practice, and Executive Talent Acquisition at SSM Health for his thought leadership, design, and facilitation. Added thanks to our focus group contributors willing to share their thought leadership, insights, and experiences.

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## When Will ‘Stay Interviews’ Finally Arrive to the Workforce that Needs it Most – Healthcare Workers?

By: John Bracaglia  
Chief Executive Officer, Marvin

The global health pandemic brought several new challenges and stressors to our healthcare systems, and physicians are leaving their chosen careers at alarming rates. A recent study found that 1 in 5 physicians and 2 in 5 nurses want to leave their job (Sinsky et al., 2021). These shortages affect staff at all levels, leaving everyone physically, mentally, and emotionally exhausted. Experiencing anxiety, irritability, sadness, depression, and being emotionally drained daily, takes a toll. Without intervention, we are creating an unsustainable situation. Simply labeling this as “burnout” is a convenient way to explain away the seriousness of the situation, making health care workers feel invisible.



John Bracaglia

While delivering staff free food, departmental events, and other morale-lifting activities provide a short-term boost in work satisfaction, they do little for meaningful long-

term benefit. The challenges faced in a high-stress work environment have shifted significantly beyond short-term solutions and now require significant effort to address the psychological distress encountered daily.

It is not a secret that if we do not change our approach, we risk damaging the quality of care we provide and increasing the psychological distress of our healthcare workers. Per a Mercer report, if current trends continue, the U.S will have a shortage of 3.2 million healthcare workers by 2026 (Bateman et al., 2021). The loss of physicians alone in the workforce results in more responsibility falling on the shoulders of nurse practitioners and other healthcare workers, resulting in a rapid decline in nurses. The World Health Organization (2020) notes that worldwide, we need to create at least 6 million new nursing jobs by 2030 to offset nursing shortages. Placing more responsibility on our nurses is not a viable option to combat physician shortages, causing an irreversible impact on the healthcare system.

From this loss of workforce, we are also beginning to see a new phenomenon known as “stay interviews.” In order to retain more employees, companies are having tough conversations with current employees. Probing questions such as ‘what aspects of the company encourage people to stay, what could be improved, and what resources can be added’ give the employee a voice. The “stay interview” is similar to an exit interview but is focused on retention and employee satisfaction. This proactive interview focuses

on themes surrounding the employee, their job, company culture, the work environment, and resources (Helios HR.com). As stay interview expert Richard P. Finnegan discusses, “Stay interviews will not lead to perfect outcomes, but they will certainly improve engagement and retention in your company” (University Human Resources, University of Iowa.)

Using the great resignation and stay interviews as a model for the future of the healthcare industry, we must have a collaborative effort between administration and healthcare workers. Specifically, It will require both group and individual changes. On the group level, there must be transparency between healthcare workers and the administration. This requires a training program for staff to create a space of vulnerability to speak up, generate mutual support, and develop a core theme of wellness among staff. On the individual level, there must be an emphasis on self-care, boundaries, skill-building, and a focus on individual needs. Having the stay interview now, rather than an exit interview later, is a proactive approach to making real change that will help job satisfaction and retention. Giving a voice to the staff is empowering and makes them feel heard.

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## Mentor Match

The AAPPR mentor program is a way to support our members with their professional development needs. It is an online tool – including a searchable database – that facilitates establishing mentoring relationships. The program is user-driven, allowing enrolled Mentees to search registered Mentors using specified criteria to find individuals whose experience and expertise match areas in which they wish to be mentored. Likewise, registered Mentors can search for and identify potential Mentees.

**Become a Mentor or Mentee**

# Do you have the Right Provider Strategy for your Health System's Success?

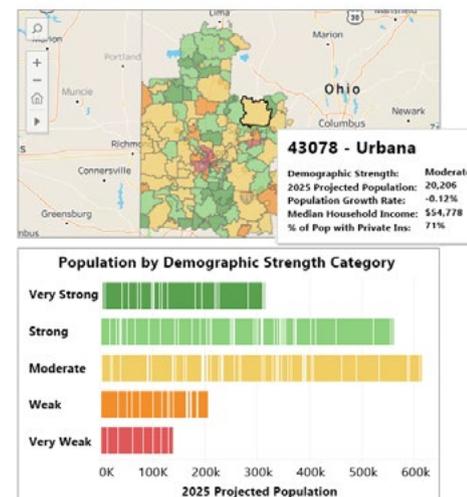
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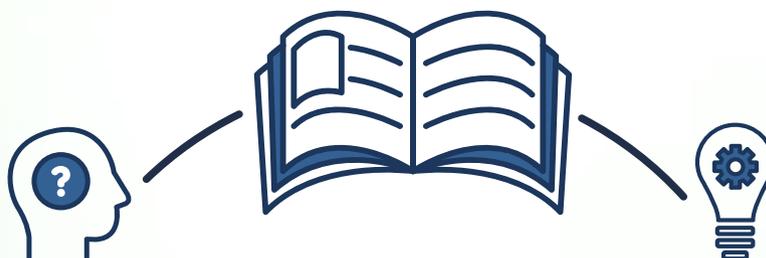
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### AAPPR Launches New Learning Platform

Academy is the hub for all AAPPR learning, with a more user-friendly experience to track progress and locate desired content by competency. The ability to learn new skills and maintain knowledge is paramount for members to succeed in sourcing, hiring, onboarding, and retaining top talent. Through a new, streamlined platform, AAPPR members will be able to engage and track content in a user-friendly environment.

The Academy will host the CPRP certification course, live and on-demand webinars, and the resource library enabling members to find all the educational resources AAPPR offers in one platform. Members will also have the ability to easily track continuing education credits and self-enter credits earned through outside educational offerings.

**Log on to [AAPPR Academy](#) today to start your educational journey!**



# AAPPR

ASSOCIATION FOR ADVANCING  
PHYSICIAN AND PROVIDER RECRUITMENT

## STAY INTERVIEWS GUIDE: 20 QUESTIONS YOU SHOULD CONSIDER ASKING



The high cost of turnover in health care and the ever-present provider shortage validates the importance of strengthening physician and provider retention strategies in every organization. A study by the University of Virginia Health System determined that physicians were more likely to leave their positions if they felt they were spending too much time in a particular area of their jobs. Stay interviews can be one way to review the right balance of patient care, administration, research, and teaching to make or break a physician/provider's desire to stay with a specific organization.

SHRM, the Society for Human Resource Management, defines "stay interviews" as casual conversations conducted to help leaders understand why physicians and providers stay in a role and what may cause them to leave. SHRM suggests asking standard fairly structured questions that, in total, take less than a half-hour.

Are stay interviews a useful tool for physician and provider retention? According to AAPPR sources, yes. Donna Ecclestone, Director, Provider Integration Private Diagnostic Clinic, faculty practice of Duke Health, states, "One of the most gripping responses I have seen from an off-boarding survey is when asked why they are leaving, the respondent states "no one approached me about staying." When used effectively, stay surveys help open the dialogue between the provider and their physician leader to ensure needs and concerns are discussed before they evolve into a resignation. While there are no required questions, we have identified 20 questions to jump-start your thinking in this area.



## INTRODUCTORY QUESTIONS

### APPROACHING THE PHYSICIAN OR PROVIDER.

- ⦿ Be sensitive about approaching a provider at a time when they have ample time to talk. Consider an opening statement that communicates that the health system values the provider and appreciates their ongoing commitment to patient care.
- ⦿ Explain you would like to have an informal conversation to fully understand the factors contributing to a sense of loyalty to the organization and, most importantly, the patient community.
- ⦿ Your goal is to keep the provider loyal. You want to understand any possible actions you can take to enhance the provider's job experience and keep them happy.

### STARTING THE CONVERSATION.

- ⦿ A simple "thanks for taking the time to have this conversation" introduction works well.
- ⦿ As one of your key physicians/providers, you want to informally ask a few questions to understand the factors that cause the physician/provider to enjoy and stay in their current role.
- ⦿ Ask a few questions to help identify any factors that could frustrate the provider to the point where they may even consider leaving for other job opportunities.
- ⦿ Acknowledge any praise from staff, patients, leaders, and any contributions that they have made to the organization.



## IDENTIFY FACTORS THAT MAKE THEM WANT TO STAY

### POSITIVE STAY FACTORS.

- ⦿ Specifically, what factors cause the physician/provider to enjoy their current job (including patients, autonomy, people, responsibility, rewards, job structure, care team, colleagues, clinical leadership).
- ⦿ Is that why they have stayed with the organization as long as they have?
- ⦿ Ask them to describe why they are passionate and committed to their patients and the health system.

## REASONS YOU GIVE TO OTHERS.

- If an external recruiter contacted you, what reasons would you give them to stay with us?

## BEST WORK OF YOUR LIFE.

- Do you feel that you are currently doing the best work of your life?
- What contributes to you doing the best work of your life? Note: this is the No. 1 key retention factor for top performers according to talent acquisition sources such as ATD, the Association for Talent Development.

## JOB IMPACT FACTORS.

- Do you feel that your work makes a difference to the health care in our community and has a noticeable impact on patients?
- Do you also feel that your colleagues think that you make a difference?

## FULLY USED FACTORS.

- Do you feel fully used in your current role? If so, why?
- Are there additional things that we can do to take advantage of your talents and interests more fully?

## ARE YOU LISTENED TO AND VALUED.

- Do your colleagues listen to you, and do they value your ideas, inputs, and decisions? How can that be improved?



## IDENTIFY ACTIONS THAT INCREASE LOYALTY & COMMITMENT

### BETTER MANAGED.

- If you managed yourself, what would you do differently (about managing “you”), that your current leader may not do?

### MORE POSITIVE ELEMENTS AND FEWER LESS DESIRABLE ONES.

- Ask them to talk about any of the motivational elements in their current role that they like best and that you would like more of.
- What factors would you miss most if you transferred to a completely different position?

- What things do you miss from your last job?
- What are the frustrations in your current role that you would like to do less of?
- What A keeps you up at night, or enters your mind while driving to work, or causes you to dread coming in?

### **DREAM JOB.**

- If you were allowed to redesign your current role, what are the key factors you would include in your “dream job?”

### **WHERE WOULD YOU LIKE TO BE.**

- Can you help me understand your career progression expectations and where you would like to be in the organization in the future?
- Do you have a mental picture of this or a timeline?

### **CHALLENGE FACTORS.**

- What are the most challenging but exciting aspects of your current position?
- Are there actions that we can take to challenge you further?

### **RECOGNITION.**

- Can you highlight any recent recognition and acknowledgment that you have received that made you feel valued?
- Are there actions that we can take to recognize you further?

### **EXPOSURE.**

- Can you highlight the recent exposure to clinical leaders and decision-makers that you have experienced?
- Are there ways that we could increase or improve that exposure?

### **LEARNING, GROWTH AND LEADERSHIP.**

- Can you highlight your positive experiences in the area of learning, development, and growth?
- Are there ways where we could increase that growth?
- The physician/provider should also be asked if they desire to move into a leadership role, and if so, what are their expectations, timetable, and concerns? Note: This is a great time to ask if they want to participate in future recruitment or mentoring activities!



## IDENTIFY “TRIGGERS” THAT MAY CAUSE THEM TO LEAVE

*Triggers are occurrences or events that drive loyal employees to begin at least considering looking for a new job.*

### IDENTIFY POSSIBLE RETENTION TRIGGERS.

- ⦿ If you were ever to begin to consider leaving, help me understand what kind of “triggers” or negative factors that might cause you to consider leaving?

### RECENT FRUSTRATIONS.

- ⦿ Think back to a time in the last 12 months when you have been slightly frustrated or anxious about your current role. What contributed the most to that anxiety?
- ⦿ Can you also help me understand what eventually happened to lower that frustration level?

### OTHERS MADE YOU THINK.

- ⦿ If you’ve had conversations with other physicians or providers who have considered leaving or who have left our health system, did any of the reasons they provided for leaving cause you to partially nod in agreement?
- ⦿ If so, can you list those factors and tell me why they seemed to be somewhat justifiable to go to you?

### PAST TRIGGERS.

- ⦿ What are the prime factors that caused you to leave your last two jobs?
- ⦿ Are there elements from your previous jobs that you hope you will never have to experience again at our health system?

A key element of successful provider retention is open communication between providers and leadership. By taking the time to engage providers in meaningful dialogue to better understand what makes them feel satisfied and what pain points leadership can help to eliminate, recruitment professionals can pave the way to a long-lasting partnership between providers and organizations.



## Improving Locum Tenens Staffing with Better Vendor Relationships

By: Tarese Dubiel, CPRP, Director of Physician & APC Recruitment & Onboarding, Marshfield Clinic Health System

**H**ealthcare staffing has a lot of moving parts. Whether you are hiring for permanent positions or temporary locum tenens, every position has different needs. As a result, it is often necessary to use outside companies to make everything work. For years, we at Marshfield Clinic Health System have worked with many vendors to help specifically with our locum tenens staffing needs.



Tarese Dubiel

### Simplify Contracting

When I switched from finance to recruitment a few years ago, I entered a department that had contracts with more than twenty different staffing agencies. Our department includes me, Anne Bump (who has overseen

and built our locums efforts for over twenty years), and Lisa Krall (who joined us just as all these changes took place). It is a lot of work for three people and keeping up with the active contracts was difficult. When you are that busy, it is hard to build good relationships while ensuring you are following terms and staying within your guidelines. It was unmanageable, so one of my first tasks leading that group was cutting down on the number of contracts. It was not in our best interest to have twenty contracts;

we felt we needed a few contracts with good partners we could trust. At the same time, we knew it was not realistic to drop from twenty to five. So, where did we start? We found that several of our contracts were just auto-renewing every year, and we were not even using them, but their emails were still clogging our inboxes and taking time from our day. After ending those contracts, we still had too many, so our next focus was finding vendors willing to build stronger partnerships with us.

### Vendors Versus Partners

Like many healthcare organizations, we have vendors that serve important roles throughout our system. And we tended to treat them in a traditional client-vendor way. If they wanted our business, they needed to follow our process, end of story.

A turning point for all of us on the team was when we started to think about this relationship from the vendor's perspective. We realized that they are not the only ones getting something they want out of this relationship; they also have something we want. In our case, we wanted the best possible locums' physicians for our hospitals and clinics. However, we also wanted to ensure the best candidates were coming to us,

not our competitors down the street. This realization helped us recognize that we needed to change how we worked with our locum's vendors.

When you are only familiar with how your organization does locums, it is easy to think that your way is the only way. However, having a partner willing to tell you when you might be making things more complicated than they need to be is beneficial. Also, learning best practices from someone who has worked with many different health systems is helpful. As we started to treat our vendors more as partners, we found ways both of us could better help each other. We created a process for two-way communication and sharing of best practices. This allowed us to improve our locum tenens process and made it easier for us to get the locums physicians we wanted.

### Case Study: Building a Partnership

The first step in building a partnership is finding a vendor open to changing with you. We found that kind of a partnership with some of the agencies we had been using for several years. When we reached out to them, we discovered willing partners who were open to discussing ways to streamline the process of obtaining locums.

We are a complex organization with a pretty robust credentialing process. I cannot change some things, but there was still room to improve. Through our partnerships we were able to bring in a LEAN team to look at our process and help us identify areas where we could streamline and combine similar tasks better. Going through this effort helped us see that we were asking our agency partners for things that no other healthcare organization was asking them to do.

We spent a lot of time breaking down our process and understanding where we could find efficiencies. We came into it very open to change, and we were willing to put in the time while still managing our daily jobs. However, the time

was worth it because we are working to improve our process, making it more efficient.

And it works both ways; I appreciate that I have a relationship with our agency partners where I can say your competitor does this well, and it would be great if you could, too, and get a positive response. Some of the direct actions that we are implementing came out of growing our partnerships and include:



**Setting locums up for success before they arrived** – This involved better preparation with the departments and physicians they would be working with. This allowed us to determine the actual needs and find a physician that would be the right match for the department.

**Post assignment evaluations** – We found that sometimes a locum would come in and not be well received in the department. This could happen for several reasons, but anytime we have a locum who does not want to return, it costs us more money to train a new locum on our systems. Utilizing post-assignment evaluations from the locum has helped us identify the root cause of the problem and fix it. This feedback is invaluable to me. Good or bad, we need to hear it, so we can improve it and make it better.

**Be willing to relook at your policies** – We were finding that there was a pool of providers out there that were never being presented to us. When I asked our contacts at our partner agencies why we were not seeing them, we found out they were not eligible for consideration due to some of our internal policies and procedures. For example, we had a rule at Marshfield Clinic that you could only present us providers that met specific criteria. It had always been that way and was meant to ensure there would not be any surprises down the line. But in reality, we found we were limiting our candidate pool due to a hard and fast rule that was not benefitting us in practice.

### Partnerships Improve Physician Relationships and Patient Outcomes

Creating partnerships such as this has had a direct positive benefit to our facilities. We find that we are getting stronger, more qualified physicians as locums. Our permanent staff is more willing to hand over their patients to locums because they trust we bring in quality doctors.

This gives our permanent staff the freedom to take vacations and spend more time with their families because they know their patients are taken care of.

In addition, our patients are continuing to receive the best possible care. When that doctor walks into their room wearing a Marshfield Clinic nametag or a lab coat, the patient does not know they are a locum. To them, they are Marshfield, and we take that very seriously. We want to be known for providing quality care from compassionate providers, so we want to ensure that anybody coming into our organization understands our mission and community. The partnerships we have built with locums' agencies have made offering this level of service much more manageable.



## Best Practices in Recruiting Physicians out of Residency: Five Important Factors to Consider

By: Jason Reminick, MD, MBA, MS  
CEO & Founder, Thalamus

Understanding what makes recruiting physicians out of medical residency programs unique versus targeting later-stage doctors parallels Major League Baseball teams drafting and recruiting top prospects out of the minor leagues versus trading for or signing established veterans as free agents. In both scenarios, the former group is being recruited from a large pool of candidates coming out of a structured/regulated process and with limited experience. The latter groups in both scenarios represent more of an open market (rivaling other industries), combined with

additional data points to analyze the likelihood of success in the role (be that as a top surgeon or a Cy Young Award-winning pitcher).



Jason Reminick, MD, MBA, MS

It is critical for physician recruiters to understand, and this article specifically focuses on, the nuances of recruiting physicians directly out

of residency programs. This group not only represents a sizable portion of all physician placements but also presents its own unique challenges compared to the broader physician recruitment market.

Approximately 50,000 medical students annually apply to obtain a US residency position in over fifty different specialties, including combined specialties (e.g., pediatrics/anesthesiology). Of those, approximately 35,000 will successfully match through the National Resident Matching Program (NRMP), San Francisco (SF) Match, or American Urological Association (AUA) Match. This begins 3-7 years of training (depending on specialty) at university-based, community, and/or rural academic medical centers located throughout the United States.

This recruitment process, known as the undergraduate medical education (UME) to graduate medical education (GME) transition, is a significant milestone in any early-stage physician's career journey. It is a rigorous, structured, costly, and anxiety-provoking transition, which has become increasingly competitive and expensive over the last decade, costing applicants collectively over \$125 Million in application fees, and overall, \$1 Billion when factoring all costs, accounting for approximately 3% of all US medical education debt annually.

Upon the completion of residency, a proportion of any given specialty's trainees will enter fellowship for additional sub-specialization. The remaining group of graduating residents will enter the formal physician workforce.

And this is where the interesting nuances of this process present themselves. To assist physician recruiters in navigating this scenario, here are five important factors to consider in recruiting physicians directly out of residency.



**1. Awareness of Prior Recruitment Trends:** While some graduating trainees will have pursued other careers before entering medical school and/or residency, for the greater majority, the transition from resident to attending will be the first job search of their professional careers. This means that the only prior recruitment history most candidates have at that point is being accepted into medical school and then matching into residency. As noted above, these processes are heavily regulated and formalized. Each requires a centralized application (+/- secondary application(s)), deterministic interview processes, and then either an acceptance or match, respectively.

For trainees about to start their first job search, most will have never participated in a formal interview process, worked with a recruiter to obtain a position, nor negotiated a contract. Further, residency contracts are standardized by institution and training year, including salaries. Residents can also not negotiate a job offer and must accept the standard contract. As a recruiter, the more you can build a trusting relationship with a potential recruit, the more successful your recruitment efforts will be. Understanding a candidate's history with recruitment experiences can be the foundation for forming this strong bond.



**2. Geography Matters:** This is not a surprise to any physician recruiter. Of course, geography matters! My organization, Thalamus, has shown in a [recent study analyzing anesthesiology residency recruitment](#), that if an applicant grows up in a state or attends medical school in that state, they have the highest likelihood of matching into a residency program in that state. More broadly, hometown influences medical school location choice, which affects residency location choice, eventually influencing where a physician chooses to practice for their career.

However, this does not imply that physicians only choose to practice in their home state. Obviously, physicians can choose to practice in any state and for any reason. However, in our soon-to-be-published supporting research in primary care (and more informal analyses in Emergency Medicine, Obstetrics and Gynecology, General Surgery, Orthopaedic Surgery, and others), the same state is a major driver in shaping future physician workforce trends. And this is further supported by state licensing, credentialing, and other accreditation processes.

Therefore, for physician recruiters, it is helpful to be aware of a candidate's hometown as well as their college, medical school, and residency program location. Other key geographic data includes the current location of their parents or other close family members, their partner's/spouse's family, and any other connection to a geographic area. And remember, the data shows that most candidates will practice in the region (most often the same state) where they attended residency (or medical school or where they grew up).



**3. One size does not fit all:** Medical specialties are all unique disciplines. Specialty cultures vary from Pediatrics to Surgery to Anesthesiology to Neurology and everything in between. When reaching out to candidates, it is essential to understand:

- Candidates already likely have a geographic preference (as noted above), so trying to convince them otherwise is an uphill battle.
- An impersonal message sent to hundreds or thousands of potential candidates will prove ineffective. This is especially true if you use the same message to attract a Family Medicine versus a Plastic Surgery candidate.

- Quality matters, and quantity does not. Physicians are interested in securing that one best job for themselves, not multiple jobs. Like buying a house, or other major life decisions, providing specific and valuable information about the job (e.g., time to become a partner, amount of mandatory call, etc.) helps physicians determine whether a job is right for them.

For physician recruiters, recognizing and understanding the intricacies of each specialty's culture matters. And coming freshly out of training, graduating residents are deeply ingrained in and respectful of these cultures. Appreciating the nuances will pay in dividends.

- 4. Physicians are smart:** Again, another obvious statement. But as mentioned above, searching for a job directly out of residency will be a novel experience for most. However, physicians are also cunning, resourceful, and/or resilient, so just because they are new to a job search does not mean they cannot learn quickly. Please do not try to put one over on a candidate. If you are advertising a job as "Southern California – Los Angeles," candidates are going to quickly discover if it is on the "west side of" versus "2 hours outside of" Los Angeles. Additionally, job seekers have their own networks to back-channel job opportunities, including recent graduates from their training programs, older alumni, and/or residency program coordinators/administrators.



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Respect physicians in the job search, and we will reciprocate. It creates a win-win for all sides and a more enjoyable experience for all involved.



**5. Physicians are busy:** Physicians spend their careers taking care of patients. And while most physicians work significantly more doing this than any “regular” job, residents are even busier. Most residents are working 26 to 31 days a month, depending on specialty, institutional policies, and the work schedule of their current rotation. When a physician does have a “day off,” it is usually “post-call,” where they worked overnight the night before. The next day is then used to catch up on sleep so one can return to work the following day to start the cycle over again.

Residents rarely have control of their schedules and must request days off, usually a year or more in advance (including for significant life events such as weddings, births, and/or birthdays, etc.). It is important to recognize that physicians do not always have the luxury of being able to go to the bank, notary, accountant, post office, DMV, or any other office or service that keeps regular business hours. Residents are usually at work well before the rest of the world even wakes up and usually get off from work well after everyone else has already returned home. Eating, sleeping, and using the restroom are fringe benefits while in residency. No one would brag or flex regarding this, but rather, it serves as a reminder that when a resident says they are busy, it is literally because they are working and performing clinical duties.

And yet, in the same light, if a resident has a moment to accomplish a task, especially in a situation that usually represents a condensed window for someone with a more regular schedule, the resident will get it done. For physician recruiters collaborating directly with residents, this may be the most important lesson of all.

In summary, recruiting physicians directly out of residency is a novel process. For physician recruiters, having a good understanding of and strategic plan to manage the unique characteristics of a resident’s life will not only assist candidates through the process but also result in a more successful job search. It will also ensure a better alignment of candidates with the health system’s mission and culture, resulting in less burnout and physician turnover. As in baseball, knowing the rules of the game and the mindsets of the players is key. So, if you are on the hunt for your next future All-Star physician, having the insider knowledge to foster a strong relationship will optimize the outcome for all stakeholders.



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### Patricia Lowicki, CPRP, CMSR

Director of Physician Recruitment and  
Integration at Hartford HealthCare

“We had no way of capturing information about locum spend or usage. We hoped to improve our numbers in these areas, but the first step would be implementing a consistent process. After working with HWL, we have a process now – and insight into what’s happening.”

“This is exactly what we were striving for.”

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# ADVANCING CONNECTIONS

2023 AAPPR ANNUAL CONFERENCE



## SAVE THE DATE FOR THE 2023 ANNUAL CONFERENCE!

AUSTIN, TEXAS  
MARCH 21 - 25, 2023





## The Recruitment Professional of the Future

By: Sarah Bohde, CPRP, Physician Recruiter  
Kaweah Health

### *“Change is the only constant.” – Heraclitus*

Physician and Provider professionals can attest to constant change, particularly in the past two years. We have seen the world flip upside down, yet our job must go on. In fact, our positions have become increasingly important as a result of the events over the past two years. So many changes happened in our field that it became routine, and we flexed with those changes. I do not think we will ever go back to the status quo. We have seen the positive outcomes of recruitment professionals working remotely. Previously, we would be in a brick-and-mortar office 40+ hours a week, but now we can recruit from the sandy beaches of Aruba! This change will continue for some time as organizations have observed that remote work does not affect productivity.



Sarah Bohde, CPRP

As we move into the future of recruitment, we will lean on

programs such as Zoom, GoToMeeting, virtual career fairs, and so many other digital options that will become like second nature to us; as routine as opening our Outlook

each morning. Before the pandemic, if we wanted to attend a career fair or specialty event out-of-state, we would book travel, hotels, registration, etc. Now we can register online and exhibit virtually. The virtual option will continue as residents and fellows will opt to speak to future employers from the comfort of their homes. Those who do not explore virtual possibilities may quickly be left behind by the recruitment professionals participating in both in-person and virtual. The ability to adapt is also true of offering virtual site visits, interviews, and community tours. And we should not forget that many of us are now recruiting telehealth specialties for organizations that previously insisted on having a warm body on site.

We will continue to learn as the industry moves into a new stage of digital recruitment - a new challenge to face and spearhead to pave the next wave of recruiters to follow. We have learned that changes are an everyday occurrence in our field and how exciting that is! After all, “change is the only constant.”



# AAPPR Federal Shared Interest Group Kickoff Meeting and Call To Action

By: David Z. Aragon, USAF, SMSgt(Retired), MBA/HRM, HRCI/SPHR, SHRM-SCP, AAPPR/CPRP, LVA2016

National Recruitment Consultant

Veterans Health Administration

US Department of Veterans Affairs

The idea of an Association for the Advancement of Physician and Provider Recruitment (AAPPR), formally known as the Association of Staff Physician Recruiters (ASPR), was initially conceived at a Richmond Virginia Uniform Services Family Practice meeting by a group of physician recruiters who believed it was time we had our association. Shortly thereafter, ASPR was founded and incorporated as a non-profit organization in 1990, elected its first Board in 1992, established and approved its By-Laws in 1993, and held its first Annual Conference in 1994 with 101 attendees and 12 exhibitors (ASPR 97 Spring Vol 4 No 1).

Fast forward to 2023 and our Chicago IL AAPPR Annual Conference, and the best slogan is “you’ve come a long way, baby”! AAPPR now boasts a membership strength of 2,069 and celebrated its First Annual Physician and Provider Recruitment Professionals Week on April 24-30th, 2022! Our incredible organization has indeed come a long way. Yet, we have much more to accomplish to advance AAPPR’s mission to redefine, influence and strengthen physician and provider recruitment, onboarding, and retention.

In this spirit, my colleague and friend Sam Wright and I (VA/VHA National Recruitment Service) are on a quest to revitalize our AAPPR Federal Shared Interest Group (FEDSIG) and cordially invite you to consider joining us in leveraging your current or past U.S. Federal Government Agency Physician and Provider experience and passion. Additionally, by collaborating with other like-minded AAPPR FED SIG subject matter experts, we hope our shared interests and expertise might be the catalyst sparking the continued AAPPR fusion of our industry’s innovative and proven practices in physician and provider recruitment. We also hope to serve as a beacon for other Federal Agency In-house Physician and Provider Recruitment Professionals and Leaders interested in connecting, sharing, learning, and benefiting from our collective AAPPR & FED SIG Community of Practice.

We face unprecedented times and challenges in health care in the United States and globally. I had the unexpected privilege of spending five days in the COVID-19 Intensive Care Unit of my local Las Vegas, NV Veteran’s Administration Medical Center in January 2021. Last month (May 2022), I spent four days at University Medical Center, Nevada’s only Level 1 Trauma Center, being treated for a complex open traumatic dislocation of my right subtalar joint (compound ankle fracture). I have witnessed the in-patient’s perspective of being cared for in federal, academic, and private sector healthcare systems. I am genuinely grateful for the care, compassion, and dedication of the front-line physician-nurse-provider specialists and professionals helping me back to good health. However, I have also seen the impact of chronic staffing shortages on the quality of patient care and experience outcomes when our healthcare system, hospitals, and clinic health physician, provider, and staff continue to be stretched beyond the point of breakage.

Nothing humbles a person more than lying on your backside, clearly aware that your very physical well-being depends on those whose mission is to care, comfort, and heal. Thanks in advance for what you do to advance this critical mission.

Ours is a sacred mission.

The AAPPR Federal Shared Interest Group is looking at dates for a kickoff meeting in late Summer 2022. To learn more, or to participate please contact: [Dave Aragon](#) or [Sam Wright](#).



## AAPPR Affiliate Updates

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# ISPR INSPR

ILLINOIS STAFF  
PHYSICIAN RECRUITERS

INDIANA SOCIETY OF  
PHYSICIAN RECRUITERS

Illinois Staff Physician Recruiters (ISPR) and Indiana Society of Physician Recruiters (INSPR) are partnering to provide the Midwest Recruiters Conference.

**Location:** The Alexander Hotel, Indianapolis

**Dates:** November 17-18, 2022

Learn more and register at [tinyurl.com/yr6y6kkm](https://tinyurl.com/yr6y6kkm).



# SEPRA

SOUTHEAST PHYSICIAN  
RECRUITERS ASSOCIATION

The Southeast Physician Recruiters Association Board presents: The 2022 SEPRA Educational Conference in Amelia Island, FL!

The mission of Southeast Physician Recruiters Association is to provide networking opportunities, develop and sponsor educational programs and communication mechanisms to directly, efficiently and cost-effectively provide in-house staff recruiters an organization that allows them to share knowledge and resources, advance professional development and promote high quality, cost effective, and ethical recruitment and retention practices.

**Location:**

The Ritz-Carlton, Amelia Island  
4750 Amelia Island Parkway  
Amelia Island, Florida 32034

**Date & Time:**

October 9, 2022, 5:00 PM - October 11, 2022, 1:00 PM

Learn more and register at [sepra-conference.org](https://sepra-conference.org).

# NWSPR

NORTHWEST STAFF  
PHYSICIAN RECRUITERS

Northwest Staff Physician Recruiters (NWSPR) will be hosting a webinar with Fredrikson & Byron, P.A. regarding immigration options for providers. It will be on August 11th at Noon (Pacific Time). Any AAPPR member is welcome to join and can see more details on the [NWSPR website](#) as the event gets closer.

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