

Getting What You Want and Deserve APACVS, 2019

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How We Will Proceed

- ◆ I will go over 43 years of life experience as well as interviews of PAs and NPs involved in hiring clinicians as well as being hired themselves.
- ◆ TOO MUCH GOOD INFO-SO WE WILL BE GOING FAST.
- ◆ I will endeavor to make this the most rewarding hour plus that you could ever spend discussing this.
- ◆ Take notes. There are real pearls here.
- ◆ Questions are fine.
- ◆ I am not a lawyer. **This is not legal advice**, nor am I attempting to give any.
- ◆ This is to be shared only with colleagues. Not speaking for all professions.

How Did I Do This?

- ◆ Sat down with over 30 PAs, NPs and administrators (who were/are NPs and PAs) and asked what their mistakes were, what their successes were, the questions they were asked and what they would do differently.
- ◆ Now I'll tell YOU.

Before Everything-Practice

◆ Practice Interviewing

How did you get through high school? PRACTICE Driving?
PRACTICE Investing? PRACTICE Learning how to date?
PRACTICE.

Practice interviewing..... THIS IS THE SAME.

Practicing will get you the position you want. Not practicing
will increase your chances of not getting what you want.

Rule Number One: it's all about business, not healthcare

You have to realize that this is all about business. Business is about making money. Yes, the owners generally want to do the right thing, but they have to pay back their creditors and bring in some money. I know you know this but you need to let them know you do.

SHOW THEM YOU KNOW THIS AND YOU ARE NOW STANDING ON A DIFFERENT LEVEL. How do you contribute towards that? If you **UNDERSTAND** this and communicate it-you already stand out.



Before You Begin –WHY?

FIRST identify what do you want MOST from YOUR new position?

Money?

Time?

Doctorate reimbursement/time

Increased clinical experience?

Geography?

New specialty?

Business or Administrative Experience?



Before You Begin-Stay Cautious

- ◆ If meeting over lunch-Choose an out of the way meeting place . Do not meet where people you know can see you.
- ◆ Ask that your CV be kept confidential. Type “Confidential CV-Please do not share” on the front. You don’t want people calling where you work asking about you or calling others listed.
- ◆ A reminder that if change is what you are looking for, it can be possible right where you are now. Consider it.

Before You Start-Social Media Caution

- ◆ Do not announce your new search on Face Book, Linked-In or even the more protected and much better (LOL) Clinician 1. It is the number one way your colleagues and employers will find out you are leaving without you wanting them to.
- ◆ Take all photos and language that is not 100% professional off the net. If your friends can see it, others can see it. If you don't want your patients to see, it comes off.
- ◆ Google yourself. What comes up? What impression do you get? Anyone else not you?
- ◆ Google the person you will be meeting with. Learn all you can about them. Everything.
- ◆ “Health Grades” the practice. What are people saying?
- ◆ Learn all you can about the place you will be interviewing. Try Linked-In by institution.



Before You Begin

- ◆ Realize that you will be sized up in the first 100 seconds. Everything you do will be looked at then. Everything you say. You will then have about 45 minutes to reinforce or un-do those first perceptions.
- ◆ Know everything about your state laws. Everything. Many employers do not or make you think they do not. “Incident To” a good example.
- ◆ Beware of “extender” and “midlevel” and them “letting” you do things”.

Before You Begin-Lists



Have two Lists: A “Must Have” and “Must Ask” List.

◆ MUST HAVE-What you MUST get to take the job. We will discuss on next page.

MUST ASK- Important questions.....

Overtime? All benefits. CME/CEU money? Malpractice covered?
Geography? Support staff, hired and fired? We will review

In a small practice can you have a lawyer review the contract?

Before We Begin

“MUST HAVE” LIST

- ◆ Make a list of your “Must Haves.” You won't (and shouldn't) expect to get everything you want in a negotiation. Put serious thought into what you can live with and what you can live without. This is your “walk away” list as it represents the least amount in salary and/or benefits that is acceptable to you.
- ◆ FOR EXAMPLE: No weekends. Professional respect. Ability to learn. If they don't meet many, it is best that you gracefully say you will think about it-and start looking elsewhere.

Before You Begin-Financial

- ◆ Know Your “Nut”. Salary plus 30% more is what you need to bring in.
- ◆ How much MORE do/will you bring in? Can you show?
- ◆ How many patients have you seen? How many do you need to be profitable? What are your RVUs? How much money do you bring in? Can you show it?
- ◆ What procedures can you do?
- ◆ You can do something someone higher paid does not have to. Can you show you know they NEED TO MAKE MONEY?
- ◆ How much has your past/or present organization grown and how have you contributed?

Before You Start-Know Your Potential

- ◆ Be honest with yourself.

- ◆ WRITE DOWN ALL POSITIVES:

Are there services you could be adding? Do you make services better? How? Tell them.

Can you be doing more of that you do well and enjoy? Can you expand hours? Can you add administrative skills?

Can you bring ideas from other practices you have been in or colleagues that offer savings that you can share in?

Remember the first thing we talked about-finance.

Before We Begin-The Workplace?

Can you speak to others that have worked there? What is the culture there?



Before The Interview

- ◆ How Do You Get To Carnegie Hall?

Practice, Practice, Practice.

- ◆ Role play with a friend and go over all questions you can think of.
- ◆ Visualize your interview. Role play it in your head. What can go wrong? It's the one thing we can do to increase success.
- ◆ Get the person's picture on Linked-In



Careful Before You Walk In



@karmawinsagain

The man who just drove into the parking space I was waiting for & told me to F off, has arrived for his interview - WITH ME!

#karmawinsagain

The Interview

Show Up Early

Relax and Visualize, You Know What Your Interviewer Looks Like

Smile, Smile, Smile

Eye Contact

Turn phone OFF, not on vibrate

Bring Extra CVs-Very Important

Business Dress, Smell Clean, Well Groomed

Shoes Polished

FIRM handshake



The Interview Is Here



I Like This

“Your smile is your logo, your personality is your business card, how you leave others feeling after an experience with you becomes your trademark.”

The Interview

- ◆ The interviewer is not your colleague or buddy, even if an NP or PA. They are evaluating everything you do.
- ◆ NEW GRADs- It may seem like some other jobs you've had might not be worth mentioning, but if you did well at them, mention them. Waiting tables shows you can manage good customer service, multitask, think on your feet, and work long hours. Research assistant experience shows you pay attention to detail, can trouble shoot, take direction well, and work in a team. Use it all! Volunteer EMT-you started at the bottom. RN running a unit-impressive. You had a life before.

Common Interview Mistakes

- ◆ No, no, no, DO NOT USE slang in business.
- ◆ Stay away from life stories, marital problems, babysitting woes.
- ◆ Stay away from stories about illnesses.
- ◆ “Tell me about you”. Means tell me about you professionally-not that you have 6 tattoos, or you only watch Fox News and vote Republican or believe that physicians have oppressed NPs/PAs for too many years. Or even that you like Dave’s interviewing lecture.
- ◆ If you KNOW you have something in common bring that up.

The Interview-The Big Ten

- ◆ What experience do you have that will help us here??
- ◆ Do you consider yourself a team player?
- ◆ What do you do if the patient presents with something out of your scope?
- ◆ How would you handle a disagreement between yourself and someone else in the practice about a patient's care?
- ◆ What makes you the best person for this job?

The Big Ten

- ◆ Why are you leaving your present position?
- ◆ Describe how you handled a difficult situation recently?
- ◆ What do you feel you can bring to this position that others will not?
- ◆ Why would you hire you?
- ◆ Describe an area or two you need improvement in? I love my patients too much..

Your Questions-The Big Three

- ◆ What qualities are you looking for in the person you are hoping to hire?
- ◆ What potential is there for personal/clinical development at your practice? Is there a chance to serve on a committee?
- ◆ Is there anything you have seen in the other people on your interview list that you have not seen in me?



Some “Must Find Outs”

- ◆ When do I meet my collaborating physician? Are they hired? Are they on Board?
- ◆ Who do I report to? Is that person a physician or another NP/PA?
- ◆ How do consultations occur? Will I be “bothering” someone?
- ◆ How are chart reviews conducted?
- ◆ Who is responsible for making sure they are done?


Must “Find Outs”

- ◆ Who is expected to stay late if the providers are running late?
- ◆ Who has the ability to fire a patient?
- ◆ Who has the ability to fire me? Reviews? Raises when, etc.
- ◆ Do you use “Pain Contracts”?

More “Must Find Outs”

- ◆ Will I be on the office signs, business cards? Are other PAs?
- ◆ How many PAs do you employ now?
- ◆ How many PAs have you had over the last five years? Why have people left?
- ◆ Would you be willing to give me the contact information for other PAs who have worked here?
- ◆ How will you promote my joining the practice?

A PA Who Did It The “Right” Way



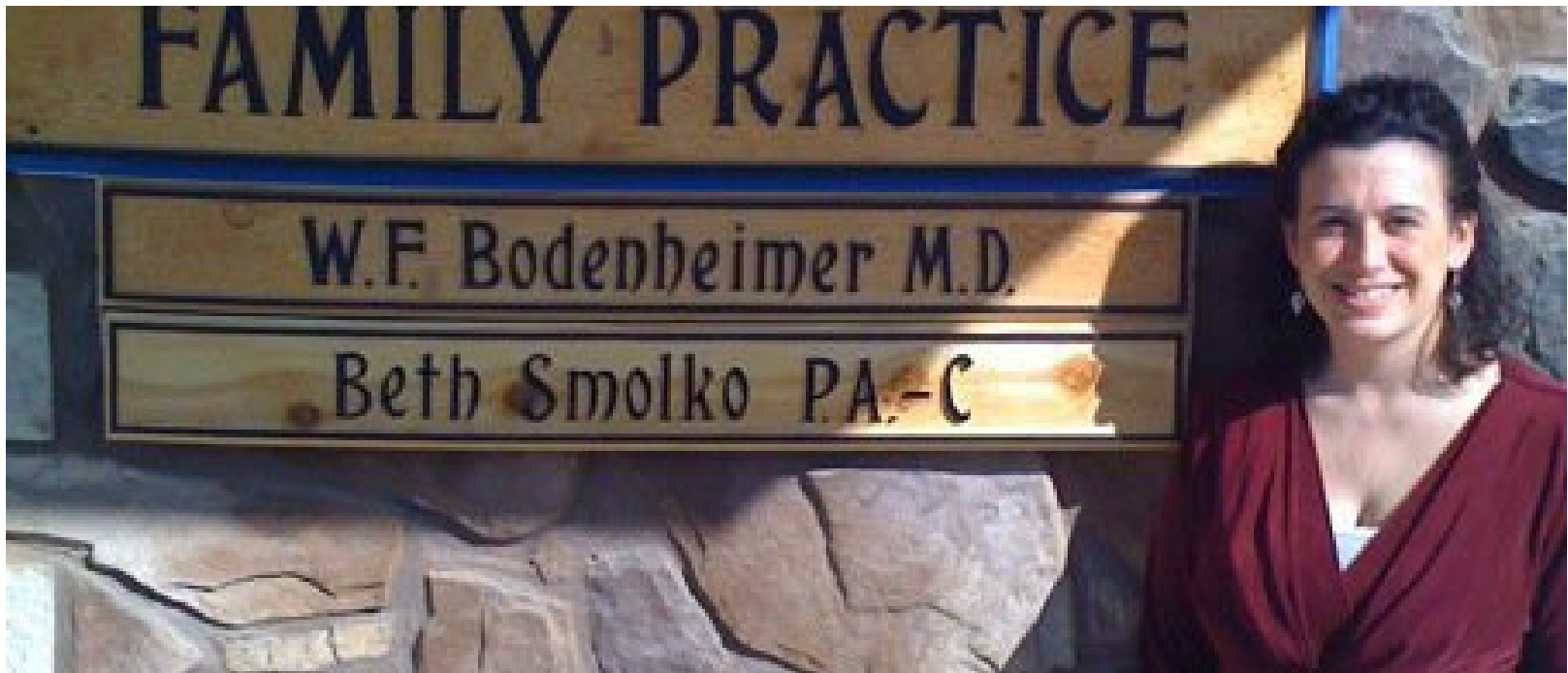
DERMATOLOGY

is pleased to announce the addition of Abby Jacobson, PA-C to their practice. Abby brings to the practice 14 years of medical and cosmetic dermatologic experience. Abby is accepting new patients and has evening hours available. Most health insurances are accepted.

PAULA NELSON, M.D., F.A.A.D.
BOARD CERTIFIED DERMATOLOGIST

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A PA Good Friend



Golden Physician Tips

- ◆ If you can, meet with the physicians, PAs and NPs you will be working with. How do they seem?
- ◆ Check sanctions on any physician you will be ‘attached’ with.
- ◆ Are there institution specific policies that supplant state laws? Eg. Catholic hospitals and OCs or no Rax’ing Schedule II?

GAIN TRUST WITHOUT SAYING A WORD

- ◆ To increase the chances that a stranger will see you as a potential ally:
- ◆ Avoid hunching over to stare into your phone before meeting others.
- ◆ Keep your elbow at your side when shaking hands, drawing the other person closer than arm's length.
- ◆ Lean forward and focus intently on the other person when he or she is speaking.
- ◆ Stand erect with shoulders squared, balancing your weight evenly.
- ◆ Smile in response to what others say or do, rather than grinning nonstop.
- ◆ Remain mindful of what others are thinking and feeling.

Common Interviewing Mistakes



Common Mistakes-Fast Answers

Silence is GOLDEN – don't feel compelled to give a fast answer when presented with an offer or a question you don't like.

- ◆ Remember - The party that mentions a money number first often gets that amount. Be prepared to answer the question:” What kind of salary are you looking for?” With...“One where I feel valued as a PA and is realistic with the level of work I do and the value I bring to the practice”.
- ◆ Remember - Anything is negotiable (regardless of what you've been told!)



Interesting Urban Legend

- ◆ A New Grad Won't Usually Get Two Out of Three.
- ◆ 1. Right pay
- ◆ 2. Right location
- ◆ 3. Right Specialty

Get as close as you can.

Common Mistakes

- ◆ Demanding-Clinicians think they can just go in to their boss and wave around salary surveys or other data and DEMAND more money. That isn't a negotiation, it's a hostage situation! Almost never works.
- ◆ Be humble and smile. If you don't know how to do either - practice. Bring up the salary survey after they know how important you are to the business.

Common Mistakes

- ◆ If the employer is a large health system, not a private practice, then the manager may be more constrained regarding actual salary BUT they may have much more freedom to be able to do some extras like more CME money, vacation, learning time, etc.
- ◆ Value the ability to learn.

Common Mistakes-NEVER SAY THE WORD NO

- ◆ If you believe you've reached impasse, **DO NOT SAY NO**. The point of a negotiation is to drive the conversation **TO** an agreement. Saying "NO" closes off the conversation and makes it difficult to start back up. Instead of saying no, ask "What stands in the way of hiring me?"
- ◆ Get creative.



Medical Tests or Questions?

- ◆ How far do we go with medical questions?

NOT VERY FAR. You already passed your Boards.

Simulated patients? *Ask if they do that with physicians?*

- ◆ Q. “I want to see how much you know about hepatitis C?”

A. Enough to be able to practice as a licensed PA or NP in our state. I am quite comfortable in all phases of medicine and when I don't know something I always ask for support. And I am very open to learning.

Behavioral Questions

- ◆ Think about a difficult boss, professor, or colleague. What made that person difficult? How did you adapt your style of communication to maintain a positive relationship?
- ◆ Think about a complex case or patient that you were assigned.
- ◆ Describe an occasion that required you to work with others to finish a job. What difficulties did working in a group present and how did you address them?
- ◆ Have you worked alongside a person who did things very differently from you? What was that like for you? Would you work with that person again if given the choice?
- ◆ Describe your three greatest accomplishments.
- ◆ When have you had to learn something new in a short time, how did you proceed?
- ◆ Tell me about a complex problem that you solved. Describe your process to solve it.
- ◆ Give me an example of a time when you had to make a split second decision.
- ◆ When have you had to go above and beyond the call of duty to get a job done?

On To Negotiating

◆ A QUICK PRIMER



A Negotiating “Must Do”

- ◆ SELL YOURSELF FIRST-THEN TALK SALARY.

Once they want you they will budge much more easily. Let them know you first.

Delay until you feel the time is right, then the salary conversation will start. Towards the back end of the interview/negotiation.

How To Negotiate

- ◆ Come in prepared. All your notes and copies for the people you will be negotiating with. Your notes can have the things only you want to say and be different for them. It does not all have to come from memory.
- ◆ Bring anything that you feel will help. Letters from former physicians, NPs or PAs. Patients.
- ◆ Prior formal training. New training.
- ◆ Again, how will you make them money?

Common Mistakes

- ◆ **Saying "Yes" (to the first offer).** Your employer expects you to negotiate and has more authority than the first offer made. Say, "I appreciate your proposal. I did a some research on my market value [handing the proposal over] and I'd like to discuss why I am more valuable to the practice than most others BEFORE we talk about salary.
- ◆ If they don't budge, you can always take it later. My experience is there is always more money somewhere there.

Negotiating 101-Horse Trading

- ◆ **Most common is the "horse trading" method. Most people know it and do it.**
- ◆ **Both parties barter back and forth. The employer makes a low offer, you counter their offer with an amount that is higher than you expect, and the employer counters your counter. (Wash, rinse, repeat.) By the time the negotiations are finished, you end up somewhere in between. It works fine. We have some other ways though.**

The Negotiation 201-The Good Offer

- ◆ Sometimes their first offer is a perfectly good offer. It surprises you. Jump off the horse. If it is reasonable and works for you-accept the offer.
- ◆ BUT.....GET SOMETHING ELSE-maybe more learning experiences, more CME, time away for PA/NP conferences/professional relations? Don't just negotiate for the sake of negotiation. Have another second choice request in mind.
- ◆ Need more time? Ask for up to a week to make your decision. Give them a concrete date by which you will provide your answer. Under no circumstances should you leave an offer hanging out there.

The Negotiation-Preemptive Strike

- ◆ **The Preemptive Strike. For Experienced Clinicians**

Start by telling them why you deserve a raise. What you have done to make the department or clinic the best in the East Coast. How you envision your growth and how that growth helps them as a business. Go over the financials on how you stack up. Bring in those letters from the patients that love you and more. Remember the time you spoke to the Elks Club and Girl Scouts. Let them know. Then say” I am helping make this practice a success and have done well-I like it here, I’d like my salary increased by X dollars. I think I have shown you why.” See what they say?

Write This Down...Magic Sentence

- ◆ Especially useful with a recruiter but good for all.
- ◆ Magic words for you to say when you're negotiating are, "The only thing preventing me from signing this offer is..." followed by what you're hoping for.

Contracts



In Your Contract

- ◆ Your exact duties. ie. Family practice at the clinic on third street. No call. Hours 9-5 except Thursday when it's 10-7. Lunch is at least 45 minutes. Collaborating physician is noted and we meet weekly for one hour to discuss difficult cases. Observation with specialists for learning purposes one hour a week? Rounds? Call?

In Your Contract

- ◆ Non-Competes- Below is just my observation, not legal advice.
- ◆ Purpose is to cover employer, but NOT to punish you. Hard to enforce but necessary on both ends. Should be for specialty only and not for you to practice. So for family practice not gyn or dermatology. Geographic area you are working in-not satellite clinics across the entire city. Length of time should be one to two years.
- ◆ Tell them PAs and NPs don't have these in their contracts, only physicians do. See if it works. Ask them to remove it. If not, see above and modify.

Malpractice

- ◆ Important to know you have it. Get a copy of the policy once you start. Is it occurrence or claims made? Occurrence is better, if it is claims made, ask for a tail in the contract.
- ◆ If they won't give you one, make a copy of the cover page (Declarations Page) which will tell you who the insurer is, the policy number and who to call if there is a problem. Very important. Save it.

Termination

- ◆ If with cause, ask them to stipulate what causes? Do they make sense?
- ◆ If without cause (they can just fire you), how do you handle unused benefits and more importantly how much severance pay do you get? Ask around what the going rate is?
- ◆ How much notice? Minimum 2 weeks which does not count severance pay.

In Your Contract

- ◆ **NPs and PAs should request an expiration or sunset date in any contract. Or even call it a “review” of the contract every few years that you can iron out any negatives that may have arisen. Think of it as a performance review for your employment contract.**
- ◆ **It is an excellent way to review the document for negatives without discord.**
- ◆ **Excellent way to bring up partnership.**

Before Leaving The Interview

- ◆ Do not leave without a follow up plan.
- ◆ Thank them for their time.
- ◆ Offer to see anyone else.
- ◆ Firm handshake
- ◆ Smile
- ◆ “May I ask if there is anything else I can do? How we can follow up?”
- ◆ Don't say anything in the bathroom or in the elevator.

Post Meeting

- ◆ A note thanking them. Regular mail and email.
- ◆ Forward an article if it's something the person would enjoy. Person has an interest in dogs, a particular disease? Travel?
- ◆ Don't burn bridges. Tell everyone it went well unless you really never want to work there.



The Outcome You Want



Summary

- ◆ You are in control almost all the time
- ◆ People need you or they would not be looking
- ◆ Come in ready
- ◆ Do your prep work, visualize and prepare
- ◆ Watch common mistakes
- ◆ Follow up
- ◆ Smile and eye contact


Please join Clinician 1

- ◆ You will learn much about your profession and have the opportunity to ask questions to thousands of colleagues. Some will have great answers.
- ◆ www.clinician1.com

The logo features the word "clinician" in a bold, purple, lowercase sans-serif font. Above the letters "i", "n", "i", "c", and "i" are several small, green, circular dots arranged in a slight arc. To the right of the word "clinician" is a large, green, stylized number "1".

clinician 1

Thank You Very Much!

- ◆ I hoped this talk gave you more than you could have ever expected in a short presentation. I want so much for you to do well.
- ◆ Hope to see you again soon.
- ◆ Let me know which method you used and which tips worked out for you. MittmanPA@gmail.com
- ◆ JOIN.... The logo for 'Clinician 1' features the word 'Clinician' in a bold, purple, sans-serif font, followed by a large, green, stylized number '1'. Above the 'i' in 'Clinician', there is a decorative arc of seven small green dots.

Thanks....

- ◆ Questions
- ◆ Answers
- ◆ Case Histories
- ◆ What More Do You Need?