Hiring Practices in Private Practice Interventional Radiology

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Abstract

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The growth of interventional radiology over the last several decades has changed the specialty into a dynamic, clinically based practice, vital to the function of a successful radiologic practice. This growth of the specialty has been paralleled by our own sections growth in a large Midwest private practice radiology group. This article looks at our experience in hiring interventional radiologists, including evaluation of our process, successes, and failures, along with lessons learned.

Interventional radiology (IR) practice has matured over the last several decades from its infancy as a small part of a diagnostic radiology (DR) department, with limited clinical role into a patient-centric subspecialty with significant contributions to diagnostic testing and therapeutic treatments. The ingenuity of IR forefathers with technological/equipment advancements, refinement in complex intervention techniques, development of new minimally invasive therapeutic treatments, and scientific research has created a robust subspecialty practice in radiology, instrumental to a thriving and cutting edge medical community.

In 2001 (4 years after the formation of the corporation from two separate existing radiology practices), our IR section employed five full-time interventionalists and no advanced practice providers (APP). Paralleling the paradigm shift across the nation from hospital-based practice to clinical specialty, our IR section has developed a clinical practice, which led to growth and ultimately several new hires over several years.¹ The IR section of our group has grown into a significant entity, vital to the corporation, with growth across the state including 18 hospital contracts, bringing new business opportunities for both our interventional and diagnostic partners. Our section is currently composed of 16 full-time IRs providing care at seven different facilities.

The entire corporation currently consists of 143 radiologists and 25 APP. Our mission is, "To be the preferred provider of high quality, state-of-the-art, sub-specialized diagnostic and interventional radiology services."²

With the significant growth in procedural volumes stemming from the imaging and procedural advances, hospital

growth, new contracts, and practice development by many of our section members, significant recruitment and hiring has occurred.

Hiring Practice

Interventional radiologists possess a certain clinical and procedural knowledge, allowing them to make critical judgements on the appropriateness and feasibility of certain requested procedures. The IR physician is highly specialized with a unique set of procedural skills and knowledge in a wide variety of specialties and disease processes. Finding an individual who can gracefully handle the trials of a busy and thriving IR practice can be a difficult process, when there is limited exposure and interaction with the individual before the contract signing. The fact that we are human can make the hiring process challenging and imperfect.

Our process is likely similar to most in private practice medicine. A listing is placed on the job boards, applicants respond with CV and cover letter, phone contact occurs from our recruiting staff, followed by a physician-to-physician phone call. A decision is made to offer an interview, with usually two separate interview sessions occurring for those who are seriously being considered.

References are contacted during the interview process to determine knowledge/intellect, professionalism, practice building capability, personability, and to determine the candidate's ability to work well with referring physicians or other radiologists. The interview process consists of meeting several senior and junior members of the IR team,

primarily physicians, and also some physician extenders. Interviewers do not use scripting, but discussions about the candidate's educational background, procedural history, and comfort level with difficult cases and how they are managed, practice building desires, etc., are discussed. Attention is given to the confidence level, humility, arrogance, and personability. Members of the administrative team also meet the candidate to answer contractual/business questions. Meetings with a local real estate agent also occur to familiarize the candidate with the area. After the interview process, the day is concluded with an evening dinner with the candidate and significant other, if applicable. After review of references and typically a second interview, an offer of employment is made. This has, in general, been a successful approach to our hiring process. It has not always led to long-term fit, however.

Mutually Successful Hiring

Not all jobs have every characteristic that the candidate desires. Conversely, it is rare to find the "perfect fit" candidate. However, if the IR section is viewed as an organism, with each section member as a different organ/component possessing different characteristics, the organism can be successful. One section member in our group who had a strong interventional oncology (IO) experience during fellowship paired with an older member of the group who had strong practice building skills and a desire to learn the techniques. As a team, these individuals grew the IO practice at our flagship hospital. Subsequently, they were assisted by a third section member with some IO experience, as well as ultimately growing the practice into one of the leading radioembolization/IO programs in the region. These hires combined to develop a thriving component of the greater IR practice. As a second example, one of the founding members of our modern IR section grew the spine augmentation service for our practice during the procedure's infancy by determination, aggressive practice building, and by stepping out of his comfort level. These characteristics are not uniform among IR candidates.

Other successful hires for our practice include individuals who are skilled, efficient, confident, and personable, and who work hard. These are physicians who can multitask and who respond favorably to stressful situations.

Although not a focus of many private practice groups, having a physician who is experienced and interested in research, and who has the time and ability to produce scientific research, validates the IR work being performed daily. Indeed, Hill and Smouse emphasized that the growth of clinical research is an important component to their success as an IR section.³

An important factor to consider when hiring is how well the individual will fit in to the team. Is he/she a team player? According to Lencioni, an ideal team player is one who is humble, hungry, and smart.⁴ These traits are admirable and highly desirable in a potential IR physician candidate; we have certainly had unsuccessful hires because of their inability to function as a team member.

For the candidate, the important characteristics of a potential job to consider are numerous; location, private versus academic, initial and potential salary (particularly given the amount of debt accrued after a medical education), call requirements, scheduling and travel requirements, as well as potential case mix. We have had unsuccessful hires (i.e., leaving within 2 years of hiring) because some of the aforementioned were not fully satisfactory for the individual. For example, we have had IR physicians who have taken jobs that were close to home, but not exactly where they wanted to be in relation to family members. We have had people leaving private practice for additional training and then move closer to family members. Not all previous hires have thrived in a busy IR practice, unable to multitask, or were unable to cohesively function with members of the section, hospital medical staff, or ancillary staff.

We have not had difficulty in finding applicants over the years, but determining whether they will be a good fit has not always been easy. Obviously, a strong educational background including residency and fellowship training is important, but some of our least successful hires have had the strongest educational background. Green asserted that a strong educational background or recommendation from a friend or colleague do not always translate to a strong performer at the new job.⁵ The converse is true, as well, as some of our strongest hires have had educations from institutions with a weak reputation.

Lessons Learned

Hiring is not an exact science. There are too many human variables at play. Lessons we have learned over the last two decades include the following. First, excellent candidates can come from a wide variety of educational backgrounds; not all candidates have stellar medical school, residency, or fellowship training. Adequate investigation into the person beyond simply their educational background is necessary. A diamond in the rough can be found. On the other hand, not all people with strong educational backgrounds are suitable candidates. They may be "book smart" but poor technically. Personalities, confidence, attitude, and work ethic do not always match the strength of education.

Second, listen carefully to the candidate's references. If there are subtle hints at a "red flag," push further into finding out what that is. This candidate may not be right for your group.

Third, try to find individuals who possess the important qualities of a team member, such as humility, intelligence, and hunger.

Fourth, fully explain the work schedule, call/travel requirements, salary/benefits, governance structure, so that the candidate can make an educated decision.

Fifth, interview the candidate twice if possible. Have several interview-savvy section members interview the candidate and then discuss their opinions. Have an interview dinner where the candidate can show more of his personality and interact on a different level. Bringing their significant other to at least one of the interviews can prove helpful as well.

A recent development in our corporation to help the new physicians assimilate, answer questions, and to help with

retention after a hire is a mentorship program. This program pairs a senior section member with the new hire to provide individual feedback to the junior members and answer questions that may arise. In addition, our IR section members interact often with monthly meetings on IR specific business and quarterly low stress peer review meetings. Peer review meetings allow a focused review of complications and interesting cases, which is both educational and enjoyable given the diversity and complexity of IR. It is invaluable to all who attend. The IR physicians will often interact daily with each other, garnering opinions and advice on patient management and potential complex interventions.

These interactions can foster strong relationships and improve retention.

It is important to consider both the objective data about the candidate and the intangibles that can be difficult to uncover. Some personality traits may not be apparent until after the hiring process. An important component of the hiring process belongs to the corporation and includes the group's means of retaining the new physician, including mentorship, collegiality, and job satisfaction. Certainly, given

the complexity of human nature and the inherently challenging specialty of IR, the hiring of an interventional radiologist is an inexact process. With a carefully organized, thorough, and thoughtful approach, an IR section can maximize the probability of a mutually successful hiring process.

Conflict of Interest

I have no financial or nonfinancial disclosures.

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