

STAFFING MANAGEMENT INSTRUCTOR'S MANUAL

SHRMTM

SOCIETY FOR HUMAN
RESOURCE MANAGEMENT

Is There a Doctor in the House? Attracting Physicians for an Underserved Area

By Francine K. Schlosser, Ph.D.

PROJECT TEAM

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Case Instructions

This case outlines physician attraction issues faced by Windsor, a mid-size Canadian city located in southwestern Ontario. The city is experiencing a severe physician shortage. To address this shortage, city leaders must create a compelling vision of the benefits that incoming doctors might anticipate when setting up their practices in their area. To that end, the City of Windsor has created the Health Services Recruitment Office staffed by an HR director with previous experience in other industries. The director is responsible for locating and attracting candidates but not for screening or selection. Her immediate challenge is to find a general practitioner for a local hospital, but her long-term goal is to address the substantial physician shortage throughout the region in hospitals, clinics and family practices.

LEARNING OBJECTIVES

Students will identify how to improve the current recruitment strategy by offering plausible and implementable recommendations to increase the doctor applicant pool and alleviate the critical doctor shortage. Using the provided performance criteria, students should be encouraged to develop interview and discussion points for the incoming and visiting candidates that will ensure a position-person fit. Students will also develop customized recruitment strategies, including an itinerary for each of the two certified candidates. Additionally, students will make recommendations to the director of Health Services Recruitment regarding the third candidate.

Students are expected to research and reference external sources such as the Internet and business magazines in addition to the course textbook. They will be required to conduct research into the issues to develop a plan of action and to make recommendations.

Using publicly available information, the case is meant to develop recommendations to the director of Health Services Recruitment. Current statistics about the doctor shortage from public sources referenced in the text are included. Students are encouraged to research these resources on the Internet to better understand the case. Additional resources include physician recruitment web sites for other communities facing a doctor shortage as well as articles on labor shortages being experienced in the U.S. health care system. The curriculum vitae for the three candidates are fictional. Any similarity to an actual person is unintentional.

TEACHING NOTES

Teaching Notes are included in this manual following the case study.

CASE OVERVIEW

Physician recruitment in the Windsor-Essex region of southwestern Ontario, Canada, is an ongoing challenge. Today is even busier than normal in the Regional Physician Recruitment Office because three potential candidates have approached the director of Health Services for possible job opportunities in the Windsor area. The director is excited by the prospects of new recruits. After reading Tackling the Doctor Shortage, a discussion paper from The College of Physicians and Surgeons of Ontario (<http://www.cpso.on.ca>), she thought she could customize and implement some recommendations suggested in the paper to address the doctor shortage in Windsor.¹

CANADIAN ASSURANCE OF UNIVERSAL HEALTH CARE

Canada's health care system is premised on the idea that every citizen should have access to good health care. It is a one-tier public system with limited private-sector services (generally limited to some types of medical laboratories). The system is supported by taxpayers, and although each province is responsible for its own health care, provinces must all adhere to the principle of universal access.

The system is currently running into financial difficulties, and this has resulted in constraints on resources, such as equipment, laboratories and access to doctors. To add to the existing challenges, not enough new doctors have been graduating from universities. Some areas in Canada are severely underserved by doctors, some with up to 40 percent of residents without a family doctor. Windsor, with its location on the U.S./Canadian border, is especially susceptible to the shortage because doctors choose to work either in larger Canadian cities with better medical facilities or in the private U.S. health care system.

ROLE OF THE REGIONAL PHYSICIAN RECRUITMENT OFFICE IN WINDSOR-ESSEX

In response to the severe doctor shortage, Windsor created the Health Services Recruitment Office staffed by the director of Health Services Recruitment, an HR professional with extensive experience in the recruitment field. She began her recruiting career with a local police department and then shifted into the medical field and began recruiting solely for a local hospital. She has worked for the Regional Physician Recruitment Office since it opened three years ago and has since successfully recruited more than 100 physicians into the region. The position's mandate is to meet community medical needs using recruiting practices based on developing long-lasting relationships with potential recruits.

At the Health Services Recruitment Office, the director is the sole recruiter for the area and is responsible for staffing hospitals, clinics and private practices throughout the region. Her office was created to provide one-stop shopping for all health care recruitment needs in the region. The office has since evolved into an informational unit that provides physicians with information on employment opportunities and the certification processes for Ontario. In addition to her recruiting activities, she helps individuals obtain licensing under Ontario standards. Her duties are quite distinguishable from regular recruiters; she is not responsible for screening or selecting appropriate physicians. Because of the dire physician shortage, she must create a compelling vision of the benefits incoming doctors can anticipate when setting up their practices in the Windsor area.

The current recruitment process consists of referrals by doctors, hospitals, clinics or private practices. Essentially, the director uses a referral strategy by approaching colleagues of satisfied doctors living in the region. The current recruitment practices foster a good reputation by helping doctors find employment or by helping immigrant doctors through the re-certification process. Providing a high level of personalized aid may satisfy potential recruits and prompt them to refer other candidates to her office. The director has wondered whether an Internet recruitment strategy might also be effective; however, the office just hasn't had the time to set up a web site yet. It's been on her mind again lately, but she's still not convinced that it would be effective enough to spend scarce staff resources on its development.

Although the director is solely responsible for the recruitment of physicians to the area, she is not responsible for the selection of candidates. The College of Physicians and Surgeons of Ontario determines selection measures. It is for this reason that she will also aid potential candidates through the certification process. She works closely with International Medical Graduates (IMGs) and helps them begin the Assessment Program for International Medical Graduates (APIMG), a program that assesses qualification from foreign institutions. This helps the director create long-lasting relationships for future recruitment efforts.

Recognizing the effect of the doctor shortage in the Windsor-Essex region, the provincial government has approved funding to establish a medical school at the University of Windsor. It will be a satellite campus of the well-known Schulich School of Medicine at the University of Western Ontario (the main campus is located in London, Ontario, about two hours away). Construction of the facility is currently underway.²

STATE OF DOCTORS IN ONTARIO³

In the 1990s, The College of Physicians and Surgeons forecasted an abundance of medical practitioners to serve all regions of Ontario. Ten years after this forecast though, the projected surplus changed. Ontario now faces a shortage. Medical school enrollment was cut in 1993 because of a forecasted 10 percent surplus of medical doctors. In addition to the enrollment limitations, changes were made to the post-graduation training, creating a 25 percent drop in physician-to-population ratio. These downturns amounted to 5,093 fewer students entering medical school between 1990 and 1993. This was detrimental to the Windsor area because during this downturn in physician-to-patient ratios there was a spike in the region's population. In 1996, the area's population was 321,000. By 2000, the population rose to 383,000, and in August 2005, the census revealed that the population had risen to 407,000. As a result, Windsor-Essex County has become one of the most underserved regions in Ontario in terms of physicians.

In addition to reduced entry rates to medical schools, Canada also experienced a net loss of doctors to emigration. From 1998 to 2002, 1,138 doctors left Canada for opportunities abroad.

It is believed that there are approximately 4,000 IMGs in Ontario, 2,000 of whom are members of the Association for International Physicians and Surgeons of Ontario (AIPSO) and are working within the system in hope of becoming certified.

STATE OF DOCTORS IN WINDSOR

The director must address the problem of ongoing attrition. There is a need for 55 family doctors in the Windsor-Essex region and a number of specialists and physicians. Furthermore, she has been investigating Windsor's aging population and found that 15 percent of the region's doctors are over the age of 65. In contrast, the provincial average is about 11 percent over the age of 65.

CURRENT CANDIDATE QUALIFICATIONS



PLEASE NOTE: The following curriculum vitae (CV) and job descriptions contain fictitious information. In order to stimulate questions and conversation, some information is missing and some dates may seem inaccurate.

The director recently received three CVs from prospective candidates for openings in the Windsor-Essex area. Reviewing CVs on a regular basis, she understands that CVs are primarily used by people in medical, academic and scientific professions. A CV should demonstrate the individual's competence by listing all credentials, but not necessarily brag (like in a resume) about achievements.⁴

The typical headings in a CV include education/degrees, internships, professional experience, awards and honors, publications (books, articles, reports and journals), speaking engagements, conferences, and professional affiliations. The CV's length depends on the level of experience; a CV for a new graduate may only be one page, but applicants at the top of their profession might have multiple-page CVs. Accordingly, this knowledge of CV content must be used to assess the qualifications and person-organization fit for each of the three candidates.

Candidate 1, Dr. Eli Cohen (full CV is available in Exhibit 1), is a medical doctor who received his training in Jerusalem, Israel. He has since been living and practicing in the United States. The candidate has already completed the certification process to practice in Ontario, meaning that he could start work in Ontario immediately. The director believes that Dr. Cohen would be an asset to the community because of his work in the area of infectious diseases. With Windsor being a border community, his background may be useful for countering infectious diseases spread across borders. He could also become part of a planned response to terrorist threats. After reviewing the CV in greater detail, the director spoke with the candidate and learned that Dr. Cohen is married with grown children and that he is extremely interested in research and teaching opportunities.

Candidate 2, Dr. Lisa Simpson (full CV is available in Exhibit 2), is a young medical doctor who has been conducting research and is now looking for employment in a private or hospital practice. Dr. Simpson is certified to work in Ontario and is willing to relocate. She is married, and her husband, an electrical engineer with seven years of experience in the field, is also looking for employment opportunities within the same community. The couple has two young children, ages 3 and 4 years.

Candidate 3, Dr. Mohammed Hasan (full CV is available in Exhibit 3), is a medical doctor who completed part of his education in Pakistan and part in the United Kingdom. However, he has not completed the certification process for Ontario. His credentials, though, would be an asset to the underserved region.

PERFORMANCE CRITERIA

Although the director is not directly involved in the selection process, she must refer individuals who will fit in well in the region and/or the specific medical unit. Additionally, candidates must be able to assess their own fit with the position and community. It is for these reasons that a proper process for interviews must be developed. According to Monster.com's resume expert Kim Isaacs, performance criteria used in the development of the interview questions should include the following:

- Caseloads: How many patients has the professional served and what challenges did he or she encounter?
- Computer technical skills: Is the professional familiar with health care software and systems?
- Continuous quality initiatives (CQI): Are there initiatives that highlight the professional's problem-solving and quality-oriented focus?
- Grant writing/fundraising: Has the professional been able to find new sources of funding?
- Operating revenue: How has the professional handled money before?

- Program/service development and expansion: How has the professional used previous grants and budgets to develop new health care programs or services?
- Research/publications: Is the professional an expert in the field and respected by peers?
- Regulatory/government agencies: Is the individual familiar with the policies and regulations of health care agencies, like the Canadian Blood Services or Ontario Health Insurance Plan?
- Training: What type of training was experienced and developed by the individual?
- Trans-disciplinary/interdisciplinary: Has the professional collaborated with other professionals?⁵

These performance criteria are important to consider. Each physician position has different criteria. For example, a general practitioner might be evaluated on case load and operating revenue. In contrast, a specialist might be called on to do research, especially with a university-affiliated hospital. It is important, then, for such a specialist to publish peer-reviewed articles.

THE DIRECTOR'S CONUNDRUM

The physician shortage in Windsor makes recruiting from outside of the area essential. The director is competing with recruiting strategies employed by other regions in Canada and the United States. Being a border city (Windsor is located directly across the Detroit River from Detroit, Michigan) poses unique challenges for the attraction and retention of doctors. First, medical personnel can easily move to or even commute to the United States, where private hospitals offer better pay and may even provide enhanced access to state-of-the-art medical equipment. Second, Windsor's high unemployment rate (due to its reliance on automakers) creates employment challenges for the spouses of candidates. Appendix 1 shows the types of advertisements that some U.S. agencies use to attract medical doctors. The director, however, is dubious about the effectiveness of placing ads for doctors and does not currently advertise for doctors.

The director is at a crossroads: she will need to redesign her strategy or be faced with a continued discrepancy between the available applicant pool and regional needs.

Candidate 1, Dr. Cohen, will arrive in Detroit on Monday, June 3, and Candidate 2, Dr. Simpson, will arrive on Tuesday, June 4, to meet with the director and to visit the hospitals and explore the community. It is at this point that she will have to be ready to entice the candidates to relocate and establish medical practices in the region.

It is important to note that in general, when screening and selecting workers, organizations are not allowed to ask personal questions that reveal gender, religion and cultural values of candidates.

Exhibit 1

Eli Cohen

Date of Birth:	July 12, 1960
Place of Birth:	New Zealand
Education:	Hadassah Hospital Medical School Hebrew University, Jerusalem, Israel Certified Ontario; The College of Physicians and Surgeons of Ontario
Degree granted:	M.D., 1984

PROFESSIONAL EXPERIENCE

Director, GETMEDICALRECORDSINISRAEL/TIKITUR, 2005-present. Internet site.

Director, IDFAX, 1988-present. Internet site.

Director, HIV/AIDS Registry, Saint Francis Hospital and Medical Center, Hartford, Connecticut, 1988-present.

Faculty, Senior Attending, Infectious Diseases and Epidemiology Section, Department of Medicine, Saint Margaret Hospital and Medical Center, Hartford, Connecticut, 1988-present.

Director, Adult Immunology Clinic and Intravenous Immunoglobulin Day Care Clinic, City Hospital, University of Connecticut Health Center, Farmington, Connecticut, 1992

Associate Program Director, Department of Medicine, John Jacob Hospital, Hartford, Connecticut, 1990-1992.

ACADEMIC APPOINTMENTS

Associate Professor of Clinical Medicine, Department of Medicine, University of Connecticut School of Medicine, Farmington, Connecticut, (1997-).

Assistant Professor of Clinical Medicine, Department of Medicine, University of Connecticut School of Medicine, Farmington, Connecticut, 1988-1997.

Instructor, Department of Medicine, University of Connecticut School of Medicine, Farmington, Connecticut, 1984-1988.

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COMMITTEE ASSIGNMENTS

Chairman, Infection Control Committee, Getbetter Hospital of Connecticut, Hartford, Connecticut, 1996-present.

Member, Research Committee, Saint Margaret Hospital & Medical Center, Hartford, Connecticut, 1995-present. **Member**, Fellowship Steering Committee, Infectious Diseases Division, City Hospital, University of Connecticut School of Medicine, 1994-present. **Member**, Antibiotic Review Subcommittee, Saint Margaret Hospital & Medical Center, Hartford, Connecticut, 1990-present. **Chairman**, Infection Control Committee, Veteran Memorial Hospital, Southington, Connecticut, 1992-1996.

Member, Initiative Steering Committee, Greater Stamford HIV Action Initiative, 1992-1993.

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ACADEMIC QUALIFICATIONS

Infectious Diseases Subspecialty Recertification, 2004.

Infectious Diseases Subspecialty Certification, 1992.

American Board of Internal Medicine, 1990.

ECFMG (No. 229-494-0), 1984.

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FELLOWSHIPS

Postdoctoral Fellow in Pharmacology, Department of Pharmacology, University of Connecticut School of Medicine, Farmington, Connecticut, 1987-1988.

Clinical & Research Fellow in Infectious Diseases, Infectious Diseases Division, Department of Medicine, City Hospital, University of Connecticut Health Center, in association with Immunology Division, Department of Pediatrics, City Hospital, University of Connecticut Health Center, Farmington, Connecticut, 1985-1988.

Research Fellow in Internal Medicine, Department of Medicine, Getbetter Hospital, Hartford, Connecticut, 1984.

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RESIDENCY

Chief Resident, Junior Resident, Department of Medicine, Getbetter Hospital, Hartford, and City Hospital, University of Connecticut Health Center, Farmington, Connecticut, 1985.

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INTERNSHIPS

Internship (USA), Getbetter Hospital, Hartford, Connecticut, 1984.

Internship (Israel), Hadassah University Hospital, Ein Kerem, Jerusalem, Israel, 1975-1976.

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MILITARY EXPERIENCE

Israel Defense Forces, Medical Corps, Infantry Officers Course,
Medical Officers Course,
Senior Medical Officer, 1980. Rank: Captain.

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STUDIES

1. Acute appendicitis in the elderly, [Doctoral Thesis], 1984.
 2. Felon RP, Cohen E. Medical advice in a community hospital. J Gen Intern Med 1987.
 3. Cohen E et al. Investigation of Monocyte-rich fractions. J Clin Lab Immunol 1989.
 4. Cohen E. et al. Opportunistic pathogens: report of four cases. J Clin Micro 1993.
 5. Gilden DH, Beinlich BR, Cohen EM, Stommel E, Swenson R, Rubinstein D, Mallingham R. Varicella Zoster Virus myelitis: an expanding spectrum. Neurology 1994.
 6. Cohen E, et al. Severe necrotizing infections. Conn Med 1995.
 7. Cohen E, et al Testing of HIV-seropositive minority men. AIDS Reader 1996.
 8. Cohen EM et al. Active tuberculosis in HIV-infected injecting drug users. J AIDS & HR 1996.
 9. Cohen E et al. A retrospective case-control study of comorbidity in HIV infected patients:. Amer J Med 1996.
 10. Cohen E. Using Cefazolin to treat peritonitis. Am J Nephrol 1999.
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CASE REPORTS

1. Cohen E. et al. "Radio gallium images in Mycobacterium fortuitum infections. Clin Nucl Med 1992.
 2. Cohen E. Thymic abscess in a geriatric patient. Chest 1993.
 3. Cohen E. Mycobacterium tuberculosis following coronary artery bypass surgery. CID 1996.
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PUBLICATIONS

1. Contributing Author. Greater Hartford HIV Action Initiative. HIV care: comprehensive guidelines for providers.
2. Editor. Outpatient management of HIV/AIDS for the Primary Care Physician. 1st, 2nd, 3rd, 4th, 5th, 6th, 7th editions, Hartford, Connecticut: Infectious Diseases and Epidemiology Section, Saint Margaret Hospital and Medical Center, 1992, 1993, 1995, 1996, 1997, 1998.

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PRESENTATIONS

1. Benign superior vena cava syndrome of more than 25 years duration--a case report. American College of Chest Physicians, Annual Meeting, Salem, Massachusetts, USA, 1985.
2. Cohen E. Thymic abscess (Staphylococcus aureus) presenting as acute substernal chest pain. American College of Chest Physicians, 56th Annual Scientific Assembly, Montreal, Canada, 1990.
3. Cohen E et al. Open heart surgery associated infections and the significance of post-discharge follow-up. Association for Practitioners in Infection Control, 18th Annual Conference and International Meeting, Georgetown, Tennessee, USA, 1991.
4. Cohen E et al. Life expectancy and hospitalization of AIDS patients with CD4 count less than 40 cells/mL in an innercity hospital. XI International Conference on AIDS, Montreal, Canada, 1996.
5. Cohen E. Should peritoneal dialysis related peritonitis be treated with Cefazolin empirically? Seventh Annual Spring Clinical Nephrology Meetings, Georgetown, TN, 1998.

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AWARDS

Excellence in Teaching, Joan Preston Award, University of Connecticut Internal Medicine Residency Program, 1994-1995.

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JOURNALS

Member, Editorial Board, American Journal of Infection Control
Peer Review, American Medical Informatics Association
Peer Review, Southern Medical Journal

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MEMBERSHIPS

Connecticut Infectious Disease Society
Infectious Disease Society of America
American Society of Internal Medicine
American Medical Association

Exhibit 2

Lisa Simpson

2222 Church Street – Evanston, IL 63333

777.666.5555 – simpson@nwu.edu

MEDICAL CONSULTANT

Excellent communication skills shown with supervisors, colleagues and general public. Identify issues, form hypotheses, design and conduct analyses, synthesize conclusions and implement change. Self-starter, disciplined, confident and goal oriented. Adept at giving written and oral presentations to groups of experts. Motivated member of a team. Fluent in French.

EDUCATION

Medical Doctor

Northwestern University School of Medicine, Evanston, IL, May 2001

Additional training in Microsurgery

Scores: Boards 97%; MCAT 99th percentile

Ontario Certified; The College of Physicians and Surgeons of Ontario 2004

Bachelor of Arts Degree with majors in psychology and biology; GPA 3.92/4.0

Notre Dame University; South Bend, IN, 1996

EXPERIENCE

Research Assistant

Northwestern University School of Medicine; June 1998 – August 1998

Verified and expanded theories through hands-on research under direction of scientists. Exemplified patience and perseverance. Utilized sophisticated state-of-the-art equipment. Mastered the arts of time management, organization and record-keeping. Worked independently and as part of a team to accomplish common department goals.

Research Assistant

Northwestern University School of Medicine; June 1996 – August 1997

Organized year-long research project to isolate mannose receptor and its associated proteins. Developed research protocols. Oversaw three interns. Led weekly Journal Club. Held weekly meetings with 30 lab people to summary previous week's data and findings. Became proficient in use of PCR, Western and Northern Blot, Protein electrophoresis and other technologies. Assisted Primary investigator with grant writing.

Research Assistant

Avalon Cancer Center; May 1993 – August 1993

Ran experiments in the lab, sequencing proteins implicated in cancer. Wrote grants and published journal articles. Supervised cleanliness and organization of lab and calibration of equipment. Kept data logs of all experiments and worked closely with Ph.D.'s in analysis of data. Assisted in the sequence of three proteins associated with on cogenesis (the development of cancer).

Lab Technician

Northwestern University School of Medicine; Summers 1998, 1990, 1991

Conducted experiments pertaining to reconstructive surgery. Developed research data that led to better surgical techniques.

Exhibit 3

Mohammed El Hasan

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OBJECTIVE

To pursue a challenging career in health care industry with a significant growth leading to a prominent position

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EXPERIENCE

October 2002 to May 2004 Kings College Hospital London, UK Clinical Coding Officer

- Responsible for all procedures associated with the collection and collation of information from hospital notes to the input of diagnostic and operative codes, in accordance with the protocols of ICD 10 and OPCS coding.
- To visit the wards daily to code all episodes for patients discharged.
- To attend Care Group Audit meetings as necessary to validate the information collected.
- To check from monthly reports regarding coding completeness.
- To liaise with medical and other disciplines of staff regarding all aspects of clinical coding to provide an efficient and accurate service.
- To assist in the development of any new procedures and systems within the department that is introduced to improve the service provided.

July 2001 till September 2002 Lifeline Healthcare Ltd. London, UK Medical Summarizer

- Working with Islington & Camden PCT at different Surgeries and Group Practices.
- Have to work on VISION or EMIS the EPR programmes with good database and medical knowledge.

- Had to go through all the previous histories and update the record wherever possible.
- Good rapport with the GPs and have great interaction related to patients records
- Have a good knowledge of the working within the NHS.

April 2000 – April 2001 Civil Hospital Karachi, Pakistan House Officer

- Worked in the Dept. of General Medicine.
 - Attended Out Patient Department clinics..
 - Delivered teaching sessions for 3rd & 4th year MBBS students.
 - Learned basic medical procedures practiced & gained experience of handling patients in cardiology and general medicine ward.
- Worked in the Dept. of General Surgery & Cardiac Surgery
 - Assisted the anesthesiologist in main OT & emergency OT.
 - Attended OPD and presented cases as a weekly regular feature of job.
 - Provided assistance in surgical procedures including appendectomies, laparatomies, cardiac catheterization, coronary bypass, PDA & cardiac valve surgeries.

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EDUCATION

2001-2003 Post Graduate Certificate in Health Informatics from City University London

Major Modules covered:

- Health informatics.
- Introduction to computing system.
- Statistical methods in health informatics.
- Clinical records and health care computing.
- Clinical decision making.
- Research principle and skills in health care.
- Advances in system modeling.
- Health management.
- IT strategy and systems in health care.
- Clinical database.

1993 – 1999 M.B.B.S., Bachelor of Medicine and Bachelor of Surgery from Dow Medical College, Karachi University, Karachi, Pakistan.

1990 – 1992 Higher Secondary Certificate from P.E.C.H.S., Govt. Girls College, Karachi, Pakistan.

1980 – 1990 Secondary School Certificate from Army Public School Karachi, Pakistan.

COMPUTER SKILLS

MS-Office, Experienced user of Internet. Have great expertise on EPR Software including VISION, EMIS, PAS, PIMS and MEDICODE by 3M.

TRAINING

- 18th May 2002 at Westminster PCT had for VISION (EPR).
- 7th July 2002 at St. Pancras Hospital had for EMIS (EPR).
- 19th February 2003 at King's college Hospital had for PIMS.
- July – August 2003 Basic ICD-10 and OPCS-4 Clinical Coding Training at Kingston PCT

SKILLS AND STRENGTHS

Good interpersonal skills, creative and great problem solver, positive thinker and optimistic. Know how to motivate people, possess excellent communication skills, both spoken and written. Confident with presentation skills. Can work under pressure and meet deadlines.

Appendix 1

(All advertisements printed from the Internet March 30, 2006 and disguised).

FAMILY PRACTICE PHYSICIAN - FAMILY PRACTITIONER	
Company Name:	Maryanne Maple Consulting
Job title:	Family Practice Physician - Family Practitioner
Location:	Kingston, NY
Salary:	\$0.00 To \$0.00 Per Year
Career level:	Mid Career
To apply for job:	maryanne.maple@mam.com

DESCRIPTION:

In these days of high-pressure, high-volume medicine, this group practices classical medicine that concentrates on patient care. This three-physician group, operating as a true partnership, has a rare 1:1 physician-to-RN ratio. Each physician sees 22 to 25 patients a day, rather than 35 or 40. Many would call this the best medical practice in their area; the hospital administrators, area specialists and their spouses certainly would because they are among this group's patients. The group is busy and currently unable to take on new patients. We have been contracted by this general internal medicine group to identify an internist or family practitioner who will become their fourth member.

Located in the historic Hudson River Valley and on the edge of the Catskills, the area offers a wide variety of outdoor, musical, cultural and educational opportunities. The two artist communities, Woodstock and New Paltz, are both within comfortable commuting range, and are homes to internationally-famous artists, musicians, writers and actors. Four neighboring colleges, Bard, Vassar, SUNY/New Paltz and Marist, lend an academic atmosphere, and provide athletic contests as well as theatrical and musical events (West Point's stadium is also only 45 minutes away). The area has excellent K-12 schools and the cost of living is low compared with the major Northeastern cities. A physician could live in Rhinebeck, a majestic riverside village where manorial homes tower over the broad river's edge, or in an antique village at the foot of the Catskills. Excellent fishing, hiking, the Appalachian Trail, and world-class rock climbing are within commuting range and major ski areas are less than an hour away. Manhattan is an hour-and-a-half by train.

Kingston is home to two hospitals; the 160-bed Kingston Hospital, a non-profit institution, and the 220-bed Benedictine Hospital, a Catholic facility. Group offices are housed in Kingston Hospital's medical office building, which is connected by walkway to Kingston Hospital. Benedictine Hospital is located 500 feet away. Together, the two hospitals serve a health care market of about 150,000 people. The hospitals have made significant facilities improvements in the last few years, including seven new state-of-the art operating rooms, an on-site MRI, a pain management center, a new cancer center, and a new dialysis unit. Improvements are continuing with the construction of a woman's health center and a cardiac cath unit.

Sorry - no J1 or H1B visas - a green card is required.

Internist - Internal Medicine Physician	
Company Name:	Maryanne Maple Consulting
Job title:	Internist - Internal Medicine Physician
Location:	Kingston, NY
Salary:	\$0.00 To \$0.00 Per Year
Career level:	Mid Career
To apply for the job:	maryanne.maple@mam.com

Description:

In these days of high-pressure, high-volume medicine, this group practices classical medicine that concentrates on patient care. This three-physician group, operating as a true partnership, has a rare 1:1 physician-to-RN ratio. Each physician sees 22 to 25 patients a day rather than 35 or 40. Many would call this the best medical practice in their area; hospital administrators, area specialists and their spouses certainly do because they are among this group's patients. The group is busy and currently unable to take on new patients. We have been contracted by this general internal medicine group to identify an internist or family practitioner who will become their fourth member.

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Sorry - no J1 or H1B visas - a green card is required.

Orthopedic Surgeon Orthopedist Orthopedic Surgeon	
Company name:	Marianne Maple / New NY Hospital
Job title:	Orthopedic Surgeon Orthopedist Orthopedic Surgeon
Location:	Buffalo, NY
Salary:	\$450,000.00 To \$500,000.00 Per Year
Career Level:	Mid Career
To apply for the job:	marianne.maple@mam.com

DESCRIPTION:

We have been retained by an Eastern New York State hospital to review their orthopedic program. As part of this project, we are helping them to recruit one (or perhaps two) orthopedic surgeons who will join a hospital-supported practice where income could reach \$600,000 to \$700,000.

Financially, they are looking to offer an income guarantee of \$450,000 to \$500,000. With a directorship and a favorable rent/practice overhead rate (the hospital owns the practice location and will provide billing services at the physician’s option), and low malpractice insurance (\$27,000 per year), you should be able to earn \$600,000 to \$700,000. This is in a town where a big old Victorian will cost you \$200,000 to \$250,000, and a nice home on the lake costs from \$250,000 to \$400,000.

The hospital is located in a prosperous and attractive small city of 20,000 on the western edge of the Catskill Mountains that is home to two colleges with a river winding through town. The colleges add an academic flavor and offer theatrical, musical and athletic events. The area has excellent K-12 schools, yet the cost of living is low. A major tourist destination, there are numerous museums in the area and a

\$32-million performing arts center is under construction. Major ski areas are 45 minutes away and excellent fishing, boating, hiking and canoeing are within a few minutes of town. A major metro area of a million people is an hour away, and New York City is less than three hours away.

The hospital is a well-endowed 130-bed, \$75-million community hospital serving a catchment area of 60,000. The hospital has strong financials and unusually strong community support, demonstrated by the recent capital campaign that has enabled them break ground on a \$12-million imaging center that will include a new 64-slice CT scanner, a state-of-the art MRI, two nuclear medicine cameras, a CADX reader and a PACS system. Orthopedics is housed in one of the finest outpatient facilities we have seen—a large shopping mall converted into physician offices, complete with a café, health club, pool and physical therapy on site. The hospital has six operating rooms well-equipped for orthopedics (including a new spinal table and spine surgery equipment). Experienced (orthopedic) O.R. and nursing staff are in place.

Company Name:	MediAble
Job title:	420 Friendly physician
Location:	TX
Salary:	\$75.00 To \$100.00 Per Hour
Career Level:	Entry Level
To apply for the job:	bob@mediable.com

DESCRIPTION:

MediAble is a professional corporation licensed with the Texas Medical Association. We are a statewide network of nine clinics with a geographic range from San Antonio to Dallas.

Our organization offers physicians a safe and legal way to provide patients with affordable access to expert medical advice and medical marijuana evaluations. MediAbleMediCann advocates for the legitimization of medical marijuana by providing a specialty practice that educates patients, practitioners and the community-at-large.

Our clinics, located in beautiful areas of the state, provide a friendly and professional atmosphere. We have a current need for part-time Texas-licensed physicians in Dallas and San Antonio. MediAble offers above competitive wages, comfortable hours and a business casual work environment.

If you feel like having a major effect on patients' lives and learning about alternative medicine, please contact me. I look forward to answering your questions about our physician opportunities.

FOOTNOTES

¹ The College of Physicians and Surgeons of Ontario. (2004, May/June). *Tackling the doctor shortage*. Retrieved in December 2005 at www.cpso.on.ca/publications/dialogue/0504/shortage.htm.

² Papatello, S. (2006, February 9). *McGuinty government to open new campus for medical training in Windsor* [press release]. Retrieved from www.papatello.on.ca/media_release020906.htm.

³ The College of Physicians and Surgeons of Ontario. (2004, May/June). *Tackling the doctor shortage*. Retrieved in December 2005 at www.cpso.on.ca/publications/dialogue/0504/shortage.htm.

⁴ Isaacs, K. *Resume tips for healthcare professionals*. Retrieved on June 1, 2008, from http://resume.monster.ca/6977_en-ca_pl.asp

⁵ Ibid.

RESOURCES:

1. Catano, Victor M., Wiesner, Willi H. Hackett, Rick D., Methot, Laura L. (2005). *Recruitment and Selection in Canada*, Third Edition. Nelson, a division of Thompson Canada.
2. Wilhelm, Trevor (2006, April 7). Brain Power Drives MD Recruitment. *The Windsor Star*, A1, A4.
3. *Tackling the Doctor Shortage*. The College of Physicians and Surgeons of Ontario, May/June 2004. <http://www.cpso.on.ca/publications/dialogue/0504/shortage.htm>.
4. Papatello, Sandra. (2006, February 9). *McGuinty Government to Open New Campus For Medical Training in Windsor*. Windsor West. http://www.sandrapapatello.on.mpp.ca/media_release020906.htm.
5. Isaacs, Kim. (2008, June 1). *Resume Tips for Healthcare Professionals*. Monster.com. Accessed online June 1, 2008 at http://resume.monster.ca/6977_en-ca_pl.asp.

OTHER RESOURCES:

1. Interesting physician recruitment pages found on the web:
 - a. SaultMed: <http://www.saultmed.ca/>.
 - b. Prince William Island, Canada: <http://www.gov.pe.ca/infopei/index.php3?number=17887>.
 - c. Brockville General Hospital: <http://www.bgh-on.ca/Physician%20Recruitment.htm>.
 - d. Nunavut: <http://www.nunavut-physicians.gov.nu.ca/>.
2. Attracting labor during health care labor shortages in the United States:
 - a. Myrtle Beach careers: <http://myrtlebeachcareers.net/articles/i/ad3796/blogs/healthcare-medical/labor-shortages-plague-the-healthcare-sector.htm>.
 - b. Renzas, James. (2008, July). Succeeding in an Era of Labor Shortages. Accessed July 21, 2008 at http://www.locationmgmt.com/assets/docs/Succeeding_in_an_Era_of_Labor_Shortages.htm.
 - c. Atwater, Donald M. and Jones, Aisha. (2008, July). Preparing for a Future Labor Shortage: How to Stay Ahead of the Curve. Accessed July 21, 2008. <http://gbr.pepperdine.edu/042/laborshortage.html>.
 - d. Robinson, Martha. (2008, July). Labor Shortages Plague the HealthCare Sector. Accessed July 21, 2008. At <http://careernet.4jobs.com/articles/i/ad3796/blogs/healthcare-medical/labor-shortages-plague-the-healthcare-sector.htm>.

Teaching Notes

EXECUTIVE SUMMARY

Ontario has had a doctor shortage for several years. This issue is prevalent in the Windsor-Essex region (an area in Canada bordering Detroit, Michigan) where the growing population and increased competition from the United States have left a serious need to attract doctors to the area. The director of Health Services Recruitment from the Regional Physician Recruitment Office has received applications from three strong candidates with different types of medical expertise and personal circumstances. She is faced with the dilemma of deciding which strategies will best entice the candidates to relocate to the Windsor-Essex area. External challenges facing the director include limitations on medical school enrollment, the certification process for international doctors, ongoing attrition and an aging workforce. Two candidates qualify to work in Canada while the third is not eligible. The director is also faced with the need to redesign her recruitment strategy.

CASE OBJECTIVES

This case is appropriate for senior undergraduate or graduate business administration students majoring in human resources or health care management.

Although set in Canada, this case addresses a growing issue throughout North America—the shortage of health care professionals and the growing competition for an essential but scarce labor market resource. It is set on the Canada-U.S. border, where both countries recruit from the same scarce labor pool. The case outlines the specific need within the region to immediately employ one general practitioner at a local hospital as well as address the ongoing need to reduce and ultimately eliminate the substantial shortage of physicians throughout the region in hospitals, clinics and family practices. It also addresses the need to accommodate cultural diversity in an expanded search for quality health care professionals.

Students must identify how to improve the current recruitment strategy, specifically through practical recommendations that will increase the doctor applicant pool and allow Windsor to achieve full employment. Using the listed performance criteria, students are encouraged to develop interview protocol for the incoming and visiting candidates to ensure a good position-person fit. Students must develop customized recruitment strategies, including an itinerary for each of the two certified candidates. Additionally, students must make recommendations to the director regarding the third candidate.

This case is best used as a homework assignment with a debrief in a subsequent class session. Students must research and reference external sources, such as the Internet and business magazines, in addition to the course textbook. They are also required to conduct research into the issues to develop a well-thought-out plan of action and to make recommendations. Instructors and students might also familiarize themselves with the resources noted at the end of these teaching notes. Instructors can choose to distribute these or other sources as they deem necessary. A teaching plan (allocation of class time) has been included at the end of the teaching notes.

The case is centered on the position of the director of Health Services Recruitment in Windsor-Essex. Current statistics about the doctor shortage have been included from public sources. However, the attached curriculum vitae are fictional. Any similarity to real people is unintentional.

DISCUSSION QUESTIONS:

1. Describe the problems facing the director of Health Services Recruitment related to the recruitment of medical doctors in Windsor-Essex.
2. What types of labor market factors influence the director's recruitment strategy?
3. What strategic actions can the director take in the long term to increase the successful recruitment of doctors?
4. Develop an advertisement that can be used to recruit doctors.
5. Evaluate the CV's provided in the case.
6. Develop questions that should be a part of the director's interview protocol.
7. What actions should the director take to attract the three candidates profiled? Develop a sample itinerary (a plan for what the candidate's visit should include in terms of site visits, regional area, etc.) for each candidate.

DISCUSSION

1. Describe the problems facing the director related to the recruitment of medical doctors in Windsor-Essex.

There are several challenges the director faces while trying to recruit doctors to the region. Short-term challenges include the need to recruit and attract three potential candidates and the need to ensure that the applicants meet the performance criteria and will fit within the medical unit. The director is not involved in the selection process, but as a recruiter, she must refer the best candidates. Currently, two out of the three candidates are qualified to work in Canada. Both eligible applicants are interested in working in the Windsor-Essex area and are scheduled to meet with the director for a community visit.

Long-term challenges include the doctor shortage in both Windsor-Essex and Ontario; the continued need to recruit physicians to the Windsor-Essex region; and the need to develop a recruitment strategy. The director's recruitment practice consists only of referrals by doctors, hospitals, clinics and private practices. A new recruitment strategy that utilizes other tools will prove useful for reaching a larger market of doctors.

The director must decide if the two eligible candidates will be the right fit within the Windsor-Essex medical community and should provide the third candidate with guidance on becoming certified to work in Canada. She must develop customized recruitment strategies for each applicant and an overall strategy for recruiting doctors in the future.

2. What type of labor market factors will influence the director's recruitment strategy?

The Regional Physician Recruitment Office has successfully recruited more than 100 physicians in the past three years. However, the director's current recruitment strategy has limited the pool of candidates she is able to reach.

The external environment provides many ongoing challenges. Medical school enrollment limitations in Canada, a fast growing population in the Windsor-Essex area and doctor emigration to the United States have caused a severe doctor shortage in the province of Ontario. The aging physician workforce also creates challenges; approximately 15 percent of the region's doctors are 65 and older. Many more doctors will need to be recruited to fill these positions when current doctors begin to retire or decrease their hours.

3. What strategic actions can the director take in the long term to increase the successful recruitment of doctors?

The director must implement a plan that can be produced quickly and cost effectively. The updated recruitment strategy must be well planned and communicated to the community and the selection committee. The plan must meet the standards of The College of Physicians and Surgeons of Ontario and be easy to execute. As for the overall doctor situation in the province of Ontario, solutions and recommendations will need to address the shortage of doctors in certain areas of the province, medical school enrollment and the increase of international medical graduates looking for work in Canada.

The following alternatives provide ways to address these problems. The director can focus on changing her methods of recruitment. The current strategy is word-of-mouth recruiting with no forms of advertisement being used. The director should consider advertising through several channels to reach a larger applicant pool. Different channels of advertisement could include:

- Developing a web site to showcase all that Windsor has to offer to potential recruits.
- Attending medical conventions to meet physicians and to communicate the desperate need for doctors in the region.
- Posting advertisements at universities to publicize to medical students the available job opportunities in Windsor.
- Posting advertisements in various medical journals that are circulated worldwide.

The director will be able to create a larger applicant pool to choose from as well as cover a much larger geographic span with regards to the location of potential applicants. This will lead to an increase in diversity among potential applicants, thus providing the possibility of a medical staff rich in diversity in Windsor.

The director can also consider partnering with a recruiting firm that specializes in recruiting physicians worldwide. Perhaps if paired with someone, the director could develop a strategy customized to Windsor's needs. A larger recruiting firm could advertise to a wider applicant pool. This would also ease some of the director's stress because she could focus on meeting the qualified applicants and helping to determine whether they should be recommended to the selection board as an appropriate fit.

The plan to eliminate turnover and attrition would include setting up RJPs (Realistic Job Previews) in the Windsor-Essex area for future physicians in the area. By participating in RJPs, the physicians will increase their understanding of what to expect about the job, the organization and the area. The goal is to reduce turnover because the candidate will not have as many surprises and will already fully understand what the organization is about.

RJPs will be offered to all potential physicians coming into the area. Once the recruitment plan is in place, there can be RJPs for the best applicants to see the organization and how things work. If it does not work out, it is better to lose someone now instead of investing so much time and money into the doctor and have him or her leave a couple years down the road. Doctors who undergo an RJP and accept the job will be more satisfied with their job and committed to the organization.

The director might set up a program with assistance from local hospitals to have the top applicants work in the environment and see how the organization works. This will help applicants to make a decision whether to accept the job. In this way, people will know what to expect and not leave because of something they don't like with the area/organization.

The director might also offer programs to help spouses of doctors find work in the Windsor–Essex area. The case notes that this is one of the main reasons physicians are leaving the area. This program would be very beneficial because it would reduce the turnover in the Windsor–Essex region, but it would only cover less than one-third of the actual reasons why people are leaving. Therefore, this plan does not fix all of the problems and must be implemented as part of a larger strategic initiative.

The new recruitment strategy should also focus on a number of different elements. Currently, the Regional Physician Recruitment Office for the Windsor–Essex area has no web site. The Internet is one of the main sources people use to obtain information. A web site will provide all the information prospective candidates need when deciding to apply for positions in the region. Such topics could include information about the region, housing opportunities, education programs, open positions, research projects, training opportunities, links to hospitals and other medical sites in the area, medical news and a chat room where new recruits could talk to doctors currently working in Windsor–Essex. Currently, the director does not advertise positions and only uses word-of-mouth recruitment. Adding an online recruitment tool that includes job advertisements will generate a larger applicant pool and provide the necessary information needed to entice candidates to choose the Windsor–Essex area.

The recruitment strategy should also include performance criteria needed to determine if candidates will fit in the Windsor–Essex medical community. Developing a set of questions to ask candidates during community visits, along with knowing exactly what the selection community is looking for in a successful applicant, will be very useful. This will help ensure person-job and person-organization fit, processes an organization uses to decide if a candidate has the knowledge, skills and abilities required for a job and that they fit with the organization's culture and values.

An interview protocol based on caseloads, computer technical skills, continuous quality initiatives, grant writing/fundraising, operating revenue, program/service development and expansion, research/publications, regulatory/government agencies, training and trans-disciplinary/interdisciplinary must be created. The protocol should be set up in a tier system depending on the qualifications of the candidate. For example, the interview protocol for Dr. Cohen should be different from Dr. Simpson due to their varying qualifications and experience levels. However, similar questions must also be asked to see if the candidates will fit in with the region's medical culture and values. Therefore, creating interview questions for entry-level doctors and more experienced doctors will be beneficial. Interviewees should be able to fully address their past experiences in detail and their plans for future career development.

The recruitment strategy must also be measured and evaluated. One way to do this is to have new recruits complete surveys after they have been selected to find out why they chose the Windsor-Essex area. Exit interviews should also be conducted when doctors leave to determine their reasons for leaving. At six-month intervals, the Regional Physician Recruitment Office should compile statistics to determine the increase and/or decrease in the number of applicants applying for positions; the number of people visitors to the web site; and the number of candidates who were successfully recruited to the area.

A final recommendation is for the director to develop a select committee of medical professionals and recruiters to address the doctor shortage in the province. Committees should be created in each region and should be supported by The College of Physicians and Surgeons of Ontario. Guidelines, policies, procedures, topics of discussion and training should be developed. Issues to address should include medical school enrollment, the development of partnerships with medical schools to recruit new doctors, and simplifying the Ontario certification process for international candidates. In *Tackling the Doctor Shortage*, the College of Physicians and Surgeons of Ontario made 15 recommendations to reduce barriers to recruitment, registration, training and education of doctors in Ontario. The committees should work to implement these recommendations and focus on both local and provincial issues. This will help to develop a province-wide solution to the issue and minimize cut-throat competitive actions and head-hunting between municipalities in the same province.

4. Develop an advertisement that could be used to recruit doctors. A sample is attached for discussion with the class.

PHYSICIANS NEEDED

Opportunities in Southwestern Ontario (Canada)

Windsor-Essex is seeking emergency room physicians to join our team of well-qualified, dynamic professionals providing service to Hôtel-Dieu Grace, Windsor Regional and Leamington District Memorial hospitals.

Interested applicants will find:

- New, state-of-the-art facilities and equipment.
- Well-trained support staff.
- Excellent specialist availability and support.
- Clinical teaching opportunities from medical students/residents through affiliation with the University of Windsor's new medical school.

Located at the southernmost point in Canada, we are a border community of 390,000, offering easy access to an international airport, major league sports and world-class entertainment. A relaxed, safe environment, this is an ideal community in which to live and raise a family. The area offers excellent schools and recreational opportunities, convenient shopping and reasonable real estate prices. We are a culturally diverse community, with some 109 ethnic populations represented.

Candidates may be eligible for MoHLTC UAP incentive/tuition reimbursement grants. Send CV and expression of interest to:

The Director, Health Services Recruitment

349-600 Tecumseh Rd. E, Windsor, ON N8X 4X9

Tel 519 255-7378 | Fax 519 255-7529

Email director@wemedrecruit.ca

5. Evaluate the CV's in the case.

When evaluating the two candidates, it is imperative to look at the qualifications of each candidate, establish their knowledge, skills, abilities and other characteristics (KSAO's) and try to establish their aspirations. This is a crucial step when trying to establish the best person-to-position fit.

The director should look carefully to make sure there is nothing on the CV that the College of Physicians and Surgeons of Ontario can discriminate against in the selection process. It is the director's responsibility to present the most qualified and best position-to-person fit. In the case of Eli Cohen, his CV includes his birth date and his place of birth. He has a European background, and including this information is acceptable in Europe but not in Canada. Listing his birth date and location on his CV may allow for prejudice or discriminate based on age or ethnic background. Although this information will be crucial to the director at the attraction phase of recruitment, it is unacceptable and illegal at the selection and screening stage. The director should black it out when forwarding the CV to selection committee members.

The CV of Lisa Simpson is very clear and organized and follows the proper procedures. There is, however, an HR-related issue with Mohammed El Hasan's CV. His CV lacks contact information of any sort. He did make contact with the director. As an experienced recruiter, the director knows when CVs arrive in the office, they should be documented with whom it came from, at what time and how to contact the person. If the director forwards and recommends this candidate to the selection committee, the committee will need to be able to contact this individual, thus minimizing the director's role as a middle person.

When the director determines what she is looking for, she will be able to forward to the selection committee CVs of the candidates with the best person-to-position fit. The committee will evaluate the quality of the director's recommendations as well as the candidates.

6. Develop questions that should be a part of the director's interview protocol.

The director has three options when it comes to developing questions that would become part of the interview protocol and that will help the interviewer decide if there is a good position-person fit. All three approaches will help reconcile performance criteria and working conditions with the candidate's KSAOs and expectations.

A semi-structured interview is flexible enough to accommodate candidates with diverse backgrounds such as research, teaching and practicing medicine and would allow the interviewer to evaluate performance criteria. This method encourages two-way communication so the interviewer can make judgments regarding position-

person fit. The downfalls of this method include limited validity and reliability. Since the interviewer is not following a formal structure for the interview, inappropriate or illegal questions could be asked unintentionally and the interviewer may forget to ask critical questions. In this case, the discussion and questions will revolve around finding out the preferences of the visiting physician. The director and the physician should consider the type of position that is open and whether it will accommodate the physician's abilities and interests.

Situational interviews pose hypothetical situations where applicants are asked what they would do (Catano, Wisner, Hackett, & Methot, 2005, 419). When used with a scoring guide, situational interviews are valid and reliable and allow for simple evaluation of interviewee responses. The main problem associated with this method of interviewing is the time required to develop the framework. Also, critics have questioned the difference between knowing and doing. Just because a candidate answers in a certain way, it does not necessarily mean that he or she will act accordingly.

Behavior description interviews ask applicants to describe what he or she did in given situations in the past. Maximizing the validity and reliability of this tool requires probes to encourage applicants to elaborate on their responses and a scoring guide to evaluate the value of the responses. This tool allows applicants to relate any of their previous experience to the performance criteria for the position. The disadvantage of this method is that the interviewer must be skilled to effectively create a behavior description interview. Critics question the premise that past behavior will be repeated, especially if learning has taken place.

When establishing framework for a situational interview, the director must design questions based on the specific performance criteria and working conditions of physicians in the Windsor-Essex area. Discussion with a reputable local physician will help the director understand the types of issues that make different positions desirable to a variety of different specialists and generalists and provide insights that help determine position-person fit. Implementing this action plan is important but can be deferred until after the job advertisement has been created and posted and after the itineraries for the visiting candidates have been established.

If, based on behavioral, performance and attitudinal measures, the situational interview is deemed to be an unsuccessful way to ensure position-person fit, the director can implement a behavior description interview. This type of interview may make it easier for candidates to relate their diverse experiences to the questions at hand. It is important to note that the director is only responsible for the attraction of physicians and not for the selection of candidates.

7. Develop questions that should be a part of the director's interview protocol.

The following is a sample interview and discussion. Samples of specific questions and scoring for responses follow.

Criteria	Protocol
Caseloads	<ul style="list-style-type: none"> ■ Refer to each CV to examine previous caseload amounts. ■ Ask probative questions to determine the candidate's preferred caseload level to ensure it is acceptable with regional norms.
Computer technical skills	<ul style="list-style-type: none"> ■ Refer to CV for computer skills possessed by each candidate. ■ Ensure that software knowledge is compatible/complementary to other software that is or will be used in the region.
Continuous quality improvement initiatives	<ul style="list-style-type: none"> ■ Ask probing questions regarding candidate's views and ideas for developing continuous quality improvement (CQI) initiatives in the Windsor-Essex area in particular and in Ontario in general. ■ Discuss initiatives currently underway in Windsor-Essex
Grant writing and fundraising	<ul style="list-style-type: none"> ■ Request documentation supporting candidate's past grant writing and/or fundraising efforts. ■ Gather information about ongoing or future grant and fundraising ideas. ■ Describe the current status of fundraising for the hospital.
Operating revenue	<ul style="list-style-type: none"> ■ If the applicant is interested in establishing his or her own practice, probe into their expectations of cash flow for a private practice. ■ Compare to region averages.
Program/service development and expansion	<ul style="list-style-type: none"> ■ Probe into any previous program development or expansion conducted by the applicant. ■ Ask about the candidate's willingness to work in a changing, dynamic environment. ■ Ask about the candidate's willingness to implement new programs or expand existing ones.
Regulatory and government agencies	<ul style="list-style-type: none"> ■ Inquire into past experience in dealing with government and regulatory agencies. ■ Ask about any training that may be required to learn how to deal with Ontario regulatory bodies and agencies.
Training	<ul style="list-style-type: none"> ■ Refer to CV for completed training. ■ Inquire about upcoming recertification, if necessary. ■ Probe into each applicant's willingness to acquire new training. ■ Describe the current training available.
Trans-disciplinary and interdisciplinary	<ul style="list-style-type: none"> ■ Refer to CV to reference completed training. ■ Use information to determine if any trans-disciplinary or interdisciplinary work can be done. ■ Probe into the applicant's desire to do trans-disciplinary or interdisciplinary work. ■ Describe the demands of the open health care position.

SAMPLE INTERVIEW QUESTIONS

1. Communication between hospital administration and physicians is sometimes insufficient. Tell me about a time when you did not feel that your needs were being addressed.

Probes:

How did you resolve the problem?

How did the other party respond?

Do you feel that this was an effective way of dealing with the problem?

If not, what would you change about how you dealt with the situation?

Scoring guide:

1– I openly confronted the person and told him or her that he or she was incompetent or I did nothing.

3– I spoke with the person and lost my temper.

5– I calmly spoke with the person in private and told him or her how I felt. I proposed possible ways of resolving the situation.

2. As a physician in the Windsor-Essex area, you will be required to take on numerous responsibilities, which may include caseloads, grant writing and training. Tell me about a time when you had many tasks to accomplish and felt like you did not have enough time to do it all.

Probes:

How did you resolve the problem?

Was the outcome successful?

If not, how would you solve the problem in the future?

Scoring guide:

1– The work did not get completed.

3– At the last minute, I asked a colleague to help me.

5– I completed the work or As soon as I realized that I was not going to complete the tasks, I spoke with my supervisor in an attempt to extend deadlines or recruit someone to help me.

3. As a physician in the Windsor-Essex area, you will interact with people of diverse backgrounds, which could cause communication challenges. Tell me about a time when you had a misunderstanding with someone in a professional setting.

Probes:

How did you resolve the problem?

What were the consequences of the misunderstanding?

How did the other party react when the misunderstanding was resolved?

Scoring guide:

1– I did not even realize there was a misunderstanding until someone else told me about it and by then it was too late to correct the situation.

3– I tried to explain the problem to the other person but he or she did not understand my explanation and I got frustrated.

5– I calmly explained the problem to the other person clearly so that he or she understood.

8. What actions should the director take to attract the three candidates profiled? Develop a sample itinerary (a plan for what the candidate's visit should include in terms of site visits, regional area etc.) for each candidate.

The following recommendations provide specific actions that can be taken to entice the two candidates who meet with the director and options that can be provided to the third candidate. They will address the director's immediate problem. A specific recruitment plan for each candidate must be created and tailored to his or her individual qualifications. At this stage, the director's goal is to attract candidates, not to select them. Thus, her success will hinge on her ability to understand the unique personal and professional needs of each applicant. This is critical for students to understand because the religious and social needs of applicants must now be discussed openly with the director. For example, it is important at this stage for the director to inform applicants that Windsor is Canada's third most diversely populated city and can cater to most religious and cultural needs.

Strategy for Candidate 1:

The first candidate, Dr. Eli Cohen, has extensive experience in infectious diseases, academic interests and a strong research background. A recent article in the Windsor Star (Brain Power Drives MD Recruitment) noted that the ability to conduct studies and research is a selling point when recruiting physicians. The article also indicated that current projects include the impact of infection control after the SARS outbreak. This information must be communicated to Dr. Cohen. He must understand the opportunities open to him if he joins the Windsor-Essex medical team. A meeting with the research coordinator should be conducted during Dr. Cohen's visit. It is also important to discuss the University of Windsor's satellite medical school. Dr. Cohen is interested in teaching opportunities, and this will be something of great interest to him. The Windsor-Essex community should also be highlighted during the visit. Housing opportunities should be shown along with the great aspects of the region.

An itinerary for Dr. Cohen has been developed and is outlined below.

Community Visit Itinerary		
Candidate:	Dr. Eli Cohen	
Date:	Monday June 3, 2006	
Time	Location	Reasoning
9:00 AM	Pick-up at Detroit Metro Airport	Point out the following benefits of living close to Detroit: Cultural (Detroit Symphony, Detroit Opera House, Detroit Institute of Art, Children's Science Centre, African American Museum). Educational (five American universities within an hour of Windsor, including Wayne State, Detroit Mercy and UMichigan). Sports (NFL, NHL, NBA, MLB).
10:00 AM	Tour Hospital	Meet with local doctors and staff and tour facilities.
11:00 AM	Meeting Research Coordinator, Hospital	Review current research projects on infectious diseases because this is the candidate's specialization and research interest.
12:00 PM	Lunch	Local upscale metro restaurant. The candidate is used to amenities of larger city so the director will need to impress him that urban offerings also offered here.
1:00 PM	Tour Windsor Regional Hospital/Cancer Centre	Meet with local doctors and staff and tour facilities.
2:30 PM	Meeting Conference Room at Windsor Regional Hospital	Discuss communities and housing: describe the diversity of the community and its tolerance to different cultures; demonstrate the low house prices.
4:00 PM	Tour/Meeting University of Windsor Campus	Meet with Dean of Sciences to discuss teaching opportunities at the new Medical Campus. This will also involve the candidate in the local research community and allow him to continue his current teaching interests.
5:00 PM	Dinner/Wrap up The Keg, Waterfront location	The restaurant offers a beautiful cosmopolitan view of the Detroit skyline.
6:30 PM	Prior to this trip, check with Dr. & Mrs. Cohen and, if desired, arrange an informal tour of the local Synagogue and introduction to some prominent members of the Windsor Jewish community.	The candidate's CV offers clues as to his religious background, and this offer of introduction will allow him to assess a potentially important personal part of his decision to move to the Windsor area.

Strategy for Candidate 2:

Dr. Lisa Simpson, the second candidate attending a community visit, is a new doctor who has experience mainly in research but is looking for employment in a private or hospital practice. Research opportunities should be outlined during the community visit but with not as much focus as with Dr. Cohen. Since Dr. Simpson has young children, it will be necessary to provide her with education and housing information. The recruiter will also need to research employment opportunities for electrical engineers because Dr. Simpson's husband will need to obtain employment in this field. Letting them know about specific opportunities in the husband's field available within the region is extremely important. A sample itinerary for Dr Simpson follows.

Date/Time	Location	Reasoning
Tuesday, June 4th 2006		
		<ul style="list-style-type: none"> ■ A rental car will be provided for the family to tour the city on their own. The director will accompany them at their request. ■ Schedule job interviews for Dr. Simpson.
10:00 AM	Windsor Airport	<ul style="list-style-type: none"> ■ Get a direct flight (pay extra if necessary). ■ Showcase the city of Windsor. ■ Arrange for the family to have an aerial view of the city of Windsor and Detroit skyline. ■ The director should be present to greet the family personally on arrival.
10:30 AM	Hilton Hotel	<ul style="list-style-type: none"> ■ Check in. ■ Suite accommodations. ■ Showcase the beautiful riverfront view.
12:00 PM	Lunch	<ul style="list-style-type: none"> ■ At a local Italian family-oriented restaurant.
1:30 PM	Windsor Regional Hospital, Hotel Dieu Grace & Leamington District Hospital	<ul style="list-style-type: none"> ■ Tour local hospitals and meet some of the attending physicians, volunteers and administration.
5:00 PM	Hilton Hotel	<ul style="list-style-type: none"> ■ Allow the family to experience the city on their own; recommend a drive down Riverside Drive (miles of bike paths and parks; view of Detroit). ■ Leave them a brochure of Windsor events and entertainment.
Wednesday, June 5th 2006		
10:00 AM	Hilton Hotel	<ul style="list-style-type: none"> ■ Meet for breakfast/brunch. ■ Invite some local general practitioners to attend.
12:00 PM	Schools and Day Care	<ul style="list-style-type: none"> ■ Visit selected local schools and day care facilities (ask in advance whether public or private schools are desired and schedule accordingly).
1:30 PM	Regional Physician Recruitment Office	<ul style="list-style-type: none"> ■ Begin the interview process. ■ Follow interview protocol. ■ Allow for a question-and-answer period.
3:00 PM	Windsor Airport	<ul style="list-style-type: none"> ■ Wish Simpson family well. ■ Thank them for visiting. ■ Give them a thank you present for coming (wine, fruit basket, something for the kids).

Strategy for Candidate 3:

The third candidate, Dr Mohammed El Hasan, has experience in a variety of medical areas but lacks the certification required to practice in Ontario. The director should provide Dr. Hasan with information about how to obtain certification. Dr. Hasan's credentials make him a well-suited candidate, and he should be considered for future positions. She will need to promote the Windsor-Essex region as being a great place to work along with the research opportunities available. Dr. Hasan may be persuaded to join the medical team in the Windsor-Essex region once he has received certification.

In the immediate future, however, it is crucial that the director help Dr. Hasan get his Canadian certification. She can mentor him through the process by providing a list of requirements he will need to meet and some recommendations on how to do this. She can help him with his application and arrange to enroll him in the right educational facility. By developing and maintaining a trust-based and helpful relationship with Dr. Hasan, she will increase the probability that he will reciprocate by moving his practice to the Windsor area.

Suggested Teaching Plan

Topic	Comments	50-minute class time	80-minute class time
Discussion of problems and labor market factors influencing recruitment.	The instructor must emphasize that the director cannot control the labor market, but she can take action to improve the desirability of moving to the Windsor area through long-term relationships and showcasing the benefits of Detroit and a pretty riverside environment.	10 minutes	10 minutes
Discussion of recruitment strategies.	It is important to understand the value of having a long-term HR strategy that incorporates a number of different and aligned actions.	10 minutes	20 minutes
Advertising (attraction).	This is a new tool, and students should discuss how targeted advertising must be combined with a long-term relationship strategy; advertising will not ensure fit.	5 minutes	5 minutes
CV evaluation (screening).	This isn't as much of a focus in this case because the challenge is to recruit and retain doctors. Screening is mainly to ensure person-position fit.	5 minutes	5 minutes
Sample interview discussion and person-position fit (selection and attraction).	The interview and discussion are important to ensure person-position-community fit and a realistic job preview.	10 minutes	20 minutes
Interview itineraries (attraction).	This part of the recruitment process is important to emphasize how the professional and personal community will attract each applicant. Unlike screening, it is imperative to assess the personal background and needs of each applicant in order to sell the community.	10 minutes	20 minutes

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