

Making Better Hiring Decisions

Karen Zupko, BSJ

Employee selection is among the key decisions affecting your practice's success. In fact, Gerald Graham, the dean of the W. Barton School of Management at Wichita State University, has noted that "Employee selection is so crucial that nothing else—not leadership, not team building, not training, not pay incentives, not total quality management—can overcome poor hiring decisions...."¹ Here's how your practice can make practice improvements in hiring staff at all levels.

Whether you practice solo or in a group, staff salaries are the single largest element of overhead costs. So, it makes sense to focus on choosing the best people, because qualified staff can also add to the revenue line.

Years ago when Gerald Graham was asked the three most important criteria for successful overall business management, he replied, "Selection, selection, selection."¹ Yet most practices rush through the hiring process and do not follow the methods used by big business.

DEFINE THE MANAGERIAL NEEDS OF THE PRACTICE

If you are hiring a practice or clinical manager, you are typically assuming he or she will have hiring and firing authority, or at least input to that process. Candidates should have the ability to lead people, think ahead about problems, and take action without asking for continual physician input. These are the tangible skills that should be assessed during the interview process.

If the surgeon wants control over all aspects of the practice, hire a qualified executive assistant or administrative assistant. In many solo or two-doctor practices, the mistake is made of calling someone a manager when that person is really a biller or an accounts payable clerk. When assessing someone for a true managerial position, ask yourself, "Would any other organization hire my potential manager to run a business unit or a department of a similar size and complexity?" If you can't see anyone else trusting the candidate with a million-dollar department that employs seven people, why are you doing so? Don't confuse titles with ability.

Karen Zupko is President of KarenZupko & Associates, Inc., a consulting firm that works with orthopedic practices on practice management, personnel, and reimbursement issues. Web site: www.karenzupko.com.

Requests for reprints: Karen Zupko, KarenZupko & Associates, 625 N Michigan Ave, Suite 702, Chicago, IL 60611 (tel, 312-642-5616; fax, 312-642-5571; e-mail, kzupko@karenzupko.com).

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According to Peter F. Drucker, considered by many to be the most significant thought leader on management of the past 50 years, "one can define the work of a manager as planning, organizing, integrating, and measuring."²

Keep this definition in mind when creating a job description and titles.

IMPROVE THE INTERVIEW PROCESS AT ALL LEVELS

"Panic hiring" doesn't pay and in fact can be very expensive. Ask all candidates for each position in your practice to send a résumé and a cover letter outlining why the position interests them. Look very carefully at their grammar and spelling. If there are errors, mistakes will certainly appear in correspondence that they send on behalf of the practice to insurance companies, patients, and vendors. Do you want to be their proofreader? In addition, check for "holes" in employment history. People who list the years but not the starting and ending months for their positions and people who have held many jobs over a short period (several months to a year or two) are likely to leave your practice too. As the old adage goes, "past behavior is the best predictor of future behavior."

"The phone interview may help you decide to skip a face-to-face interview—saving valuable time."

Phone interviews are time-savers. Someone who is good "on paper" may have had help, but on the phone that person is on his or her own. You may find this interviewee's answers totally unacceptable. Candidates may stumble when trying to recall what their résumé says about the duties and dates of previous employment. The phone interview may help you decide to skip a face-to-face interview—saving valuable time.

Your phone interview might include questions such as ...

What is the best coding and reimbursement-related continuing education course you've attended? What online or software tools do you rely on to keep up with reimbursement changes? If the candidate does not name any quickly, that's a problem. The last thing a business office needs is people with badly outdated experience. If the candidate worked in other specialties, we would expect that person to identify the CMS Web site (Centers for Medicare and Medicaid Services) or CodeManager (American Medical Association) as a source. If the candidate worked in

orthopedics, that person should know about and have used Code-X (American Academy of Orthopaedic Surgeons) or attended AAOS or other subspecialty education courses.

How have you successfully resolved patient [or customer] complaints in the past? If the answer is “I tell them to calm down” rather than something like, “I listen without interruption and ask the patient what I can do for them right then,” you know the candidate won’t be competent in calming people down. Instead, he or she will inflame them!

Which accomplishment at your last job are you most proud of? Anyone who takes a long time to respond has answered your question without uttering a word. A person without pride, without a sense of achievement, is not going to be an “A” player on your team.

their résumés; and multiple bankruptcies—not to mention felony convictions. If you have a small practice and no stomach for drama or major deficiencies in 25% of your workforce, background checks are a must.

According to Donna Ploof of RHR Information Services, a company that provides background checks to a wide range of businesses, including medical practices, “one of every three applicants provides false, inaccurate, misleading, or incomplete information” (e-mail communication, August 2007). Given that you must be able to trust employees with both credit card numbers and HIPAA-protected patient information (Health Insurance Portability and Accountability Act), you have a legal obligation to verify the background of the people you hire. Intuition is

“Inability to deal with diverse patient and coworker populations, attendance issues, and stealing are some tendencies that can be assessed with EEOC-compliant tools.”

Most large companies and many practices use tools that screen out candidates with likely problems. Inability to deal with diverse patient and coworker populations, attendance issues, and stealing are some tendencies that can be assessed with EEOC-compliant tools (Equal Employment Opportunity Commission). Costs are low (\$25-\$45), especially when you consider what a bad hire costs you in terms of recruiting and training time.

Remember, never offer someone a job after the first interview. Always do a second interview. You’ll be surprised at the true colors that emerge.

Background Checks Are Mandatory

All candidates should complete a standard application and sign a release for completion of a background check. The application should include an attestation statement indicating that any employment offer is contingent on the results of the background check. Background checks that we have run have turned up degrees (high school to graduate school) claimed but not earned; alarming credit histories; employment gaps explained by addresses not indicated on

useful, but do not let it be your only tool in selecting and hiring staff.

Although it’s true that staff are your greatest expense, they should also be your greatest asset. A terrific team can make your day pleasant and patients’ experience with the practice memorable; the team can develop better systems and contribute to profit.

For more information on EEOC-compliant candidate screening tools, contact KarenZupko & Associates at 312-642-5616. We provide these resources and coach practices in their use; we can also provide another contact company. For more information on SelectSmart background check services, contact RHR Information Services at 888-389-4023.

AUTHOR’S DISCLOSURE STATEMENT

The author reports no actual or potential conflict of interest in relation to this article.

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2. Drucker PF. *Management: Tasks, Responsibilities, Practices*. Edison, New Jersey: Transaction Publishers; 2007: 393.