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| **Online Supplement 3: Results of Thematic Analysis Describing Hospital Medicine Candidate Assessment** | | | |
| Theme | Description | Distinctions between LT and ST hospitalist candidates | Representative quotes |
| Questions that are program-specific | Learning why candidates want to join and what they are looking for in the institution, job or group | N/A | “What can you add to our hospitalist service?”  “Describe your ideal job.”  “Why do you want to join us?” |
| Questions detailing past clinical experience and behaviors | Understanding prior experiences and qualifications including dealing with challenging situations | N/A | “Tell me about the sickest patient you recently cared for.”  “How many patients can you handle comfortably?”  “Describe a difficult patient issue you had and how you dealt with it.” |
| Questions examining career goals and HM interest | Probing intention behind career choice | LT candidates must detail ST and LT goals and career direction    ST candidates must demonstrate genuine interest and enthusiasm in HM | “What is your expectation from a career in hospital medicine?”  “Remind me that you want to take care of sick patients and make it obvious that you’re a team player. Make it obvious to me why you want to spend the next 8 to 24 months in my hospital instead of the outpatient clinic across the street.” |
| Approach to candidate assessment as investment and risk | Hiring is an investment and a risk given time and financial drain during hiring process | Programs favor LT candidates. High costs of hiring and recruitment can sway programs toward LT over ST candidates    Alternatively, decisions about LT candidates carry more weight due to permanent commitment. ST candidates may be viewed as less risky given sole hiring focus on clinical competence | “It costs 100s of 1000s of dollars to bring someone on so we really don’t want to hire someone for less than two years unless they are stellar or we are desperate.”  “More interested in, but circumspect of long-term hospitalists”  “I would always take a good short term candidate over a less desirable long term candidate, but if they are equal or close and we have limited openings, I would favor taking someone likely to be in the group for a long time.” |
| Approach to hiring with focus on stability | Hiring emphasis is on group stability | Desire to curb turnover favors LT candidates over ST, magnified by unpredictable fellowship match process and potential for ST candidates to lack engagement | “Turnover causes unnecessary disruption even if it is planned (i.e. fellowship).”  “It takes two years based on SHM literature to get a hospitalist a functioning member of your team, continuous turn over does not build cohesive team” |
| Program-specific needs drive candidate assessment | Having immediate staffing needs or hiring for a specific niche | Separate roles designated for ST candidates (e.g., more nights/weekends, critical care/ procedures, less teaching) | “Usually for that person we have a position in less desired area or shifts so the applicant must be willing to do that.”  “We hire for short-term positions when we're desperate” |
| Desirable candidate qualities can mitigate ST risk | Demonstrating characteristics that ease hiring and onboarding | ST hiring facilitated by clinical excellence, strong recommendations, known entities, transparency about career plans, and ties to community | “Short termers need to stress their excellent training.”  “Usually we only take candidates like this who we know very well.”  “Have already been working in the facility, so will not need much orientation time” |
| HM = hospital medicine, LT = long-term, ST = short-term | | | |