

## MANAGING YOUR DERMATOLOGY PRACTICE

### Interviewing Employee Candidates

Questions keep coming in on the broad and complex subject of hiring employees. (If you missed any of the several columns I've written about hiring and firing, go to [www.skinandallergynews.com](http://www.skinandallergynews.com) and click on "The Archive Collection" on the left side.)

Several readers have asked about candidate interviews. As I've written before, the importance of thorough interviewing cannot be overemphasized.

The tendency of many physicians is to conduct superficial interviews—or even skip them entirely—and then hire the candidate they have the "best feeling" about. This probably leads to more bad hires than any other hiring mistake. And hiring the wrong person can be one of the most expensive mistakes you can make.

As every physician knows, hunches are no substitute for hard data. You need to be well prepared before conducting interviews. Know the job description and hiring criteria, carefully review resumes (highlighting items you would like to ask about), check references, and conduct thorough but efficient interviews.

Be alert for resume red flags: significant time gaps between jobs; positions at companies that are no longer in business or that are otherwise impossible to verify; job titles that don't make sense, given the applicant's history and qualifications. The interview can resolve such quandaries, or confirm them.

Conduct your interviews in a comfortable location and allocate a reasonable amount of time. I need about 30 minutes: 5 for getting acquainted, 15 to ask the questions I have prepared, and 5-10 for the candidate to ask me questions.

I always have an identical list of questions to ask all candidates, which gives me a level basis of comparison of candidates' answers; however, I also tailor questions for each individual, based on what I have discovered in resumes and other reference materials.

There are, of course, certain questions which by law cannot be asked, such as those related to gender, race, creed, religion, or national origin, but there are acceptable alternatives to many forbidden questions.

For example, you cannot ask an applicant's age or date of birth, but you can ask if he or she is over 18 years old. You cannot ask about specific disabilities, but it is legal to ask if the applicant is physically capable of performing the job's essential duties.

You cannot inquire about marital status, maiden name, or how many children an applicant has or who cares for them, but it is permissible to ask if the applicant has ever gone by another name (for employment history and

background check). And while you can't ask if he or she is a U.S. citizen, you can ask if the applicant is legally authorized to work in the United States.

Rather than ask about past drug or alcohol addictions, you can ask about current addictions, but only to illegal drugs. Questions about arrest records are forbidden, but you may ask if the applicant has ever been convicted if the question is accompanied by a statement that an affirmative answer will not necessarily disqualify him or her from employment.

Other than those sorts of obligatory, specific questions, I try to be as nonspecific and open-ended in my questioning as possible. In the first edition of "Human Resources Kit for Dummies" (John Wiley & Sons, 1999), Max Messmer suggests some excellent general questions:

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- ▶ What do you know about our practice and why do you want to work here?
- ▶ What interests you about this job and what skills and strengths can you bring to it?
- ▶ What would you describe as your greatest strengths as an employee? What are your greatest weaknesses?
- ▶ Who was your best boss ever and why? Who was your worst boss, and looking back, what could you have done to make the relationship better?
- ▶ How do you think that best boss would describe you? What about the worst boss?
- ▶ What do you think was your single greatest achievement on the job? What was your worst failure?
- ▶ Where do you see yourself and your career in 3 years?
- ▶ Can you tell me about an important decision you made and how you arrived at it?
- ▶ How do you handle conflict? Can you give me an example of how you handled workplace conflict in the past?

The idea is to avoid leading questions, which tend to elicit exactly the answers you want to hear, which lead, in turn, to snap judgments.

Conversely, the questions a candidate asks can be very helpful in making your decision. Candidates who go beyond the basic salary/benefits questions, who show evidence they have done their research about your practice, can offer important insights into their values, goals, and aspirations as well as their analytical abilities and true desire to work for you.



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# Self-Assessment Shows How to Improve Safety

BY HEIDI SPLETE  
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WASHINGTON — Health information technology's greatest potential contribution to patient safety lies in areas related to record keeping and record retrieval, David N. Gans said at a conference sponsored by the National Patient Safety Foundation.

"Adding technology gives you the opportunity to improve patient safety," but the technology must be used properly for there to be an impact, said Mr. Gans of the Medical Group Management Association.

Medical groups that reorganize their work flow will see the greatest benefits from health information technology. Ideally, hospitals, pharmacies, and insurers will be able to integrate information and coordinate their systems, he said.

But many medical practices have not fully embraced electronic health records (EHRs) or other types of health information technology as a way to improve patient safety.

To find the extent to which medical groups implement safety practices with and without technology, Mr. Gans and his colleagues surveyed 3,629 medical groups that had completed the Physician Practice Patient Safety Assessment (PPPSA) (Health Affairs 2005;24:1323-33).

The goal of the PPPSA is to provide information that medical groups can incorporate into procedures that will improve patient safety.

The PPPSA was developed by the Medical Group Management Association's center for research, the Health Research and Educational Trust, and the Institute for Safe Medication Practices.

The assessment consists of 79 questions related to patient safety in six areas:

- ▶ Medications (17 questions).
- ▶ Handoffs and transitions (11 questions).
- ▶ Surgery and invasive procedures, sedation, and anesthesia (6 questions).
- ▶ Personnel qualifications and competency (10 questions).
- ▶ Practice management and culture (22 questions).
- ▶ Patient education and communication (13 questions).

For each question in these six domains, respondents can choose from among five answer choices ranging from "unaware or aware but no activity to implement" to "fully implemented everywhere."

Overall, more than 70% of the groups surveyed used paper medical records, while the others used a scanned-image system, a relational database, or other methods.

But practices that have electronic health records still use paper forms for certain functions, primarily for lab orders. "Even among practices with EHRs, 30% used paper lab forms," Mr. Gans said. In addition,

16% of the practices with EHRs used manual methods to order prescriptions and 13% used manual methods to assess drug interactions.

To illustrate one practice's experience with patient safety self-assessment, Christine A. Schon of the Dartmouth-Hitchcock Medical Center in New Hampshire shared her group's experience with the PPPSA.

The data came from the Nashua branch of the medical center and included 62 providers in five locations that serve about 250,000 patients. The medical director of the Nashua division initiated the group's assessment as part of an ongoing goal to improve patient safety.

"We are almost paper chartless," Ms. Schon said. "But what we want to do is make sure that we are managing our patient population effectively."

The Dartmouth-Hitchcock group used the PPPSA as a tool to evaluate how well the group was meeting the National Patient Safety Goals. The PPPSA took about 3 hours to complete, although the time will vary according to practice size, she noted.

As a result of taking the PPPSA, the Dartmouth-Hitchcock group learned that technology isn't everything.

"Our biggest 'aha' moment, as I called it, was [when we realized] that we have a tendency to rely very heavily on electronic medical records, and so we found that if we can't do it electronically, we aren't thinking about doing it," Ms. Schon said.

"We predominantly had good electronic systems in place to make sure that we were doing safe practices and engaged with the patient," she said.

But the group did find that, although physicians were focused on entering information into the EHR and checking for interactions, they weren't really making sure that patients understood their medications.

"That's an area where you still have to rely on a piece of paper and a conversation," Ms. Schon noted.

Patients themselves are not always reliable if doctors ask what medications the patients are taking, she added.

As a result of the assessment process, Ms. Schon's group is considering the use of a checklist to review with patients before they leave the hospital. The sheet would explain what medications the patients are taking and why.

In addition, the group plans to stop using medication samples because they can confuse patients who take generic versions of the brands.

"We are the health care safety net for our community," Ms. Schon said. ■

For more information about the PPPSA or to order PPPSA materials, visit [www.physiciansafetytool.org](http://www.physiciansafetytool.org).

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