Top Qualifications Hospitalist Leaders Seek in Candidates: Results from a National Survey

Joshua Allen-Dicker, MD, MPH[1,2]*, Alan M Hall, MD[3], Christine Donahue, MD[4], Ernie L Esquivel, MD[5], Brian Kwan, MD[6,7], Aram A Namavar, MD[8], Diana Ebere Stewart, MD[9], Shannon K Martin, MD, MS[10]

[1]Harvard Medical School, Boston, Massachusetts; [2]Beth Israel Deaconess Medical Center, Boston, Massachusetts; [3]University of Kentucky College of Medicine, Lexington, Kentucky; [4]University of Massachusetts Medical School, Worcester, Massachusetts; [5]Weill Cornell Medicine, New York, New York; [6]University of California San Diego, La Jolla, California; [7]VA San Diego Healthcare System, San Diego, California; [8]Loyola University Chicago Stritch School of Medicine, Chicago, Illinois; [9]Baylor College of Medicine, Houston, Texas; [10]University of Chicago, Chicago, Illinois.

Despite rapidly growing interest in Hospital Medicine (HM), no prior research has examined the factors that may be most beneficial or detrimental to candidates during the HM hiring process. We developed a survey instrument to assess how those involved in the HM hiring process assess HM candidate attributes, skills and behaviors. The survey was distributed electronically to nontrainee physician Society of Hospital Medicine members. Respondents ranked the top five qualifications of HM candidates and the top five qualities an HM candidate should demonstrate on interview day to be considered for hiring. In thematic analysis of free-response questions, several themes emerged relating to interview techniques and recruitment strategies, including heterogeneous approaches to long-term versus short-term applicants. These findings represent the first published assessment in the area of HM hiring and should inform HM candidates and their mentors. *Journal of Hospital Medicine* 2019;14:754-757. © 2019 Society of Hospital Medicine

Hospital Medicine (HM) is medicine's fastest growing specialty.[1] Rapid expansion of the field has been met with rising interest by young physicians, many of whom are first-time job seekers and may desire information on best practices for applying and interviewing in HM.[2-4] However, no prior work has examined HM-specific candidate qualifications and qualities that may be most valued in the hiring process.

As members of the Society of Hospital Medicine (SHM) *Physicians in Training Committee*, a group charged with "prepar[ing] trainees and early career hospitalists in their transition into hospital medicine," we aimed to fill this knowledge gap around the HM-specific hiring process.

METHODS

Survey Instrument

The authors developed the survey based on expertise as HM interviewers (JAD, AH, CD, EE, BK, DS, and SM) and local and national interview workshop leaders (JAD, CD, BK, SM). The questionnaire focused on objective applicant qualifications, qualities and attributes displayed during interviews (Appendix 1). Content, length, and reliability of physician understanding were assessed via feedback from local HM group leaders.

Corresponding Author: Joshua Allen-Dicker, MD, MPH; E-mail: DrJoshuaAD@gmail.com; Telephone: 617-754-4677; Twitter: @DrJoshuaAD.

Published online first July 24, 2019.

Find Additional Supporting Information in the online version of this article.

Received: March 5, 2019; **Revised**: May 1, 2019; **Accepted**: May 6, 2019

© 2019 Society of Hospital Medicine **DOI 10.12788/jhm.3241**

Respondents were asked to provide nonidentifying demographics and their role in their HM group's hiring process. If they reported no role, the survey was terminated. Subsequent standardized HM group demographic questions were adapted from the Society of Hospital Medicine (SHM) *State of Hospital Medicine Report*.[5]

Survey questions were multiple choice, ranking and free-response aimed at understanding how respondents assess HM candidate attributes, skills, and behavior. For ranking questions, answer choice order was randomized to reduce answer order-based bias. One free-response question asked the respondent to provide a unique interview question they use that "reveals the most about a hospitalist candidate." Responses were then individually inserted into the list of choices for a subsequent ranking question regarding the most important qualities a candidate must demonstrate.

Respondents were asked four open-ended questions designed to understand the approach to candidate assessment: (1) use of unique interview questions (as above); (2) identification of "red flags" during interviews; (3) distinctions between assessment of long-term (LT) career hospitalist candidates versus short-term (ST) candidates (eg, those seeking positions prior to fellowship); and (4) key qualifications of ST candidates.

Survey Administration

Survey recipients were identified via SHM administrative rosters. Surveys were distributed electronically via SHM to all current nontrainee physician members who reported a United States mailing address. The survey was determined to not con-

TABLE 1. **Most Important Applicant Qualifications, Qualities, and Actions**

Qualifications	Total Responses	Weighted Responses (Rank)
Comfort level with patient acuity, patient volume, and/or procedures	142	530 (1)
Experience in hospital medicine	113	380 (2)
Desire to be a career hospitalist	117	377 (3)
Interest in your specific hospital medicine program	109	339 (4)
Perceived quality of residency training	90	257 (5)
Ties to your regional area (eg, family, training)	89	233
Content of the letters of recommendation/reputation of the letter writers	70	189
Interest in research, quality improvement or medical education	62	163
Experience in quality improvement	43	103
Experience in medical education	34	91
Experience in leadership roles	32	78
Experience in research	24	35
Qualities/Actions	**Total Responses**	**Weighted Responses (Rank)**
Provide a meaningful response to my unique question	150	526 (1)
Have positive social interactions with group and/or staff members	150	490 (2)
Demonstrate thoughtfulness and/or self-awareness	122	376 (3)
State a good reason for wanting to join your hospital medicine group	104	330 (4)
Ask informed questions about your hospital medicine group	119	325 (5)
Demonstrate a passion for hospital medicine	98	262
Appear interested with positive body language	70	180
Be able to articulate a long-term career plan	45	116
Follow-up with a thank you note or other demonstration of ongoing interest	27	50

stitute human subjects research by the Beth Israel Deaconess Medical Center Committee on Clinical Investigations.

Data Analysis

Multiple-choice responses were analyzed descriptively. For ranking-type questions, answers were weighted based on ranking order.

Responses to all open-ended survey questions were analyzed using thematic analysis. We used an iterative process to develop and refine codes identifying key concepts that emerged from the data. Three authors independently coded survey responses. As a group, research team members established the coding framework and resolved discrepancies via discussion to achieve consensus.

RESULTS

Survey links were sent to 8,398 e-mail addresses, of which 7,306 were undeliverable or unopened, leaving 1,092 total eligible respondents. Of these, 347 (31.8%) responded.

A total of 236 respondents reported having a formal role in HM hiring. Of these roles, 79.0% were one-on-one interviewers, 49.6% group interviewers, 45.5% telephone/videoconference interviewers, 41.5% participated on a selection committee, and 32.1% identified as the ultimate decision-maker. Regarding graduate medical education teaching status, 42.0% of respondents identified their primary workplace as a community/affiliated teaching hospital, 33.05% as a university-based teaching hospital, and 23.0% as a nonteaching hospital. Additional characteristics are reported in Appendix 2.

Quantitative Analysis

Respondents ranked the top five qualifications of HM candidates and the top five qualities a candidate should demonstrate on the interview day to be considered for hiring (Table 1).

When asked to rate agreement with the statement "I evaluate and consider all hospital medicine candidates similarly, regardless of whether they articulate an interest in hospital medicine as a long-term career or as a short-term position before fellowship," 99 (57.23%) respondents disagreed.

Qualitative Analysis

Thematic analysis of responses to open-ended survey questions identified several "red flag" themes (Table 2). Negative interactions with current providers or staff were commonly noted. Additional red flags were a lack of knowledge or interest in the specific HM group, an inability to articulate career goals, or abnormalities in employment history or application materials. Respondents identified an overly strong focus on lifestyle or salary as factors that might limit a candidate's chance of advancing in the hiring process.

TABLE 2. **Common Mistakes and "Red Flags" that May Disqualify HM Candidates from Job Consideration**

Theme	Description	Representative Quotes
Focus on lifestyle	How work schedule impacts personal life	"When I ask them 'what are you looking for in a HM group and they lead off with … lots of time off or something particular about the schedule, that would be a red flag" "… work limitations (I only want to work in a particular capacity)"
Focus on salary	Appears taboo to ask about money on first interview or perseverate on income	"Excessive contract negotiations" "Negotiating salary and comparing salary on interview day"
Lack of interest	Did not research job; not having questions	"Not adequately researching the group they would like to join or not demonstrating adequate interest in the group or position" "… no good prepared questions"
Lack of long-term commitment	Transiency in HM	"Making it painfully obvious that one wishes to pursue fellowship within the next year" "Use HM career as a bridge to fellowship training"
Employment history	Unexplained gaps, frequent job transitions, negative focus on prior employment	"Long nonclinical periods and multiple jobs" "Providing unnecessary criticism of former coworkers, training program, etc." "Reputation for uncooperative behaviors during residency training"
Negative impressions, social interaction	Arrogance/rudeness to staff, poorly dressed, poor body language, awkward social skills, failure to communicate	"Inappropriate social interactions will be an immediate red flag and disqualifier, especially their interactions with nonphysicians and the rest of our staff because that shows more about how they will interact with patients, nurses, etc." "Lack of responsiveness to e-mails and other communications"
Flawed application	Issues with application preparation	"Poor spelling or organization in cover letter or CV" "Not getting great references"
Unclear career goals	Lack of personal vision/interests, uninformed view of career	"Most common mistake is not having an answer of why they want to join a HM group. If somebody is just trying to figure out what he or she wants to do with his or her life that works against his or her consideration"

Abbreviations: CV, curriculum vitae; HM, hospital medicine.

Responses to free-text questions additionally highlighted preferred questioning techniques and approaches to HM candidate assessment (Appendix 3). Many interview questions addressed candidate interest in a particular HM program and candidate responses to challenging scenarios they had encountered. Other questions explored career development. Respondents wanted LT candidates to have specific HM career goals, while they expected ST candidates to demonstrate commitment to and appreciation of HM as a discipline.

Some respondents described their approach to candidate assessment in terms of investment and risk. LT candidates were often viewed as investments in stability and performance; they were evaluated on current abilities and future potential as related to group-specific goals. Some respondents viewed hiring ST candidates as more risky given concerns that they might be less engaged or integrated with the group. Others viewed the hiring of LT candidates as comparably more risky, relating the longer time commitment to the potential for higher impact on the group and patient care. Accordingly, these respondents viewed ST candidate hiring as less risky, estimating their shorter time commitment as having less of a positive or negative impact, with the benefit of addressing urgent staffing issues or unfilled less desirable positions. One respondent summarized: "If they plan to be a career candidate, I care more about them as people and future coworkers. Short term folks are great if we are in a pinch and can deal with personality issues for a short period of time."

Respondents also described how valued candidate qualities could help mitigate the risk inherent in hiring, especially for ST hires. Strong interpersonal and teamwork skills were highlighted, as well as a demonstrated record of clinical excellence, evidenced by strong training backgrounds and superlative references. A key factor aiding in ST hiring decisions was prior knowledge of the candidate, such as residents or moonlighters previously working in the respondent's institution. This allowed for familiarity with the candidate's clinical acumen as well as perceived ease of onboarding and knowledge of the system.

DISCUSSION

We present the results of a national survey of hospitalists identifying candidate attributes, skills, and behaviors viewed most favorably by those involved in the HM hiring process. To our knowledge, this is the first research to be published on the topic of evaluating HM candidates.

Survey respondents identified demonstrable HM candidate clinical skills and experience as highly important, consistent with prior research identifying clinical skills as being among those that hospitalists most value.[6] Based on these responses, job seekers should be prepared to discuss objective measures of clinical experience when appropriate, such as number of cases seen or procedures performed. HM groups may accordingly consider the use of hiring rubrics or scoring systems to standardize these measures and reduce bias.

Respondents also highly valued more subjective assessments of HM applicants' candidacy. The most highly ranked action item was a candidate's ability to meaningfully respond to a respondent's customized interview question. There was also a preference for candidates who were knowledgeable about and interested in the specifics of a particular HM group. The high value placed on these elements may suggest the need for formalized coaching or interview preparation for HM candidates. Similarly, interviewer emphasis on customized questions may also highlight an opportunity for HM groups to internally

standardize how to best approach subjective components of the interview.

Our heterogeneous findings on the distinctions between ST and LT candidate hiring practices support the need for additional research on the ST HM job market. Until then, our findings reinforce the importance of applicant transparency about ST versus LT career goals. Although many programs may prefer LT candidates over ST candidates, our results suggest ST candidates may benefit from targeting groups with ST needs and using the application process as an opportunity to highlight certain mitigating strengths.

Our study has limitations. While our population included diverse national representation, the response rate and demographics of our respondents may limit generalizability beyond our study population. Respondents represented multiple perspectives within the HM hiring process and were not limited to those making the final hiring decisions. For questions with prespecified multiple-choice answers, answer choices may have influenced participant responses. Our conclusions are based on the reported preferences of those involved in the HM hiring process and not actual hiring behavior. Future research should attempt to identify factors (eg, region, graduate medical education status, practice setting type) that may be responsible for some of the heterogeneous themes we observed in our analysis.

Our research represents introductory work into the previously unpublished topic of HM-specific hiring practices. These findings may provide relevant insight for trainees considering careers in HM, hospitalists reentering the job market, and those involved in career advising, professional development and the HM hiring process.

Acknowledgments

The authors would like to acknowledge current and former members of SHM's *Physicians in Training Committee* whose feedback and leadership helped to inspire this project, as well as those students, residents, and hospitalists who have participated in our Hospital Medicine Annual Meeting interview workshop.

Disclosures: The authors have no conflicts of interest to disclose.

References

1. Wachter RM, Goldman L. Zero to 50,000-The 20th anniversary of the hospitalist. *N Engl J Med.* 2016;375(11):1009-1011. https://doi.org/10.1056/NEJMp1607958.
2. Leyenaar JK, Frintner MP. Graduating pediatric residents entering the hospital medicine workforce, 2006-2015. *Acad Pediatr.* 2018;18(2):200-207. https://doi.org/10.1016/j.acap.2017.05.001.
3. Ratelle JT, Dupras DM, Alguire P, Masters P, Weissman A, West CP. Hospitalist career decisions among internal medicine residents. *J Gen Intern Med.* 2014;29(7):1026-1030. https://doi.org/10.1007/s11606-014-2811-3.
4. Sweigart JR, Tad-Y D, Kneeland P, Williams MV, Glasheen JJ. Hospital medicine resident training tracks: developing the hospital medicine pipeline. *J Hosp Med.* 2017;12(3):173-176. https://doi.org/10.12788/jhm.2703.
5. 2016 State of Hospital Medicine Report. 2016. https://www.hospitalmedicine.org/practice-management/shms-state-of-hospital-medicine/. Accessed July 1, 2017.
6. Plauth WH, 3rd, Pantilat SZ, Wachter RM, Fenton CL. Hospitalists' perceptions of their residency training needs: results of a national survey. *Am J Emerg Med.* 2001;111(3):247-254. https://doi.org/https://doi.org/10.1016/S0002-9343(01)00837-3.