PHYSICIAN SELECTION

STUDER GROUP TOOLKIT

A Clear-Cut Strategy for Hiring Physicians Who have Both Clinical Competence and Strong Interpersonal Skills
WHY WE CREATED THIS TOOLKIT

AND WHY YOU NEED A RELIABLE PHYSICIAN SELECTION PROCESS NOW

We want to help you create a reliable, standardized physician selection process that positions your medical group for success. The physicians that constitute your medical group will ultimately determine the clinical quality, work place conditions, patient satisfaction, and the culture of your medical group and a consistent selection process for physician applicants is critical to the long-term performance of your organization.

When hiring, physicians traditionally have concentrated on clinical competence. But in the new health care climate, clinical competence alone is no longer sufficient to drive and predict the success of a physician practice.

According to the Wall Street Journal Online, September 28, 2004:
“People place more importance on doctors’ interpersonal skills than their medical judgment or experience, and doctors’ failings in these areas are the overwhelming factor that drives patients to switch doctors.”

How do you select physicians whose conduct, behavior, and clinical performance are consistent with the standards and aspirations of your medical group? That question is the essence of this toolkit, which provides a strategy and process for consistent, predictable, and successful physician selection.
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PHYSICIAN SELECTION OVERVIEW

MATCHING THE BEST PHYSICIAN CANDIDATES TO YOUR EXISTING PHYSICIAN TEAM

PURPOSE:

The purpose of the physician peer interview is to ensure the best match between a prospective physician and the existing physician team. This match must include an assessment of each applicant’s values and collaborative skills, as well as clinical talent. The responsibility of the physician peer interview team is critical because both patient care and your organization’s competitive advantage depend on the combined talents and skills of you and your colleagues.

We encourage you to incorporate into your medical group standards of conduct for physicians and to use those standards in screening candidates. This “code of conduct” can be used to assure that the behavioral standards for your group are very clear to everyone who applies to your organization. Any applicant unwilling to commit to the core values and standards of your medical group is not a match for your organization and should not be granted an interview.
This toolkit will allow you to:

- Develop a process for physician selection that enables physician interviewers to select new colleagues based on clinical skills and behaviors that will predict success in the medical group environment.

- Guide and train physician interviewers on how to ask physician interview questions.

- Define what to ask and how to interpret and assess the responses.

- Provide specific behavior-based questions aimed at revealing an applicant’s attitudes and abilities regarding teamwork and collaboration, communication, leadership, caring and compassion, judgment and problem solving.

- Ensure a consistent physician selection process in which the same behavior-based questions, grouped by core values, are used for all applicants, creating an effective, apples-to-apples method of comparing the pool of applicants.

- Identify questions that should **not** be asked of physician applicants.

- Help organizations standardize hiring processes and reduce variance and subjectivity in hiring new physicians.
SELECTION PROCESS OVERVIEW:

Selecting the right physicians for your organization is a five step process. Each step is reviewed in detail in the following sections of this toolkit.

The Five (5) steps of Physician Selection:

**STEP 1**
Select the Physician Interview Team

**STEP 2**
Review the Physician Requirements

**STEP 3**
Prepare for the Interview

**STEP 4**
Conduct the Interview

**STEP 5**
Make the Selection

*Figure 1: Physician Selection Process*
SECTION ONE:

STEP 1: SELECT THE PHYSICIAN INTERVIEW TEAM

The members of the physician interview team should include your medical director, department chairs and other select physicians. We suggest that each applicant be interviewed by three physicians from the physician interview team including the medical director, the department chair of the department to which the physician will be working and a member of the interview team that will work in close proximity to the prospective physician hire.

Physicians chosen for the interviewing team must be those who have been identified as high performing contributors to the medical group who model the standards of the group in attitude and behavior as well as clinical competence.

They must be physicians who:

- Are willing to participate in training in behavior-based questioning and the peer interview process
- Model the values and standards of the organization
- Have a clear understanding of the job responsibilities
- Communicate well and have strong listening skills
SECTION TWO:

STEP 2: REVIEW THE PHYSICIAN REQUIREMENTS

To ensure that this process works, the medical director, the department chair, and the physician interviewers must agree on the expectations of the position. The selected core behavioral competencies are specific predictors for physician success in the medical group setting.

By querying for experience and knowledge within each behavioral category, this selection process is designed to select for physicians who treat staff, patients and physician colleagues in a way consistent with the aspirations and mission of a medical group committed to clinical and service excellence.

The core behavioral competencies include:

- Teamwork and collaboration
- Caring and compassion
- Communication
- Leadership
- Judgment and problem solving
SECTION THREE:

STEP 3: PREPARE FOR THE INTERVIEW

1. Train the process.
Training physicians on HOW to peer interview is critical to success. Few physicians arrive with a competency in peer interviewing as a complement to their clinical experience, so it is important that interviewers are comfortable with this acquired skill set.

Designated physicians participate in a two-hour training course based on this toolkit. Once physician interviewers are trained, they will form the pool of interviewers who will interview and select all candidates.

2. Review the candidate’s Curriculum Vitae and background.

3. Coordinate the interview.

   • The interview team meets and agrees on the general requirements of the position.

   • Each team member completes the evaluation form (see Resource 2) selecting or adding core behavioral competencies to be assessed during the interview process. The suggested competencies include teamwork/collaboration, caring/compassion, communication, leadership, judgment, and problem solving.

   • Examine and select questions (see Resource 3) under each competency area on the evaluation form. Each interviewer should choose a total of four questions from different areas and coordinate with other interviewers to assure that all skill/behavioral areas are covered and that questions are not duplicated.

   • Review the protocol for peer interviewing.
      – Taking notes
      – Assessing responses
      – Asking probing questions as necessary
      – Completing the applicant assessment form
SECTION FOUR:

STEP 4: CONDUCT THE INTERVIEW

1. Be prompt. High performers arrive early. Remember, while you are evaluating candidates, they are evaluating you and your organization.

2. Be attentive. Turn cell phones and beepers to vibrate and hold calls. The message to the candidate should be: “You are important.”

3. Be prepared with the candidate’s application or Curriculum Vitae, the job description, questions to ask, note paper and pens, and the evaluation forms.

4. Establish rapport with the candidate.
   - Introduce yourself. Tell the candidate about your role and how long you’ve worked for the organization.
   - Ask for information on the candidate’s professional background, requesting any additional information on past experience that may be relevant, and not included in the CV. The more comfortable the candidate, the more genuine the answers.
   - Make an effort to smile and make eye contact, not to frown, cross your arms, or turn away from the candidate.

5. Use an interview evaluation tool such as the one shown in Resource 2.
   - As the candidate responds, note key words and score the response on a scale of 1 to 5, with 5 being a response that indicates an excellent match with the existing group.

6. Take specific notes and explain why you are doing so: You want to be sure you don’t forget any information.
   - Your notes should summarize the key points made by the candidate, as well as points you want to confirm.
   - Your notes should identify a candidate’s words and examples, as opposed to your general impressions, so you can better recall why you gave the candidate a particular score.
7. Ask questions about past job performance. Remember that past actions are strong predictors of future performance.

- Use behavior-based questions that explore how the applicant performed in real situations in the past so that you can evaluate how he or she will probably handle similar situations at your organization.

- Think of this approach as similar to one used by mortgage and credit card companies. Prospective creditors do not ask if it would be a good idea to pay bills; they ask if prospective customers have paid their bills. With the exception of asking questions in which you are assessing a physician’s clinical skill and knowledge, avoid questions that inquire what a candidate thinks should be done. Instead, concentrate on what a candidate has done in a similar situation.

8. In addition to behavioral-based questions that reveal past performance, ask questions to assess clinical skill and knowledge.

- These questions are not always behavior-based, but require the physician to respond to “what if” situations that help you assess the depth and experience of the candidate’s clinical skills.

9. Questions should be open-ended.

Key phrases that help you discover important information are:
- Tell me about a time...
- Describe a situation...
- Tell me exactly how you dealt with...
- It will help if you can describe in more detail...
- Think of a specific time you...and then tell me, step by step, how you handled it.

10. In every question, probe for three critical elements we call the EAR:
- **Event**
- **Action**
- **Result**

For example: A candidate tells you, “Yes, I had a problem with my nurse, but then I talked to her.” As an interviewer, you should follow up that response with, “And what happened then? What was the outcome?”

Make sure you elicit in each answer:
- A specific situation, the event
- The action the candidate took
- The result of that action
11. Ask and then listen. Individual interviews usually last about an hour. Control the interview, being certain to establish a relaxed atmosphere. Allow for silence if the candidate needs time to think. These are difficult questions, and the candidate is probably a little nervous.

Remember that problem solving is part of the skill set you are evaluating, so allow the candidate to work through responses without prompting. You must get comfortable with silence so that you do not feel you need to fill the silence yourself.

12. Stay legal!!!
It may seem to some team members that they are “just trying to be friendly,” but remember that any question that is not related to the performance of the job itself leaves the organization vulnerable to legal action.

13. Ask the candidate, “What questions do you have for me?” Many successful candidates will have taken time to learn about the group, and there will very likely be more questions.

14. Close the interview graciously. This is an important part of the process. You want to leave a good impression, whether or not the candidate may be hired. Remember candidates will talk about your organization to colleagues and acquaintances.

Thank the candidate for taking the time to meet with you.

- Be sure your closing comments don’t imply that you definitely plan to hire this specific person.

- Summarize what steps will happen next and when the candidate will hear back from you.

15. Complete your evaluations of both the candidate and the interview process immediately. Make your recommendations while the interview is still fresh in your mind and while you are still objective.
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<thead>
<tr>
<th><strong>DO:</strong></th>
<th><strong>DON’T ASK ABOUT:</strong></th>
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<tr>
<td>• Assure that all questions are related to the job requirements.</td>
<td>• Age or anything that would indicate it, such as year of graduation</td>
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<tr>
<td>• IF A QUESTION RELATES DIRECTLY TO JOB PERFORMANCE, YOU CAN ASK IT. CHECK WITH HUMAN RESOURCES IF YOU AREN’T SURE. RULE OF THUMB: WHEN IN DOUBT, DON’T ASK.</td>
<td>• Marital status or sexual preference</td>
</tr>
<tr>
<td>• All questions should focus on determining:</td>
<td>• Children or children’s ages</td>
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<tr>
<td>1. Does the candidate have the core skills?</td>
<td>• Worker’s compensation claims filed</td>
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<tr>
<td>2. Can the candidate thrive in our culture?</td>
<td>• Arrests</td>
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<tr>
<td>3. Do the job and the culture meet the candidate’s needs?</td>
<td>• Place of birth or present residence</td>
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<td>• Citizenship</td>
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<td>• Length of residence in a particular location</td>
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<td></td>
<td>• Other languages spoken or written, unless job appropriate</td>
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<td>• Child-care arrangements</td>
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<td>• Disabilities</td>
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<td>• Attendance at religious services or which one</td>
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<td>• Religious, political, or organizational affiliations</td>
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<td>• Type of car owned/driver</td>
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<td></td>
<td>• Credit or financial status</td>
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<td>• Maiden name</td>
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SECTION FIVE:

STEP 5: MAKE THE SELECTION

1. Evaluate the candidate.

   • Start with the completed evaluation form.

   • Fill in the form, adding core behavioral competencies and problem-solving areas.

   • Incorporate your behavior-based questions, chosen from Resource 3.

   • Take notes as the candidate responds and score the response on a scale of 1 to 5, with 5 being an excellent match for the group.

   • Add the candidate’s score, compute the average, and review notes.

   • Determine whether you would recommend the candidate and check the appropriate box at the bottom.

   • Submit the evaluation form to the medical director.

   • Participate in debriefing as required.

   • As you evaluate, consider:

       – Is this candidate the best match for our culture?
       – Do we have concerns in a particular area, such as communication, that would prompt us to have the candidate return for another interview with questions focused around that skill area?
       – Are we evaluating based on examples of specific behavior?
       – Can the entire team support this candidate if he or she is hired? If not, you need to reassess. Team members must be able to set their colleagues up for success.

   • Are there areas of concern in which we can provide training? We may be able to teach listening skills, but it may be hard to teach teamwork and collaborative abilities. Sometimes the best hire is not to hire.
2. Evaluate the process.

Along with the evaluation form, submit a brief summary of the interview process noting:

• What went well?

• What could be improved for the next interview? (See Resource 4 for a sample of an interview evaluation.)

Remember, the good always want to get better.
**SUMMARY:**

Physician peer interviewing creates selection consistency in two important ways: by increasing physician ownership of the process and by enhancing the likelihood of hiring a candidate who fits the culture of your organization.

Because past behavior is the best predictor of future performance, behavior-based questions in peer interviewing concentrate on questions that ask how candidates would ACT, as opposed to how they would FEEL or what they would THINK.

Before a candidate arrives, all team members review each other’s questions to avoid duplication of questions asked and the possibility of missing important areas of inquiry.

Open-ended questions during the interview encourage the candidate to explain. So begin with phrases such as, “Tell me about a time when you...” or “How did you handle...” Do not ask close-ended questions that can be answered with a simple yes or no.

In the candidate’s response, listen for the **EAR: Event, Action, and Result**. Probe until you get all three parts. To probe, ask questions such as, “What happened then?” and “How did that work for you?” Continue probing until you have a full description of the event, the action the candidate took, and the result of the action.

Best practice tips:

- Recognize that attitudes inconsistent with the culture/standards of your organization are hard to change and that communication and collaboration are essential to high-quality care.

- Utilize the interview as an opportunity to state clearly the values of the organization; i.e., ask about the candidate’s experience in resolving communication problems with patients and coworkers. Indicate that this ability is part of your standards of care.

- Assure that all questions are related to the requirements of the job.

- Take notes, using the candidate’s key words, so you can remember the reasons for our scores on the candidate’s response to each particular question.

- Complete and submit the evaluation forms and then meet with the medical director as necessary to review and determine your hire/no hire recommendation.
• Begin the interview with key words similar to the following:

  – Here at (organization), we believe physicians using behavior-based questions make the best selections for new hires. This type of interview might be different for you, but we have found that when we peer interview, our success rate in finding the right choice to join our medical group is substantially higher. There are no right or wrong answers to the questions I’ll be asking you, so just be honest. I will be taking notes so I can better remember your answers. At the end of the interview, I will ask you if you have questions.

• Close the interview with two questions:

  – What value would you bring to us?
  – What questions do you have for me?
SECTION SIX:

PHYSICIAN SELECTION RESOURCES AND TOOLS

We have provided the following physician selection resources and tools for you:

• Resource 1: Review Sheet and Checklist
• Resource 2: Sample Interview Matrix Template
• Resource 3: Physician Peer Interview Behavior-Based Questions
• Resource 4: Interview Evaluation Sample
RESOURCE 1: REVIEW SHEET AND CHECKLIST

- Confirm the interview team of trained physicians who will participate in the interview.
- Fill in the evaluation form with core competencies and select behavior-based questions.
- Confer with the team so all skill areas are covered and there are no omissions.
- Schedule the candidate.
- Meet with the candidate and establish rapport.
- Advise the candidate there are no right or wrong answers and that you will be taking notes.
- **DO NOT ASK ANY QUESTIONS THAT DO NOT RELATE TO JOB REQUIREMENTS.**
- Ask behavior-based questions and LISTEN for the EAR:
  - Event
  - Action
  - Result
- Probe until you have all parts, asking such questions as, “What happened then?” and “What was the outcome?”
- Allow for silence.
- Close by asking: “What value would you bring to us?” and “What questions do you have for me?”
- Close graciously and do not imply hiring action.
- Total rankings, review notes, and submit your recommendation to hire or not to hire.
- Evaluate the interview process and recommend improvements.
- Meet with the team or hiring staff member as necessary to discuss.
**RESOURCE 2: SAMPLE INTERVIEW MATRIX TEMPLATE**

Candidate________________________________________ Position____________________________________________

Interviewer________________________________________ Date__________________________________________

<table>
<thead>
<tr>
<th>Core Competency Question</th>
<th>Score 1–5</th>
<th>Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Tell me about a time when you…)</em></td>
<td><em>(5=excellent match)</em></td>
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1. TEAMWORK AND COLLABORATION

2. CARING AND COMPASSION

3. JUDGMENT AND PROBLEM-SOLVING

4. COMMUNICATION

5. LEADERSHIP

6. WHAT VALUE WOULD YOU BRING TO US?

**TOTAL SCORE:** | **AVERAGE SCORE:** |
|-----------------|-----------------|

1: -No experience -Limited experience -Specific experience -Strong experience -In-depth experience and ability to teach others

-No cited examples -Few cited examples -Specific cited examples -Strong cited examples -Exemplary cited examples

-Skills not evident -Limited skills -Evident skills -Solid skills -In depth skills

Additional comments:

RECOMMEND _______ DO NOT RECOMMEND _______
 RESOURCE 3: PHYSICIAN PEER INTERVIEW
BEHAVIOR-BASED QUESTIONS

These questions are designed to elicit physician applicant competencies in each of the following core organizational values:

a. Teamwork and collaboration
b. Caring and compassion
c. Communication
d. Leadership
e. Judgment and problem solving

The questions in each behavioral category are divided into two question types.

The first type seeks information about prior conduct in specific situations. Remember, prior physician behavior is the most reliable predictor of future conduct. These questions are titled Behavior-Based Questions.

The second type is based on a theoretical situation and gives the applicant an opportunity to express knowledge and opinion about a presented scenario, as opposed to referencing a specific personal account of an action taken. These questions enable the interviewer to assess problem-solving and reasoning skills, common sense, and the applicant’s working knowledge of a successful medical practice. These questions are titled Skill and Knowledge Questions.
TEAMWORK AND COLLABORATION

BEHAVIOR-BASED QUESTIONS:

1. Describe a situation in which you and another physician with whom you worked did not get along. Tell me about that situation and how it worked out.

2. When you have been part of a group of physicians in the past, how have you determined whether the group was working well together? Please give me specific examples.

3. Describe a time when you were part of a physician group that did not work well together. What actions did you take to improve the situation? What was the outcome?

4. Tell me about your best practice situation with your colleagues in terms of how everyone worked together, and what specifically made it the “best”?

5. Tell me about a time when you were part of a highly productive and well working physician group. What role did you play in making the team successful?

6. Describe a time when you received feedback to improve your performance. How did you respond and what steps did you take to improve?

7. Tell me about a collaborative effort you participated in during your prior medical group experience or residency. What was your specific contribution?

8. Tell me about a time when you recognized a member of your clinical care team for doing a job well. What was the situation and how did you recognize this person?

9. Describe a time when you had to give constructive feedback to a physician colleague or a member of your clinical care team. How did you approach the situation? What was the result?

10. Tell me about a time when as a physician you created and supported a collaborative work environment. What did you do? What do you believe are the most important things for physicians to do to create a collaborative work environment?

11. Describe to me the specific behaviors you use to create an environment of cooperation and collaboration. Provide an example of how you have used these behaviors in the past.

12. Tell me about a time when you observed physician behaviors that were not supportive of a cooperative and collaborative work environment. What specifically happened and what did you do about it? Tell me what you learned from this experience and what recommendations you have for coaching a physician with these types of behaviors.
CARING AND COMPASSION

BEHAVIOR-BASED QUESTIONS:

1. Tell me about a time when you went above and beyond the call of duty for a patient. What happened and what was the outcome?

2. Describe specific techniques you have used to convey and communicate that you care for patients and their clinical outcomes.

3. What clinical situations have caused you the greatest frustration, and how did you deal with them? Please give me specific examples.

4. Describe a time when you have had to deliver bad news to a patient and/or family. How did you specifically go about doing that, and what was the outcome?

5. When you have a brand new patient, describe your approach to creating a first impression.

6. Patient loyalty is key to a successful practice. Tell me what techniques you believe are important to creating patient loyalty to you and your medical group.

7. “Word of mouth” can be an important marketing tool to medical practices. Tell me specifically how you have contributed or generated a positive patient word of mouth during your involvement in previous medical practices.
COMMUNICATION

BEHAVIOR-BASED QUESTIONS:

1. Describe a time when you realized you had to change a way you communicated to a staff member or fellow physician. What did you do, and what was the result?

2. Tell me about a time you realized you had to change a way you were communicating to patients. Please tell me what change you made and how that worked out.

3. Tell me about a time when a patient-care team member (receptionist, nurse, other office staff) told you something that let you know you were doing a good job or that you needed to do a better job. What was the situation? What did they tell you and how did you respond?

4. What do your patients like best about you? Tell me specifically how you achieve this.

5. Tell me about a time when you could have done a better job with a patient or family. What happened? How did you handle the situation? What did you learn? What have you done to improve in this area?

6. Tell me about your best physician/nurse relationship. How did you contribute to that relationship?

7. Have you ever lost a nurse because of a personality conflict? Tell me what happened. Based on what you have learned, what would you do differently next time?

8. Have you ever left a position because of a personality conflict with leadership or a fellow physician? Please describe what happened.

COMMUNICATION SKILL AND KNOWLEDGE QUESTIONS:

1. Please describe how you would respond to this scenario:

A patient calls for his PSA results on a Tuesday. He had his labs drawn a week previously. You request the chart to compare to prior levels, but you do not get the chart before leaving on vacation for two weeks. The chart and the PSA sit on your desk for two weeks until you return, although the patient was told he would be called within 24 hours with his results. What do you say to this angry patient when you realize what has happened? The PSA is elevated, but no more so than the year prior.
2. A healthy 25-year-old female comes to your office and asks you to order a CA-125 blood test. Tell me how you proceed.

3. A previously healthy, 58-year-old male comes to your office complaining of general fatigue and frequent urination. Laboratory evaluation reveals blood glucose of 245, with no other abnormalities. You call the patient to review your findings. Tell me about your conversation.

4. What techniques do you use to assure that each patient understands your explanations of medical condition and treatment?
LEADERSHIP

BEHAVIOR-BASED QUESTIONS:

1. Tell me about a time you had to convince your physician colleagues to do something differently. How did you go about getting that done? What were the results?

2. When you have had to lead change at your clinic, how did you go about doing it? What was the outcome?

3. Tell me about an important goal you have set for yourself since residency and how you have gone about accomplishing it.

4. Describe a great physician mentor you have had and what specifically made him or her great. Include the relationship you currently have with that person.

5. Tell me what you have done in the past to improve the performance of your coworkers, including staff and nurses.

6. Tell me about a time when you have coached a member of your staff to improve performance. What was the situation? What did you do? What were the results?

7. In an age of nursing shortages, tell me what specifically you have done to keep your high-performing nurse.

8. As a physician, you are recognized as a leader. The physician leader sets the tone for the work environment and how care is delivered to patients. Give me specific examples of how you have communicated with your staff and nurses to establish the success of your practice?

9. Tell me about the best physician leader for whom you have worked. What specifically did this person do? What skills did you learn from him or her, and how have you incorporated these skills into your personal leadership style?

10. Tell me about a time when you were considered the “physician in charge” or “physician leader.” This could be from your past practice or residency. What did you do to ensure that the group you led worked as a team and communicated well? How did you recognize and reward top performers?

11. Describe the work environment you have enjoyed most in your past. What did you like about it? How did you contribute to this positive work environment?
JUDGMENT AND PROBLEM SOLVING

BEHAVIOR-BASED QUESTIONS:

1. Tell me about the busiest time you have ever experienced in a clinical work environment. How did you respond?

2. Tell me about a clinical mistake you made as the treating physician. What happened, and did the situation work out?

JUDGMENT SKILL AND KNOWLEDGE QUESTIONS:

1. While on a call you receive a phone call at 10 p.m. from a nursing home where your colleague admits his patients. The nurse informs you that one of your colleague’s patients has developed shortness of breath over the past several hours. The patient is an 85-year-old male with a history of moderate dementia but no other known medical problems except for hypertension. His O2 sat is 91%, RR is 24, pulse is 100, and his temp is 99.0.

   • Tell how you would work through this problem over the phone and what you would do next.

   • You learn that a call was placed to the daughter who has the DPOA for healthcare decisions, and she has requested that nothing be done and that only comfort measures be undertaken. You believe the patient has a treatable cause for his symptoms.

   • How would you proceed?

2. You have 12 patients booked for a full morning. You are running on time and a 45-year-old male comes to your office with a chief complaint on your schedule as “heart burn.” As you interview this patient you realize that his “heartburn” is periodic non-exertional chest pressure. He has had no symptoms for the last 12 hours.

   • How would you proceed?
3. You see a 39-year-old female for abdominal bloating, cramping, and dyspeptic symptoms of three weeks’ duration. You diagnose a functional bowel condition and recommend over-the-counter symptomatic treatment. She returns in one week with similar symptoms but denies fevers, nausea, vomiting, diarrhea, or weight loss. You provide her an empiric trial of a PPI and a fiber supplement. She tries this for a week and does not improve. She seeks a second opinion on her own. An abdominal/pelvic CT is done, which reveals probable metastatic ovarian CA. The patient changes physicians and is upset that you didn’t make an earlier diagnosis.

• Tell me if you would have proceeded differently and how.
RESOURCE 4: INTERVIEW EVALUATION: SAMPLE

Name: ________________________________ Date: __________________

Fill out this self-test worksheet, following your next few interviews, to rate yourself as an interviewer.

1. Were you prepared for the interview? ☐ Yes ☐ No
   Describe the steps you took to prepare:

2. Did you put the applicant at ease? ☐ Yes ☐ No
   Give a few examples of effective “ice-breakers” used to set the tone for a comfortable interview.

3. Were you successful in gaining detailed information from probing, open-ended questions? ☐ Yes ☐ No

4. Were you satisfied that you asked legal, non-offensive questions of the applicant? ☐ Yes ☐ No
   Explain:

5. How did you handle silence during the interview?
   Describe:

6. Did you represent the organization well, without overselling? ☐ Yes ☐ No
   Explain:

7. Do you think the applicant left with a favorable, professional impression of you and of the organization? ☐ Yes ☐ No
   Comments:
At Studer Group, we use the Healthcare Flywheel® as a foundation for our work. The Healthcare Flywheel is based on the premise that the good always want to get better. It shows how organizations can create momentum for change by engaging the passion of their employees to apply prescriptive actions in order to achieve excellent results.

The Healthcare Flywheel:
The beginning of this journey starts at the core of the organization: our values. By doing so, we center or balance the flywheel. In health care we have great purpose, do worthwhile work, and have the opportunity to make a difference. This is our hub.

- **Passion:** First on the flywheel is passion and motivation as this is what turns the flywheel. Health care employees are one of the most self-motivated people in the world. Why else would they do what they do for their patients each day? This passion and motivation is what allows people and organizations to implement changes.

- **Principles:** Second on the flywheel is to provide prescriptive to dos to achieve results. These prescriptive to dos when implemented will continue to turn the flywheel.

- **Pillar Results:** Third on the flywheel is Pillar results. We believe the five pillars are service, quality, finance, people, and growth. The five Pillars provide a balanced approach so people don’t feel this is just another program, buzzword or tangent. By tying results back to purpose, worthwhile work, and making a difference (the hub), the organization is inspired to follow more prescriptive behaviors to achieve even greater results and fuel and turn the flywheel even faster.
STUDER GROUP GLOSSARY OF TERMS

AIDET™:
Five Fundamentals of Patient Communication—Acknowledge, Introduce, Duration, Explanation and Thank you — are five behaviors to use in every patient/family encounter to anticipate, meet and exceed the expectations of the customer.

Communication Board:
A message board organized and aligned by Pillars and placed strategically in an organization or department to communicate consistent messages and key information to the staff and physicians. Most organizations use the Five Pillars: Service, People, Quality, Financial, and Growth to organize and communicate the information.

Connecting the Dots:
To use key words to link actions to the goals and values of the organization and help others understand what you are doing and why. This can be done throughout all activities, i.e. awards, announcements, thank yous, staff meetings, new policies, etc.

Key Words at Key Times:
Key words at key times are things said and done to “connect the dots” and help patients, families, and visitors better understand what we are doing. They align our words with our actions to give a consistent experience and message.

Hardwire:
The process by which an organization, department, team or individual integrates a behavior or action into the daily operations to ensure it becomes a habit and is done.

Harvest Wins:
The action of taking positive information learned and sharing it with others. This action will not only help people feel they have purpose, do worthwhile work and make a difference, but also allow others to learn from others success — Behavior that is rewarded and recognized will be repeated.

Healthcare Flywheel®:
A teaching tool/diagram that illustrates the power that Purpose, Passion, To-Do’s and Results has in creating momentum in an organization. Studer Group developed the Healthcare Flywheel to help organizations understand the journey in creating great places for employees to work, physicians to practice, and patients to receive care.
Manage Up:
Positioning others in a positive light. It is a form of communication at all levels that aligns your own skills, your co-workers, other departments and physicians to the goals of your organization. Example: Letting your supervisor know to attend a celebration regarding achievement of results or to pass on positive information regarding an area so that they can be recognized. This makes you and your organization better and aligns everyone to working on the right goals.

Must Haves℠:
Specific actions and “to-do’s” common to organizations achieving exceptional results. These Must Haves℠ are based on the Nine Principles® and evolved from the Studer Group partnering with more than 250 organizations to identify these actions. The Must Haves℠ are (1) Rounding For Outcomes, (2) Employee Thank You Notes, (3) Selection And The First 90 Days, (4) Discharge Phone Calls, (5) Key Words At Key Times and (6) Aligning Leader Evaluations With Desired Behaviors.

Nine Principles®:

Pillars:
A foundation and framework used to set organizational goals and the evaluation process. Once the goals for each pillar are set for the organization as a whole, they are cascaded throughout, from the division level to department or unit level, to individual leader. Most organizations use the Five Pillars: Service, People, Quality, Financial, and Growth. These can be customized to fit specific language or organizational terms, or other pillars can be added, such as Community. These pillars then lay the framework for consistent evaluations, communications, and work planning.

Rounding for Outcomes:
Communicating with employees, physicians and patients in such a way that there is a specific purpose to walk away with specific outcomes.
OTHER RESOURCES

WEB SITE RESOURCES
www.studergroup.com

FIRE STARTER PUBLISHING RESOURCES

Books
• *Hardwiring Excellence*, by Quint Studer.
• *101 Answers to Questions Leaders Ask*—informative answers to real questions from the field.

Training videos
• Must Haves™ Video Series—a video/DVD training series demonstrating proven techniques to drive results by focusing on hardwiring the five Must Haves.
• highmiddlelow™ Performer Conversations—a video/DVD training series for improving employee performance by focusing on retaining high performers, developing skills of middle performers, and confronting low performers.
• AIDET™ Five Fundamentals of Patient Communication—a video/DVD training focusing on reducing anxiety and increasing patient compliance.

Software
• Discharge Call Manager™—software for automating discharge phone calls.
• Idea Management Software—software for managing and communicating innovative ideas.
• Rounding Manager™—productivity software to enable health care organizations to capture and monitor operational performance date in real time.

OTHER STUDER GROUP RESOURCES

For information regarding our Institutes, conferences, and *Hardwired Results* magazine, log onto www.studergroup.com or call Studer Group at 850.934.1099.