



EPISODE 125 How To Assess If A Job's A Good Fit Before You Commit

With guest Dr. Lara Hochman

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LH: “All you have to do is just be miserable for a year, but you get \$200,000. I don't know, would you do it? I don't think that's worth \$200,000 to me.”

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 125. You don't know what you don't know when it comes to taking a new job. You interview, you ask them questions and you kick the metaphorical tires. But people tend to be on their best behavior when you're interviewing and you often only have a very limited view of what the job and environment are going to be like.

While it can feel like a big roll of the dice and a crapshoot when you take a new job, there are concrete ways you can assess the fit of any potential opportunity before you sign that contract. I have the perfect person here today to help us out. Her name is Dr.

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Lara Hochman and she is a family medicine physician who started her own company where she is a matchmaker for physicians seeking clinical opportunities and the company's looking to hire them.

Dr. Hochman's company is called Happy Day Health and she puts a lot of effort and intention into helping physicians find jobs where they're truly fulfilled and satisfied. A big part of what makes Lara successful in her role as professional matchmaker is the fact that she spends a lot of time helping her clients understand their priorities and values and what is important to them in a job and work culture.

In this episode, Lara is going to help us look at a number of different ways we can find the best alignment for ourselves when assessing job opportunities. Even though Lara primarily helps physicians find clinical jobs, the principles of what she is sharing today are applicable to nonclinical jobs as well. I'm very honored and excited to welcome Dr. Lara Hochman to the podcast. Hi Lara, how are you?

LH: Hi, great. How are you?

HF: Wonderful. It's so cool that you are here in Austin so close by.

LH: It's the best. I love it.

HF: I wish people could see your smile. It was so nice to see you as I was reading your intro, its giving me a lot of great energy.

LH: It was a good intro. I was so excited to hear it.

HF: Oh, thank you. Thank you. This is such a wonderful topic and I'm thinking about it so much because I have a number of clients interviewing for jobs, one's about to sign a contract. I have clients who've transitioned and a lot of jobs worked out and certain



things have not. So, I feel it's very fundamental to this whole area of having a career and being happy in it. Where would you like to start this big story?

LH: Big story. The big story of where I came from, how I started my company?

HF: Yeah, because I have not interviewed a physician recruiter and it's not very common for someone to start this kind of business.

LH: Yeah. We all have the same experience, most likely where we get called 50,000 times a day and all the emails and text messages from recruiters. I had that same experience and a lot of times it was jobs that were not relevant to me. And even the fact of getting called so many times a day was so annoying. Now having met so many recruiters, I kind of feel bad for just my feelings towards what they used to be and knowing that they actually are pretty cool people.

But the way I came into this, I kind of thought, "Gosh, I'm going to be the anti-recruiter. I'm going to be the recruiter." And now I don't even use the word recruiter because I feel like what I do is kind of recruiter adjacent. I do help doctors find jobs. But in addition I also help through the whole process of working through the interviews together and preparing together and debriefing together and really just being a true partner in the whole process.

But what it came from was having been given a contract to look at by a big hospital system, seeing how they did not negotiate at all and really the terms on the contract were so one-sided and awful and this is a large hospital and the fact that they can not negotiate and they were willing to let me walk away because they knew that I was just so easily replaceable by so many other physicians that just didn't feel like they had a choice.



And that's kind of where the cogs in my brain started turning that I had to do something. If all these physicians were signing these contracts and feeling like they didn't have a choice, something had to be done. And what I was noticing is that physicians were finding jobs that made us miserable and now I knew what the contracts that we were signing looked like so that we were kind of stuck in those positions.

And at the same time, private practices were having a hard time finding physicians and recruiting physicians. And so, it just seemed like a kind of no-brainer solution. Like goodness, I just need to help the doctors find these practices that will treat them well and help the practices to find doctors. And so, that's how the company was born. I just figured let's just do this. Somebody needs to help match these two together and that's what I do.

HF: Oh my gosh, there's so many things I'd like to ask you. And we could have a whole podcast about how you started this business, how you're running it, and maybe we can have you come back and do this. For this episode we're really going to be focusing on helping people figure out how do we even assess a job in an opportunity and even how to look at themselves.

If we go back a couple steps before someone is even applying or negotiating, let's begin with how do you even begin to look at who you are and what job do you truly want and what do you want in that job?

LH: Yeah. The very, very first thing that you want to look at is what are your priorities and what's important to you. Before you even go out and look at jobs, you got to figure that out. And so, the obvious things that come up are location or whether a lot of people feel very strongly that they don't want to live in snow, where they don't want to live somewhere with hurricanes or whatever it is.

So, location, specialty you've already chosen, but then you want to look at things like company culture. What kind of environment do you thrive in? Is it important to you to teach or do academics? All of those things. And really how important is that to you? What are you willing to compromise on? So, most physicians feel very strongly about salary and we all have this minimum number in our head of what we're willing to take or what we're not willing to take for salary.

But I would really caution physicians to think how much is my happiness, work-life balance, being able to be present with my family? What is the financial cost of those things if I take a full-time job that I know I'm going to be charting all evening, I'm going to be a cog in the wheel? I may be unhappy doing that, but maybe it'll help me pay off my loans, that's fine.

But where are you willing to sacrifice? Are you willing to sacrifice on something like salary to have better work-life balance? Are you more willing to sacrifice on work-life balance for salary? All of those things. So, really assessing what's important to you and having a plan. So no, if I'm going to sacrifice X, Y, Z, what is my plan to maybe get that back in the future? All of those things. Before you even start looking for a job, figure out what it is that's important to you and then you can go out and make sure you get that.

HF: It's interesting you mentioned this because I was just speaking with a physician yesterday and he's making a good income but he feels like he's being devalued in what he's being paid and how he's being treated. So, when he is looking at different opportunities, this is first and foremost in his mind is "How much am I going to make? And I want to make more."

But you're right, there's so many other elements of a job that come in. You mentioned geography, the location, the work-life balance, the culture, is there a loan repayment. We could probably make a list of 50 things to consider.

How do you help someone even start prioritizing what's important to them and not get caught maybe on something like salary?

LH: A big part of it is having those discussions and having hard discussions. Most people have something very set and my job isn't to convince anyone of anything. It's really to help people figure that out for themselves.

So, it's just a lot of discussions. What's important to you, how much is your happiness worth? And then through the whole process, we talk about all of those things and I kind of guide them through if they're interviewing with some bigger systems just kind of reminding them, "Hey, don't forget to speak with the other physicians that you didn't interview with to know what it's going to look like."

And then at that point they can make a more informed decision. Most of the time with physicians coming out of med school and residency with many hundreds of thousands of dollars of debt, normally that is priority number one. But then we just talk about plan. "Okay, you're taking this job, you know that maybe you'll earn more, but lifestyle will be worse. What's your plan for if you start to get burned out? How are you going to recognize that in yourself? And all of those things.

The way I think about salary is if you were to enroll yourself in a clinical trial and you get \$100,000 or \$200,000 to enroll in this trial and all you have to do is just be miserable for a year, but you get \$200,000. I don't know, would you do it? I don't think that's worth \$200,000 to me.

I think of it similarly of if you paid me \$200,000 to be miserable, I don't think I would take it. But maybe for a year, maybe I would take it for a year. Because then that gives me the independence to do that. But then have a plan like "Okay, I'm not going to enroll in the second year of the study." I think of happiness and salary in that way similarly.

HF: That is a fantastic metaphor. I haven't heard of that before because often we don't consciously choose unhappiness. It can be a byproduct or something that we just think we'll just muscle through whatever it is, but we don't consciously sign up for it. And when you think of enrolling in a clinical trial and that's what you're going to be, I think that's something to really think about.

You also mentioned something which is also really valuable. You said look at what's the cost to you of say not having that work-life balance, maybe the cost to you of charting late at night or not being able to pick up your kids. And we rarely give that a dollar value, but if that can be part of lowering a salary, say the salary's \$200,000 and you are charting up at night and that's going to cost you \$50,000 there, now you're making \$150,000.

LH: Exactly. And you can actually calculate the dollar amount. Your salary may be just throwing out an easy number to calculate. Just say your salary is \$100 an hour, which in medicine I hope it's higher, but if you're getting paid \$100 an hour to work eight hours a day, then that's \$800 for the day. But if you then spend two to three hours charting at night plus an hour during your lunch, then you're actually not earning \$100 an hour, you're earning far less than that.

So taking a job that maybe has scribes or better support or direct care where you finish your charting and all of that easily, your dollar amount per hour could be far greater. And so, looking at it as maybe an hourly number rather than a yearly number because it's very easy to just increase your numbers by increasing your hours in that way.

HF: That's such a great point. And because a lot of my listeners are looking into nonclinical jobs that can be extrapolated because you might be looking at a physician salary where you're making X and you're working 50, 60 hours a week, but in a nonclinical job it could be a pretty reliable 40 hours and maybe the salary is lower, but like you said, when you compare the hourly rate, you could actually be making more money for less time.



LH: Exactly. And you get to enjoy your kids and go to their baseball games or watch their ballet.

HF: And not be miserable in your clinical trial.

LH: Exactly.

HF: A lot of the things we're talking about are thinking about what's important to you and what you want in a job. And you mentioned, "Well, it's helpful to speak with someone who's an employee of the company." Let's talk now a bit more about, okay, I've figured out what's important to me. I've made a spreadsheet, I've put numbers from zero to 10, quantifying what's important and now I want to assess the company's culture and also the job and environment. And we're talking clinical or nonclinical. What are some of the different things a physician can do to start making that assessment and doing their detective work?

LH: The most important thing is to ask questions. Of course, if you can do a site visit and see what it feels like in the office, that speaks leaps and bounds. But I would speak with of course, the people that are interviewing you but also ask to speak to someone that's not interviewing you. Someone that is doing the job that you would be doing. And you want to ask them things, and of course, put this into your own words, but what happens if I have an idea for improvement? What would be the process of making that happen? You want to know who your supervisor is going to be because a bad boss is one of the biggest reasons for leaving. And then find out from people, "Hey, what's it like working for this person? What happens if something is going wrong? How do they support you?" I wouldn't say, do they support you? Because that's a very easy "Yeah, of course, they support you", but how do they support you to know that?

Getting to know what that person's work style is, how they keep in touch with you. Is that someone that you speak with once a year? That's probably not a good working

relationship with your supervisor. Asking if there's any one thing you could change about this place, what would it be? And that could be very telling. And again, I wouldn't say, do you like working here? Because of course, they're going to say, "Yeah, it's good" or "Sure, whatever."

But a lot of those more detailed questions that really get into something where it's much easier to say, "Oh, the one thing I would change is the EMR" or "The one thing I would change is, gosh, I really wish that we had a lunch break" or whatever it is.

You can learn a lot by that question and not asking easy yes-no questions, but really more what would you change or how would you like this to be different or what is your favorite part of working here? And it tells a lot.

When I worked at a practice with a nurse, we had so much fun together and when people said "What's it like working here?" you could just see us light up and we have so much fun, we tell potty jokes all day and we joke around and we bop each other on the head and it's fun. You can tell it's a fun place to work.

So really, really asking those questions and not being afraid to ask them. I think a lot of us when we're interviewing, we're still in that medical school and residency mindset of "Will they like me? Will they accept me?" But also knowing that you're assessing them as well. And so, you want to be somewhere that's a good fit just as much as they want you to be a good fit. So, really understanding what it would be like to work there. Definitely ask questions, for sure.

HF: This is so golden. If you are multitasking, while Lara was talking go back and rewind because there is so much value in here and I want to highlight a couple things that you said. One was that they want a good fit as much as you do. Because a lot of physicians will say, "Well, can I ask about this? Can I ask about picking up my kids? Can I ask about the work hours and the culture?" And the answer is yes. It's because if you have specific

things that are deal breakers that you absolutely need, it's better to find out in advance. They want sustainability, they don't want to be looking for someone else in three months.

LH: Yeah, you don't want to hide who you are. And I'll echo your echo about the kids part. I've worked with practices where they don't want someone who's going to be out on maternity leave. They don't want someone who's going to need to leave for their sick kid. And in that case, you don't want to work with them. So, definitely ask those questions.

They're not legally allowed to ask you about your kids. "Do you have kids?" or any of those questions, those are technically illegal and a lot of practices don't know that when they're interviewing you. But if that's important to you, you want to know. The practices that I work with, that encourage that, you will get a sense so easily. When I talk to them about having kids, they're so supportive. You want to practice. And I'll give you some examples of real practices that I've worked with. One says we're going to make our hours 10:00 AM to 3:00 PM so that you can drop off your kids, do an errand, come to work, and then leave in time to get your kids. That is exactly what you want if that's what you want it.

Or another practice that I've worked with said, "Hey, our start time is 07:20, but if you have a school-aged kid that you need to drop off, we'll make your start time a little bit later." Or another one says, "We built our practice close to the elementary school so that we can leave during our lunch break to have lunch with our kids and we can move our lunch break around to make sure that we can do that." That's the kind of practice you want to work with if you have kids. And if you don't ask, you don't know that.

So, you don't want a place to accept you for someone who you are not. You want to be completely authentic because the things that are important to you, you don't want to hide those.



HF: Right. And they're not going to change. They're not going to just magically go away. I want to come back and dig into more of what you said, but before that I'm going to take a short break so I can share some resources. So, don't go away.

All right, my dear listeners, I wanted to talk to you a little bit more about the resume kit because we recently updated it and I added a couple videos to help you better understand how to use the kit and what's in this resource for you. We added some more material an additional template that you can use and enhance the cover letter section. So, there's a lot of goodies in here.

If you've already subscribed to the resume kit, you'll automatically have these updates, but if you haven't and you're interested, you can find out more by going to my website doctorscrossing.com and at the top of the page there's a products tab. If you click on that, you'll find some more information about the resume kit. And if you have any questions, feel free to reach out to me and I'd love to answer them.

All right, we're back here now with Dr. Lara Hochman and we're talking about how to assess a good fit when you're interviewing for a job. I loved what you said, Lara, about how don't ask just yes or no questions. Ask questions where you can really get some more information. For example, you said don't just say, well, do you like the culture? Ask what is one thing you might change? That's such a key question.

Another one that I like is when a physician doesn't work out in this role, what are some of the reasons or when you have a physician candidate who really excels, what are they like? Because that will really tell you who they're looking for and who they're not looking for too.

LH: Yeah, exactly. That's so important. And you want to be somewhere that they want you for sure.

HF: Yes. And you're a good fit. And I think what can often happen when we interview is we prepare for what are they going to ask us? And then when they come to the point where they say, "Well, do you have any questions?" Oh no, I'm fine. Sounds good. You've missed this huge opportunity.

LH: Yeah. And it actually doesn't look good when you say, "No, I have no questions." So, always have your questions prepared. I recommend that people write them down and bring them in and say, "Hey, is it okay if I just pull out? I want to make sure I got all my questions answered." And then it also shows that you're well prepared. But as an interviewer, I don't like it when people say, "No, I have no questions."

HF: Absolutely. You wonder what are they thinking. Do they have their own ideas about what this job needs to be for them and are they just going to sign that contract too? Which often happens too, people don't think they can negotiate a contract. And like you said, we are kind of used to as physicians, "All right, I'll just sign here." But you lose a lot of opportunity there.

LH: Yeah. And I'll add to that, make sure you have a lawyer who's experienced in physician contracts to take a look at it.

HF: Absolutely. I have a client right now who's negotiating and there were a lot of questions of, "Well, when can I ask for changes and how much can I ask and should I do it over email? Should I do it over the phone?" And I have a couple negotiating podcasts that I'll link to so people can refer to that. Now, do you have a few stories you'd like to share about physicians that you've helped?

LH: I have so many stories, so I'll try to think of some different ones. There was one physician who I actually spoke with quite some time ago, and they were deciding between a few jobs. She decided to take a job at a big hospital system for all the reasons



that we tend to pick hospital systems. Compensation, health insurance, all the benefits and never having really seen private practice.

She ended up taking that job. A year later she contacted me, she was totally miserable, so unhappy, felt like another cog in the wheel. So, the practice we had been talking about before wasn't available anymore, but there happened to be another one right where she was looking and she was just such a wonderful physician and she just got the job and she did actually take a very small pay cut, but it worked out to be, I don't know, maybe a dollar an hour when you really calculated it out and she spends less time charting.

Like we said earlier, it actually probably ends up to be more per hour and is absolutely so happy and is singing the praises of private practice and just so, so much happier in the position where she is now, which is awesome to be able to see someone go full circle and change their thought process.

Another physician I spoke with, this was a physician who was working for a hospital system, had really no say in anything. I think we've all been there at some point where we don't really get a say in patients that we can fire or who our MA is or dangerous situations that we're forced to do. And he was just so unhappy in speaking with him. I don't think he realized it, but he had a very, very entrepreneurial way of thinking.

And so, he ended up taking a big leap of faith. He took a large pay cut to work at a direct primary care practice, went to work for the DPC, is loving life, but he's actually built his patient panel far quicker than he realized he could. He's been in the position maybe a year and his salary has exceeded what it was at the large system and he's working towards partnership track. So, he really gets to exercise that entrepreneurial mindset and is having just a great time with patients, but is also really getting to grow as a business person, what does it take to run a practice. So he's just having the best time.



Another physician. I work with a locums administrator. This was a specialist who had a practice that she wanted to work for, but as far as the malpractice insurance and insurance credentialing and all of that working as a locums was going to be pretty tough for her. And it was a yearlong gig, so it didn't really quite work that she could just cover for a physician. Anyway, she and I worked with this locums administrator. And so, she's just having a blast.

I just have so much fun doing all of that and just seeing doctors who they are loving life again. And some of the doctors I work with are considering whether it's time to leave medicine or stay in medicine. And it's not medicine that they hate, it's everything around medicine. So, it's fun to be able to see.

HF: That is so true. I can just tell by listening to you how much satisfaction you get from helping doctors be happier. And so, I really value your work and I'm sure there'll be some physicians reaching out who want to find a better clinical opportunity.

What you said about things happening when they get into a practice environment and maybe having to leave and change, but it can lead to something else. I see that too in the nonclinical realm. I had someone get hired at a nonclinical company. They loved their boss, their boss got promoted, they got a new boss, they couldn't stand the boss, they ended up leaving and going to another company, which created new opportunities for her.

And so, sometimes a bad thing turns into a good thing, but obviously we want to do as much upfront work as possible to find a good fit and then just let the universe figure out where we're meant to go from there. We do the best we can.

This has been a lovely conversation. I want to have you back later on to talk more about this business that you've created, but are there any last words of advice you'd like to share about finding this fit and figuring out what's right for you?



LH: Yeah, I think what's so important is for us to remember that we're not trapped. That if we're unhappy in a position, there are things we can change and really keep your mind open. Something that you may have never even thought of before, whether it's clinical or nonclinical could just really be something awesome and could just be wonderful.

And I just want to remind all physicians. So many of us feel like we have no option and we do. There's just so many different options. The world is our oyster as a physician, so it's just about figuring out what you want to do and making that happen. And if you have to change, no big deal. So you change.

LH: Yes. Well, I see a lot of physicians be happier in medicine too, so you're absolutely right. It can go a lot of different ways and we have lovely options. And thank you again for coming. I'd love to get to meet you for coffee sometime here in Austin and have fun chatting. So, thank you again and good luck with your business, Lara.

LH: Thank you so much and thanks for having me. This was great.

HF: You're so welcome. You're so welcome. My pleasure. All right, my dear listener. It's so lovely to have you here. If you have any interest in having help converting your CV to a resume and you want to check out that resume kit, you can find it at my website doctorscrossing.com under the products tab. Okay guys, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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