



EPISODE 159 How To Navigate That First Call With Recruiters

With guest Syl Marcus

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SM: “It's important to have the conversation early on. The last thing you want to do is have an offer on the table, decline the offer based on compensation. You don't want to get to the 11th hour and find out it doesn't make sense to make this move. It wastes a lot of time and may hurt you if you ever go back to this company for a different opportunity in the future. Have the conversation early on.”

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.

Hi there and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host Heather Fork, and you're listening to episode number 159. Today I have a wonderful returning guest, one of my favorite recruiters, the one and only Syl Marcus. Syl joined me way back in the early days on episode 12, where she gave a lot of great insider advice on how to interact with recruiters. I will link to this episode in the show notes.

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Syl Marcus has been working as a physician recruiter for over 20 years, and is currently a senior physician recruiter in the healthcare sector. She recruits for both clinical and nonclinical roles, and is passionate about helping doctors find the best job for their talents and interests.

In this episode, I'm going to be talking with Syl about how to make a great impression with recruiters. We'll be covering a variety of aspects such as how to connect with a recruiter, what to expect in that initial conversation, what recruiters are looking for, how to ask about compensation and more. I am thrilled to welcome top recruiter, Syl Marcus to the podcast. Hey, Syl, welcome.

SM: Hi, Heather. Thanks for having me back. I am happy to be back speaking with you about these important topics.

HF: I know, I love that conversation. And you are so sweet. You have the most generous heart, and I have to say it, I knew this about you when I would call you up and I'd find out that you were in Starbucks with a physician who was not really eligible for the job that you were hiring for, but they had a bit of a difficult history or background, and you were trying to figure out how you could help them. And I thought, "Oh my gosh." Syl, you just love people. I think that's one reason why you're a great recruiter is because you love people.

SM: Well, I am always happy to help and I've been in this business a long time working with physicians in all walks of life and in all specialties, and it's one of my passions. And so, I enjoy getting out there and meeting with my docs face-to-face and seeing how I can be of service.

HF: Well, thank you. And being of service, speaking of, you're here on the podcast, so thank you again. I have a bunch of questions for you, Syl, so let's just dive right in. My first question is, thinking of the big picture, what in general helps someone make a good



impression on you when they're first meeting you or interacting with you by email? And then we'll get into a lot more specifics.

SM: By email, I would say if somebody were to outreach me either through LinkedIn or through my work email, I would say be specific, provide the basic information. For example, you're an internist, you live in Ohio, you are looking for a nonclinical role. You are licensed in this state and that state. I would say definitely when you send an email, definitely be specific.

Now, I would say once we have a phone conversation, and we have a scheduled assessment call, be personable. I cannot stress enough how important it is to be yourself and let your personality shine. Interpersonal skills and how you will mesh in an organization's culture is extremely important to all hiring managers, and it's usually number one on our competency list of things we look for.

HF: I love that you said that because we're often thinking about qualifications. Do I meet the qualifications and am I really eligible for this job? But you're speaking to our personality and how we show up and how we interact is something that the company really, really values highly.

SM: Absolutely. And one of the things that I can say is that a lot of organizations are now going to video assessment calls and video interviews. Not only is it important to be personable, but also to make eye contact, also to dress for the event, if you will. And so, now that we're in the virtual world, it's still important to show up, not in your scrubs, not in your jeans and your sweatshirt to actually show up dressed for an interview. I think that has been a little lost in translation as we've done a lot of stuff virtually opposed to face-to-face. But I think it's extremely important. It's certainly something our hiring managers point out to us, that so-and-so was there and he was or she was extremely personable, made great eye contact, was dressed business casual. All those things are important.



HF: One thing that I emphasize to my clients is that when they have that first interaction with a recruiter, is to treat that as a formal interview in terms of the preparation. And because I think some people apply to a job and then a recruiter may call them, and they may even call them and catch them off guard and they think, “Oh, I'm just speaking to the recruiter, and I don't mean ‘just’ the recruiter, but they don't take it as seriously as they would if it were a formal interview.” Do you find that you can tell the difference between a physician who may have really prepared for the recruiter call or know that this is going to be the first step and it's very important versus someone who is just taking it as... Well, I can just wing this.

SM: Right. Yes. And I've had a few strange phone calls where I tried to schedule an assessment and they just called me. They were taking their kids to an athletic event and there was lots of chaos in the car and so forth. That was someone that didn't plan the call, nor did they take into consideration their surroundings. And so, that was a difficult conversation to even try to just get the basic information out based on that circumstance.

I would definitely highly recommend to always communicate via email, have a scheduled call, be prepared, be in a quiet surrounding. Now, what to expect from that first call with a recruiter? I think the first call should be viewed as an exchange of information. It's usually not a high stress interview, it is just an easy exchange of information between the recruiter and the physician.

This is when basic questions are asked and a high level overview of the role is described, including financial aspects of the role. For example, we verify qualifications, we verify board certifications, licensure, five years clinical experience, post-residency, things of that nature.

I think always come prepared to be able to answer some basic questions and to also ask some basic questions, because I think that's the perfect time to get the information you need from the recruiter to make sure that this is a role you'd like to move forward with.

HF: Those are fantastic suggestions. And it's true, we sometimes forget that it's good to prepare questions. Do you have any advice about certain questions that it's okay to ask and other ones that should be avoided because they might not make a very good impression or give the wrong impression?

SM: I think all questions are good. Any question a physician comes to the table with is a good question. I wouldn't say for me that there's any questions that are taboo. I think you need to talk about the schedule, you need to talk about the financial aspect, the benefit aspect. You need to also interview us to make sure that this is a good professional fit for you. I view it as a two-way informational street, if you will, where the physician also has that opportunity to ask me questions regarding the organization and the culture and what types of benefits come with the role, and is there room for advancement. All of those questions are great questions to ask in that initial assessment period.

HF: If a physician was asking a lot of questions that really seemed just related to what's in it for them, but they weren't really asking questions about what are the needs of the company, how could I serve in this role or what would be my responsibilities in a sense, could that give you the impression that they're really just thinking about themselves?

SM: Well, typically, to be honest with you, Heather, most applicants regardless of role, that apply to a role, they're thinking about, how this role will fit their needs and how this role will fit into their work life balance and so forth. We expect that.

What I think might give us a little bit of pause would be a physician that comes to us that says, "I'm looking to slow down." And we all understand work-life balance, that it's very important in your life. And so, you're looking for a role that would be able to give you a

little bit of that balance. But to come in and say, "I'm looking to slow down. I'm looking to make X amount of dollars and only work four days a week." That gives us some pause because that tells us you are looking to do very little for a larger sum of money. And so, that would give us some pause. But other than that, I really do think that all questions should be asked during that period, during that process because it's important that you understand the role, you understand the responsibilities, you understand our culture, so you can make a more informed decision.

HF: I know that you are very pro talking about compensation and we talked about that last time, that absolutely you can ask about that. When a recruiter doesn't bring up compensation and a physician is wondering, "Is that going to make me look bad if I ask about compensation?" What advice would you give if they're getting the sense that they really don't want to talk about it and they want you to get further on in the process?

SM: It's always okay to ask. Something I always cover in my initial discussion. This is an important piece of information to consider while deciding if this opportunity is a good fit. You don't want to get to the 11th hour and find out it doesn't make sense to make this move. It wastes a lot of time and may hurt you if you ever go back to this company for a different opportunity in the future.

I cannot stress strongly enough how important it is to make sure you have that conversation, whether the recruiter brings it up or you bring it up. It's important to have the conversation early on. Because the last thing you want to do is have an offer on the table, decline the offer based on compensation where you're miles apart, and then another opportunity, months, years down the line come up with this organization. They're going to remember that you declined an offer and that you were far apart and so forth.

It's always good to have that conversation because it may not be the right role for you. If you find that the compensation comes back lower than what you expected or can accept



at this point, you can always say, “Well, please keep me in mind for a different type of position, a higher level role” where you can continue to keep those doors open and continue to have conversations in the future.

HF: I agree with you 100%, and I think it's much better for the company to be candid upfront because it saves them time as well. Do you recommend potentially not leading with that question? That's not the first thing you ask, but you can kind of wait and see, and if it comes out, great, but if it doesn't, as it gets more towards the end of the interview or the informal interview with the recruiter to then bring it up?

SM: Yes. I probably wouldn't lead with that. I would wait more towards the middle or end of the conversation, but do bring it up because it is important. And most physician recruiters or clinical recruiters will discuss that because we all have market value ranges that we go over. Whether we have stocks, whether we have bonus targets, those are all really important factors and they help us sell the role. We're incentivized to talk about all those pieces because it really does help us sell the position. I would highly recommend that they bring it up. Maybe not in the first two minutes but certainly somewhere during that conversation.

HF: Excellent. One of the questions that I work a lot with my clients on to prepare for is this one, “Tell me about yourself.” I'd love to hear what are you actually looking for when you ask this question?

SM: What I like to hear. This is where I really learn a lot about my candidates, is when I ask them to tell me a little bit about themselves, a little bit about what they're looking for, a little bit about what they're passionate about, what would the ideal job look like? Because a lot of times the role that they apply to may not be in line with where their passions lie.

And so, for me, I have line of sight of other roles within our organization. And there has been many times that I have told a physician “This may not be a great role for you, but I have another one that I'd like to talk to you about.” It's a really nice time to really talk about what you are looking for, what you are passionate about, where you see the next five years in your career.

HF: And how long do you think that answer should be? Because someone could go on and on with that answer and they wonder, “Well, do I start with my childhood?” What do I do with this big question?

SM: Yeah. That's where we help guide them a little bit because we've had those conversations too. That's where we help guide them a little bit. I'll talk about, tell me a little bit about your timeline. Tell me a little bit about what you're passionate about. Tell me a little bit about your clinical background. And so, we're not going back to childhood, but we're taking a deeper dive into your practice style and what puts a little pep in your step.

And so, those are the things that I think are important to convey to a recruiter because they can help guide you in that nonclinical career process. It may not be a UM job, but it may be a market medical executive role where you work out in the markets and you work within the population health arena. There are a lot of different really great things that come out of those conversations because we really help guide you to the right role. So, it's not about filling the role that we have, it's about putting the right people in the right roles for us.

HF: And a lot of people will ask, “Is it okay to say that I'm burned out? Do I give a reason for why I want to leave?” Because that is often a question. How candid can I be or should I be?



- SM: We know that because most of the time physicians that come from clinical practice, and that come into the nonclinical world, they are burnt out. That's the number one reason. And I have to tell you the last, I would say three years or so, we have had a lot of emergency room doctors that have reached out to us looking for opportunities. And it's because of burnout. Burnout is real. We know that it's real and we also have no problem hearing it. If you mention it in a conversation, don't think of it as a bad thing. Think of it as we know we empathize, we are with you. We completely understand that.
- HF: I appreciate that you say that too, because it's there. And the more someone can talk in not a whiny way, but just a truthful way of their experience, then I think that builds trust. And then also to emphasize why do they want this job, why are they interested in this company? You don't want to just end with why you're leaving, so it doesn't look like you're running away from something negative. But connect that with, "Well, what's drawing me towards, what's compelling me that is positive?"
- SM: Right. Exactly, exactly. I think that right now, to be honest with you, I probably have a list or a pipeline of candidates for my utilization management roles at least a mile long. And that is because of burnout. That is because the work-life balance in the clinic setting or in the hospital setting isn't there. I don't know if it's ever been there from my days in the hospital. I don't know that it's ever been there, but one of the things that I have noticed, it's a huge trend, is we're seeing more physicians that are literally five years out of residency applying to these roles. Instead of the doctor 20 years, 30 years down the road in practice saying we're burnt out, I'm looking to make that transition, we're seeing physicians that are at five years post-residency saying, "I'm looking to get out of clinical practice." That's scary. For me, it tells a lot of tales, but one of the tales that it tells is that burnout is real. And so, they are working crazy hours. It's not what they thought it was. Pay structure, the financial piece isn't there, not what they had hoped for. And so, they're looking to make that switch. And it's scary thinking that all these physicians that have really invested a lot of time in their education have decided not to practice.



HF: You're absolutely right. And your minimum is five years post-residency. If it was one year post-residency, I'm sure those folks would be reaching out to you too, because I see them. They reach out to me, and they're getting younger and younger.

Now, the next thing I wanted to ask you is sometimes physicians feel like they have a ding or a dent on their record. And it might just be a gap that they took some time off to raise children, or there can be other things, maybe they were in rehab or there's some malpractice issue that's going on.

What do you recommend to physicians who have some type of issue? Should they wait till they get further along in the interview process? Should they bring it up upfront when they speak with you, the recruiter right out of the gate?

SM: It's always better to be transparent early on. If you are concerned about something in your history, whether it be a ding on your license, lapse in board certification, or a pending or active malpractice case, it is always good practice to share those with your recruiter first thing. They will come out in the end during a routine background check or credentialing process anyhow. This gives you and the recruiter time to get in front of it and possibly provide context to the hiring manager. We can't help you work through any obstacles if we don't know what we are dealing with.

Now that does not mean all situations are workable, but you have a really great chance of overcoming whatever's in your past if you are transparent and bring it up, I would say in that assessment call.

HF: Is that anything they should put in their cover letter?

SM: I wouldn't put it in my cover letter. Because first of all, if you put it in writing, it's based on my interpretation of what you wrote. I think it usually goes a lot smoother if you have a conversation. In that assessment, I usually have physicians towards the end, because they're afraid to share that information, they're embarrassed to share that information.

They'll share with me. "By the way, my license was restricted back in 2020. It has since been resolved. Here's the situation." And then they kind of put a little context to that.

And so, we'll see that because the minute we do a license search, we will see that. And the fact that it wasn't disclosed makes us feel like they were hiding it from us. And so, then there's an honesty issue. I always say, let's get in front of it, share it with the recruiter, they will be your best advocate and help you navigate through that.

HF: I agree. I think that is excellent advice. And what you say is so true in that if someone comes forward to say something that we know is difficult, it does build trust versus it comes out too late and then it's connected with some type of blame. I've seen that sometimes where something happened to someone and then they find somebody or the system to blame and that never sounds good. But when the person is just honest, you often really want to fight for that person, try to give them a chance and help them.

SM: Right, right. Exactly. And we have done that time and time again. I've had physicians that have come in and that were honest and told me exactly the situation and I've gone to corporate security, I've gone to our background check company and I was their advocate. And most companies believe in second chances, unless it's gross malpractice or a felony or something that would be very difficult to overcome. Usually people are extremely compassionate, and people believe in second chances. I think definitely have that conversation. Definitely. It's a difficult conversation, but have it because your outcome will be so much better if you have it on the front end than if it comes out on the back end.

HF: Yeah, it's so true. You're so right about that. We're getting close to time here and I have a number of questions I'd like to ask you. I so appreciate all your values Syl. Would you like to share a tip for your resume for when they send that resume to you? What really helps you be able to determine as quick as possible if this is a good candidate?

SM: Okay. Short. Shorten that resume, try to condense the two pages. Always list in a professional summary at the top. It should include everything I need to know about you. For example, how many years of clinical experience, your board certification, any experience outside of clinical. For example, if you've done any UM, or any admin type work, make sure that's listed. It should read "Board certified internists with 15 years of clinical practice, two years of chart review." Also make sure all of your contact information is provided. Name, residing state, phone number and email address. Not necessarily to provide your full address, however, very important to know where you are located because a lot of times we search with AI searches docs by time zones. So it's always important to at least have where you reside.

HF: Oh, that's a really good point. I hadn't even thought of it from that perspective of time zone. Those are excellent tips. And I have to say that Syl helped me when I was creating my carpe diem resume kit. And that's exactly what we talk about and teach in the resume kit, is that summary statement at the top to include this very important information so that often a recruiter can just read that summary and they know whether they want to reach out to you.

If you're interested in the resume kit, I'll put a link to it in the show notes and you can also find more information about it on the products tab on the Doctors Crossing website. And thank you Syl for your seal of approval on our template. That was really valuable to have your input.

Next, do you have a tip or two for the LinkedIn profile? And if someone doesn't have a LinkedIn profile, is that important for them to start?

SM: Yes. Always, always create a LinkedIn profile. It's important. Send a connection request to recruiters, to colleagues, to anyone that you know that works for a particular organization that you're interested in. Connect, connect, connect. I cannot stress that enough, how important that is.



Network. Networking is the number one way to land roles today. Look at companies you're interested in. Search their physicians and employees. Anyone that you know or link to someone in your network, reach out to them and leverage that relationship. Chances are they will get a referral fee for anyone they send to their organization, therefore they have a major incentive to introduce you to their recruiter. So, I cannot tell you, probably I would say a good 60% of my hires come through referrals, come through networking. There are tons of different networking platforms out there. But I think the number one for physicians and for any clinician actually is LinkedIn. So, if you don't have a profile, build it today.

HF: I agree. And as I've talked about a lot on the podcast, I do have a course for you. It's a video course that teaches you how to create your profile, but also use it. And there are specific messages on how to reach out to recruiters or to colleagues that you want to interact with and do informational interviews with. It walks you through all of that as well as applying for jobs. Again, if you're interested in that, I'll link to it in the show notes and you can find out more information about it under the products tab on the website.

One thing I just wanted to state is when we were talking about the summary statement and Syl was mentioning what to put in it and she said UM, and also if you've done chart review. And we're talking specifically if this is a UM - utilization management job you're applying to or a health insurance. But obviously if you're applying to a different kind of job, you're putting in key information for that job to highlight transferable skills for whatever that job is.

All right, lastly, when you think about what you do as a recruiter, all the experience you've had, all of the interactions with physicians, what is maybe a last piece of advice that we haven't addressed that you'd like to talk about?

SM: I think we really hit on some key topics this afternoon for sure. The one thing that I would really stress is that if you are looking for a nonclinical role, whether it be in the

insurance industry, in the legal industry, have a focus, have a path. Plan a path for yourself. Because so many times I see physicians that apply to everything, anything and everything. They really haven't built that next five year plan. I think it's important to take that minute and to actually take a look at the landscape, look at all the different options out there, and then focus on one option and work towards whatever role within that industry.

Because a lot of times I have physicians that come to me and they've done a little of this and a little bit of that in all these different industries, which is fine. They get a lot of experience in a lot of different areas, but they don't seem focused in any one area. I think it's important to have a focus, focus in one industry and then work towards building your second career there.

HF: Excellent advice. And we've sometimes seen physicians who try an area and it doesn't work out for them and then they go to something else. And that's completely fine, but we just don't want it to feel or look like you're throwing darts because that doesn't feel good to you either. And a lot of that has to do with figuring out your "why." Why do you want to do something and how does it connect to your values and how do you want to make an impact? And I think that can really help with the focus. That's a really good point.

SM: I just bought a sweatshirt, Heather, that says, "Remember your why." And I was drawn to that, for that very reason. Remember your "why", why you do what you do. And I think that you're right, that physicians try different things because they're not sure what is a good fit outside of clinical practice and that's fine. It's just looking when you go into too many different areas, everything kind of gets awful confusing.

And so, to be able to just focus, and I also think that the other piece that's important is reach out to your colleagues that have made that transition. Find out a little bit about

their roles prior to applying to them. Take a little bit of time to take a deeper dive into what they do and what their workflow looks like to see if it'd be of interest to you.

HF: Yes. And that's so helpful to do that research before you just apply to things because you're burned out and you want to get out of Dodge yesterday. That's spaghetti throwing because if you honestly take that time and do talk to other physicians, you'll really have a better understanding of what you're getting into and if it is a good fit for you.

SM: Absolutely.

HF: Lastly, Syl, since you opened this door, I'd love to ask you, what is your “why” for the work that you do?

SM: My “why”, and it's so funny because through my entire career journey, my “why” has probably changed. Today, where I'm at today in my life, my “why” is about making a difference in other people's lives.

And so, one of the things that makes me feel really good about what I do every day is when I have a physician on the other side that tells me you've just changed my life or you have just helped me overcome this or that. That's my “why” today. My “why” is about helping physicians move into a whole another career path that they didn't even know was possible. And to help coach and to help them really build a career track in an industry that a few months back was foreign. So, that's my “why” today. My “why” is about helping others find their why, find their path.

HF: That is beautiful and that is so much who you are Syl, and that's who you've been ever since I met you. And so thank you so much for coming on the podcast. This has been a wonderful conversation and I really appreciate it.



SM: Oh, thank you, Heather. Thank you for inviting me.

HF: You're so welcome. Well, my dear listeners, I am so grateful to have you here. You are why I do this because I love getting to help you and help you transform your situation and have the life you're meant to have. That's one of the reasons too why I created the resume kit and the LinkedIn course, because I know these resources can make this a lot easier for you and help ensure that you get where you want to go. You can again find those on the Doctors Crossing website or in the show notes. Thank you so much for being here. 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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