

The Essential Guide to
Finding,
Recruiting,
Hiring,
and Retaining
Trauma Physicians

InterTrauma Consulting



A Major Challenge

Physician staffing is a major challenge for trauma centers today. Common issues include:

Problem #1: Marginal staffing. Many trauma centers are running so lean that losing even one surgeon can throw the entire trauma program into crisis.

Problem #2: Physician burnout.

In some hospitals, heavy workloads caused by insufficient staffing have led to the mass resignation of the entire trauma medical staff.



Problem #3: Increasing service

demands. Trauma programs are frequently hit with administrative mandates to increase clinical services. These demands create an acute need to recruit more trauma physicians.

Problem #4: A shortage of qualified practitioners, particularly outside of urban centers. Most surgical critical care fellowships are in larger cities, and recruiting new practitioners to non-urban facilities can be a challenge.

All of these problems lead to additional work for busy program leaders. Most trauma medical directors and program managers have little time for finding and hiring physicians, and very few have significant experience in medical staff recruitment.

If you are struggling with the challenge of trauma physician staffing, this guide can help you get started. It shows you how to:

- Find and evaluate strong trauma surgeon candidates
- Avoid the “red flags” that indicate potential recruiting mistakes
- Make the case for additional trauma staffing budget
- Overcome administrative hurdles to finding the best candidates
- Use a mix of financial and non-financial recruiting incentives
- Make effective use of locum tenens physicians to temporarily manage staffing problems
- Avoid the common pitfalls of relief staffing (particularly as it relates to quality and trauma center verification)
- Recruit physicians to rural hospitals and other hard-to-staff locales
- Master the factors that are critical to long-term physician retention, thus avoiding a staffing crisis altogether

Understanding these strategies will help you build and maintain a full team of high-quality trauma physicians. That will help ensure your trauma program achieves sustainable high performance, both clinically and financially.

How to Find Quality Trauma Physicians

Identifying and interviewing physician candidates can be time-consuming. What many trauma program leaders do not realize is that upfront preparation is critical. Lay the groundwork for a successful recruitment effort by clarifying and communicating your program's staffing needs.

1. Win administration approval

Program leaders who want to expand the trauma staff often meet resistance from their hospital's chief operating officer, chief financial officer or both. These executives typically manage labor costs very closely, and any proposal to add staff will be met with scrutiny. To overcome this hurdle, trauma leaders must demonstrate the need for additional physicians. There are two techniques:



- **Benchmarking.** One approach is to benchmark your trauma staff against other trauma centers in the state or region. Calculate the ratio of relative value units (RVUs) to full-time employees (FTEs) for your program and others. Benchmarking is difficult, because you need to take into account differing service commitments and support structures. But done effectively, benchmark comparisons are an effective way to demonstrate staffing needs to hospital executives.
 - **Volume analysis.** The alternative approach is simply to run a report on trauma patient volume over the last several quarters and compare it to physician staffing levels. If you can show that case volumes have been increasing while physicians FTEs have not, you can make a strong case for expanding the trauma medical staff.
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2. Target your ideal candidate

Clearly, the ideal physician candidate is a high-quality surgeon who can demonstrate both good patient outcomes and a safe decision-making approach. However, strong clinical abilities are not the only requirement for a successful trauma surgeon.

By nature, trauma surgery calls for strong leadership skills. Successful trauma surgeons have the ability to both inspire and orchestrate a trauma team. They are level-headed and have a treatment vision that drives patient care. Above all, they are respected by everyone they come in contact with, and they understand that a raised voice is only effective when used sparingly.

Good trauma surgeons are also team players. Look for candidates who are willing to take part in referral recruiting activities, such as giving clinical presentations to paramedics. Certification as an ATLS instructor is also a good sign, since it shows a candidate's commitment to the overall trauma system.

3. Watch for red flags

While certain characteristics are desirable in a trauma surgeon, other traits are indicators to proceed with caution. Following are four red flags to watch for when assessing candidates:

- **Not board certified within five years.** Failure to pass board exams within a few years of graduation could indicate fundamental problems in clinical skill, cause major problems with medical staff credentialing, and actually lead to increased malpractice premiums. Focus on finding a board-certified general surgeon with trauma experience and, ideally, added qualifications in surgical critical care. An acceptable alternative is a new physician who is making strong progress toward board certification.



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- **Multiple residency programs.** Working in three different residency programs to finish a five-year training course may indicate issues. The physician may lack focus, or they may have trouble getting along with colleagues. Look for candidates who are able to “bloom where they are planted.” One positive sign: The candidate was chosen to do a fellowship at the same program where they did their general surgery training. This indicates that they were liked by the attending staff and that there was a desire to keep them around.
 - **Multiple divergent fellowships.** Training in several unrelated sub-specialties could indicate the physician has had trouble securing a job. The candidate may have jumped from a transplant fellowship to a surgical endoscopy fellowship before entering training for acute care surgery. However, there are several fellowships that are complementary, such as critical care and burns, or trauma and critical care.
 - **Vague evaluations.** Strong evaluations include specific examples of a candidate's outcomes, practice style and interactions with others. Vague evaluations with few details and just a few positive or lukewarm adjectives may indicate that evaluators are reluctant to talk substance. Even less talented surgeons should be able to find three evaluators who have something good to say, so vague comments could indicate real problems with the candidate.
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4. Conduct scenario-based interviews

When considering a trauma physician candidate, you need to understand how he or she will function on the job. The gold standard is personal experience—hiring one of your program's residents or a physician you have worked with in the past. Absent firsthand experience, the next best way to assess a candidate is to conduct an oral examination based on trauma scenarios:

- **Clinical scenarios.** Ask the candidate to tell you what they do when they suspect a hemothorax that may require operative exploration. What factors do they consider? What is their philosophy for resuscitative thoracotomy? How do they decide when to leave a colostomy versus primary anastomosis? Ask about the grey, or controversial, areas in clinical management. Even if you do not agree with the candidate's perspective, you will very quickly see whether they are dogmatic about their views and how they respond to disagreement.



- **Non-clinical scenarios.** It is also important to understand how a candidate deals with the many management headaches and organizational challenges that surround trauma care. How would the candidate handle a disagreement with the ICU charge nurse over clinical management? What would they do if they felt referrals were not being distributed fairly? How would they react if the ER was consistently “dumping” intoxicated patients on their service?



Will your hospital's recruiting department send you the best candidates?

In many hospitals, trauma leaders looking for a new physician are restricted to the candidates available through the hospital's contracted staffing firm. The problem is that for large staffing firms, trauma is a very small part of their business. As a result, these firms do not understand the special needs of trauma programs:

- **Clinical and leadership skills.** Big staffing firms try to weed out problem candidates. They do not have the expertise to evaluate physicians for clinical excellence and trauma leadership abilities.
- **Trauma financial viability.** Large staffing firms are unaware of the unique financial needs of trauma programs—or how physician documentation and coding are critical to financial viability.
- **ACS requirements.** General staffing firms are not structured to provide physician candidates who support program compliance with the *Orange Book* and other trauma standards.

To ensure the widest selection of quality physicians, trauma program leaders must insist on working with a staffing company that specializes in trauma.

InterTrauma leverages an extensive network and careful due diligence to find “the best of the best” trauma physicians. Led by an active trauma surgeon, the firm vets all physician candidates for clinical and leadership skill. It also provides locum tenens physicians with extensive support. This ensures that they thrive as team leaders, help optimize charge capture, and make a strong contribution to maintaining designation/verification standards. To find out more, [contact InterTrauma](#) today.

How to Design an Attractive Recruitment Package for Trauma Physicians

Salary is clearly an important part of an attractive employment package for a trauma surgeon. Always make sure that your pay package compares favorably with Medical Group Management Association (MGMA) compensation benchmarks.

Keep in mind, however, that financial compensation is not the only factor physicians look at when considering a job opportunity. Non-financial incentives are very important in the recruiting process, especially for hospitals in less desirable locations.



Two effective non-financial recruiting incentives

1. *Limit additional duties*

One way to make your opportunity more attractive is to set clear limits on physician duties:

- **Non-call clinical care.** You can limit non-call duties by hiring physician assistants and/or nurse practitioners to see patients in clinic for follow-up appointments. Mid-level providers can also be assigned to take care of patients post-op.
 - **Paperwork.** No trauma physician wants to sit up at night doing paperwork. That is why 24/7 support from either a physician assistant or resident is a very attractive recruiting incentive. The PA or resident handles the paperwork so the physician can focus on caring for patients.
 - **Performance improvement responsibilities.** Create guidelines that spell out the expected physician contribution to PI activities, and keep it equitable. Let candidates know they will not be required to review two dozen charts for every PI meeting or (if your organization is a non-teaching hospital) present cases like residents.
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2. Accommodate physicians who are reluctant to relocate

Because of family commitments, spousal employment and a housing market that makes selling a property difficult, many trauma surgeons may be reluctant to relocate. Program leaders can accommodate these physicians with creative alternatives:

- **Make room for commuters.** Trauma physicians do not have to live full-time in your community. Facilitate commuting by grouping a physician's call days together in a block. For example, a trauma surgeon could be on call every other day for two weeks and then have the next two weeks off. He or she can staff your program for half the month, and then spend the other half at home. You can be assured that for half the month you will have an extremely dedicated provider.
- **Enable remote PI participation.** Another strong incentive is to allow physicians to participate remotely in monthly M&M conferences and PI activities via HIPAA-compliant videoconferencing. Remote participation further supports commuter surgeons. It is also a benefit to everyone on your medical staff because it lets physicians participate in PI from home, while traveling for conferences, on vacation, etc. The caveat is that cyber breaches and HIPAA violations carry serious consequences, so make sure you provide this service responsibly, ideally with a partner organization that can provide guidance.



3 requirements of a successful trauma locum tenens engagement

Temporary placement is an essential option for trauma centers that are having trouble filling a medical staff vacancy or that need additional coverage immediately. InterTrauma provides locum tenens physicians for trauma centers nationwide. Based on our experience, three systems must be in place to ensure a successful trauma locum engagement:

- **A system for downloading key information to the locum physician.** Successful locum tenens surgeons get up to speed quickly on local workflows and protocols. InterTrauma has developed efficient processes for quickly capturing client preferences and ensuring that our locum physicians understand the practice philosophy of the trauma medical director.
- **A system for enabling participation in PI activities.** According to the latest criteria from the ACS, any physician who takes call at a trauma center must participate in at least 50% of the program's PI activities. InterTrauma uses HIPAA-compliant video-conferencing and has an infrastructure of responsible use policies to enable locum physicians to take part in PI meetings. Plus, participation is fully documented.
- **A system for supporting effective leadership.** A trauma surgeon is not just a provider of care, he or she is the leader of a system of care. InterTrauma physicians are fully vetted for strong leadership skills. And they receive additional training to help them quickly establish effective communication patterns with local trauma teams.

Does your hospital have an immediate need for trauma call coverage? To find out how InterTrauma can help, [contact InterTrauma](#) today.

3 Keys to Retaining Trauma Physicians

When it comes to maintaining a full trauma physician team, recruiting is only half the battle. Program leaders should do everything they can to minimize costly medical staff turnover. Three strategies can help make sure trauma surgeons stay at your center for the long term:

1. Develop a trauma surgeon onboarding process

Support during the physician's first few months on the job will lay the groundwork for a positive tenure in your trauma program. The trauma medical director should be very "hands on" during this phase.

Start by giving the physician a chance to get a sense of the local culture. During the first few days, have the physician observe a few resuscitations and shadow colleagues during patient rounds. It is important to clearly define how mid-level providers are utilized, because one of the leading causes of mid-level burnout is being treated differently by different supervising physicians.



After the physician has led a few resuscitations, the trauma medical director should provide formal feedback. Discuss any clinical issues, but pay careful attention to the non-clinical factors that will make or break the physician's experience in your hospital. For example, the trauma surgeon may be in the habit of entering a patient's room before talking to the nurse. Let the physician know that failing to engage nurses in clinical decision making will damage his or her relationship with the nursing staff.

2. *Sweat the details*

Do not underestimate the power of small issues to erode a physician's job satisfaction. For example, say that there is no parking space near the ER for the backup trauma surgeon. This means that at 2 a.m. he or she has to run across campus to get to the trauma bay. You might see this as part of the job, but the surgeon sees it as a constant stressor that no one cares to fix.

Solicit regular feedback from physicians about what is and what is not working in their jobs. Some problems are not fixable, but many others can be resolved with a little time and attention. For example, physicians may complain that the orthopedic surgeons do not return their calls promptly. If the trauma medical director takes the time to raise the issue with the chair of orthopedics, trauma physicians will usually see substantial improvement in responsiveness.

3. *Watch for burnout*

Physician burnout is a major problem in medicine, and trauma physicians may be at heightened risk. Burnout can lead to medical staff turnover. To catch burnout early:

- **First**, carefully monitor workloads. When surgeons are up all night for several nights in a row—and this pattern repeats itself too often—burnout is almost inevitable.
- **Second**, watch for the obvious signs of burnout. Physicians may be experiencing burnout when they start to complain more often (particularly about compensation), they begin to look exhausted, their personal hygiene slips, or they become much less patient with coworkers.
- **Third**, perform annual 360-degree physician evaluations that include feedback from medical staff colleagues, nurses and ancillary staff. You may find that a physician is behaving acceptably toward peers, but venting their feelings on the night shift phlebotomist. This behavior needs to be addressed in itself, but it can also be the “canary in the coal mine” that indicates increasing exhaustion.



The little-known third option for trauma physician staffing

When trauma program leaders need a physician, they usually think of two options: permanent placement and locum tenens. Most are unaware of a viable third option—“locum to permanent.” Under this option, the trauma center engages one or more temporary physicians who are interested in potential permanent placement. This approach offers several benefits:

- **Immediate coverage.** The locum tenens physician can be on site rapidly, filling your staff gap within a matter of weeks.
- **Extended interview.** Instead of trying to evaluate a candidate in one day, you get months to observe a physician in action and see how he or she fits in with your team.
- **Flexibility.** You can try out several different locum tenens physicians until you find the best candidate.

InterTrauma provides trauma surgeons for locum tenens, permanent placement and locum-to-permanent assignments. To find out more, [contact InterTrauma](#) today.

About InterTrauma

InterTrauma provides premium surgical staffing for trauma centers

We help trauma centers maintain a full team of highly qualified acute care surgeons. Our staffing services include permanent physician placement, per diem trauma surgery coverage, and locum-to-permanent staffing arrangements. All our permanent and locum tenens physicians are board-certified surgeons with a focus on acute care surgery who have been thoroughly vetted for clinical excellence and leadership ability.

InterTrauma was founded and is managed by a trauma surgeon who understands the world of trauma. The company functions like a group practice, with regular clinical meetings to discuss best practices and improve patient outcomes.

To find out more, visit us at www.InterTrauma.com



Do you need trauma surgery coverage right away?

Don't rely on a “big box” staffing company.

Work with a physician staffing firm that specializes in trauma surgery.

InterTrauma knows what it takes to make locum tenens work in the trauma environment. The firm:

- Provides high-quality physicians who are fully vetted for clinical and leadership skills
- Has a proven track record of highly successful temporary placements
- Leverages technology to help per diem physicians provide standardized practice and take part in performance improvement activities
- Specializes in staffing for remote locations and hard-to-fill positions
- Provides faster placement than any other firm, with rapid credentialing and personal attention to ensure a smooth and successful placement

Get a free consultation

To discuss your trauma center's staffing needs and explore effective solutions, [contact Alex Guerrero, MD, FACS](#) directly.