



JASPR

Journal of the Association of Staff Physician Recruiters

Winter 2015
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The Only International Organization Exclusively for In-House Physician Recruitment Professionals

In This Issue:

ASPR Celebrates 25 Years

Why What We Do Matters

Enhancing AP Onboarding

**3 Reasons to Follow Up With
Rejected Candidates**

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Calendar

March 25

Live Webinar Series: Fraud and Abuse Primer for Physician Recruiters

Live online webinar | [View more info](#)

April 22

Live Webinar Series: Strategic Uses of Locums Tenens Providers

Live online webinar | [View more info](#)

May 16-20

**ASPR Annual Conference
Hyatt Regency Orlando
Orlando, Florida
[View more info](#)**

Letter from the Editor

By Miranda Grace, FASPR, Professional Staff Recruiter, Geisinger Health System, Lewistown, PA, mlgrace@geisinger.edu



This year marks the 25th anniversary of ASPR! For those who have been members since the inception, congratulations and thank you for helping shape this reputable, international

organization. I am proud to be part of ASPR and all that it means to the hospitals, clinics and communities our members serve.

Over the past 25 years, ASPR has come a long way (you can read the full story of our humble beginnings later in this issue), but so has recruitment. Twenty-five years ago, [I'm told] there were no email blasts, online job boards or applicant tracking systems. Recruiters advertised their jobs in newspapers and journals, and faxed their information to residency programs across the country. Candidate flow was managed on paper and stored in filing cabinets, not on the hard-drives of office computers or laptops. Twenty-five years ago, the role of staff physician recruitment was still new and misunderstood in many organizations.

Today, with advances in technology, recruiters are able to meet candidates online, communicate with them via email and text,

conduct video-enabled interviews and even send out digital credentialing packets. Many of us use social media to network, webinars to stay educated, and various software programs to track candidates. The healthcare landscape has evolved from a predominantly HMO, fee for service structure to the new ACA model we're still trying to figure out.

As I think of how far we've come since the 90's, I can't help but dream of where we might be 25 years from now. There are so many questions: Twenty-five years from now will recruitment professionals have a seat at the executive table? How will physicians and recruiters connect? What specialties will be the most difficult to recruit? Will there really be a physician shortage? What will healthcare even look like?

Though no one knows the future, we can be ready for it with help from ASPR. Just as recruitment has, and will continue to evolve over time, so will this organization. We will continue to strive to meet your needs and provide educational content through JASPR, Fellowship, Webinars and the Annual Conference to help prepare you for the future - just as we've done for the past 25 years.

Thank you all for your continued support of ASPR and JASPR!



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3. Downloading will begin.
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By Debbie Gleason, FASPR, ASPR President, Physician Development Administrator, The Nebraska Medical Center, Omaha, NE, dgleason@NebraskaMed.com



ASPR's member volunteers working hand-in-hand with our Leadership Team and Board of Directors continue to do extraordinary work. It's time for me

to share an update!

Our Executive Director search, being conducted by Campbell & Company, is underway and progressing as planned. We're excited at the number of highly qualified applicants drawn to this opportunity. The initial screening process is well underway with a subgroup of the Board of Directors working closely with Campbell & Company as we move through the process of interviewing candidates. During the interim, our leadership team and our staff partners at Ewald have been going 'above and beyond the call of duty' to make this transition a success! ASPR functional and operational responsibilities were reviewed and assigned at the end of last year and are being carried out by our Board of Directors, Committee Co-Chairs and their committees, project leaders, and our staff partners at Ewald Consulting. This has enabled us to continue to move forward carrying out daily operations, meeting your needs and those of the healthcare industry and ultimately, as is our Vision, transforming healthcare in our communities.

Our 25th Annual Conference and celebration is advancing fast! Be sure you've 'saved the date' on your Calendar for May 16-20 in Orlando, Florida. Do you realize that our Education Committee has been tremendously busy for two years as they began planning for this anniversary conference while they were simultaneously planning last year's 2014 Conference? Moving the conference date from August to May shortened their preparation timeline, but they're successfully meeting the challenge--you won't want to miss what's in store for us in Orlando!

The ASPR Benchmarking Survey is open now through March. Having in-house physician recruiting data along with physician recruiter compensation data to share with our leadership and the broader healthcare industry has been instrumental in putting the spotlight on in-house physician recruiting professionals and the value they bring to an organization. Capturing metrics, quantifying trends then using the data to strategically and effectively build your department and is now possible—and the report along with the access to the searchable data is free to those who participate! Be sure to take advantage of this valuable ASPR asset.

Over the past couple of years, our Fellowship Committee has undertaken the mammoth task of reviewing and updating all three Fellowship modules. They followed that by re-writing all the exams under exacting criteria guided by professional test-writing experts. This Committee continues to write questions toward developing a 'bank' of questions that are 'validated and reliable' as well as being relevant to our evolving healthcare industry. In addition, this Committee prepares for the in-person Fellowship Program at the Annual Conference, updates the on-line Fellowship programs, and manages the re-certification process.

Numerous works are being done behind the scenes in areas like, ASPR's Resource Library update and maintenance, webinar planning and development, anti-trust education, surveys, JASPR publication, Membership and Engagement, Fellowship Committee, and more show the true dedication of our volunteers. A huge number of member volunteers keep the wheels of ASPR in motion throughout the year. I don't want to miss this opportunity to say a hearty 'thank you' to all of our volunteers. You, our volunteers, are the heart and the hands of this organization—we are blessed! If you haven't found a place to serve, talk to a Board member or Leader. We're excited about the prospect of getting you connected!

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Editor: Miranda Grace, FASPR



Check out a 25 year timeline of ASPR on page 15

ASPR Fellows, Diplomates and Associates

Congratulations to the following Fellows who have achieved certification and the Diplomates and Associates who have achieved designation since October 2014.

Fellows (FASPR)

| | |
|--------------------|-------------------|
| Kip Aitken | Jennifer Kwasny |
| Jill Albach | Lori Matthews |
| Candace Ash | Kristin McFarland |
| Sarah Bankard | Kate Rader |
| Audrey Barker | Deanna Reed |
| Jenny Bredeson | Christa Reynolds |
| Robin Davis | Jessica Robinson |
| Autum Ellis | Stephanie Saenz |
| Cathy Fangman | Christopher Scott |
| Jennifer Feddersen | Jennifer Semling |
| Heidi Henry | Pamela Silva |
| Todd Howard | Kathleen Souza |
| Terry Janes | Jenna Thayer |
| Frances Johnson | Andrew Walker |
| Jan Jones | Judith Wechter |

Diplomates (DASPR)

| | |
|----------------------|-------------------|
| Kara Balliet | Amber Holiman |
| Ruthie Camello-Reyes | Mary Langenstein |
| Lisa Carey | Erin Leach |
| Lanetta Dixon | Michael Palinchik |
| Kimberly Dylewicz | Charlene Plotycia |
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| | |
|------------------|-------------------|
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| Bobbi Brown | Kim Moriarity |
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| Melody Johnson | Sherry Tardy |
| Dawna Johnson | Martha Vasquez |
| Kimberly Joseph | Maxey Wiggins |
| Annie Judd | Kassandra Youmans |

Three reasons to follow up with rejected physician candidates

By Aime Echevarria, Creative Strategy Manager, MDR HealthCare Search

Originally published on LinkedIn; shared with permission.

Both in-house and third party recruiters may be getting a bad reputation among physician candidates. Whether it is for getting a barrage of emails for locations they have no interest in or getting calls at their workplace, candidates are often less than pleased with many healthcare recruiters. But even when these annoyances are avoided, many recruiters are guilty of some candidate's greatest pet peeve: never knowing when they are no longer under consideration for an open position.

It's easy to make excuses. Physician recruiters are incredibly busy and most would rather spend what little time they have working on candidates who are still under consideration instead of following up with those who have been ruled out. However, making sure rejected physician candidates know when they are no longer in the running can actually pay off in the long run for an organization's physician recruitment efforts.

Below are three ways letting candidates know when they've been ruled out can have a positive impact on your physician recruitment effort.

1. Maintaining employer reputation

The intense competition for highly qualified healthcare professionals has been well documented - and it doesn't look like it will slow down anytime soon. The last thing physician recruiters need when trying to find the next great hire is a bad reputation. When a candidate, especially one who has interviewed with your organization, receives no word regarding the status of their candidacy, their view of the organization may become tarnished. Even worse, the candidate could share this experience with colleagues. In order to prevent the physician - and those in his or her professional circle - from developing a negative view of your organization and hiring practices, it pays to let the candidate know where they stand, in a timely manner. That may mean delivering bad news when you have decided to pursue other candidates.

2. Possibility of future hires

Physician recruiters often come across excellent candidates who may not be a good fit for any of their current opportunities. By sharing this news with the candidate right away, recruiters can then reach out to candidates if an opportunity comes along for which a candidate may be an ideal match. If candidates do not receive timely communication about their status, they might not want anything to do with your organization in the future - something you don't want to happen!

3. Opportunity for referrals

Not all recruiters take the time to let a candidate know their status, which is why it is all the more important to do so. Be considerate and forthright with candidates. In the long run, this will set you and your organization apart and increase the likelihood a rejected physician candidate will refer a colleague who is actively looking for opportunities in your area. In physician recruitment, your reputation can make or break you. Having a sterling reputation can lead to the referrals that fill your vacancies.

Letting a candidate know they are no longer in the running can be both difficult and time consuming, but it is time well spent. By doing so, recruiters can maintain their organization's reputation, keep lines of communication open with candidates about future opportunities, and open doors to a whole new pool of candidates.

Why what we do matters

By Tom Lathen, DASPR, Physician / APP Recruiter, Baylor Scott & White Health, clathen@sw.org

Originally published on LinkedIn; shared with permission.

When I consider why working in healthcare recruitment is so important, I come to two events in my past that reassure me that what I do matters. OK, I can think of many more reasons, but for the sake of brevity, I will leave it at two.

When I worked in Washington State, a good surgeon was pretty hard to find. General and orthopedic surgeries were about as specialized as we got in this hospital. The hospital, staff and physicians did (and continue to do) great work; there was just not a lot of room, or patient volume, for many sub-specialists. After a search that lasted several months, we finally found a general surgeon who was willing to move from – believe it or not – Nova Scotia.

A few months had passed, and occasionally I would meet with this new surgeon in the hospital. He never talked much about his patients, but one day in the supermarket a woman came up to me and asked, “Did you recruit Dr. X to our town?” Defensive as I was, I expected to hear a complaint; however, what I got was a hug and a thank you - Dr. X had saved

her life. Apparently, she had suffered a ruptured appendix and, under the care of Dr. X, underwent emergency surgery a few weeks earlier. To think that I, a liberal arts major, had a small hand in actions that led to saving someone’s life was one of the most gratifying moments of my career.

Sometime later, I recruited a young family doctor to our town. She came as a single lady, and a couple of years later married a local fellow. The couple proceeded to have two lively, little boys. Two lives were changed, and two lives were born.

Don’t ever think recruitment is not important. It is. What recruiters do really can matter in ways that save lives, change lives and have an impact many years down the road. My wife and I have always prayed for God to bring the right doctors to town, at just the right time. It is wonderful to see those prayers answered time and time again.



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PracticeWorx
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Save the Dates!

Future ASPR Conferences



MAY 16-20, 2015

Hyatt Regency Orlando
Orlando, FL



MAY 14-18, 2016

New Orleans Marriott
New Orleans, LA

Enhance advanced practitioner onboarding through effective mentor programs

By Jenna Thayer, MA, FASPR, Physician Recruiter, Mercy Health West Michigan, thayerjr@mercyhealth.com



The Bureau of Labor Statistics estimates that from 2012 to 2022, the number of nurse practitioner roles will grow 33 percent and physician assistant jobs will increase 38 percent. As such, successful onboarding of these individuals is imperative.

A few years ago, Mercy Health built and implemented an onboarding and mentorship program for advanced practitioners, which now provides onboarding structure and support for new hires. In their first year of employment, each advanced practitioner is assigned a mentor - either a physician or another senior advanced practitioner. The mentorship relationship extends throughout the entire first year of employment and includes structured one-on-one meetings to cover such topics as patient flow, EHR, schedules, patients, productivity, coding, performance, staff, referrals and clinical issues. The mentorship process contributes to improved provider retention, patient experience, productivity, engagement and team dynamics.

We surveyed 48 advanced practitioners to obtain feedback on our onboarding and mentorship program. Survey participants shared four main insights regarding onboarding and mentorship, which may provide ideas and dialogue for your organization.

1. Create and enhance the mentoring relationship

Creating a mentorship program for new advanced practitioners allows for knowledge transfer, support, feedback and connectivity with both the team and organization. We received significant positive feedback from our advanced practitioners about the benefits of this relationship. One respondent said, "The mentorship allowed for focused, separate time to review how things were going and to fit in among competing demands of new employment." Regarding the support the mentor provides, one advanced practitioner mentioned, "It is nice to be able to discuss concerns with someone who has been in my shoes."

Involving a mentor as part of the onboarding program provides a point person for questions or concerns. At Mercy Health, we have typically chosen the lead physician, supervising physician or another advanced practitioner within the department to be the mentor. The overwhelmingly positive feedback we have received highlights the value a mentor affords new advanced practitioners.

Since many physicians and advanced practitioners have not received training on how to be a mentor, organizations may also choose to create a development program for current and future mentors. By assisting these clinicians, they may become more effective and confident in their mentorship role. A mentor/mentee guidebook may act as a useful tool as well, where expectations are clearly delineated and agreed upon.

2. Provide increased feedback

Several responses to our survey mentioned the need for increased feedback in the first year of employment, with dedicated time for that dialogue. Increased feedback may be provided through structured, recurring meetings. Concentrated time for open discussion of performance allows for honest dialogue, rather than simply skimming the surface. New advanced practitioners, like many of us, have a desire for performance feedback. This helps them know where to improve and how they should build their practices within the health system. One advanced practitioner commented that the structured feedback, "...lets me know which things I have done right and which I can do better to be more efficient." Another advanced practitioner commented, "Meeting regularly gives the opportunity to discuss problems and issues before they become big." By adding more feedback and even a structured performance review in the first 3-6 months, advanced practitioners will know the status of their initial performance and where they need to concentrate their energy and time.

3. Ensure structure and consistency

Creating and applying consistency across the organization within an onboarding program will give all new advanced practitioners the opportunity to actualize the program's benefits. Developing a structure, schedule and guidebook for the program is critical. This tool provides clarity on the expectations and a guide to assist mentors and mentees. The structure may be reinforced through regular refresher trainings or reminders for mentors. Emphasize the value of the structured meetings to the mentor and the practice or department manager to help ensure the program elements are occurring in all areas. Due to the busy schedule of providers, it may be best to schedule the meetings over lunch or prior to patient care time.

Some survey respondents mentioned a lack of structured mentor meetings, "We did not really schedule regular meetings. We had interaction on a regular basis, which was nice, but meetings would have also been beneficial." Having scheduled meetings allows time for feedback, support and questions. One advanced practitioner stated, "While I have direct contact and interaction with my mentor frequently, I would appreciate time set aside for one-on-one meetings." Enhancing the consistency, structure and schedule of the mentorship meetings is pivotal to all new advanced practitioners receiving optimal time with their mentor.

4. Build connections to other advanced practitioners

An additional recommendation from the survey was to have an avenue to meet other advanced practitioners within the organization. One participant stated, "Having someone in a more similar position would help with the transition. It would provide someone to talk with who fully understands what [it] means to be an advanced practitioner in the organization." Since receiving

Mentor programs continued on page 7 →

➔ *Mentor programs cont'd from page 6*

these comments, Mercy Health has begun supplying each new provider with a list of the advanced practitioners throughout the organization, which includes their location, specialty and contact information. This simple step enhances the organization's social and supportive atmosphere.

By establishing regular development opportunities, advanced practitioners will be better equipped to learn and socialize together. Not only do they benefit from the education, but also from the opportunity to interact with colleagues across specialties and settings. A less formal alternative, which could provide similar value, would be hosting social events for advanced practitioners to meet, share experiences, ideas and words of advice. Establishing a sense of community is important from both a practical and personal perspective. Employees who feel connected and supported in the workplace are more likely to perform better and stay with the organization longer.



ASPR on the lookout...for new articles!

ASPR is always looking for articles for the Journal of ASPR (JASPR). If you would like to submit an article for JASPR, or if you would like some guidance on a possible article topic, you may contact one of the editors at journal@aspr.org.

> 2015 < Career Fair Schedule



FEBRUARY

Chicago, IL—2/4
Dallas, TX—2/11
San Francisco, CA—2/25

MARCH

St. Louis, MO—3/4
Cleveland, OH—3/25

APRIL

Denver, CO—4/8
Milwaukee, WI—4/15
Chapel Hill, NC—4/29

MAY

Boston, MA—5/2015
Rochester, MN—5/12
Minneapolis, MN—5/13

JULY

Los Angeles, CA—7/15
St. Louis, MO—7/28
Kansas City, MO—7/29

AUGUST

Detroit, MI—8/19
Houston, TX—8/26

SEPTEMBER

Indianapolis, IN—9/9
New York, NY—9/29

OCTOBER

Baltimore, MD—10/7
Philadelphia, PA—10/21

NOVEMBER

Chicago, IL—11/11
Miami, FL—11/18



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Diversity matters

By Gayle Bennett, Marketing Director, Philips Healthcare, bennett.gayle@gmail.com

Until recently, Judy Brown was a physician recruiter at Children's Hospitals and Clinics of Minnesota. "Our Minneapolis campus was in the midst of a neighborhood with a large Somali immigrant population, so it was an extremely diverse patient population," she says. "But when you looked at the medical staff, it didn't always reflect the people who were walking in through the doors."

It's not that Brown, who is now manager of recruitment at Midwest Dental Support Center in Minneapolis, wasn't trying to attract minority physicians to the hospital. She was, but unfortunately there's a numbers game that isn't working in recruiters' favor: The diversity of the physician population has not grown anywhere near as quickly as the diversity of the U.S. population as a whole.

For example, while 13 percent of the U.S. population is African American, only 4 percent of physicians are African American, according to Diversity in the Physician Workforce: Facts & Figures 2014 from the Association of American Medical Colleges (AAMC). So if an Equal Employment Opportunity Commission (EEOC) affirmative action plan calls for the racial and ethnic makeup of the physician population to match that of the community, and the community's minority population far outpaces that of the physician population, parity can be hard to achieve.

But, beyond meeting affirmative action plan targets, bridging racial and ethnic disparity among the patient and physician populations is important for two key reasons:

1. It improves patient health and the bottom line success of healthcare organizations.
2. A multipronged diversity effort can help physician recruiters move closer to reaching racial and ethnic parity with the patient population being served.

The importance of diverse physicians

According to the AAMC report, "Research indicates that diversity in the physician workforce impacts the quality of care received by patients. For example, race concordance between patient and physician results in longer visits and increased patient satisfaction, and language concordance has been positively associated with adherence to treatment among certain racial or ethnic groups."

Scott Manning, director of human resources and provider recruitment at District Medical Group in Phoenix, Ariz., sees this firsthand. "It's easier for physicians who are the same race or ethnicity as their patients to communicate with them and ensure they understand their care plans," he says. Conversely, "Patients appreciate having doctors of similar backgrounds they can communicate with," he says. Manning estimates that at least half of the 400 full-time and 200 part-time physicians in the practice are minorities and mainly Hispanic, which matches the makeup of the Phoenix population.

There's also a business case to be made for diversity. "In healthcare we can do only so much cultural competency training," says James Barron, program manager of the Office of Diversity at Cleveland Clinic in Ohio. "If patients are still seeing people they don't feel understand their culture and don't look or sound like them, then they will think of other options of where to get their care."

Also, "Diversity in any workforce in general is going to get you to a better decision making outcome," Barron says. That's because people from different backgrounds approach problems from different angles, allowing the organization to reach better solutions. "That really is the fundamental business case for diversity," he says.

Best practices for recruiting more diverse candidates

Recognizing the importance of recruiting a diverse pool of candidates for each physician opening is one thing. Making it happen can be

another. Many recruiters, like Brown when she was at Children's Hospital in Minneapolis, struggle to find and attract racial and ethnic minorities that match the patient population.

Following are some best practices for physician recruiters looking to attract more diverse candidates:

Understand the data. Physician recruiters need to understand the demographics of the individual physician specialties and sub-specialties to know what's reasonable to expect in recruitment. "There might only be 3 percent of minorities who are orthopedic surgeons. So if you are looking for the best 10 candidates and you have one minority, you are doing quite well," Barron says.

Work with HR on the affirmative action plan. Whether or not physician recruitment is housed in HR and involved in the EEOC affirmative action plan depends on the hospital or healthcare organization. "A lot of times when I talk to my colleagues, they aren't involved in developing the affirmative action plans," Brown says. HR and recruiters should work together to ensure that accurate information is regularly submitted to the EEOC.

Regularly review your candidate pools and goals. From year to year or quarter to quarter, it's important to track and understand the diversity of the candidate pools for every open position, particularly if the organization is not meeting its community parity goals. "If you start diving into those occasions when you didn't meet the goal, you are starting to look at your sources," Barron says. "You might find all of your candidates are coming from a particular source, so you might need to think of other places to go to meet the needs of the patient population."

Target minority-serving medical schools. Barron says that Cleveland Clinic reaches out to the medical schools at historically black colleges and universities (HBCUs) to let those



Diversity continued on page 10 →

students and residents know they are welcome at Cleveland Clinic, and Brown did the same at Children's Hospital. AAMC data shows that from 1980 to 2012, Howard University College of Medicine and Meharry Medical College graduated the highest number of black medical students by far. The top three U.S. medical schools for Hispanic graduates are all in Puerto Rico: University of Puerto Rico, Universidad Central del Caribe, and Ponce School of Medicine and Health Sciences.

Market your organization to minority organizations and advertise openings on minority job boards. At Children's Hospital, Brown regularly advertised on the African-American-focused National Medical Association's website and exhibited at the organization's annual conference. The American Medical Association maintains a directory of ethnic medical associations. In addition, Brown suggests posting all openings on diversityjobs.com and diversitymd.com.

Find a diversity recruitment champion on staff. When Brown was at Children's Hospital, she had a physician tasked with helping her attract minority physicians to the hospital. "She recognized she was one of the few African-American faces on our medical staff, and she knew that was a stumbling block for us from a recruitment perspective," Brown says. Brown worked with her diversity champion on how to sell the hospital to other black pediatricians and pediatric specialists when they came in for interviews.

Think about the long-term. "You can also look at the talent pool of your own staff," Brown suggests. Are there current non-physicians on staff who might be interested in going to medical school? "You might want to approach them and encourage them," she says. Developing scholarship and loan payback programs for identified minority candidates both internally and externally can also help create a more diverse staff over the long term.

Physician diversity, as a recruitment issue, is only going to become more prominent in the future. One of the main goals of the Affordable Care Act (ACA) is to eliminate racial healthcare disparities, and according to data from the U.S. Department of Health and Human Services, about half of those receiving insurance via the ACA are minorities. In addition, demographers predict that the United States will be a majority minority country by 2050, just 35 years from now.

"You are going to need physicians who understand those populations," Brown says. "Those populations will be more compliant if they know they have a physician who understands them."

Creating a culture of high performance:

10 tips for healthcare leaders

By Quint Studer, Founder, Studer Group

Mr. Studer will be one of the keynote speakers at this year's ASPR Annual Conference, held in Orlando, Fl. For more information on Quint, please check out the 2015 ASPR Annual Conference information at www.aspr.org/conference2015.

Creating a culture of high performance requires solid leadership. While our industry has always dealt with change, the environment we're navigating now requires change at a new level. Leaders require a new set of skills and an increased level of urgency.

The truth is, the great majority of leaders work very hard and are dedicated to their jobs. They also have a strong desire to improve their skill sets to navigate these changing times. Organizations that dedicate valuable time to leader development find their leaders are better equipped and prepared to manage change while keeping staff engaged. When the skill set of leaders improves, so do organizational outcomes.

There are many leadership lessons I have learned along the way - some easy and some more difficult. Many of these lessons have been the driving force that moved me along the journey. With that in mind, there are 10 leadership tips I have gathered and would like to share with you:

1. Don't react to generalities. Ask clarifying questions prior to providing answers.
2. Require individuals to carry their own message, not someone else's message.
3. Don't say, "I already thought of that. I'm ahead of you."
4. Ask people to clarify communication by asking them to communicate back what they heard.
5. Don't have contempt prior to investigation (Herbert Spencer).

6. Your job is to take things off your leader's to-do list, not to put things on it.
7. Bring 3 times the number of good things as to the number of problems.
8. Create a relationship with your boss where they see you as a "consider it done" person.
9. Let individuals know that communication was received.
10. Let your leaders know if you're going to miss a timeline. Get to them before they have to ask.

As we look to create high-performance cultures, remember the importance of leader development. These tips can be implemented immediately to start the process of positive change. It's incredible what leaders can accomplish when given the skills necessary for success in any leadership role.



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Creating a national mobile recruiting strategy

By Kelli Mulloy, The Inline Group

My father is a remarkable man. His career as a professor of political science spans six decades on many continents, with 15 books and hundreds of published articles to his credit. When he retired, the University of Beijing received his extensive library as a donation for its political science program. My father still reads voraciously but today his iPad resides next to his chair. At 80, he made the jump to digital, and though texting is still not his first choice, don't think for a minute that technology left him behind.

The mobile revolution knows no age, gender or race. Our addiction to technology keeps us online, expecting --- demanding--- instant access to our people and our information. Spoiled by the gold-standard "1-Click" experience created by Amazon.com, we give failing grades to other vendors if their sites take longer than three seconds to load.

According to AMD News, physicians rank among the strongest adopters of technology, with 95 percent owning a smartphone, 70 percent reading email and 63 percent looking for job opportunities on their mobile device. In the past, a candidate's first interaction with your facility was typically a phone call from you; today that may not be true. These mobile savvy consumers connect with your organization online through research, connecting with other physicians or candidates and making assessments, long before they pick up the phone to have a call with the physician recruiter.

In theory, we can all agree that technology is important; yet, in practice, we find a very different perception. ADP Staffing reports that 46 percent of recruiters believe their [recruitment] processes work while only 16 percent of candidates agree. As recruiters, we know that recruitment is about the relationship. However, if a candidate is lost in your technology before they make it to that first phone call, then the relationship never has a chance. Are you hiring from all the best candidates or only the best you have access to?

So, what do candidates want? Surveys indicate ease of use, access to information, and the ability to initiate contact with the facility regardless of time or location. This is particularly critical for providers who are already employed, but interested in testing the water for a change. A TMP Worldwide survey reported that for every mouse click required to get to critical information, 20 percent of candidates will abandon the search. Hospital websites that typically bury employment data in their site can easily frustrate candidates with the 4-5 clicks necessary to reveal what may be only vague information.

"Going mobile" starts with a device-friendly (responsive) web presence. Candidates should be able to easily access your site to educate themselves about your jobs and to initiate contact with you.

Access should be obtainable via a mobile phone and tablet with the Android, Windows or IOS operating systems. Your technology must query the user's device to determine what view to provide to the candidate. Providing automated responses to a candidate's connections regardless of date and time, will help set expectations for candidates as well as make you appear to be accessible even when you are not. Expanding your mobile strategy includes scheduled emails to candidates and process work-flows that help the candidate feel connected and informed.

The initial "must have" is a responsive web presence. This can be accomplished two ways. The first is simply to include code in your website to auto-query the device being used by the candidate. Once identified, the site view adapts to fill the appropriate screen size. Regardless of the computer or phone used by the candidate, the site must be easy to navigate and read. You can test your current site's

responsiveness by opening it on a variety of mobile devices. If tiny navigation buttons and impossible finger resizing is required, you are not mobile ready.

The second option is to build an app to accommodate mobile pads or phones, reserving your website for desktop/laptop users. Like other apps, the technology is delivered to the user via download from either the iTunes or the Google Play stores. The stand-alone app is only financially feasible if your organization needs hundreds of providers and can accommodate the development costs and marketing efforts required to roll out an app. Opting for an app still requires your recruiting website to be candidate friendly with fewer clicks and candidate-centric data (this could mean two separate information technology projects).

While the responsive website is typically the better choice, both solutions require Information Technology (IT) resources, whether for development or support. The programming or creation of the site can be performed internally or externally. You may find that your internal IT resources are buried in EMR implementation and support, or they may not have all the capabilities required. If so, external vendors may be the way to go. The requirements for the site are not complicated but must include the following:

- Candidate-centric content (not patient)
- A demonstrated responsiveness to all smart devices including iOS, Windows and Android
- The ability to apply Search Engine Optimization (SEO) tactics
- Contact information and/or clear directions on how to reach you as well as an auto response
- Social media links Website analytics e.g., "Google Analytics"

➔ *Mobile strategy cont'd on page 13*

It is possible to purchase a website template that is already optimized for mobile platforms. These responsive templates can be purchased from sites such as www.wordpress.com or www.Web.com and allow you to add content, photos and links in predefined fields. Unfortunately, they are not entirely plug-and-play. There is almost always customization required. Customization, as well as hosting, can be provided by an external service, at an additional cost. However, if your internal IT department provides support and consulting, you may find considerable time and cost savings.

Hiring freelance programmers to custom create a site or an app is another option. Outsource firms such as www.elance.com and www.freelancer.com will match a developer to your project. This option allows you to get exactly what you want, but is usually more expensive. Again, all other services such as hosting and integration must be outsourced or will require internal IT support.

Search Engine Optimization (SEO) is not for the faint of heart. Proper SEO bumps your page to the top of the list when candidates perform an online job search. Google, the most popular search engine, changes its criteria without warning, which makes keeping up very difficult. Regardless of the engine, content is king in the SEO battle. Choose keywords providers would use when conducting a search and remember to change your content frequently. Responsive sites always rank higher than non-responsive sites. Companies like www.orangesoda.com can help with SEO (for a price).

Having a responsive site is step one. Tracking visitors is step two. Adding an analytics package such as "Google Analytics" to your site provides invaluable data. Analytics can tell you who visited your site and when, as well as which links were clicked once inside your site. Adding analytics while in development is advisable.

I would be remiss to discuss mobile recruitment and not mention social media; however, a full length article cannot even fully address the topic. Statistically, Google Research tells us that 31 percent of recruiters believe the use of social media is crucial to bringing in talent and 63 percent

believe it is essential to building brand loyalty. Interestingly, only 17 percent of candidates agree that social media plays a part in which job they take. A social media presence alone is not a mobile recruitment solution. However, consistency across all platforms is a must. Provide links on your responsive site to your social media pages and be very sure a consistent message plays to your audience.

Finally, a mobile strategy requires driving candidates to your responsive, candidate-friendly site or app. Email automation can be performed internally or externally, each having pros and cons. The most significant pro of automating emails from within your facility's existing email system is the lower cost. The con is the possibility of getting the entire hospital's email blacklisted due to spamming regulations. Blacklisting can be a very time consuming issue to resolve and involves C-suite conversations that can often be unpleasant.

Using an external email tool like those available at www.campaigner.com or www.constantcontact.com, eliminates the spam risk to the hospital. Emails are delivered through these sites and not from your facility's servers. These services also include tracking data and automation tools. The con, in this case, is cost. Costs are incurred based on quantity of emails sent. Pros include the automation ease, excellent analytics, evaluation metrics and protection from spam blacklisting.

Our future promises fewer candidates and greater competition for them. This means more time will be required to source and recruit each one. Automation and mobilization will not only attract better candidates, but will save you valuable time. Many steps in the recruitment process require the human touch. Automation and mobilization in the sourcing, screening and communication steps can save money and time, while helping put your best foot forward.





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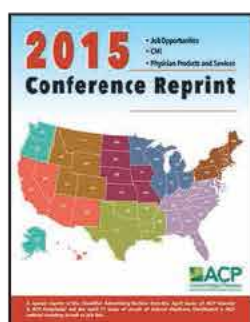
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ASPR Celebrates 25 Years: 1990-2015



ASPR has remained true to its original vision and continues to elevate the physician recruitment profession

An idea on a napkin started 25 years of success. The goals that were outlined on that napkin remain constant and much remains from that first meeting. ASPR's mission of, "empowering industry experts through education, research and engagement" reflects exactly the purpose and vision from the very first moments- enabling recruiters to have a collaborative space to learn, grow and succeed. Jerry Hess, ASPR's first President, says it well, "Caring for each other, sharing our knowledge and enhancing the profession – these values still resonate with ASPR. I am honored to have been a part of the early days."

What did the early days of ASPR look like? The teams had varied backgrounds, including administration, nursing and counseling. ASPR board members worked for a variety of organizations; clinics, hospitals, HMO's and in the academic field. According to the first board members and past President, Jerry Hess, "In the very first moments of ASPR, we needed fearless leaders to actually do something, so we wrote our names on our napkins and passed them around so people could add titles behind the names. Susan Bray was named Vice President; Bill Norris, Treasurer; Bill Matthews was commandeered as Secretary; and I wound up as the first President." The original members met in hotel lounges, and first dues were just \$10!

Fast forward to today, ASPR now has over 1,400 individuals who are connecting with their peers in daily posts, weekly digests and monthly webinars.

A Timeline of ASPR

- 1990** ● ASPR was founded and incorporated as a non-profit organization
- 1992** ● Elected its first Board
- 1993** ● Bylaws approved
- 1994** ● First Annual Conference with 101 attendees and 12 exhibitors
- 1995** ● Committees begin to be formed
- 1998** ● Membership hits 400
- 2001** ● Fellowship 101 Program first offered
- 2004** ● Annual conference had 250 attendees and 52 exhibitors
- 2005** ● Hired first Executive Director
- 2006** ● Fellowship 201 Program first offered
- 2007** ● Membership reaches 1,000
- 2009** ● Fellowship 301 Program first offered
- 2010** ● Graduated the first class of Fellows (FASPR's) at annual conference

ASPR 2015 Annual Conference Preview

Join your colleagues at the 2015 ASPR Annual Conference, which is designed specifically for in-house physician recruitment professionals. As you strive to meet the challenges and opportunities of the evolving health care environment, your informational needs are greater than ever before. Take advantage of this unique opportunity to meet with colleagues and receive cutting-edge information critical to your success in the field of physician recruitment, retention and onboarding.

Here are just a few of the great things the ASPR Education Committee has planned for attendees:

Keynote Sessions

Attend keynote sessions designed to provide up-to-date information on topics critical to the in-house physician recruitment professional. The health care industry is constantly evolving and your ability to stay abreast of changes, trends and issues will improve your ability to be successful.



UNthink: Rediscover Your Creative Genius
by Erik Wahl



A Culture of High Performance
by Quint Studer, Founder of Studer Group

Breakout Sessions

Choose from 18 breakout sessions that will allow you to specifically target topics that are of most interest. Whether you are new to the field or a seasoned professional, there is something for everyone!

Topics include sourcing, onboarding, compensation, medical staff recruitment plans, rural recruitment and other hot topics in the physician recruitment industry.

Fellowship Certification Program

The ASPR Fellowship Certification Program will also be offered at the 2015 ASPR Annual Conference. The ASPR Fellowship Program is the most comprehensive authoritative resource for individuals seeking to develop and test their skills and knowledge in the physician recruitment profession. Earn your certification as a Fellow of the Association of Staff Physician Recruiters (FASPR)!

Physician recruitment 101 module

- Review cutting-edge physician sourcing methodologies.
- Learn effective screening techniques.
- Create positive physician interview experiences!
- Make immigration work to assist your recruitment program.
- Learn how to develop a physician recruitment budget.

Physician recruitment 201 module

- Understand current trends in compensation.
- Learn effective sourcing techniques for advanced practice providers.
- Understand the components of a relocation policy.
- Implement an effective physician onboarding program.
- Obtain practical advice on developing a retention program.

Physician recruitment 301 module

- Understand the Physician Self-Referral Law ("Stark") and federal Anti-Kickback Statute.
- Learn about medical staff development plans.
- Discover how to track, use and interpret benchmarking metrics.
- Obtain an understanding of visas, H1B caps and exemptions.
- Review physician benefit plans and understand physician priorities.
- Gain skills in employment law, regulatory agencies and potential litigation.



Hotel Information

Hyatt Regency Orlando
9801 International Drive
Orlando, Florida, USA, 32819
Tel: 1-800-233-1234

A block of rooms has been reserved at the Hyatt Regency specifically for ASPR at special discounted rates of \$219 plus tax. Once your registration is processed, you will receive a confirmation email that contains an access code to book your room. Reservations can be made online at www.aspr.org/2015hotel once you receive your access code. The reservation cutoff date is April 15, 2015. Reservations received after the cutoff date will be accepted on a space availability basis. Be sure to mention the ASPR conference to get the special listed room rates.

Enjoy Orlando

Whether you're looking for a theme park, shopping excursion, an outdoor adventure or want to immerse yourself in the arts, you'll have no trouble finding something to keep you busy in Orlando.

Visitors both young and young at heart can immerse themselves in the world's top theme parks. From the classic Magic Kingdom® Park at Walt Disney World® Resort to The Wizarding World of Harry Potter™ at Universal Orlando® Resort, there's a world for everyone to escape into! Experience a wonderland of ocean animals

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Cultural options in Orlando offer a mix of traditional and modern entertainment for visitors. Beautiful gardens include the Harry P. Leu Gardens. Fine arts museums include the Cornell Fine Arts Museum, with more than 5,000 objects from antiquity to the contemporary; the Mennello Museum of American Art, with art of all genres and time periods (and a lakeside sculpture garden); and the Orlando Museum of Art, featuring a vast collection of visual art from around the globe. History buffs can choose from the Zora Neale Hurston National Museum of Fine Arts (yes, there's art here too, but with a strong historical perspective), the Holocaust Memorial Resource and Education Center of Florida, and the Wells Built Museum of African American History and Culture.

Registration Fees

| | Member | | Nonmember* | |
|--|-------------|----------------|-------------|----------------|
| | By April 15 | After April 15 | By April 15 | After April 15 |
| One Fellowship Module Only | \$400 | \$550 | \$625 | \$775 |
| Two Fellowship Modules Only | \$750 | \$900 | \$1,200 | \$1,350 |
| Annual Conference Only | \$625 | \$775 | \$850 | \$1,000 |
| Annual Conference and One Fellowship Module | \$1,025 | \$1,175 | \$1,250 | \$1,400 |
| Annual Conference and Two Fellowship Modules | \$1,375 | \$1,525 | \$1,600 | \$1,750 |

*Nonmembers must still meet eligibility criteria for ASPR membership in order to attend.
Visit www.aspr.org/join for membership eligibility criteria.

Register is available online at www.aspr.org/conference2015

2015 Conference Schedule At-A-Glance

Saturday, May 16

Physician Recruitment 201 Module

- 7:15 a.m. [Registration and Continental Breakfast](#)
- 8:00 a.m. [Welcome](#)
- 8:15 a.m. Advanced Practice Provider Recruitment
- 9:15 a.m. [Refreshment Break](#)
- 9:30 a.m. Provider Compensation and Incentive Plans
- 11:00 a.m. The Offer: Selling it — Closing it — Keeping it Closed
- 12:15 p.m. [Lunch](#)
- 1:00 p.m. Relocation Policies: Rules of the Road
- 2:15 p.m. [Refreshment Break](#)
- 2:30 p.m. Onboarding: Welcome to the Team!
- 3:45 p.m. Retention Matters
- 5:00 p.m. [Meeting Adjourns](#)

Sunday, May 17

- 7:15 a.m. [Registration](#)
- 7:15 a.m. [Continental Breakfast](#)
- 7:45 a.m. [Welcome](#)



Physician Recruitment 101 Module

- 8:00 a.m. Getting Organized for Recruiting
- 9:30 a.m. [Refreshment Break](#)
- 9:45 a.m. The Magic of Sourcing
- 11:00 a.m. Screening Candidates: The Good, the Bad, and the Ugly
- 12:15 p.m. [Lunch](#)
- 1:00 p.m. Impressive Interviews: Rolling Out the Red Carpet
- 2:00 p.m. Establishing a Recruitment Budget
- 3:00 p.m. [Refreshment Break](#)
- 3:15 p.m. Physician Immigration Primer
- 4:30 p.m. [Meeting Adjourns](#)

Physician Recruitment 301 Module

- 8:00 a.m. Human Resources for Provider Recruitment
- 9:15 a.m. Physician Contracts and Stark/Anti-Kickback Regulations
- 10:30 a.m. [Refreshment Break](#)
- 10:45 a.m. Medical Staff Development Plans
- 12:00 p.m. [Lunch](#)
- 12:45 p.m. Benefits: Terms, Trends and Tips
- 2:00 p.m. Immigration: In-Depth Legal Hows and Whys
- 3:15 p.m. [Refreshment Break](#)
- 3:30 p.m. Utilizing Benchmarks to Optimize Operational Efficiency
- 4:30 p.m. [Meeting Adjourns](#)

- 4:30 p.m. [CHIRN Meeting](#)
- 4:45 p.m. [New Member and First-Time Attendee Social](#)
- 5:00 p.m. [Exhibit Hall Opens](#)
- 7:30 p.m. [Exhibit Hall Closes](#)

2015 Conference Schedule At-A-Glance

Monday, May 18

- 7:30 a.m. [Registration and Continental Breakfast](#)
- 8:30 a.m. [Welcome and Keynote](#)
Keynote Presentation — UNthink: Rediscover Your Creative Genius
- 10:15 a.m. [Break in Exhibit Hall](#)
- 11:00 a.m. Breakout Sessions
- The Physician Recruitment Microsite as the Hub of All Your Marketing Activity
 - 25 Years of ASPR Member Feedback, Boiled Down to 10 Tips
 - RVU Expert in an Hour: Everything You Need to Know
- 12:00 p.m. [Lunch](#)
- 1:30 p.m. Breakout Sessions
- Screening Secrets of Superstar Recruiters
 - Coaching the Physician Interview Team for Winning Results
 - Hiring and Integrating Advanced Practice Providers in a Multi-Site Group Practice
- 2:30 p.m. [Break in Exhibit Hall](#)
- 3:00 p.m. Breakout Sessions
- A to Z of IMG Recruiting
 - The Secret to Streamlining Your Locum Tenens Recruiting Process
 - Physician Compensation: Where Are We Now and Where Are We Going?
- 7:00 p.m. [Evening Event: Universal CityWalk](#)

Tuesday, May 19

- 7:30 a.m. [Registration and Continental Breakfast](#)
- 8:30 a.m. Roundtable Sessions
- 10:00 a.m. [Break in Exhibit Hall](#)
- 10:30 a.m. Breakout Sessions
- Why Recruiting to Rural Is Different: Ideas for Collaboration, Community Marketing, and Finding Solutions
 - Setting Candidates Up for Success: The Collaboration Between Recruitment and Credentialing
 - Assessing Top-Performing Physicians and Developing Their Emotional Intelligence for Higher Patient Satisfaction
- 11:30 a.m. [Lunch](#)
- 1:00 p.m. Breakout Sessions
- No Money? No Problem! Operational Efficiencies Offered by CRM Software Don't Require Big Budgets
 - Building Organizational Value with Essence
 - What Do Physicians Want to Hear from Recruiters? What the Latest Research Reveals
- 2:00 p.m. [Last Break with Exhibitors](#)
- 2:30 p.m. Business Meeting, Awards, and Bingo Card Drawing
- 4:00 p.m. Chapter Meetings

Register is available online at
www.aspr.org/conference2015

Wednesday, May 20

- 7:15 a.m. [Continental Breakfast](#)
- 8:00 a.m. [Welcome and Keynote](#)
Keynote Presentation — A Culture of High Performance
- 9:45 a.m. [Benchmarking Report](#)
- 10:15 a.m. [Break](#)
- 10:30 a.m. In-Depth Interactive Breakout Sessions (90 minutes)
- Social Media: A Recruiter's Guide to Conquering the Digital World
 - The Onboarding Process: Ensuring a Red Carpet Experience
 - Growing Your Own Medical Staff Development Plan for the Employed Practice
- 12:00 p.m. [Meeting Adjourns – Thank you for coming!](#)

Becoming ASPR

By Jerry Hess, Physician Recruiter, Children's Hospitals and Clinics of Minnesota, hessjere@yahoo.com

*"The time has come,"
The Walrus said,
"To talk of many things:
Of shoes - and ships - and sealing-wax
Of cabbages and kings."
~ Lewis Carroll*

I recently noticed how many senior recruiters like to pass out advice. This is, no doubt, due to our inability to set a bad example. We tell stories of things that never happened and exaggerate about the things that did. We have selective memories and we pass on historical events that make us look good. Alas, it is my fate to recall for you what we refer to as "the good old days," which may be better described as "those trying times."

All organizations have stories to tell. What we fondly recall of the early days of ASPR- while they are a bit fuzzy in my mind - were not all golden. In those days, physician recruiters were a rare breed. We were a strange combination of strong individuals who had learned our lessons the hard way. (As though there is any

other way to learn!) We came from different parts of the country and had backgrounds in administration, nursing and counseling. We worked for a variety of organizations; clinics, hospitals, HMO's, academic institutions and even an "integrated healthcare organization" - whatever that was.

In any case, we would see each other at various meetings and career fairs. It was obvious we were not a particularly dangerous group, but rather a lot of fun to be around. So when I was asked to approach NAPR about partnering with them to form a group of in-house, staff physician recruiters, I figured they could not possibly refuse such a great group. Unfortunately, the idea of "us" partnering with "them" did not appeal to the NAPR board and we were sent away to figure something out on our own. In retrospect that was probably a good thing.

In the fall of 1989, we formed a committee known as the "unknowing asking the unwilling to do the unnecessary." We were very "formal"

- meeting in hotel lounges to discuss plans for our future. We had a few pens but no paper, so we absconded with a few hotel napkins and wrote down our motto: "Be good; be careful or call us." We all agreed we should organize because real fun is too important to be left to chance! As one of our guiding principles we wrote "social" on our napkins. After a bit, we also agreed we could teach each other a few tricks of the trade, which is not the same as learning the tricks without learning the trade. We all wrote "education" on our napkins. Finally, someone said we should "enhance the profession." That sounded good too, so we all wrote that down on our napkins.

We needed fearless leaders to actually do something, so we wrote our names on our napkins and passed them around so people could add titles behind the names. Susan Bray was named Vice President; Bill Norris, Treasurer; Bill Matthews was commandeered as Secretary; and I wound up as the first President. So far, so good. No money, no meetings, no old business. Might as well have a drink and go home!

There was still work to be done, however. We needed bylaws and I happened to have a book from the library called "Do It Yourself Contracts." I just had it along for looks but, what the heck, it could be useful. I filled in the blanks and sent the form to Bill Norris who convinced an attorney on his staff to file the paperwork for us in New Mexico. We picked New Mexico because we thought we could meet there in the winter and write it off our taxes! Did I mention that the filing was free?

We held our first meeting in conjunction with the American Academy of Family Physicians' annual meeting in Kansas City. We doubted that anyone would come to one of our meetings if they were not already in town! We asked the AAFP if Linda Carter could speak to us about her recently published article, "How to recruit a family physician." Linda did a great job and our educational conference was born!

At some point in our history, we felt it would be beneficial to take a test to prove we knew what we were doing - or at least remembered what we



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➔ *Becoming ASPR cont'd on page 21*

→ *Becoming ASPR cont'd from page 20*

had been taught at our annual meeting. We were not alone in that thought - NAPR and Roger Bonds met with us to see if we could agree to come up with one test for all manner of physician recruiters. NAPR had the money; Roger had the moxie; and ASPR had the members. We all agreed one test would be reasonable, so we went our separate ways and each wrote our own tests. So much for a united front!

We quickly realized our \$10.00 annual dues were not going to cover much in the way of company expenses – they barely covered the cost of our quarterly newsletter. We knew we would need outside help if we were to continue growing the organization. Joe Thomure, the president of PracticeMatch, offered to sponsor a reception for us at one of our meetings. Our relations with vendors have matured and blossomed since then and vendors are now an integral part of the ASPR family.

After a few years, all of the meetings and the association work became a distraction from our

paid jobs so we asked John Arlandson, President of Office Enterprises, to assume the day to day operations for ASPR. We may have forgotten to tell John that we only collected dues in January so he would have to work a few months without pay. Tim Skinner, who could talk his way into and out of nearly anything, helped with that tricky situation!

Things went much smoother after that and our membership grew, our annual meetings took on a professional air, and the newsletter became the Journal. John retired a few years later and David Ewald took over the management duties for ASPR. We maintain that relationship with Ewald Consulting to this day and appreciate their efforts on our behalf.

So there you have it – the story of how ASPR got started! Some may say I am delusional and I can only point to four decades of physician recruitment to justify myself. I do know the decisions we made in the past became our

history and the decisions we make today will become our future.

The goals that were outlined on those napkins remain constant and much remains from that first meeting. Caring for each other, sharing our knowledge and enhancing the profession – these values still resonate with ASPR.

I am honored to have been a part of the early days of ASPR, and I share my favorite poem to reflect on my feelings about the organization:

*"From quiet homes
And first beginnings,
Out to undiscovered ends,
Nothing is worth the
Wear of winning
But laughter and the
Love of friends."
~ Hillaire Belloc*

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By Chuck Ebel, Vice President, Byron Locums

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