Hiring Associate Doctors

Now, an associate doctor has an interview very similar to a regular employee.

The initial interview

In the initial interview check out their appearance and their ability to communicate. Then find out how much they need to earn to survive, how far they will be able to live... as close to the clinic as possible, very important the doctor be able to live close by. Find out if their technique is similar to one the doctor uses so they can share patients, and find out if they're able to work on evenings and weekends and if they can fit the agenda. And then they should ask them the key question which is, “Why do you want to be an associate?” If they say they are interested in a business education that’s great. If they say that they want to learn more about chiropractic technique and want to know more about how to help people that’s great. However, if they say what they want to do is earn enough money to open on their own then we should not hire them because they're gonna leave anyway and they’ll never be happy with what they make. Now the best thing would be if they said they want to be part of a large practice because they want to be part of a team. This is great because this person will stay with us the longest.

So we do this initial interview and if we like them and they pass and they went through the reportive interview form where we check out their ability to communicate, uh, we would then ask them to come back on another day for an on the job interview to just watch what we do. In between I would call any former places of employment to check them out.

The On The Job Interview

On the on the job interview I would have them follow me around and at the end of the day I would of course observe their ability to
communicate with patients. How shy they were and how friendly they were. I would have them work with me for a day and I would then ask them to tell me if there was anything that they observed that they did not agree with. I would also notice that they could take orders accurately, if they were on time, and how they have interacted with the patients and my staff. I would also by the way ask them to adjust one of my staff to find out how their technique is. I'd ask them to adjust me but they would be too nervous.

Anyway, I go through all those steps and if they do well on the on the job interview, I would then tell them to come back for a final interview. Now, the key on the on the job interview is for them to observe everything I am doing.

The Final Interview

At the final interview I will ask them several questions. One, “You observed what I did... will the way that I practice be something that you could support?” I will then ask them, what did they observe that they most want to learn. I will ask them what did they not understand. And then the key question is “What did you observe that you don’t agree with?” Now if they say they don’t agree with how many patients you see, we don’t want to hire them because they’ll never want to see any patients. If they say, “I don’t agree with your fees”, then I know they’ve got money problems and I don’t want to hire them. So we want to know what they do not agree with. And then we want to make sure they are going to support our goals and our style of practice and the like.

Now, if all this went fine we’re now going to hire them by giving them our policy for associates by asking them, or telling them the working agreements and their hours and their income and how they’ll be paid and explain to them what their jobs will be and how we’re going to train them.

Have the staff meet them, have them adjust the staff to get their impressions do a final interview, clear their job description, give them the doctor’s policies and agreements, explanation of their wages, and then tell them that we’d like to hire them but we will
first need them to sign a contract that explains how we work. No sign contract, no begin work.

It is very important that you always initially introduce this associate as being a specialist. From the very first day they come to that office, even while they’re there for watching me as an on the job interview, I would walk in the room and I would say, “Mary, I would like you to meet Dr. Smith who is here today. Dr. Smith is a specialist in chiropractic techniques and he (or she) is going to observe me and give me some correction. In other words, I position the new doctor as senior to me in several ways.

I also then would hand out a letter once they’re hired. I’d mail it. Better handed out, less expensive, but mailed to all the inactives if we’d like to promote the fact we have a new doctor. I mail it out to all the inactives. I’m going to invite them to come in for an adjustment at no charge so that they can meet the new doctor. And I will use it as a promo.

But anyway, position the new doctor as an expert. It’s an example and should be re-written by the doctor.

But now I want to explain to you our whole procedure on using an associate. There are three parts I use with my associates.

The first part is training. During the training phase, an associate normally gets paid, if they have a license, anywhere from $1,000 to $1,500* while they’re being trained, as long as they have a license. Without a license they would get paid anywhere from $800 to $1,000. Now in different parts of the country they pay more. And by the time you watch this tape maybe times have changed, but back in 1985 and 86 the going rate for a person with a license while they were being trained for the first two, three, four weeks was $1,000 to $1,500.

During the second part or what I call “the sharing phase”, they get a $300 a month increase over whatever they were paid during training. And the sharing phase they are now actually going to work with patients and we are going to share the patients. In other words, they start putting their hands on the patient. We are

* These are 1986 monthly salary amounts. In 2000 the Associate without a license is paid $400 - $600 per week, and an Associate with a license would be paid $450 - $700 per week as their base salary.
introducing the patient and the Associate and getting them familiar with each other. We will actually have the Associate start to adjust the patient under our direction. After we’ve done this a few times the associate would walk in with the patient and say, “Dr. Singer is running a little bit late and asked me if I would start with you. Would you mind?” Always ask them would they mind.

Now, some patients may mind and they’ll either tell the associate or they’ll tell the doctor when the doctor gets in the room. The way the doctor handles this is the doctor would say to the patients “There’s no problem. I will certainly, if you want only me I would be certainly willing to do that.” The doctor would then either cut one corner of the card with scissors or color code the card in some manner to indicate that only the main doctor should see this patient.

On the other hand, some patients are going to say, “I only want the associate because they spend more time. I like their technique better.” We cut a different corner of the card or we do a different color to indicate that this associate is really the one who should see this patient in the future. Eighty percent of the patients will not mind being shared.

Now, we stay in this sharing phase for a period long enough for the doctor who is new, who is continuing to do the exams and all the things they did during training, which was doing our exams, our x-rays, marking x-rays, helping with reports, they continue to do all this but when they’re not busy they’re sharing patients.

Now, once they finish sharing, meaning that we are convinced they know how to adjust patients well, that they are accepted and out patients like them, and we feel that they have met almost everyone in the practice and they are doing a good job, we can delegate more or what I called the “tandem phase”.

Now in a tandem phase the associate doctor is actually going to adjust the patient from head to toe and dismiss them. In the sharing phase they don’t dismiss them. Only the main doctor dismisses them during the sharing phase. Now in the tandem phase they can walk in the room and adjust the patient. Who can they adjust? The patients who said they only want them, or the patients who said they don’t mind being shared. So in other words
if I am the main doctor I am going to do all the New Patient Reports because I am better at it. While I am doing the report, the associate will go in and adjust those people who are waiting who don’t mind being shared. On the other hand, when the associate is doing the new patient exam, because I don’t do exams, I’ll go in and adjust the patients who are there while they are doing exams.

Now once this is working well we can now have the main doctor either cut the hours they practice or open up hours they weren’t open before, such as Saturdays or Thursdays that they may have been closed, will now open up. And they will share in a tandem manner their patients, meaning the main doctor and the associate will work with each patient on a different day. In other words, the senior doctor would go in and do a report of findings from this point forward saying to the patient ... actually they should start doing this report from the moment the new doctor is hired ... and in the report they would say to the patient, “I want you to know that Mary and I are working here as a team. She is my associate. And that on some visits you are going to see her and some visits you will see me. Now the reason why we do this is that we feel it is very important that more than one doctor understand the problems of each patients. So that in the event one of us is away or can’t be here, at least one doctor will always-know your particular case. And also by working with two doctors you are going to get the best of both of our knowledge. So I want you to know we are going to work as a team with you. On some visits you will see Mary and on some visits you will see me.” And that way the patient already knows there is going to be a sharing or tandem relationship and they won’t be upset. That type of report ... that should be mentioned during the report from day one that the associate is hired.

Now, during this tandem phase they are going to receive the same base that they were getting during the sharing phase except now they are going to get bonuses.

Know they will never be independent. Know they will never build their own separate practice. We will work tandem forever, and if they want to go beyond that, that will be available by having them work in a satellite clinic, opening up a new office and having them run it. And in the main clinic we are going to work tandem.