Five Signs You May Have Joined the Wrong Practice

K.M. Rodney Arnold, MD

If you see these warning signs, run – don't walk – away from the practice.

My first clinical job out of residency was working part-time at an urgent care clinic. In my mind, it was the perfect post-residency position. It would fit well with my part-time academic position, expose me to the world of acutely ill patients, allow me to practice clinical procedures and give me some professional autonomy.

But my first job lasted less than 24 hours. I felt like a warm body controlling the turnstile for a corporate entity, so I walked away. Based on my experience, here are five warning signs that residents and other job-seeking physicians should heed.

1 **No written agreements.** I never received written guidelines outlining performance expectations or even the terms of my employment. After a series of confusing e-mails with the owner, I simply accepted the start date, hoping that my employer could be trusted and that written documents were on the way. In retrospect, I realize that failure to produce clear guidelines and agreements is a sign of dysfunction within a practice.

2 **No faith in the office manager.** When I reported for my first day of work, I entered through the waiting room and introduced myself to the receptionist. She asked me to wait in the hall for the physician's assistant (PA) who would be orienting me to the office. As I was waiting, I decided to introduce myself to the office manager, whom I had never met before. As I turned to leave, she asked, almost as an afterthought, whether I had university coverage for malpractice. "No," I said. "I graduated from residency nearly a month ago." Apparently, the practice had not yet purchased a malpractice policy for me, which it had promised to do. After a period of awkward silence, the office manager left the room and faxed an application for coverage active that day. I wondered, "Do all practices operate like this?"

3 **No orientation.** When the PA appeared for my orientation, he walked me quickly through a poorly organized paper chart, showed me the laboratory and then said, "I was supposed to be at the other office location five minutes ago, so call me if you have any questions. Here's my cell phone number." He left, and I slowly accepted the shock and responsibility of being the sole provider.

4 **Inadequate equipment.** Three minutes into my duties, one of the nurses asked me to call in a refill for fluconazole for a patient's "yeast infection." I scanned the chart to find that one week earlier the patient was seen with complaints of a yeast infection and was prescribed fluconazole without a pelvic exam. I told the nurse that I needed to examine the patient first, which I did – with a flashlight held behind the speculum because there was no proper light source. The patient and I survived this imperfect situation, and I properly diagnosed her yeast infection.

5 **No clinical protocols.** I quickly went to the next patient's chart, which read "Refills." Easy enough, I thought. The patient turned out to be a 30-year-old female with hepatitis C requesting narcotic refills even though no documentation supported any source of treated pain. This scenario prevailed throughout the day. When I asked the nurses about the practice's protocol, their answer was that the PA or nurse practitioner would prescribe enough medication until the patient could be seen by the physician, and then he would decide what to do. My bewilderment was obvious.

Lesson learned

My first venture into medical practice embodied scanty communication, poor management, misinformation and misleading assurances about my role as a physician. As a result, I am a different physician – more prepared and less naive. Unjaded by the experience, I believe that fulfilling opportunities await new family physicians if they heed these warning signs. FPM

Send comments to **fpmedit@aafp.org.**

About the Author

Dr. Arnold is an assistant professor of clinical family medicine, Indiana University Methodist Department of Family Medicine, Indianapolis. Author disclosure: no relevant financial affiliations disclosed.