

medicine on the move

A YEAR OF LOCUM TENENS LIFE



Read first-hand, personal accounts by other physicians and inside information from VISTA staff—subjects range from working overseas to meeting new licensing and credentialing requirements to locum tenens travel tips.

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physician stories

Whether physicians are filling locum tenens positions in Alaska or New Zealand, or simply in a neighboring state, their experiences are full of insights and adventure. In this section, we're highlighting some of the great stories we've received from those who are taking the road less traveled as a locum tenens.



musings of a physician's roots

BY STUART EMBURY, MD

Stuart Embury, MD, is a board certified family medicine physician who chose locum tenens as a way to semi-retire after 35 years in practice. He is Founder and President of Christian Sojourn Haiti, Inc. and has completed many medical missions in Third World countries. He's a licensed pilot, an art collector, an antique car enthusiast, and an avid traveler. He received the AAFP Humanitarian Award in 2004.

The bush pilot gunned the engine of the DeHaviland Beaver float plane as it glided across the bay. We gently lifted off from Ketchikan, Alaska on the final leg of a journey taking me to a five-week locum tenens job in Klawock, Alaska. During the 45-minute flight, I surveyed the stunning scenery of the vast Southeast Alaska wilderness, which spread out in all directions.

Klawock is located on the Prince of Wales Island, which is the third largest island in the US. The island is accessible only via float plane or a once daily three-hour ferry ride from Ketchikan. During the winter months there are many days when the float planes can't fly due to weather. The island gets 120" of rain yearly, and it has rained nearly every day. The temperature, however, is in the low 40s, and we haven't had any snow yet.

After my first few days of work at the Alisha Roberts Medical Clinic, I discovered that the pace of life in Alaska is much slower than I had anticipated. My wife Lynn came for a visit during my third week. She enjoyed the slower pace which gave her time to reflect after her father's recent death. On Saturday, we travelled 30 miles on gravel roads to the village of Kasaan to

see the totem park. We hiked through the rainy woods to the park where we encountered more than a dozen antique totem poles, and an old clan house. It was a marvelous experience!

The next day, we went hiking on Cemetery Island. Southeast Alaska is a rain forest so it is very damp, and everything is covered with lichen and moss. Along the trail we encountered several large trees that had been toppled. I was struck by the lack of deep roots, which is due to the abundant rainfall, making it unnecessary for the trees to sink deeper roots. The huge uprooted trunks were lying at crazy angles with their flat roots ripped from the earth. It was so striking that I took several pictures of the trees.

During the ensuing week, the sight of those fallen trees kept coming back to me. They could be used as a metaphor of human life. When I was born, my only "root" was the umbilical cord. Then during my childhood and early life my parents and wonderful grandmother Amanda helped me to form some first tentative roots. Then teachers, neighbors, pastors, Sunday school teachers, and other numerous mentors helped those roots to multiply, and sink deeper. These roots gave me a strong foundation to begin medical school where other positive influences continued to strengthen them.

After medical school and an internship, my roots continued to be nourished by my lovely wife Lynn, practice partners, colleagues, and other friends and family. Now unlike those toppled trees in the forest, I feel "firmly rooted", and hopefully I can withstand almost any wind of adversity. Our deep roots make us truly blessed.



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favorites and must-do’s for alla y’all wanting to visit New Zealand.

BY KIMBALL CHEN, MD, AND AMY MULLEN, MD

Kimball Chen and Amy Mullen completed their residencies at Loma Linda University School of Medicine in June 2006 and set off on an international locum tenens adventure on the south island of New Zealand. Kimball is a psychiatrist, and Amy, a family medicine physician.

After a year in locum tenens assignments in New Zealand—hers in family medicine in Otautau, his in psychiatry in Invercargill—Kimball Chen and Amy Mullen have scoped out the highlights of what they call the sweetest place on the planet. From the best half-day hike to optimal weather conditions for a helicopter glacier tour to glow-worms dangling from the walls of a cave, they have made the most of their work and play time. And through the glory that is Google, they have created a detailed map with photos, directions, commentary, and unbridled enthusiasm that is sure to increase tourism in the south island. Ha! Be careful what you wish for, for you may get it!



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locum tenens and wildlife photography—both require a team approach.

BY HOWIE GARBER, MD

Howie Garber, MD, is a board certified EM physician and a professional landscape, wildlife and adventure sports photographer. He has won national and international awards for his work. In 1990 he traveled to Nepal and shot 40 rolls of film while trekking for a month. He has traveled and photographed extensively in places like Peru, Antarctica, Africa, England, Alaska, China, and Bhutan. In between trips he has worked locum tenens assignments across the Western U.S. and Alaska.

Since 1983, I have worked as an emergency physician at small and large hospitals all over the Western U.S. and Alaska; I find that there are many similarities in my two professions. Every day I spend as an outdoor photographer is different and full of surprises. The same could certainly be said for a day spent as a locum tenens in an emergency department. And in the same way that providing good health care is a team approach, my success as a photographer depends on multiple factors--weather, planning, animal behavior, and luck. While the contribution

I make to a community as a locum tenens is easy to measure, I still feel challenged to use my photography as a tool for improving the world. I can't help feeling that artistically capturing pure beauty seems hedonistic and socially irresponsible at times. Yet it is important to document what we are trying to save as well as what we are destroying at a fast pace.



Caption: At. Ut incidunt il et, si. Ommolor pero dolor augait, consectetur, quat, si tis dolore dolorpero diamet irilisi. Delit, verci tie commy nulla faccum euipsum nis nostisim et in vendignisi.

oh, the places you'll go (and stay).

BY BILL WALKLETT, MD

William D. Walklett, MD, is a board certified radiologist who has worked locum tenens radiology jobs for two decades, covering (at last count) 41 hospitals and 21 clinics. He currently holds 16 state medical licenses and serves as a medical director for VISTA Staffing. He loves to travel and has threatened to put together an around-the-world trip based solely on frequent flyer miles. He went skydiving on his 70th birthday and hopes to fly an ultralight aircraft or paraglider in the near future.

One of the most memorable places I have stayed during a locum tenens radiology assignment was a converted carriage house behind the home of a radiologist I was helping out. It was restored with such attention to detail, charming, with a spiral wrought-iron staircase. And it was within walking distance of the hospital.

On another occasion, my wife came with me and we stayed in a lovely two-bedroom condo in Vermont. It was winter and it just snowed and snowed. Maybe because we live in Florida, we found it fascinating to watch the snow pile up higher and higher on the railing around our little balcony. It was this narrow strip of snow, growing taller and taller. It seemed to defy gravity. Then the wind picked up and we watched it gradually tilt, like someone pulling on a coat and walking into the wind.

I also have a particular bond with Wyoming. I can't explain it, but I have a sense that I lived there at one time (and I was raised in Ohio; figure that one out). I was working in Sheridan, a great town, and staying in a guest house. There was a crab apple tree in the yard and every morning a small herd of deer would wander into the yard to eat the windfall apples. I got the bright idea to take a broom and knock down a bunch. The deer came as usual, and then ate so many apples they were all foaming at the mouth. They just plopped down in the yard, so stuffed they were immobilized. I am not sure whether you should mess with nature like that.

The memories go on and on—a bed-and-breakfast apartment in Ketchikan, right on the water where the sunsets were just amazing. I guess I linger on the cozy places like this and try to forget the crazy little hotels I end up in once in a while. But sometimes that's all there is in a small town and you make do. The rewards of getting to know a new part of the country, filling radiology jobs and helping out a colleague, always make it worthwhile.

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I was sure we were missing something!

BY JAMES POOLE, MD

James Poole, MD, was just completing his residency and starting to consider job opportunities when he discovered the advantages of working with an experienced physician recruiter first hand.

I am excited about my future. I will be starting as a hospitalist with Southwestern Vermont Health Care in July, 2008. Currently a 3rd year internal medicine (IM) resident, and chief resident, at Stamford Hospital in Stamford, Connecticut, I started considering positions last summer. I was considering a fellowship and other hospitalist positions when I received an email from VISTA's Search and Consulting division about an opportunity in Bennington, Vermont. The opportunity appealed to me because of its location and the drastic change of pace from Fairfield County and I am looking forward to the challenges of a rural hospital, working in an area in need of physicians, and being in a nice community to raise a family.

As for my experience with VISTA, it was so easy I was sure we were missing something! From the beginning, I was partnered with a dedicated recruiter, Kelley Hekowczyk, who walked me through every step. Kelley helped me prepare for interviews by briefing me on what to expect so there were no surprises along the way. I appreciated Kelley's knowledge of the job and the hospital and I felt that her relationship with the hospital was almost as if she were one of their employees. Her knowledge and the fact that she kept in constant contact with me made the interview and hiring process an easy and pleasant one.

Bennington, here I come!

a peek at O&G as practiced in New Zealand

BY AMY MOORE, MD

Amy Moore, MD, is a board certified OBGYN who has combined US and international locum tenens work for many years. She appreciates the “sane and relaxed” lifestyle Down Under, and is generous about sharing her experiences and impressions with other VISTA locum tenens doctors considering international locums work.

I have loved working in New Zealand! My two stints have been in very different settings. The first experience was in a small rural hospital. Well-seasoned GPs provided most of the obstetric care. They did operative vaginal deliveries and assisted at cesareans. Midwives were involved in a smaller portion of the cases. I really appreciated not having to do normal deliveries, but only being involved in complicated OB cases, or cesareans. There was a reasonable flow of GYN surgery. The GPs do routine paps and provide contraception. They refer “interesting” cases to you, the specialist. This system had obvious advantages and disadvantages.

Most recently, I am in a setting with a higher volume of patients. It is a district hospital. The pathology is stimulating (two cases of malignant pleural effusions and a couple of ectopics this week. And a leiomyosarcoma last month). I also love teaching the new “house officers.” Their training is very different from the ob/g residents at home. Most of them will become GPs, not OB/GYNs. This system is much more closely aligned with British practice than with American traditions. As a result, I have learned many new approaches to O&G. There is an enormous cross culture to medicine, not only to life and times in NZ. I have worked in both urban private/academic and rural/non-academic settings in the States. There is a greater difference in practice patterns within the States than there is from the US to NZ. Some differences are frustrating, while others are joyous.



ah, Alaska in the spring. well, it was supposed to be.

BY KARIN GUDIENSEN, MD

Karin Gudiksen, MD, is a board certified psychiatrist who, since 2000, has worked locum tenens assignments in a variety of settings in many states through VISTA.

I went off to Anchorage to work for three weeks and to find out what spring was like in Alaska. I had been there twice before in August and September and had seen late summer and early fall and had watched the snowline gradually move down the Chugach Mountains. Yes, break-up is over and spring will be getting going, they assured me. Well, not quite.

The last 20-30 minutes of the late afternoon flight into Anchorage were past range on range of rugged snow-covered mountains. There was still a lot of snow on the ground, including those dirty late season heaps piled along the roads and at the edges of parking lots. The woman who let me into my apartment, when I made some comment about how it looked like a lot of winter was still around, said, "At least the light is back."

As the days went by, things gradually got warmer. The first nights were nearly in the teens but some of the days were getting well into the 50's. I am still amazed how quickly the days lengthen — more than 5 min. 30 seconds each day. You can notice from day to day. I am also amazed how warm 40-50 can feel. I never would think of walking around here when it is in the 40s with my jacket unzipped. And locals would be appearing in T-shirts and shorts exposing very white legs. Last Thursday I thought I saw the first sprigs of green along the road as I drove home after work.

Then Friday, April 25th dawned. It was hovering just about at freezing. There were a few flakes of snow beginning to come down as I drove to work, those big, fat, sloppy flakes you see in Western Washington. And they kept falling and they kept falling and they kept falling. They stuck to the bushes and the trees and the cars and everything. The parking lot looked like a lot of overstuffed marshmallows when I went out to drive home. I'm not used to driving in snow and ice. We don't go off to the mountains in the winter here. It was 40+ years ago we moved to California. And, in fact, I had never driven in that much snow. I was scared — even for the three or so miles I had to drive to get home. It still was not freezing so there was not any ice down on the road surface just lots of slush. All seemed to be driving slower and I did get home uneventfully.

Turns out that all this snow is not at all the Anchorage-rule. It kept snowing until there was 15-16 inches in the bowl where most of the city of Anchorage is located. It was the most snowfall on an April day and the third most snowfall in Anchorage in a single day ever in the nearly 100 years they have been keeping track of such things. And it was late.

The snow plows had been put in the yard for the summer. They got them out and went to work. Not surprisingly my week-end plans were cancelled. I got my exercise by leaping over ankle deep and more slushy curbside puddles. The days and nights kept warming, most of the snow is now melted and I think that I saw those blades of grass again as I drove home my last afternoon...and, so it went for another short stay working in Alaska. Thought you might be interested. I certainly find it interesting. Alaska is a different place. They say the rest of us live "outside." We do.





locum lore

We're always hearing interesting stories and helpful tidbits that we want to pass along to you—and that's just what this section is all about.

“Dr. Terry Cloth calling about local tennis.”

BY THERUS KOLFF, MD, MPH

Therus Kolff earned his M.D. from the University of Utah and his M.P.H. in Health Policy and Management from Harvard University where he continues to serve on the School of Public Health's Advisory Council. He is the founder of the locum tenens industry and a medical director for VISTA Staffing Solutions.

It's true, in the early days some people thought doctors who worked as locum tenens might be snake-oil salesmen. They questioned our ability to get and hold good jobs and refused to introduce us to their sisters. They said, “What? You're Dr. Terry Cloth and you're calling about local tennis?!”

Over the past 30 years I have had the great pleasure of watching the evolution of this unique way we do the work we love. It has become what many of you will agree is the purest form of practice available to physicians today.

Here's a quick look at how it happened: Shortly after I completed med school in 1976, I joined a group called the Health Systems Research Institute, a non-profit formed by the University of Utah, the Intermountain Regional Medical Program, and the Robert Wood Johnson Foundation. Our goal was to develop innovative solutions to rural healthcare challenges. I led a team that managed 22 clinics and five hospitals in nine western states and had the privilege of serving as team leader for Yellowstone National Park Medical Services.

Yeah, it sounds great, but back then—as now—keeping physicians in these rural practices was really difficult. And the ones we did recruit were at risk of quick burnout because they were on call almost all the time and never felt they could get away from their practices. We realized that we needed a “circuit rider” to provide coverage and give these docs a break with the peace of mind that their patients would be well cared for and their practices managed responsibly. Why not? Episcopalian priests had been doing it for centuries. We realized we were on to something and went on to establish the first commercial locum tenens company in 1979.

The changes in US demographics, in generational attitudes toward work and careers, in technology, in healthcare worker supply and demand have made the landscape for locum tenens even more inviting and important. The wave has moved well beyond primary care and physicians in just about every medical specialty are in demand for temporary assignments. International opportunities are opening up in every country with a comparable medical education system. And the work ranges from weekend call to a year or longer, with every option in between. The stigma is gone, replaced by respect from colleagues, appreciation for the much-needed help, and maybe a little envy for the freedom and flexibility locum tenens affords.

On the brink? Take the plunge. You will emerge from your experience with a better understanding of your strengths and priorities, a clear view of your value, and a stronger ability to negotiate for what really matters in the subsequent stages of your career.





overheard at VISTA: I love your pen.

BY JAMES HONG, MD

James Hong, MD, is a board certified IM physician who joined VISTA right after completing his residency, while studying for his boards. Handwriting notwithstanding, clients, staff, and patients love his enthusiasm and skill.

The following is one of the funniest email exchanges we've received from a physician working locum tenens with us.

Hi Melanie,
I have kind of an odd request. Do you remember when you sent me the recertification packet? Well it came with a bright green pen that had VISTA's logo on it. I wanted to let you know it was the best pen I've ever used. It fit just right in my hand and I think it actually made my handwriting neater. Sadly, it just ran out of ink. I almost cried. Now every pen I use is just uncomfortable and a pathetic substitute for my dearly departed VISTA pen. My handwriting has also suffered greatly. Is there any way you could find it in your heart to send a few more pens my way? I would greatly appreciate it. The nurses would too, so they can read my orders better, which would benefit the patient too. And in a roundabout way, even VISTA would benefit (better handwriting = fewer medical errors = happier patients = less chance of malpractice lawsuits = lower premiums). You can also think of it as an advertising investment because I'll be sure to sing VISTA's praises to all my colleagues while I'm using it. It'll be a WIN-WIN situation! Let me know if you can help me out. Thanks!

Hi James,
I am still laughing my head off! With a request like this, how can I say no? The pens are on their way! Have a great weekend!
Melanie

.....
Melanie! Oh glorious day! I received the package today and it made me sooooo happy. Woo hoo! Now I have my beloved pen back AND I got a new t-shirt and hat to boot! Thank you! Thank you! Thank you! Here's a picture of me with all my new goodies. Enjoy!
James



Caption: At. Ut incidunt il et, si. Ommolor pero dolor augait, consectet, quat, si tis dolorem dolorpero diamet irilisi. Delit, verci tie commy nulla faccum euipsum nis nostisim et in vendignisi.

getting what you want, in locums and in life.

BY KATIE ABBY

Katie Abby is executive vice president of VISTA and one of the companys' founders. She is past president of the National Association of Locum Tenens Organizations, an endurance athlete and a member of the board of directors of IVUmed, a volunteer organization that provides medical and surgical education to physicians and nurses, and treatment to thousands of suffering men, women, and children throughout the world.

2007 was a big year for me, in many ways. Tossed in among the momentous and the mundane was my decision to train for the Wisconsin Ironman, which was in September. In retrospect, there couldn't have been a more perfect way to stay focused on what it really takes to get what you want and need out of life. So I offer some 20/20 hindsight as you contemplate a small career transition, a professional 360, or the launch of a bold new personal venture—be it into locum tenens or beyond.

On goals: You have to have the “big one” clearly in mind. But to get there you have to break it down into a series of smaller goals. You don't bike a Century (100 miles) until you've competed in your share of 20-milers. In locum tenens, that could mean trying out a temporary assignment during a vacation or leave, without cutting ties to your practice completely. Or committing to a shorter temporary medical assignment to start, knowing that if you speak up early enough, you can almost always extend your stay.

On support: No one does this alone. For an endurance athlete it takes family, coaches, books, videos, bike mechanics, riding buddies, and at least one dog who won't let you sleep in on long-run days. The good news here is that locum tenens is all about support—from the team that finds and screens opportunities, to the people who match your skills and interests with those openings, to the travel agents who get you there, to the associates who call to collect your timesheets so you get paid accurately. All it takes is great two-way communication and responsiveness.

On organization: Imagine how easy it is to NOT jump into a cold mountain reservoir for a training swim. Interestingly though, I found that it wasn't a lack of motivation that most often derailed my training plans, but poor planning. Not enough time, competing commitments, personal distractions. Just like throwing an Ironman into the life mix, locum tenens is a little more complicated than working in the same medical practice year in and year out. It's important to have a plan and to be very organized. Prioritize and attack the highest priority areas first. Get that locum tenens application filled out, bite the bullet and collect the documents, build a relationship with a locums team—so you can take the “plunge” when the time is right.



On flexibility: Things happen. Sometimes you crash. It's important not to get so tied up in your original plan that you can't change strategies. The first year I qualified to run the Boston Marathon I injured myself overtraining. I had to step back and reframe my entire plan—what I saw myself achieving and how I would define success. That's probably the lesson that helped me most in training for the Ironman. And oh, what a tie there is to locums work! I have been recruiting locum tenens doctors for more than 20 years, and so often the first phone call is, “I only want to go to warm places and I'll only stay two weeks.” Can I tell you how many of these physicians later sent me email from places like La Grande, Oregon and Athens, Wisconsin raving about the place and the people?

On fun: No goal is worth achieving if it's not fun. I even heard this from the professional Ironman athletes who ran training camps leading up to the race. It's their job to do this crazy stuff and the best ones earn some good money, but they never lose sight of the fun. Locums can be a little stressful—with travel and unfamiliar housing and orientations to new facilities and protocols. But it can be the positive stress that makes

you remember why you went into medicine in the first place. It's fun. Colleagues and patients truly appreciate you. You get to learn from and teach people from all across the country, even the world if you choose international locums. And there is almost always someone willing to help you find the best Thai food or a take-your-breath-away trail to run around the lake.

On celebration: Everything clicked on the day of the Ironman. I was stronger than I expected in the 2.4-mile swim, so I got off to a great start on the 112-mile bike. I knew the bike would be my most challenging leg of the race, so the little boost was appreciated. The miles flew by and my energy just kept building. As crazy as it sounds, I was euphoric by the start of the 26.2-mile run. I finished in 15 hours, 4 minutes, placing 37th in my category. I knew everyone at VISTA was tracking my progress online, and some even managed to catch the web video of me crossing the finish line. To me, every stroke, pedal, and stride was a celebration. It will stay with me forever. Here's hoping that locum tenens is a great option for you, and that you join us and have this kind of delirious pleasure to look back on after a long and satisfying run of it.

licensing and credentialing for locums and beyond

VISTA Staffing Solutions helps the physicians we serve secure new state licenses in time to fill locum tenens assignments. We have developed the systems, relationships, and seasoned staff to do it better than just about anyone in the nation. Our goal: to take a complex, time-consuming process and make it easy and quick for you so you can begin your next adventure.



hospital credentialing for locum tenens physicians: important changes you should know about.

BY RYAN SIMMONS

Ryan Simmons is part of VISTA's IM and hospitalist scheduling team, responsible for helping physicians secure privileges in facilities across the country. In his spare time he's a Utah State Champion Super D mountain bike racer.

PART 1

A lot has changed over the past three years in regards to getting physicians credentialed and ready for locum tenens assignments. Applications are longer, medical staff offices are understaffed and require more time to process applications, and the types of documents required have changed significantly. In the past the focus was on the written word and the ability of your peers to express their ideas and opinions about their professional interaction with you in a simple reference letter. This “Letter of Reference” actually served two purposes:

1. As an introduction to a client.
2. As a professional reference to fulfill hospital by-laws.

Today a letter of reference has shed some of its responsibilities. Your locum tenens recruiter will still need it, along with your CV and any supporting documents, to assess your fit with locum tenens work, however, from a hospital credentialing point of view, the letters are outdated. These days we find that medical staff offices prefer their own version of the letter of reference: a reference questionnaire

or evaluation that is specific to each facility. These are usually one to two pages and consist mainly of a handful of questions that rate your performance in a number of areas, followed by a few questions that allow your colleague to elaborate more generally. So far the response has been hit or miss. While it does alleviate the need to type out a letter and the forms usually only take a minute or two to complete by hand, it is another piece of correspondence in a physician's busy schedule.

A good rule as you move forward as a locum tenens physician is to keep your references current. I suggest that new doctors gather up a few references prior to leaving their practice, residency or fellowship and current assignment. Keep a running list of their work address, phone, fax and email address. This way, you'll give outdated references a bit of relief and improve the odds of getting the newer references to respond in a timely manner.

Another change that is just as significant as your references is the use of the procedure log. Almost anyone who is going to work in a hospital setting or perform any type of procedure is going to be asked to provide a copy of their procedure log for the past 24 months when applying for privileges. (This includes new residents and fellows.)



The procedure log is basically a running tally of specific procedures and the number of times you performed them. Most modern hospitals and clinics have these readily available and can usually print them out upon request. I suggest asking for a copy of your procedure log before you leave your training program or current assignment. Hang on to them for at least two years. It will save you a lot of time and effort trying to track them down after you leave.

Lastly, the UPIN number and all the paperwork and headache it took to get it are all but gone. The number still shows up on credentialing applications that have not been revised, but the focus is now on the NPI number. Instead of three months, the new NPI number application takes five to 10 minutes to complete online. You will be emailed a confirmation letter with your NPI number that you will use for the rest of your career. But that's not the end of it. Hospitals now require that confirmation letter as part of your credentialing, so please don't delete that email. Keep a copy handy.

And the good news is that when you work locum tenens assignments through VISTA, we help you make sense and keep track of all of credentialing procedures, changes to them and more.

PART 2

The last time we visited the world of hospital credentialing for locum tenens assignments, we focused on the ever important 'documentation of procedures' or procedure log. As I mentioned in my last blog, paperwork and more paperwork is the norm now when applying for hospital privileges—whether it's for a permanent position or a locum tenens job. Although not a recent or extraordinary request, I am seeing more and more hospitals require documentation of all physicians' TB skin test or PPD taken within the past year.

As a physician you probably realize that there are a lot of people with positive TB tests who have no symptoms. Hospitals realize this and are fine with those results as long as we can provide them with a copy of a chest x-ray as supporting documentation. In most cases, copies of your TB test and the chest x-ray are all that are needed. However there are a handful of hospitals that may ask for additional documentation from the physician who performed the TB test, and, in extreme cases, they may require you to take a TB test during your locum tenens orientation process prior to seeing patients.

So, like the procedure log, it's a good idea to keep a copy of a recent (within the past year) TB test and a chest x-ray if your result is positive in your locum tenens credentialing file. I'm certain that over the next few years it will be a requirement at every hospital and clinic regardless of location.



a new state license?! where do I start?

BY RENEE SUTTON

Renee Sutton is Corporate Projects Director. She manages VISTA's contracts, facilitates peer review and medial directors' meetings, conducts physician file reviews for quality assurance and risk management and wears many other hats.

Your first step in gaining a new state license is to determine your eligibility, which varies by state, and is based on the following:

- Whether you are a US or international medical school graduate and, in some states whether your medical school is approved by the state. VISTA's team will research a state medical board's website or utilize the WHO Directory of Medical Schools or the ECFMG FAIMER Directory to determine if a school is acceptable.
- The length of post graduate training you have completed. International graduates are commonly required to complete three years of PGT; US grads may meet eligibility with one or two years of training after graduation.

- Limitations on licensure examination, e.g., some states do not accept a "state" exam—these were the norm prior to NBME, FLEX and USMLE.
- The status of your original license. Some states require that your first license remain active.
- When you took the USMLE; USMLE failure rate on each of the steps; weighted score of the exam.
- How long it's been since you took a licensure exam along with ABMS certification. Some states invoke "The 10-Year Rule" which states that if a physician has not taken a licensure exam within 10 years of application and is NOT board certified, he or she may be required to take the SPEX Exam.

VISTA recruiters review all locum tenens candidates' applications and work with our licensing specialists to determine whether these requirements will impact your ability to qualify for a new state license. This is an important step in assessing locum tenens opportunities.

Once we help you determine your eligibility, a Licensing Specialist will walk you through the steps required to apply for the license. It is important to decide if you can meet the requirements, especially if you may be required to take the SPEX or obtain ABME certification. It is also important to know up front if a state will require an on-site interview or exam.

Once you have worked through the above, you must complete and certify the application for licensure and an FCVS profile application, if required by the board. Additionally, for those states that require an associated controlled substance certificate, you must complete a separate application and meet specific requirements. The VISTA Licensing Specialist then begins requesting primary source verification of your credentials, which always include:

- Medical Education- all schools attended
- Post Graduate Training
- Licensing Exam Scores
- All state licensure – active, inactive, and training
- Professional's statement regarding history of malpractice experience, discipline, and mental health issues that could affect or limit his/ her ability to provide competent medical care.
- ECFMG for all international graduates

These additional verifications and requirements are requested by most states and processed by the licensing specialist:

- AMA or AOA Profile
- Federation of State Medical Board Clearance
- NPDB
- Transcripts
- Practice experience – this varies by state in terms of how far back your work history needs to be verified
- Liability insurance coverage
- Certified birth certificate
- Legal proof of name change, if applicable
- Fingerprinting and background checks
- CME required for licensure- FL
- Passport photos
- Referencing – many states have their own forms; others require a statement

The licensing specialist contacts primary sources and then follows up to assure that a response to the board is completed. Once the application and all requirements for verification and documents are received by the board, the licensing specialist will stay in contact with you and the board until a decision is made. If at any time during the application, you experience an unusual negative experience, even something like a traffic ticket (yes, just for speeding) you must notify VISTA and fully disclose the circumstances to the board you are petitioning for licensure.

print on photo paper or your license and locums assignment may be delayed.

BY SHUMMY MUSE

Shummy Muse has 10+ years of experience helping locum tenens physicians secure new medical licenses. She started her career licensing for locums assignments exclusively, but now helps any physician wishing to obtain a new license in the United States through VISTA's Physician Licensing Resources division. She is also a great resource to the VISTA Physician Search and Consulting Division.

When you are applying for medical licensure in the US for either a locum tenens or permanent license, remember that the majority of medical boards require a recent (within the last six months) photograph. The medical boards do not accept digital photos printed on regular paper. The photos must be passport quality of your head and shoulders. Some boards require this photo be black and white; others require it in color. It's true: digital pictures are more convenient, quicker to obtain, easier to reproduce and cheaper. However, don't submit your digital picture printed on regular copy paper or the medical board will very likely ask for another photo that is of passport quality. Your application (and your locums assignment) could be delayed.



A wide-angle landscape photograph showing a person in a red jacket standing on a dark, rocky shore covered with yellow seaweed. The person is looking out at a calm body of water that reflects the overcast, grey sky. In the distance, there are forested hills and mountains, some partially shrouded in mist or low clouds. The overall mood is serene and contemplative.

travel tips for locum tenens

Part of the locum tenens life is learning to love travel, despite the inevitable bumps along the way. This section provides tips to help enhance the experience and ease the traveling pain—and perhaps eliminate it when possible.

comfort / timing / price = the optimum equation for locum tenens travel

BY BRENDA MOLAND

Brenda Moland loves the variety of people and situations she encounters as leader of VISTA's three-person in-house travel team. With a combined 50 years of experience, the VISTA team books more than 300 airline flights, 1200 hotel room nights, and 2600 rental car days every month.

Globalization—notwithstanding Starbucks and The Gap and Abercrombie and Fitch—has a positive side. It has made travel simpler and much less intimidating. Find baggage claim at SUX and you can find it at LAX. Return a rental car at SeaTac and you can return one at Miami International. Learn to navigate your home airport and you can pretty much make it through any airport in the world.

Of course it helps to have a great team paving the way for you. VISTA has a three-person, in-house travel team. We book flights, reserve rental cars, and arrange for short-, mid-, or long-term housing while physicians are on assignment with us in the US, Australia, or New Zealand.

Our goal is to find the optimum balance between comfort and timing for physicians, and affordability for the hospitals and practices in which you work. We understand that practicing medicine is what you do best, and that you do it best if you feel safe, comfortable, and in control

of your situation. That's why we always work to accommodate your requests and special needs. (We recently booked travel and housing for a physician traveling with six Coin Parakeets—we can handle just about anything!)

On the flip side, the most important thing you can do to make your locum tenens travel successful and less stressful is GET TO THE AIRPORT ON TIME! I know there are factors beyond every traveler's control, but if you can get in the habit of arriving early enough to complete the last task on your to-do list on the premises instead of at home or on the way you will save yourself, your team, your colleagues, and yes, your travel agents a lot of heartache. So make a plan to shine your shoes, get cash, check your email, stop for coffee, call your mom, or clean out your briefcase once you are through security and in the relative vicinity of your gate.

If you miss a flight or your flight is delayed or cancelled, the most important thing to do is get in line for a ticket agent. Run, don't walk. And call us from the line. The on-site agent may have more information or options to help you. Conversely, we may be able to act more quickly. Either way it's best to cover both bases. Happy traveling!





can I take my knitting needles on my locum tenens flight?

BY ROSE GOMEZ

Rose Gomez has 16 years of experience coordinating travel for both personal and corporate accounts. She gravitated away from personal travel the day a caller who was afraid to fly asked her to book round trip train travel from LA to Hawaii.

No, this is NOT the strangest carry-on question I've received, but in thinking about physicians traveling to locum tenens assignments and actually having a little free time to pursue other interests, it seemed like a good answer to share.

The good news is, knitting needles are permitted in your carry-on baggage or checked baggage. The not-as-definitive news is that TSA security officers have the authority to determine right there on the spot if an item could be used as a weapon. Therefore, on that basis, they may not allow your knitting needles to pass through security. So, if you do decide to carry on that scarf you are knitting for Aunt Sophie, TSA recommends the following:

- Circular knitting needles should be less than 31 inches in total length
- Bamboo or plastic (not metal) needles are preferred
- Scissors must have blunt points
- Carry a self-addressed envelope so that you can mail your knitting back to yourself if a security officer does not allow your knitting tools through security. Otherwise you will have to surrender them at the security check point
- Always carry a crochet hook with yarn in your knitting bag to save the work you have already done in case your knitting tools are surrendered at the checkpoint

Okay, but what about needlepoint? TSA says that most needlepoint project tools are permitted in your carry-on baggage or checked baggage except circular thread cutters or any cutter with a blade contained inside. These items cannot be taken through a security checkpoint. They must go in your checked baggage.

make your locum tenens travel simpler—remember 3-1-1

BY CINDY MUNGAL

Cindy Mungal has a great deal of experience booking—and enjoying—international travel. Cindy's other specialty is finding and negotiating for comfortable housing for VISTA physicians on assignment.

In what may be a strange tribute to the memory of the September 11, 2001 terrorist attacks (9/11), TSA has launched the 3-1-1 campaign to help travelers adapt to the new restrictions on liquids in carry-on luggage. We thought we'd remind you about it as you prepare for your next locum tenens assignment. Here's how it goes:

- 3-ounce bottles or less (by volume)
- 1 quart-sized, clear, plastic, zip-top bag
- 1 bag per passenger, to be placed in the screening bin as you approach security.

TSA reports that the one-quart bag per person limits the total liquid volume each traveler can bring. The three-ounce container size is a security measure. Packing all the bottles into one clear, not-likely-to-fly-open bag that can be X-rayed separately will speed screening.

They also want to remind travelers that 3-1-1 is for short trips when you may choose not to check a bag. If in doubt, put your liquids in checked luggage. Some liquids are allowed in larger quantities, but you must declare them as you pass through security. These include medications, baby formula and food, breast milk, and juice in reasonable quantities. They do not need to be in zip-top bags.

Your VISTA travel team wishes you safe journeys to and from all of your locum tenens assignments and begs you to get to the airport early, for your sanity and ours.

make those travel points add up!

BY BRENDA MOLAND

As a locum tenens traveler, it really pays to take the time to sign up for and use frequent flyer, preferred guest, and all the other flight programs that give you perks in return for your loyalty. It's easy, it's generally free, and you can usually do it on-line—plus you only have to keep track of the numbers long enough to get them to your friendly VISTA Staffing Solutions travel agent. We will add them to your travel profile, which includes your preferences, special needs, and such, and enter them whenever you book travel and housing for a locum tenens assignment.

Even if your locums travels take you to vastly different places on different airlines and to different hotels, the points can add up. For example, Delta, Northwest, and Continental honor each other's frequent flyer point programs. United and US Air have a similar arrangement, as do Alaska Air/Delta and Alaska Air/American.

When and how you use your points is, of course, entirely up to you. Even though you earn them on tickets paid for by locum tenens clients, you are entitled to the benefits. Our team suggests that you save upgrades for a flight that's three hours or longer—almost anyone can survive a short haul in coach. Timing is also an important consideration; an upgrade might make a packed end-of-the-business week flight much more comfortable if you are able to get it.

Check the websites of the airlines you fly for on-line applications and rules and restrictions for using your points. There is no question the travel industry is becoming less generous in this respect, but there are still benefits to be had.

And don't forget to sign up for preferred traveler programs at the hotels you frequent. Your points may entitle you an upgrade or a free stay when a friend or family members decides to join you for all or part of a temporary medical assignment. Always ask hotels if they honor airline frequent flyers programs too—most of them do.

One final note—find a little pocket in your carry-on bag and get in the habit of stashing your boarding passes there. When you get your frequent flyer program statements, verify that you were credited for all the segments of your journey. If you were not, only the boarding pass can convince the airline to add the points for a segment to your account. Happy traveling!



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