

Attempt at a vaguely Dave Barry style . . .

Job Interview: A look at the effects of the generation gap

As I've been working as a practice consultant with older owners, I keep hearing the same complaints about new associates. At the same time, recent graduates seem to be having problems with their new positions. Both sides are having troubles relating to each other, which seems to be due to some drastic differences in expectations. So, to help both sides understand the other better, I will be providing close captioning in parenthesis and explanations for the understanding-impaired of an interview between Dr. Ounor, the owner of a growing practice, and Dr. Fresh, a recent graduate of a prestigious veterinary school.

Dr. Ounor (*expansively*): Please, sit down. It's been a pleasure talking with you over the past couple weeks. You're obviously very qualified for the position of associate, the staff likes you, and I think you'd be a great addition to our team – you've clearly a lot to contribute. (I WANT TO HIRE YOU. BE HONORED.)

Dr. Fresh (*excited*): Thank you so much . . . I've really enjoyed getting to know you, and I think your practice has a lot of potential – as we've discussed, it's the perfect spot for me and my wife, and now that the baby's on the way, I'm just – well, looking forward to working with you. (I WANT TO WORK WITH YOU. BE HONORED.)

Dr. Ounor: Great! So let's get some of the particulars out of the way before we call the lawyers. I've drawn up a rough draft of a contract – (*hands Dr. Fresh a handwritten contract*) – and you can let me know what you think of the terms. (WANTS TO AVOID CONTACT WITH LAWYERS AS MUCH AS POSSIBLE. BRIGHT GUY.)

Dr. Fresh (*reading, quietly*): Is this, um, the usual salary? (WHAT? PEANUTS! YOU WANT TO HIRE ME FOR PEANUTS! I SHOULD'VE GONE INTO ADVERTISING, LIKE MATT – HE'S MAKING 80 THOU A YEAR!)

Dr. Ounor (*slightly surprised*): Well, it's on par with what others are paying new associates. (WHO DO YOU THINK YOU ARE? JAMES HERRIOT?)

EXPLANATION:

Most graduates with a year or less experience will not produce enough revenue to justify the salary they expect. Owners cannot help but compare their experiences to the new associates, so when they remember how little their first job paid (with salaries ranging from nothing to \$20,000) and how happy they were to have a position, it's difficult for them to understand why potential associates demand so much more.

Meanwhile, new veterinarians are leaving graduate school with a definite idea (proposed by the institution) of what they are worth. Each school may have different thoughts about the amount of a reasonable starting salary, but they are all much higher than what practice owners consider realistic. It is important, however, for employers to consider the situation

new veterinarians are in: tuition costs have skyrocketed, for both college and veterinary school. New graduates are often in arrears for amounts exceeding \$100,000, which automatically raises the amount of money that is necessary to survive on a daily basis and still pay off this staggering debt.

Dr. Fresh (*still reading*): This doesn't seem to offer a lot of free time . . . (I DO HAVE A LIFE, YOU KNOW.)

Dr. Ounor (*more surprised*): It is a full time position. (NO, THIS IS YOUR LIFE.)

EXPLANATION:

Many practice owners assume that a full time position implied between 42-48 hours of work per week. In most cases, this is a much shorter schedule than the one at which they began, yet is still more than the new veterinarian expects.

The younger generation has an entirely different outlook on the profession and work hours than their elders. The veterinary field is not alone in this situation: businesses from all over the country are dealing with this trend. Having heard about the inevitability of "burn out," new associates want to be sure to build their lives outside of their profession, which makes time off a priority. They generally imagine that a full time position requires 30-36 hours of work per week.

Dr. Fresh (*shocked*): You want me to take emergency call? Three times a week? (WHEN EXACTLY AM I SUPPOSED TO SLEEP?)

Dr. Ounor (*now annoyed*): Of course. (WHAT, DO YOU THINK YOU GET TO SLEEP? HAH!)

EXPLANATION:

This is perhaps one of the most sensitive issues, as many owners view this as a vital practice builder. Jack Unterberger, of the Pine Bush Animal Hospital, told me, "All of the interviewees couldn't understand why they would have to take any emergency call when there was an emergency hospital in the general area." Unterberger believes that the fact that he has been there for his clients and pets in their most emotional, terrifying moments is one of the major causes of his practice's growth. He does make use of selective ER clinics, but not necessarily the entire time his business is official closed. When there is a problem, people are naturally more comfortable when they can see someone they know and trust.

When talking with younger veterinarians about this issue, I've found that they almost all agree that there is no reason for any ER call. They believe that if everyone would close at regular hours and not take personal call, then clients would use ER clinics without faulting individual practices. Modern ER clinics are well staffed with doctors and technicians who are up to date with emergency treatment, they can easily offer round-the-clock care, and

they often have the updated equipment necessary to provide optimal treatment that less specialized practices can't afford. According to graduates, sending clients to ER clinics is a win-win situation, as it is in both the doctors' and pets' best interest.

Dr. Fresh: And the health insurance – it doesn't even cover me fully? What about my wife? And kid? (WHAT ABOUT MY WIFE? AND KID?)

Dr. Oun0r (*confused*): But why would I cover them? (WHAT ABOUT YOUR WIFE AND KID?)

EXPLANATION:

The majority of owners understand that there are major differences between what they believe benefits should be and what is now expected. In the seventies and eighties, benefits were fairly standard: they didn't really exist. Vacations were usually only a week long and often weren't taken, while sick days weren't mentioned for the simple reason that veterinarians didn't get sick – who had time for sickness? Ray Tritch, an owner of the Susquehanna Animal hospital, recalled, “There was a day where I must have had the flu or something like it. I had a full day scheduled and I would run into the bathroom between examinations and vomit. [] It wasn't like there was a choice – someone had to see the pets.” Health insurance was not the tremendous expense it is today and dental insurance was a figment of dentists' imaginations. Continuing education was acceptable, but it meant one could go to the local chapter meeting two or three times a year after working a twelve hour day. Today, most owners look at benefits as a necessary evil that they must offer to keep up with the new business environment. They assume that a one-to-two week vacation, 75% of health insurance, three days of CE with a \$500 allowance, and some additional expenses (such as paying for a journal and dues for the local chapter) should be more than enough.

With the advent of larger businesses and corporations offering all sorts of new and creative benefits, the associate will often have desires that bewilder the owners. Expected vacation time may range from two weeks to two months. Health insurance has become such an expensive item that many plan to receive 100% coverage for themselves and their families. Dental insurance, short and long term disability insurance, and life insurance are now items that are asked for and sometimes given. Sick and personal days are offered, but when not used there is often an expectation of reimbursement. CE is considered essential, and a week or more with \$1500-\$3000 is usually anticipated. Other expected items include dues for specialty groups (such as the A.V.M.A.), multiple journals, car mileage, computer fees (VIN, AOL, MSN), and so on.

Dr. Fresh (*thinking*). (ALRIGHT DOC, YOU CAN SQUEEZE ME DRY 'CAUSE I NEED A POSITION, BUT DON'T EXPECT ANYTHING EXTRA FROM ME.)

Dr. Ounor (*thinking*): (THIS KID DOESN'T SEEM TO HAVE THE NECESSARY WORK ETHIC. MAYBE THIS ISN'T GOING TO WORK OUT.)

EXPLANATION:

Many practice owners I have interviewed felt that they were admired and appreciated by their communities and that they held a strong position in their town. They were accustomed to respect. Today, however, it seems that “respect” is a difficult concept for new associates to understand. I remember starting my first job: all I wanted to do was to impress my employer in any way I could. I sure wasn’t going to manage that with my veterinary knowledge, so I made certain that I was there every day before he arrived, always stayed until after he left, and would even come in on my day off to learn new procedures. Most owners went through this stage sometime in their career, but they do not see similar displays of dedication from new employees.

Instead of a respected mentor, the new associate sees the owner as “A Boss.” Therefore, the aim-to-please mentality does not exist, as now the graduate may feel the owner is lucky to have found him/her. The experienced veterinarian may simply seem old fashioned and in need of the new associate’s technological expertise.

This is the most difficult area for me to understand the mindset of the new veterinarians, and it may take me years to fully realize how they look at the profession and where they see themselves in regards to their clients, local towns, businesses, and government. The issues today are different: clients would never question the veterinarian’s suggestions, the internet wasn’t there to provide both helpful and dangerous information for our clients, we didn’t have to deal with companies that threatened us with low-cost drug sales, large corporations weren’t buying up individual practices, it was unheard of to see an article in a respected national magazine that assailed the morals of the veterinary practitioner. Until we fully understand how these and other issues influence new associates, we can’t dismiss their apparent relative lack of respect for the profession.

It’s clear that there’s a lot of underlying assumptions here that are going to cause large rifts between Dr. Ounor and Dr. Fresh in the future. In the next issue, I will address ways to bridge this generational gap and create a practice where those with experience and those with new ideas can function smoothly together, create a trusting relationship, and provide the best care for their clients.