

# perspectives

for PTs and PTAs in the first 5 years of their careers

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## IS IT TIME TO CHANGE?

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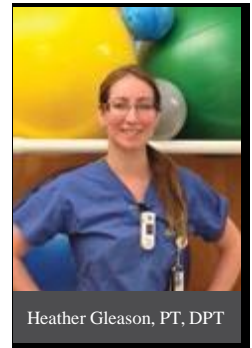
By Mary Kay Schoen



“When I gave my notice, they said something like, ‘You’ve only been here a little over a year,’ and my thought was, ‘Yes, that’s it. I’m moving on.’”

With that, Heather Gleason, PT, DPT, went to a different hospital for reasons many recent grads can understand. “I did like the work, and I liked the people I worked with, but I felt I needed to pay off my student loans and also have a survivable income and meet other life goals.”

Why do physical therapists (PTs) and physical therapist assistants (PTAs) change jobs early in their careers? To pay the bills may be a common reason, but it is 1 of many. They may want to focus on a specialization or to avoid burnout—physical or emotional. Or to pursue broader goals such as rural health care or world health policy, in places as far away as Beijing. Closer to home, PTs and PTAs look for new jobs that better fit their lives—or their ethical standards.



Heather Gleason, PT, DPT

## Money and More

“The primary reason I changed jobs was that I was strained to pay my student loans at my previous job,” Gleason said. She happened upon her new position at a VA hospital while she was looking for a *per diem* job to supplement her income. “My current job provides an opportunity for promotion if you achieve a clinical specialty in physical therapy. There are other benefits as well. She says her current job, which encompasses a whole range of care, offers better resources. “At my last job I had 1 walker to share among all my patients. I could never leave it for them to get up on their own. Now I have enough walkers that I can leave 1. [It’s] a small thing, but a huge improvement in what I can provide a patient.”

## A Chance to Focus



Brian Maloney, PT, DPT

When he took his first physical therapy job, Brian Maloney, PT, DPT, had neurological practice in mind. “But when I got out of school, there weren’t a whole lot of job openings. So I took a chance with an outpatient practice. Although it was primarily orthopedic, my employer encouraged me to try to build up the neuro practice and make it into the position that I wanted. It was really me trying to mentor myself and give myself as many educational opportunities as I could.” He built up the practice to 25%–40% neurology patients. “I felt spread too thin

trying to do both ortho and neuro and did not feel I was gaining enough expertise in either area,” he said. “For me, it was time to focus.” So he took a position at a rehabilitation hospital where he could be mentored and focus on neurological patients.

“On a personal level it was tough to leave,” Maloney said. “I knew essentially everyone in that organization by first name. I’d built this little family. But I also knew careerwise I had to go somewhere else to meet my goals. Here there are 2,000 employees, and now I’m a small fish in a big pond. But I am slowly growing a work family here as well.”

A change of focus may or may not mean renting a U-Haul. Minnesota native Dan Lanari, PT, DPT, made a big move for his first physical therapy position. His very deliberate choice was Socorro General Hospital, a critical-access hospital in a town of 9,000 in central New Mexico. “I grew up in a small town, and I knew I wanted to work in a rural community.”

His next move couldn’t have been more local. After 18 months in Socorro as a staff PT, Lanari’s career goals began to come into sharper focus. Initially he’d intended to pursue residency programs and manual therapy certifications. But when a colleague wanted to step down from management to do more patient care,

Lanari decided to step up. “I took over as the manager of the rehab department, and that’s when my goals changed significantly,” he said. “I became interested in the challenges that rural communities face in getting access to care. In our community there were a lot of gaps in our rehab services.”

He went to work on that. “This past year we have been able to bring in cardiac rehabilitation, pulmonary rehabilitation, pediatric outpatient care, and women’s health. We’re also working on wound care and becoming more involved with swing bed or nursing home care.” Staff will have grown from 4 to 10 in the past 3 years. Lanari will soon begin an MBA in rural health care through the College of St Scholastica. “Working on the management and administrative side of things is what really sparks me,” he said. “The great thing about physical therapy is that it’s such an expansive profession. We just have to make sure we remain open to the possibilities.”

## A Global Perspective

Sometimes possibilities cross borders. April Gamble, PT, DPT, had a neurological residency with a brain injury team in an inpatient hospital in Michigan. “I could have stayed,” she said, “but I really wanted to do international work.” So she picked up and moved to China.

## WHAT DO RECRUITERS WANT?

Although you can’t get an interview without having the required skill set, it’s often personality that becomes the critical component in the final hiring decision. We asked physical therapists (PTs) involved in the hiring process about the top 5 things they look for in a new hire.

Jason Harvey, PT, MSPT, vice president of operations and co-owner of Elite Physical Therapy, with 8 clinics throughout Rhode Island, responded with his top 5 from the perspective of an outpatient orthopedic private practice setting.

1. **Passion:** The candidates need to be passionate about being an outpatient orthopedic PT. They have to believe and know that this setting is what they were meant to do. This has to be their calling or purpose. They have to think like an outpatient orthopedic PT.
2. **Personality:** They have to be upbeat, enthusiastic, and show a range of emotions that demonstrates they can connect with anyone. They need to stay upbeat, happy, and enthusiastic with most communication.
3. **Experience:** They have had at least 1 affiliation in outpatient orthopedics and/or taken advanced course work in manual therapy. They need to think like an outpatient orthopedic clinician to always be assessing patients in this environment and working toward a successful outcome.
4. **Professional:** While speaking to a candidate, I will always ask myself, “How would a new patient receive this PT?” They need to be professional, articulate, confident, and welcoming. They need to be confident but not arrogant or a legend in their own mind. They need to be honest and comfortable with communication.



April Gamble, PT, DPT

As a student she had served in Guatemala, providing pro bono physical therapist services with a small group of classmates. After finishing her doctorate, she spent a month in a Mexican orphanage as a volunteer. Her passion for overseas work confirmed, she searched online, applied for numerous positions and got several offers. “I was offered a position in Haiti, which would have been great work with a great organization,” she said, “but I would have been the only PT in the organization and 1 of a very few in all of Haiti. Being just a year and a half out of school, I wanted the support of a mentor as well as a team.”

She found that position, in Beijing, at a pediatric therapy center called Elliott’s Corner, a division of Olivia’s Place in Shanghai. This organization was inspired by parents whose daughter, Olivia, has Down syndrome. Through their experiences with Olivia, the founders recognized the need for high-quality pediatric therapy in China, including physical therapy, occupational therapy, and speech pathology, as well as psychological services.

Although she had limited experience in pediatrics, Gamble felt confident about the Beijing position. “I did lots of Skype interviews; you can’t really go visit,” she said. “I knew I’d have a mentor to help me, and I knew I’d be in a team.” Gamble now works with children in the outpatient clinic, in their homes, and in the schools.

“I’m getting so many opportunities here,” she said. “These are pretty much the only therapy centers in all of China providing the international standard of therapy. I have a lot of roles. I’m also the clinical coordinator, which would be pretty rare in the United States for someone only 2 years out of school. I do a lot of project development. For example, I’m the main driver for a collaboration with Beijing United Rehabilitation Hospital, 1 of the largest providers in Beijing. We’re

5. **Team player:** Experiences and/or situations in which someone faces adversity are great learning moments that shape who we become. Any projects, life events, and sports involvement are examples of experiences that prove you have been able to adapt during challenging situations. It shows you have an ability to push through adversity, and you won’t fold under pressure. The pressure that we put on ourselves to make every patient better is immense. If you have a couple of negative outcomes or scenarios, I need to know you won’t fold. The way we continue developing our clinical practice is through experience, courses, mistakes, and colleague support.

Shannon Fox, PT, DPT, supervisor of physical therapy services and CCCE at University Health in Shreveport, Louisiana, shared the top 5 things she’s looking for in a new employee.

1. **Excellent time-management skills:** The candidate is able to treat patients as well as handle the phone calls and other administrative work required to verify orders and take care of patients’ needs while still meeting productivity benchmarks.
2. **Flexibility:** The candidate is open to covering different areas with a smile when needed.
3. **Positive team member/leader:** The candidate is not into office drama or one who “stirs the pot”; he or she contributes to the team and offers suggestions and solutions to problems.
4. **Dependable/trustworthy:** The candidate takes responsibility for actions and is constantly looking to improve abilities regardless of years of experience.
5. **Loves the profession and the environment:** Don’t ever get into a position where you have to make a certain salary to accept it. Money will never make you happy.

working toward providing all their pediatric therapy services.”

She also does educational training sessions for teachers in the international schools and for local health care professionals and Chinese-trained therapists. She explained that the therapy education program in China is approximately a 4-year degree that encompasses physical, occupational, and speech therapy. Pediatrics is not part of the training, and there are limited regulations for providing therapy. “Our big mission,” she said, “is developing the therapy profession in China so that, hopefully, we’ll be out of business in 20 years.”

Gamble confessed that despite her professional confidence, the move felt pretty risky. “The clinics recognize that part of their job is helping with transitions,” she said. “After about 4 months, the level of daily stress decreased and felt like the normal level. I’ve learned enough language to communicate basic needs; I understand how to get around and kind of understand the culture.”

She does not plan to commit to China long-term. “I think I do want to stay in international work,” she said. “I don’t know if that means pediatrics or whether my focus will be more global health.”

## The Right Fit



Tony Mejia, PTA, DC

Not all recent grads are young adults more or less free to hit the road in pursuit of a better job.

At age 55, Tony Mejia, PTA, DC, is starting a second career. “I want to do what I think I have a passion for—caring for others,” he said. He hopes to work another 20 years. As a result of hip and back injuries

sustained during his earlier career as a chiropractor, his first consideration has to be his own physical limitations.

“I chose physical therapy because of all the different directions that are possible,” he said. “When we started going through our rotations, our instructors said, ‘We encourage you choose areas you think you would not want. Give it a shot; you might like it.’ I took them up on that. With my internships I placed myself strategically in different situations to see how well I would hold up physically.”

It took him only a week to find that pediatrics kept him too close to the ground. He also found neurological and sports areas physically challenging. Acute care, on the other hand, left him wishing for more activity and variety. With geriatric nursing home care he hit middle ground, finding it engaging and physically just right. He is now looking for geriatric care or a generalized orthopedic practice. “I had tunnel vision when I

went into my program. If the educators had allowed that, I would have been locked in. I would just say, give different areas a chance.”

## Expanded Exposure

Jobs were scarce in the Saginaw area when Sharon Calkins, PTA, finished her degree. She, too, took an experimental approach and managed to string together full-time work from the beginning. She joked that she was known as the full-time PRN, someone who fills in wherever needed.

Currently she works in a major hospital in an inpatient

unit and PRN at a skilled-care nursing care facility.

“I’ve been pretty happy to do the on-call work because I feel like it has given me a good balance,” she said. “I wanted to have exposure to as broad a range of experiences as I could. I enjoy the challenges of inpatient, but it can be stressful—patients’ medical status changes from day to day. Outpatients are more stable, and I can see them making gains.”

Now Calkins is open to a full-time skilled care or outpatient position. “But it has to be the right environment,” she said. “As an older student with a public health education background I’ve had some experience in the workplace, so I’ve seen the dynamic between employee job satisfaction and corporate desire to reduce the bottom line. Younger people just coming out often don’t know their worth—what starting pay rates should be, their basic rights as workers, being able to speak up,” she said. “When it comes to job satisfaction, pay is not always the biggest factor.”

Her first priority is to be able to work with coworkers as a team that’s willing to share experience and help each other. “Then,” she asks herself, “is this workplace going to support me professionally, help me to further my continuing education and stay current with competencies?” She is looking for 2-way communication, with the management team considering employees’ workload and home life. “It makes everybody more efficient and helps us to serve our patients.”

## Escaping an Ethical Bind

For the first 8 months, Jennifer Halvorsen, PTA, thought she had landed the perfect job. She’d moved to Arizona for the adventure of a new place. “I was actually worried that we’d never move back to Minnesota,” she said. “I loved my coworkers, my environment, being able to talk to the doctors on site, moving the patients along. Things were fitting so well.”

Then the storm hit, with all the gritty realities Calkins warns of—and more. The clinic’s physician



Sharon Calkins, PTA



Jennifer Halvorsen, PTA

owner had died just before Halvorsen arrived. His son, a businessman with no medical background, had taken over, but she was assured at her interview that the transition had been fine.

Several months later, new management was hired. They began to take charge of the physical therapy department, Halvorsen said, overbooking and scheduling with little regard for treatment plans. Very experienced staff were not consulted on changes. "We had 4 plinths, not enough space for 7 or 8 patients and functional activities. It was frustrating for patients, and I didn't feel I was connecting as well with them," she said. "There was also lots of push for certain charges and x amount of units for every patient. They were insisting on ultrasound for someone that didn't need ultrasound."

She quit, as did all but 2 of the original staff. "I came into the field wanting to help people. When I think some of the ethics are unjustified, then I know I'm not a good fit anymore." The happy ending is that she has

found another job, in an Arizona outpatient clinic, that is very satisfying. For this position, she interviewed the interviewer and found him to be passionate about physical therapy. She was sold.

"As new grads, people are a little bit cautious about being seen as job-hopping," Halvorsen said. Her advice is to do the right thing and explain later. "Be confident. Stay with your convictions, and don't let anyone alter that just for money."

These 7 PTs and PTAs have offered reasons for job changes as varied as their backgrounds and goals, but in their earned wisdom similar themes recur. Money matters, but so do a lot of other things. Take the plunge. Don't sell yourself short on your worth or your goals. Maloney summed it up: "Most of us don't land our dream job right out of school. Why shouldn't we be looking for that job so we can meet our career goals?" ■

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