



Successful Recruitment in Challenging Times:
A Community-Based Approach to Keeping Your Edge with Limited Candidates and Shrinking Funds

SUPPLEMENTARY INFORMATION PACKET

Thank You for Joining this Live and Archived Webcast

Target Audience:

Health center/clinic staff responsible for or involved in recruitment, providers, and interested local organizations and citizens

Sponsor:

Community Health Association of Mountain/Plains States (CHAMPS)

Presenter:

Presented by Cherith Flowerday, Colorado Rural Health Center

Date/Time:

Wednesday, January 20, 2010
11:30 AM – 1:00 PM Mountain Time

Successful Recruitment in Challenging Times:
A Community-Based Approach to Keeping Your Edge with Limited Candidates and Shrinking Funds

Supplementary Information Packet
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LEARNING OBJECTIVES

Through participation in this webcast, participants will:

- Know how to involve community members in recruitment
- Know how to lure the significant other of a candidate to the community
- Know how to get the absolute most out of an onsite recruitment visit
- Learn what can give you an edge when a candidate is choosing from multiple offers

*This event supports strong program management at Region VIII Community, Migrant, and Homeless Health Centers (CHCs) by **addressing the following HRSA Health Center Program Requirements:***

- *Services – Required and Additional Services*
- *Services – Staffing Requirement*
- *Management and Finance – Key Management Staff*

CONTINUING MEDICAL EDUCATION (CME) CREDIT

This activity has been reviewed and is acceptable for up to 1.50 Elective credits by the American Academy of Family Physicians. The AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to cmecomment@aafp.org.

BIOGRAPHY OF CHERITH FLOWERDAY

Cherith Flowerday has worked for the Colorado Rural Health Center (CRHC) in workforce development for over four years. She began as a hands-on recruiter and is now the manager of CRHC's recruitment and other workforce programs. Her degree in Business Administration and passion to make a difference are good compliments for the administration of non-profit workforce programs that require business thinking for a greater good. She is passionate about helping communities develop the skills they need to do their part of the recruitment process and is excited to bring this session to you today. Prior to working at the Colorado Rural Health Center Cherith had several years of experience in educational management and administration and retail. For more information about the Colorado Rural Health Center, please visit www.coruralhealth.org.

DESCRIPTION OF CHAMPS

CHAMPS, the Community Health Association of Mountain/Plains States, is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-funded Community, Migrant, and Homeless Health Centers (CHCs) so they can better serve their patients. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, policy and funding communications, and the collection and dissemination of regional data for Region VIII CHCs and Primary Care Associations (PCAs). For more information about CHAMPS programs and services, please visit www.champsonline.org or call (303) 861-5165.

CHAMPS ARCHIVES

This event will be archived online and on CD-ROM. The online version will be available within two weeks of the live event, and the CD will be available within two months. CHAMPS will email all identified participants when these resources are ready for distribution.

**SUCCESSFUL RECRUITMENT IN CHALLENGING TIMES:
A COMMUNITY-BASED APPROACH TO
KEEPING YOUR EDGE WITH
LIMITED CANDIDATES AND SHRINKING FUNDS**

January 20, 2010 11:30 am – 1:00 pm MT

Presented by Cherith Flowerday, Workforce Programs Manager
Colorado Rural Health Center

Sponsored by Community Health Association of
Mountain/Plains States (CHAMPS)

This live activity has been reviewed and is acceptable for up to 1.50 Elective credits by the American Academy of Family Physicians. Application for 1.50 Elective credits for the archived version will be filed immediately following the live event. Cherith Chapman has indicated that she has no relationships to disclose relating to the subject matter of this presentation.

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Welcome




Rocky Ford, Colorado

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Perspective

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Salary Survey Data – Part I


**US Bureau of Labor and Statistics
May 2008 Occupational Wage Estimates**

National Annual Mean:
Family and General Practitioners = **\$161,490**

State By State Comparison, Annual Mean:
(Family and General Practitioners):
Colorado = **\$158,050**
Montana = **\$135,220**
North Dakota = **\$164,690**
South Dakota = **\$153,680**
Utah = **\$172,880**
Wyoming = **\$175,630**

www.bls.gov/oes/2008/may/oes291062.htm

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Salary Survey Data – Part II

CHAMPS 2008 Region VIII Health Center Salary, Benefits, Turnover, and Vacancy Survey Report

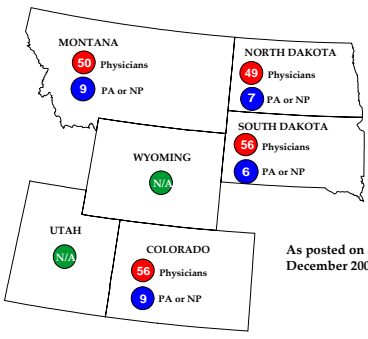
Average Salary for Staff at Community Health Centers in CO, MT, ND, SD, UT, and WY:

FP – w/ and w/out OB = **\$139,974**




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Region 8 Job Openings




As posted on 3RNet,
December 2009



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Current Statistics


- Fewer than 1 in 5 medical school graduates chooses primary care – a 50% decrease in the past 10 years.
- The US will be short approximately 125,000 family physicians by 2020 (AAFP).
- The US needs 40-50% more family physicians than the 100,000 working now.
- 4,500 FPs over age 75 are practicing in the US right now (4% of total).



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“Doctors are holding the cards right now ...”


– Mosley, Unique Opportunities



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What Physicians Want

Salary
Benefits
Perks
&
Lifestyle
Lifestyle
Lifestyle



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Tell Us – Recent Requests?




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Keys To Success

- Loan Repayment
- Good Match
- Welcome
- Community
- Timeliness – the competition is on
- Lifestyle/Flexibility – think outside the box to meet salary, benefit, perk, and lifestyle expectations
- Retention plan

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Tell Us – How Long?

Tell Us – Lost Candidate?


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Loan Repayment
(See handout)

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Planning and preparation are the most important ingredients for ensuring a successful recruitment effort. They are also the most often neglected.

- 3RNet

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Needs Assessment – Part I

1) Demand Based Needs Assessment

- Define your service area
- Calculate provider supply
- Calculate provider demand
- Measure supply vs. demand
 - Size
 - Makeup
 - Health
 - Lifestyle
 - Age
 - Etc

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Needs Assessment – Part II

2) Rural Health Works - www.ruralhealthworks.org

- Economic impact analysis
- The addition of one family physician to a community directly impacts the creation of 3 new jobs and indirectly brings about the creation of 22.9 new jobs and \$890,000 in salary and benefits per year.

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Who are you recruiting?

Who is doing the recruiting?



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Gain Support Among Key Local Stakeholders

Who are the key local stakeholders?

- Medical Staff
- Other local healthcare organizations
- Other community stakeholders
- Citizens



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Gain Support Among Key Local Stakeholders

Who: Medical Staff

Meet with them in person!

Your motivation:


- Make provider and family feel welcome and sets solid base for retention: co-worker, peers for consult, friendships for provider and family

Medical Staff's interest:

- No threat to their businesses
- Help them with their workloads
- Discuss compensation if necessary
- To keep existing providers and not lose them in this process

How:

- Meet with them in person
- Needs assessment works well here



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Gain Support Among Key Local Stakeholders

Who: Other local healthcare organizations

- nursing home
- home health agencies
- pharmacists

Meet with them in person!

Your motivation:

- Make provider and family feel welcome and sets solid base for retention: co-worker, peers for consult, friendships for provider and family

Other local healthcare organization's interest:

- No threat to their businesses
- Help them with their workloads
- Could bring them more business
- Could help the entire communities economy

How:

- Meet with them in person
- Use the needs assessment to show them the impact



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Gain Support Among Key Local Stakeholders


Who: Other community stakeholders

- Bankers,
- Grocers,
- Schools,
- Chamber of Commerce,
- Real Estate, etc.

Meet with them in person!

Your motivation:

- Help make provider and family feel welcome and wanted by the community
- Are the essence of the "feel" of the community
- Job networking for sig other



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Gain Support Among Key Local Stakeholders

Who: Other community stakeholders, continued

Other community stakeholder's interest:

- Will boost the local economy
- May bring new employee to job market
- A primary care provider is the central member of a citizen's health management system

Meet with them in person!

How:

- Meet with them in person
- Use the needs and economic assessment information



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Gain Support Among Key Local Stakeholders

Who: **Local citizens – parents, senior citizens, civic groups, public information meetings**

Meet with them in person!

Your motivation:

- Help make provider and family feel welcome and wanted by the community
- Are the essence of the “feel” of the community
- Begins to build a patient base – those who travel out of town may prepare to try the new doc and come back to town for care
- Job networking for sig other

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Gain Support Among Key Local Stakeholders

Who: **Local citizens, continued**

Meet with them in person!

Local citizen’s interest:

- If there is a shortage of care, they will then have this need met
- It will bring economic growth to the community

How:

- This should immediately follow a meeting with the medical staff and other community stakeholders.
- Call a public information meeting
- Advertise in the local paper
- Present information a local club/group meetings

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Tell Us – Who Recruits?

Tell Us – Who in Community?

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People want to practice where they are needed and welcome. Show them they are supported by as many members of the community as possible.

- 3RNet

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Form a Recruitment Team – Part I

Transfer your newly gained support into participation!

- Most successful recruitment efforts involve the community at some level in the process. The recruitment team is a great way to involve the community.
- Shows candidates the community's sincere interest
- Creates a welcoming community atmosphere and “feel”
- Provider’s personal links to the community helps with integration into the community - a key **recruitment and retention** need.

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Form a Recruitment Team – Part II

Transfer your newly gained support into participation!

- The provider knows more about the community than just reading about it
- Helps with finding a job for the significant other
- Starts family friendship building (for retention purposes)
- Begins building patient base
- Shares the recruitment work load
- Sets you apart from others that are recruiting this provider

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Form a Recruitment Team – Part III

Team Member Roles:

- Recruiter
- Contact Person(s)
- Coordinator
- Candidate and Spouse Interviewer
- Spouse Recruiter
- Reference and Credential Reviewers
- Promotion Developers
- Site Visit Team
- Site Visit Hosts
- Contract negotiator

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Spouse Recruiter? Part I

“A significant other’s happiness will make or break recruitment and retention.” – 3RNet

You should spend as much time recruiting and retaining the spouse as you do on the candidate.

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Spouse Recruiter? Part II

- Coordinating all activities related to recruiting the spouse - a complete recruitment process similar to that for the candidate.
- Determining the spouse’s level of interest in the community versus the candidate’s level
- Determining how well the spouse matches the community
- Providing whatever specific information the spouse needs about the community
- Attempting to satisfy the spouse’s professional or career needs
- Providing the Recruitment Coordinator and Recruitment Team with an accurate assessment of how sincerely interested the spouse is in moving to the community.

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Spouse Recruiter Characteristics

- The spouse recruiter and the spouse should have something in common in order to establish rapport.
 - This could be that they are both spouses of physicians, same age and gender group, similar education or social background, or a shared hobby/interest.
- Two spouse recruiters could be useful.
- Must be a sincere, likeable, open person who can build trust.

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Tell Us – Spouse Caused Loss?

Tell Us – Spouse Recruiter?

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The Recruitment Team

- ✓ ***Assign tasks***
- ✓ ***Tailor to team members***

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Define Your Opportunity

Practice Setting
Compensation
Community

While all job opportunities include these three components, it is how you define each that will set your opportunity apart from the others.

- Helps you understand the strengths and weaknesses of your offer versus the competition
- Helps you identify candidates right for you
- Helps candidates identify whether your job is right for them

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Practice Setting

- Provider requirements
- Responsibilities
- Patient Demographics
- Patient Volume
- Practice Setting
- Clinic Facilities
- Hospital Facilities
- Medical Staff
- Other Health Care Resources

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Compensation is Three Things

*It is more than a paycheck....especially these days. The benefits and "perks" could be what seals the deal. Make your offer look **30% bigger** by giving the benefits a dollar amount.*

1. Income Structure
2. Benefits
3. Note the "Perks"

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Community – Part I

If there are not huge differences between your practice opportunity and one in another community.....

the provider's decision could be determined by how the candidate, spouse, and family feel about your community.

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Community – Part II

- Imagine you are a first time visitor to your community
- Personal interactions over the phone and on site visit are invaluable
- Demographics
- Location
- Economy
- Local organizations
- Shopping
- Education
- Culture
- Recreation
- Employment opportunities

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Packaging Your Opportunity

- **Cover Letter** – 2-3 paragraphs at the most; customize if already had conversation; all stakeholders sign
- **Letter from Medical Staff** – warm invitation to investigate your opportunity; shows their approval and desire for another provider; all medical staff sign
- **Practice Opportunity description** – see next slide
- **Promotional materials on your community** – from chamber of commerce, tourism bureaus, economic dev. orgs, maps, brochures, flyers, posters, and videos.

Recruitment Team Role!

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Practice Opportunity Description – Part I

Should contain the following in two pages or less:

1. Attractive graphics or photos
2. Attractive font type
3. Attractive layout
4. Use of short bulleted statements
5. "An angle" or your greatest selling point or unique selling point that sets you apart from other opportunities

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Practice Opportunity Description – Part II

Should contain the following in two pages or less:

6. Emphasis on the most attractive elements of your opportunity
7. Details of the practice including setting and responsibilities, compensation, and the community aspects of your opportunity discussed earlier
8. Day and evening contact information, including mailing address, phone number and FAX number.

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Define Your Ideal Candidate

- If you don't define it, you greatly increase the chance of hiring the wrong provider
- Defining it doesn't guarantee getting exactly what you want, but it increases the likelihood of a good match
- 90-minute recruitment team brainstorming session
- Brainstorming is to enhance buy-in for the process
- Can enhance happiness with the provider chosen
- Gives opportunity to educate community

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Preparation Assessment

Now that you have prepared, take a moment to take an objective look at your opportunity.

- What are the real strengths of your opportunity?
- Are they clearly promoted?
- What are the weaknesses of your opportunity?
- Can you improve upon these weaknesses?

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Searching For Candidates

Local... State...Regional

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Beginning the Interview Process – Part I

The purpose of a tracking log is to avoid letting too much time lapse between contacts with the candidate until your work with the candidate is concluded.

- Tracking Log – name, last contact, referral source
- Initial Review – CV Screening Made Easy

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Beginning the Interview Process – Part II

- First impressions are important
 - Call within 24 hours of receipt of CV
 - The competition is fierce; another community will hire them
 - Pick the right person to do first contact and interviews
- Interviewing
- First contact, get off the phone, send the info packet

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Interviewing

- How to Create Interview Questionnaires for Candidate & Spouse
- Sample Interview Questions
- How to Do Phone Interviews for Candidate & Spouse
- Interview Questions Asked by Candidates & Spouses
- Credentialing check
- Reference check

INTENT: Do they MATCH our ideal closely?

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Tell Us – Spouse Interview?

Tell Us – Helpful?

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Decision Point

Reject **OR** Invite **OR** Check it out further

Don't spend any more time or money on a candidate if you cannot say "yes" to five crucial questions...

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Site Visit

Two goals:

- 1) Confirm if candidate and spouse approximate your ideal candidate enough to make an offer
- 2) Provide the candidate and spouse every opportunity to assess your community in order to help decide if they will accept your offer or not

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Site Visit

- Tailor itinerary to each candidate and spouse
- 1 ½ - 2 days long
- Not too busy, not too much free time
- Ideally one business day included in visit
- Balance professional and personal venues
- Identify concerns so can address while they are there
 - "What concerns must be addressed before you would practice in our community?"

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Site Visit

Be creative!

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How to Retain a New Provider

- Welcome and orient the new practitioner and spouse to the medical community.
- Welcome and fully orient the practitioner, spouse and family to the community.
- Anticipate and address concerns or issues that may encourage the physician, spouse or family members to want to leave the community.
- Allow ample time for the practitioner to enjoy life beyond the practice.
- Reduce the sense of professional isolation and career stagnation often experienced by rural providers.

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Retention Thoughts

- It begins in the hiring process
- Use a retention committee
- Pro-active conflict resolution
- Stay competitive
- Appreciate them
- Learn from your losses

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Remember

Who are you recruiting?

Who is doing the recruiting?

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Keys to Successful Recruitment & Retention

Loan Repayment
Good Match
Lifestyle
Welcome
Community
Timeliness
Flexibility
Retention plan

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*Thank You for Joining CHAMPS and
Cherith Flowerday for this Webcast!*



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Community Health Association of Mountain/Plains States (CHAMPS)
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Region VIII 3RNET Contacts by State

www.3RNet.org

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<http://www.whrn.org>
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Loan Repayment Programs by State

National Health Service Corps

NHSC Helpline, 800-221-9393, www.nhsc.hrsa.gov

Colorado:

The Colorado Health Foundation's Physician Loan Repayment Program

Cherith Flowerday, 303-996-9698, cfl@coruralhealth.org
www.coruralhealth.org/programs/loanrepayment/tchf-plrp.htm

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The Colorado Rural Outreach Program (CROP)

Cherith Flowerday, 303-996-9698, cfl@coruralhealth.org
www.coruralhealth.org/programs/loanrepayment/crop

The State Loan Repayment Program

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The National Health Service Corps

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The State Dental Loan Repayment Program

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Montana:

Montana Rural Physician Incentive Program

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www.mus.edu/mrpip/

State Loan Repayment Program

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North Dakota:

The National Health Service Corps

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South Dakota:

SD State Loan Repayment Program:

<http://doh.sd.gov/RuralHealth/StateLoan.aspx>

Physician Tuition Reimbursement Program

<http://doh.sd.gov/RuralHealth/PhysicianTuition.aspx>

Dentist Tuition Reimbursement Program

<http://doh.sd.gov/RuralHealth/Dentist.aspx>

Midlevel Tuition Reimbursement Program

<http://doh.sd.gov/RuralHealth/midlevel.aspx>

National Health Service Corps

<http://doh.sd.gov/RuralHealth/NHSC.aspx>

Utah:

Utah Health Care Workforce Program

www.health.state.ut.us/primarycare/scholarloanmenu.html

Wyoming:

Wyoming Healthcare Professional Loan Repayment Program

<http://health.wyo.gov/rfhd/rural/loan.html>

Recruitment Team Core Group Members and Roles (3RNet R&R Manual)

COORDINATOR: This position is responsible for making assignments and seeing they are completed. The coordinator makes sure the Recruitment Team and recruitment process stays focused and on schedule. He or she is involved in or, at the very least, is well apprised of all activities of the Recruitment Team. This position needs a person who possesses good organization and leadership skills. When this position is combined with the Contact Person and Interviewer position, which often is the case, the person also needs strong interpersonal skills and salesmanship. Because of the importance of the Coordinator's role, the position usually requires at least 20 hours a week, especially if the position includes Contact Person and Interviewer responsibilities.

In rural facilities, this position is often filled by the hospital or clinic administrator, because it is usually one of these organizations that first recognizes the need to recruit and has the most to gain or lose by it. But the typical administrator has many complex and time-consuming responsibilities running the hospital or clinic. These primary responsibilities often prevent him/her from giving the recruitment effort the time it needs. Simply because medical staff development is part of the administrator's job description does not mean the administrator needs to be the actual recruiter. In addition, some administrators may lack the interpersonal skills to coordinate the effort.

For these reasons, the administrator should carefully consider what would be best for the recruitment process. It may be better to find another coordinator, allowing the administrator to keep the overall responsibility but leaving the day-to-day recruitment activities to someone else.

CONTACT PERSON(S): The Contact Person will be the first personal contact the candidate will have with your community, because this person's name and contact information will be on all of your promotional materials. Therefore, the Contact Person should have strong interpersonal skills. He or she should possess charm, enthusiasm, persuasiveness, good listening skills, and knowledge about the community and practice opportunity.

The Contact Person may be the same person as the Coordinator, and in many cases, he or she is also one of the Candidate Interviewers. The primary responsibilities of this position include: *promptly* responding to a candidate's inquiries by phone, mail or in person, being available on evening or weekends when candidates often contact opportunity sites, and learning all aspects of the practice opportunity and community.

CLERK: The clerk sends your opportunity packets to interested candidates, sends candidate information to the screening team and medical staff, and tracks the status of each candidate in the recruitment process, i.e., opportunity packet stage, interview stage, reference check, site visit, follow up, etc. The Clerk warns the Coordinator when too much time (7-10 days) passes between dates of contact with each candidate.

CANDIDATE INTERVIEWERS: The Candidate Interviewer is responsible for conducting phone interviews with all eligible candidates. The Interviewer's role is critical to the success of the recruitment and retention effort. He or she is responsible for gathering as much information about the candidate as needed by the Recruitment Team to decide how closely the candidate matches the community and the needs of the practice opportunity. The Interviewer can also be key to increasing eligible candidates' interest in the opportunity. A flair for sales or persuasive presentations can be helpful for an Interviewer.

Consider having two or more Interviewers on your team to 1) make sure you interview all likely candidates in a timely manner, and 2) do not overwork a single Interviewer.

Recruitment Team Core Group Members and Roles (3RNet R&R Manual), continued

Interviewers must be personable, good listeners, accurate note takers and confident speakers. Persistence is also a valuable trait for an Interviewer, because tracking down and interviewing busy physician or midlevel candidates may take several attempts at different times on different days. Interviewers also need to be adaptable enough to schedule interviews at the candidates' convenience not theirs, which means plenty of evenings, including Sunday evening – the best time to find candidates at home.

Finally, the Interviewer should know what candidates look for in opportunities and be prepared to answer their questions about your opportunity. The section of this manual called "Questions Commonly asked by Physicians and Their Spouses" can assist them in this (refer to Page 80).

In many successful cases, one of the Interviewers has been a Contact Person. This allows you to immediately begin screening your candidates at the time of initial contact.

All Interviewers should be equipped with the same interview questionnaire, opportunity information, and instructions for conducting an interview, to ensure consistency from candidate to candidate.

SPOUSE RECRUITER: If you are from a rural area and have been involved in primary care provider recruitment, you know the role the spouse plays in the candidate's decision making process. There needs to be at least one person on your team whose sole responsibility is recruiting the spouse. The Spouse Recruiter has several major responsibilities:

1. Coordinating all activities related to recruiting the spouse,
2. Determining the spouse's level of interest in the community versus the candidate's level,
3. Determining how well the spouse matches the community,
4. Providing whatever specific information the spouse needs about the community,
5. Attempting to satisfy the spouse's professional or career needs, and
6. Providing the Recruitment Coordinator and Recruitment Team with an accurate assessment of how sincerely interested the spouse is in moving to the community.

The Spouse Recruiter should have something in common with the candidate's spouse in order to establish a rapport, which is why you should see if a local physician or midlevel's spouse has the interest and personality to be a spouse recruiter. The commonality between the Spouse Recruiter and candidate spouse could also be as simple as the same age group and gender, similar education or social background, or a shared interest. Since the spouses will be as diverse as the candidates themselves, you will probably need a couple of people involved in the spouse recruitment effort. Spouse Recruiters need similar skills and attributes as possessed by Candidate Interviewers. Their sincerity, likeability and openness will be key to developing trust and will perhaps play *the biggest part* in attracting the spouse to your community.

REFERENCE AND CREDENTIAL REVIEWERS: The Reviewers should be from the health care sector. One of these Reviewers needs to have access to the National Practitioner Data Bank. They must have an understanding of medical education and background, certification and licensing processes, and the hospital privileging process. They should be persistent about verifying a candidate's record, even if it means asking sensitive questions. They will interview candidates' references using a tool developed by the Recruitment Team to determine how well the candidate matches the community from the reference's perspective. They will also verify that the professional claims the candidates make verbally or on their

Recruitment Team Core Group Members and Roles (3RNet R&R Manual), continued

curriculum vitae (CV's) are accurate. The hospital administrator and one or more of the medical staff should be on the *candidate quality assurance* team. Some recruitment teams also use clinic or hospital staff to conduct reference interviews with their counterparts from the candidates' past hospital and clinic practices.

Recruitment Team Support Members

The Support Member roles for the Recruitment Team provide you the best opportunity to involve a greater number of local residents in the recruitment process. The tasks involved in these roles are enjoyable and do not require a great deal of time to complete. To ensure consistency, members of the Core Group, especially the Coordinator, will work with the Support Members to help them complete their tasks.

PROMOTION DEVELOPERS: There should be a number of individuals in the Promotion Developers group. Their primary responsibilities are creating marketing materials about the community and practice opportunity, and determining the best places to market your opportunity. Local writers, artists, members of the media and professional or amateur marketers can put their talents and interests to work here. The group's efforts usually result in a brochure or packet of materials designed to describe and generate interest in your opportunity. Some have even developed promotional videos and audio tapes. Once these materials and the marketing plan are developed, the group's job is largely complete. Because of the nature of work and the limited time commitment it takes to complete the work, this position(s) is usually easy to fill with community members. Your job is to find the most talented volunteers.

SITE VISIT TEAM: This group hosts the candidate and his or her spouse during a site visit. It is critical that the site visit team include members who the candidates consider peers in their profession, age, social background and interests. Therefore, some members of the team are likely to change from candidate to candidate site visits. The Recruitment Team should have prior knowledge about the candidate and spouse to tailor the site visit itinerary and team roster to match their interests. Team members should have a good understanding of the practice opportunity and the community as well.

SITE VISIT HOSTS: The Site Visit Hosts are one or two members of the Site Visit Team. The hosts are the moderators and guides for the visit. Because of the importance of their role, the hosts should be members of the Core Group. Indeed, the Hosts often are the Candidate and Spouse Interviewers, since they have established the greatest rapport with the candidates prior to the visit. Good hosts possess the same skills and personality traits as good Interviewers. If there is a Spouse Recruiter, he or she should be the spouse host. The best case scenario is when hosts include representatives from the health care sector and from the community. More detail on conducting the site visit can be found on page 87.

CONTRACT NEGOTIATOR: Who will "cut the deal?" This person needs to have the power to *negotiate* the offer with the candidate. A duly authorized representative of the organization underwriting the compensation package usually acts as negotiator. In most cases, this person is the clinic or hospital administrator. Flexibility, patience, thick skin, salesmanship and a sensitivity to the art of negotiation are valuable attributes for a Contract Negotiator. At various points during the recruitment process, the Contract Negotiator needs to establish rapport with the candidate. The negotiation session is not the best place to start building trust.

Defining the Practice Setting (3RNet R&R Manual)

Type of Provider Sought – Clearly articulate the physician specialty or mid-level type you seek and the basic qualifications needed for the position; summarize the qualifications:

- For physicians, what primary care specialty are you seeking?
- Are you seeking an MD or a DO or will either do?
- Do the candidates need to be board certified?
- Do you want experience or will a new graduate be satisfactory?
- Will you consider a foreign medical graduate?
- For mid-levels, do you want a nurse practitioner (if so, what type), a physician assistant, or either?
- What educational background and certification do you require?
- (In earlier editions residency trained physicians was a concern. Today-2002-all candidates should be residency trained)

Responsibilities – What will a day in the life of your new primary care provider look like? Outline the scope of services you expect the practitioner to provide and when and where they will provide these services. List hours per week they'll provide clinic and hospital care. Describe the type and amount of clinical and administrative responsibilities at the office and the hospital. Describe the call expectations and coverage arrangements for the clinic, the hospital and the emergency room.

Patient Demographics – Who will comprise the provider's primary patient base in terms of age, gender, income, payor source, and most frequent diagnoses.

Patient Volume – Using your demand-based needs assessment and patient volumes of other providers in town, project the daily patient load for the new provider. What percentage will be new versus established patients?

Practice Setting – Is it a solo practice? Is it group, satellite, or hospital-based?

Clinic Facilities – Describe the size (dimensions and number of exam rooms), layout, age, and condition of the physical plant. Describe the technology located in the clinic. Describe the administrative and clinical support staff, and other human and technological resources at the clinic. Where is the clinic located in relation to the hospital and nursing home in miles and minutes?

Hospital Facilities – Describe the local hospital facilities in terms of number and types of beds, age and condition of the physical plant. List the technology at the hospital of interest and importance to the specialty or provider type you seek. Define the hospital in terms of scope of services, departments, clinical and administrative human resources and any special training and skills, linkages with tertiary sponsorship/ownership, and any unique or remarkable attributes that would be attractive to the type of provider you seek, such as telecommunication links with specialists or advanced care facilities. Finally, describe the hospital privileging process.

Medical Staff – Develop a list that shows the specialty or type, age, training orientation (MD or DO) and the length of practice in the community for each physician and midlevel in our community, including visiting specialists and physicians and mid-levels who are not on the hospital medical staff. List specialist referral or consultation resources as well.

Other Health Care Resources – List or describe other health care facilities, providers or services available in the community such as public health, mental health or substance abuse counseling, physical therapy and rehab, and dental care services. Describe in some detail the emergency medical system in terms of level of care, types of transport, and distance in miles and minutes (ground and air) to advanced care facilities.

Developing Your Community Description

When profiling your community, imagine yourself a first-time visitor to the community who is contemplating a move to there. What would you want and need to know? Chances are the information that would be important to you would also be important to a provider candidate. The following should be included, plus anything else you would like to add:

Demographics: Describe the population in terms of size, age groups, values, ethnic and religious diversity, educational and socioeconomic backgrounds of the residents, and so on. It would also be helpful to provide some insight into why people like to live in the community

Location: Create a written and pictorial description of the community in scenic or aesthetic terms and in terms of miles and minutes to metropolitan areas, major highways, major airports, to well known locations and recreation areas, and to other remarkable areas of interest. A description of local geography and climate is also important.

Economy: Describe the current and forecasted economic health of the area. Include a list that shows the major economic contributors in the area, major employers, employment rates and employment by sector, average income and so on. Also provide a description of the housing market in terms of availability, types, and prices.

Local Organizations: Highlight the professional, social, and civic organizations in the community, detailing their membership and the level of participation and support enjoyed by each group.

Shopping: Describe the various shopping and local consumer services available in the community and available within a 90-minute drive of the community. Does your community cover the basics: banking, groceries, clothing, automobile repair, household maintenance, hardware, restaurants, and so on?

Education: Describe the preschool through high school educational system in terms of grades, public and/or private, academic performance, class sizes and student-teacher ratios, educational facilities (computers, etc.), and extracurricular activities (music, art, academic, civic, athletic, etc.). Include information on post secondary, undergraduate and postgraduate opportunities in the community and region, including colleges and universities (list their specialties), college outreach courses, and technical schools. Finally, indicate the community's attitude toward education, and how it demonstrates this attitude, i.e., tax support, attendance for parent-teacher conference, membership in the PTA or PTO, school awards and so on.

Culture: Relate some of the history of the area and its people. A list of the social activities, churches, media, museum, libraries, arts councils, amateur theatrical groups or activities, musical outlets, special events and celebrations, local entertainment resources (movies, dancing, etc.) and so on would also be helpful information. How does your community express itself? What exactly do residents do to reinforce who they are, their local identity, and their heritage?

Recreation: Describe what residents do in your area for fun and play and where they go (give miles and minutes from your community). Outdoor recreation along with scenery and small population are strong selling points for your Contract Negotiator, so a written and pictorial guide to your area's outdoor recreation and scenery is a must.

Employment Opportunities: Provide a list of employment opportunities and challenging volunteer opportunities in the immediate area or within a reasonable commute for the spouse and family.

Presenting Your Offer, Including Benefits and Perks (3RNet R&R Manual)

Presenting your offer should be more than just offering the salary. It should include an itemization of all quantifiable benefits as well, which makes the offer look approximately 30% larger than a straight salary would. Then, the offer should be finished off by listing the non-monetary perks that are still relevant to the consideration of what the provider will be getting if they accept this offer.

- 1) Salary
- 2) Benefits – anything quantifiable in a dollar amount:

Benefits	Cash Value
Paid malpractice insurance	\$
Paid family health insurance	\$
Paid relocation expenses	\$
4 weeks per year vacation/CME leave	\$
<i>Competitive benefits packages also include the following:</i>	
Disability insurance	\$
Family dental insurance	\$
Retirement plan	\$
Paid professional dues	\$
Education loan repayment assistance	\$
Signing bonus (<i>usually 5% of annual</i>)	\$
Practice management assistance	\$
Practice marketing assistance	\$
Housing allowance	\$
Other benefits (describe)	\$
Total Cash Value of Benefit Package =	\$

- 3) Perks
 - *Call Schedule (if it is good)*
 - *Teaching Opportunities (i.e., preceptor, or other)*
 - *Established patient base*
 - *Visiting specialists*
 - *Office located close to hospital*
 - *Remarkable hospital or clinic technology*
 - *Medical staff of similar age and interest as candidate*
 - *Desirable geographic location and climate*
 - *Outstanding community attributes*
 - *Decision making role in hospital and health care system*
 - *Telecommunications links with specialists and advanced technology*
 - *Community involvement and leadership opportunities*
 - *Electronic medical records*
 - *Health information technology*

With all three of these items your offer is complete and competitive! When the provider sits down to compare your offer with another, everything they need to remember will be laid out for them, plus the memory of your welcoming community.

Checklist for Recruitment Readiness (3RNet R&R Manual)

This list is designed to help you make sure you brought everything with you for your recruitment trip, before you leave. If you are uncertain about an item or have not completed it, refer to the page number immediately following that item for more information.

- Have adequate demand and revenue to support viable practice (p.17)
- Have evidence of local physicians' support for recruiting a new provider (p.31)
- Have support of other health professionals for recruiting a provider (p.31)
- Have evidence of community support for the recruitment (p.32)
- Have trained and motivated recruitment team (p.33)
- Have developed practice opportunity: practice and community profile (p.39)
- Understand the unique aspects of the community's opportunity (p.45)
- Have competitive compensation and benefits with non-monetary perks (p.41)
- Have sought legal advice on proposed contractual arrangement(s) (p.41)
- Understand the barriers to recruitment/retention of physicians to the community and have strategies for overcoming the barriers (p.63)
- Have reasonable expectations of provider, including coverage schedule (p.44)
- Have adequate clinic space, support staff, technology (p.40)
- Have adequate hospital technology for the specialty sought (p.40)
- Have well-prepared practice opportunity promotional materials (p.48)
- Have clear picture of the ideal candidate for the practice and community (p.49)
- Have a spouse recruiter (p.37)
- Have recruitment budget (p.59)
- Have organized candidate search process (p.64)
- Have organized candidate screening process (p.70)
- Have prepared answers for questions commonly asked by candidates (p.76)
- Have contacted appropriate organizations about provider needs (p.65)
- Have strategies for dealing with spouse and family needs (p.93)
- Have candidate site visit plan of action, including itinerary (p.89)
- Have draft service agreement or letter of intent prepared, if applicable (p.96)
- Have retention strategies for the new and existing providers (p.101)

Roadblocks to Recruitment (3RNet R&R Manual)

A Collection of Real Life Obstacles from In-House Recruiters

1. Some specialties are very much in demand and supply is very short – General Internal Medicine, Family Practice, Dermatology, Pediatrics, Psychiatry and many of the subspecialties.
2. The recruiting practice has unrealistic expectations about the candidate pool.
3. Lack of timely follow-up for ANY reason.
4. Looking for the “perfect” candidate (he/she does not exist). Inability to compromise on candidate criteria.
5. The practice has not done a strategic plan that includes the process of recruitment and retention - lack of homework required to compete.
6. The recruiting practice does not respond in a timely manner to candidates, or lacks general follow through and generally undermines.
7. Let’s just look at two more candidates before we make an offer, OK?
8. Poorly defined opportunity and not enough information for candidates or recruiter.
9. No contract or letter of offer.
10. No partnership track or too long to partnership (if appropriate) or buy-in to practice is too high.
11. Recruiting for call coverage only.
12. Those responsible for recruitment, including the physicians, are not prepared to interview.
13. No statistics available on practice potential and past financials, and/or managed care environment.
14. Community need is not strong enough to support practice (just because the Board feels there is a need, it does not necessarily mean the community or the Medical Staff supports the need).
15. Sabotage of recruitment effort by one of the recruiting physicians or others in the community.
16. Compensation and offer is not competitive, or potential income for future earnings is below average, or the recruiting facility insists it is only competing with others just like it.
17. Lack planning for sourcing, screening candidates, interviewing, orientation, start.
18. Poor interviewing and little regard for cultural fit in the practice and/or community.
19. Not taking the candidate’s family into consideration.
20. Family members are over-involved in the practice.
21. Cost of malpractice insurance and malpractice climate in a state.
22. Recruitment staff is overburdened with other responsibilities or too many opportunities to recruit for effectively.

Potential Barriers to Recruitment and Retention (3RNet R&R Manual)

When you have completed the preparation portion of your recruitment effort, but before you begin searching for candidates, you will want to take an objective look at your opportunity. What are the real strengths of your opportunity? Are they clearly promoted? What are the weaknesses of your opportunity? Can you improve upon these weaknesses?

The following checklist is designed to assist you in identifying weaknesses or barriers to recruiting and retaining providers in your community. Do any of these barriers exist in your community? Do you have other barriers not listed here? For every barrier you check or add to the list, try to develop a strategy for removing or minimizing that barrier.

- | | |
|---|---|
| <input type="checkbox"/> No or low compensation/guarantee | <input type="checkbox"/> Lower quality education system |
| <input type="checkbox"/> No malpractice insurance assistance | <input type="checkbox"/> No local K-12 education system |
| <input type="checkbox"/> No or few benefits | <input type="checkbox"/> Severe climate |
| <input type="checkbox"/> Heavy call schedule (over 1 day in 4) | <input type="checkbox"/> Religious homogeneity |
| <input type="checkbox"/> Poor physician retention history | <input type="checkbox"/> Aging medical staff |
| <input type="checkbox"/> Large out-migration of local patients | <input type="checkbox"/> Large uninsured population |
| <input type="checkbox"/> Hospital/medical staff have poor community image | <input type="checkbox"/> Interpersonal conflicts among physicians |
| <input type="checkbox"/> Older hospital facilities (physical plant and/or technology) | <input type="checkbox"/> Few professional opportunities for spouse |
| <input type="checkbox"/> Inadequate clinic facilities | <input type="checkbox"/> Lack of housing |
| <input type="checkbox"/> Lack of basic consumer services and amenities | <input type="checkbox"/> Hospital experiencing financial troubles |
| <input type="checkbox"/> Large Medicare/Medicaid population | <input type="checkbox"/> Depressed local economy |
| <input type="checkbox"/> Competing health care system in community | <input type="checkbox"/> Lack of extra-curricular activities for family |
| <input type="checkbox"/> No other local physicians | <input type="checkbox"/> Poor collections history |
| <input type="checkbox"/> Health care leadership in turmoil | <input type="checkbox"/> No ob/gyn back up |
| <input type="checkbox"/> Interpersonal conflicts between hospital (administration, board and/or staff) and physicians | <input type="checkbox"/> Community is located over three hours from regional medical center |
| <input type="checkbox"/> Lack of experienced practice managers in your office | <input type="checkbox"/> Recruitment effort not supported by all local physicians |
| <input type="checkbox"/> Poor clinic billing and coding practices | <input type="checkbox"/> Inexperience in physician recruitment |

Most Common Barriers

- | | |
|--|---|
| <input type="checkbox"/> Excessive call and coverage schedule | <input type="checkbox"/> No or low compensation guarantee |
| <input type="checkbox"/> Few professional opportunities for spouse | <input type="checkbox"/> Few benefits |

Tracking Log (3RNet Manual)

TRACKING LOG			
Candidate Name	Greg Walker	Mary Smith	John Doe
Specialty	FP	IM	FP
First Contact	8/5/00	9/15/00	9/30/00
Source	AFP Ad	3RNet	AMA
Packet Mailed	8/6/00	9/16/00	10/1/00
Second Contact	8/13/00	9/23/00	10/13/00
Initial Interview	N/A	10/1/00	10/20/00
Second Interview		10/25/00	NA
Spouse Interview		11/1/00	
Reference/Credential Check		11/15/00	
Site Visit		12/4/00	
Follow-up to Site Visit		12/8/00	
Contract		12/15/00	
Disposition	Not really interested	Signed	Does not meet our requirements
Start Date	NA	2/1/01	NA

How to Develop a Candidate Interview Questionnaire

Develop a well-structured initial interview questionnaire that takes no longer than 30 minutes. You can ask about 10 -15 questions in this amount of time depending on the candidate.

The questions you use should be well thought out and unique to *your* opportunity. The purpose of interviewing is to determine how closely this person matches your ideal candidate. Whatever you have determined as the core personal and professional characteristics that you would like in your "ideal candidate", use these qualities to create questions that will elicit information on whether this candidate has those qualities or not.

Primarily focus on creating behavioral questions that elicit answers that provide examples rather than yes or no answers.

Avoid asking repeat questions that are likely to elicit a repeat of a previous answer.

In addition to questions you create, you might want to make sure you have included the following in your questionnaires:

- Degree of interest in your opportunity.
- Ideal practice setting in professional and personal terms.
- Most important factor in selecting a practice.
- Depth of knowledge about your opportunity.
- Training background, emphasis. Why did you select the program?
- Experience and exposure to procedures and patients common to your area.
- Professional goals and aspirations.
- Professional strengths.
- Weakness or limitations.
- Location of other opportunities they are considering.
- Most desired compensation arrangement, amount, and benefits.
- Spouse and family background.
- Whether or not to invite candidate and spouse for a site visit.
- Request information for contacting the spouse for an interview. You could also ask for a copy of the spouse's resume if they have professional interests (or you could just get this from the spouse).

Modify or remove questions that do not elicit the answer you want after using your questionnaire for several interviews.

How to Develop a Spouse Interview Questionnaire

Develop a well-structured initial spouse interview that takes no longer than 30 minutes. You can ask about 10 -15 questions in this amount of time depending on the candidate.

The questions you use should be well thought out and unique to *your* opportunity. The purpose of interviewing the spouse is to determine how closely he or she matches your ideal candidate's spousal and family specifications. Whatever you have determined as the core personal characteristics that you would like in your "ideal candidate's" family, use these qualities to create questions that will elicit information on whether this candidate's spouse has those qualities or not.

In addition to questions you come up with, you might want to make sure you have included the following in your questionnaire:

- ❖ Professional needs, including professional or career goals
- ❖ Personal education needs
- ❖ Personal interests, including recreation, social, cultural and hobbies
- ❖ Personality traits
- ❖ Socioeconomic background, including rural living background
- ❖ Housing preferences
- ❖ Expectations from the community
- ❖ His/her ideal community
- ❖ Family profile, such as ages, interests/needs of children
- ❖ Family needs, including education, religion, recreation, extracurricular activities
- ❖ Most important factors in deciding on a community
- ❖ Geographic and climate preferences
- ❖ Location of family and closest friends
- ❖ Knowledge of your opportunity
- ❖ Why your community interests him/her
- ❖ Request copy of resume if relevant

This information will help you determine whether or not to invite the candidate and spouse for a visit to your community. Once this interview is completed, and if you are going to continue to pursue this candidate, information from this interview will help you determine which persons might be a good match as a spouse recruiter for this spouse. Try to find someone to be the spouse recruiter who has something in common with the spouse. Also, if you extend the invitation for a site visit, the information gathered from the interview will be invaluable when creating an itinerary of stops that will most appeal to the spouse.

How to Do A Candidate Phone Interview

All candidate interviewers should be personable individuals who possess good communication and listening skills, and have knowledge of the opportunity and the community. Do NOT pick your least friendly person to make this call, no matter how knowledgeable they are.

- ❑ Develop a well-structured initial candidate or spouse interview that takes no longer than 30 minutes. You can ask about 10 -15 questions in this amount of time depending on the candidate.
- ❑ Before contacting the candidate, conduct mock interviews with local medical staff members to work out the rough spots in the interview and get accustomed to how medical providers may respond to your questioning. Ask for a critique of your interview style and the questionnaire.
- ❑ Prepare yourself for questions the candidate may ask you during the interview. A fact sheet with a brief answer to each question that could potentially be asked will be useful during the phone interview.
- ❑ Call the candidate ASAP so you don't lose them to another community. This could be within 24 hours and absolutely no longer than one week. Keep in mind that the competition is fierce right now!
- ❑ Ask the candidate if now is a good time to conduct an interview and discuss your opportunity. If not, arrange a time. The average initial interview lasts about 30-45 minutes.
- ❑ Ask the candidate if he/she had an opportunity to review the opportunity packet, and answer any questions he/she has.
- ❑ Go through your interview questions, keeping the interview in a conversational tone. Do not feel obligated to follow the exact order of your questions. Allow the interview to flow naturally. But before you end the interview, make sure you have answers to all your questions.
- ❑ Write down what they say and how they say it, when you feel the candidate's tone or attitude is worth noting.
- ❑ Answer any questions posed by the candidate.
- ❑ Avoid talking about specific income amounts until you are certain the candidate meets your standards. A simple yet honest answer to the "How much?" question is "What we offer the right candidate will depend on how well he or she matches our needs, but a ballpark figure for income and benefits would be about \$ _____." The "ballpark" figure still leaves you negotiating room with candidates who may have somewhat higher or even lower income expectations than you intend to offer. It will also help eliminate those candidates whose income demands far exceed your comfort level. Remember, the negotiating game begins the minute you promote your

How to Do A Candidate Phone Interview, continued

opportunity and build expectations about your opportunity. If you give a candidate the impression that the dollar figure quoted in your written materials or during the interview is cast in stone, you may unwittingly lose candidates who would have agreed to sign for just a few thousand dollars more than this figure.

- ❑ Arrange a time for a spouse interview. Alternatively, you can choose to interview the spouse during the same call, if he or she is willing.
- ❑ Thank the candidate and spouse for their time, give them a date by which you will get back to them, and encourage them to contact you when questions about your opportunity come to mind.

Immediately after the interview, write down the date you said you would respond to them by and set yourself a reminder to do so. Write down the areas where the candidate's attributes and interests matched and did not match your opportunity and community. Within two days of the interview, send the candidate a brief note thanking him or her for the time and provide the candidate any additional information you could not provide during the interview. If interviewing both a candidate and a spouse, send separate letters to each of them. In the note, you should also describe in more detail aspects about your opportunity and community that will appeal to the candidate, based on what you learned during the interview.

How to Do a Spouse Phone Interview

The spouse interviewer can be the same person that does the candidate interview, or someone else. Just remember that all candidate interviewers should be personable individuals who possess good communication and listening skills. Do NOT pick an unfriendly person to make this call. Once this interview is completed, and if you will be pursuing this candidate, you can use this information to determine who would be a good match as a spouse recruiter for this spouse.

- ❑ Develop a well-structured initial spouse interview that takes no longer than 30 minutes. You can ask about 10 -15 questions in this amount of time depending on the candidate.
- ❑ Before contacting the spouse, test your questions and rehearse the interview with a colleague – ideally one of your local medical staff members.
- ❑ Prepare yourself for questions the spouse may ask you during the interview. A fact sheet with a brief answer to each question that could potentially be asked will be useful during the phone interview.
- ❑ Call the spouse within a day or so of having interviewed the candidate, if not the same day.
- ❑ Take accurate notes during the interview, noting what the interviewee says and how he/she says it.

How to Do a Spouse Phone Interview, continued

- ❑ Avoid asking certain background or “off the record” type questions that are illegal, including questions related to: age, race, gender, marital status, religion, garnishment records, child care provisions, contraceptive practices, childbearing plans, height and weight, and physical or mental disabilities (American with Disabilities Act of 1990).
- ❑ Listen attentively so the interviewee knows his/her responses are important to you. Avoid answering questions for the interviewee, finishing his/her statements, or making editorial comments (good or bad).
- ❑ Allow the interviewee ample time to contemplate a response. Silence is not a bad thing.
- ❑ Paraphrase responses to ensure you understood the interviewee’s answer. If you did not understand the response, ask him/her to rephrase it until you do.
- ❑ Strive for a conversational tone. Relax and let the interview flow. A relaxed interviewee is likely to be more open than one who feels like he or she is being interrogated. Do not feel compelled to follow the order in which your questions appear on the questionnaire; let the conversation dictate the order. But keep the conversation focused and make sure all your questions are answered.
- ❑ Answer all questions posed by the interviewee honestly. If you don’t know the answer, tell the interviewee you will get the answer to him/her shortly after the interview.

Check your notes immediately after the interview is completed to fill in and clarify any incomplete notes, which could lose all meaning to you within a few days. Send a thank you letter to the interviewee, including any additional information they requested. If interviewing both a candidate and a spouse, send separate letters to each of them.

Sample Interview Questions (3RNet R&R Manual)

How would your patients or colleagues describe you?

What frustrates you most when dealing with patients and family?
When dealing with nursing staff? When dealing with other medical staff
members? When dealing with hospital administration or boards?

Describe how you handle pressure situations in terms of carrying out your
responsibilities and interacting with patients, colleagues, and support staff.

Describe a situation where you dealt with a dissatisfied or angry patient and/or
family member of a patient and how you handled that situation.

Give examples of work teams that you have served on and describe your role on
those teams.

Describe a mistake you made in dealing with people. How would you do it
differently now?

Tell me about a time when you stuck to a company policy even when it wasn't
easy?

What do you feel is the most significant limitation to your working style and what
have you learned from it?

What aspects of your work do you consider most crucial?

Questions Commonly Asked by Candidates and Spouses (3RNet R&R Manual)

Sources: *National Health Service Corps, Utah Department of Health, and Idaho Rural Health Education Center.*

To properly prepare yourself for an interview, simply answer each question below before each interview. The exercise will sharpen your knowledge of your opportunity relative to what's most important to the candidate and spouse.

Questions Related to the Medical Situation

1. Why is there a need for a new provider?
 - a. Do all the local primary care providers, other physicians and other key health care providers support the recruitment effort?
2. Is the community currently without a primary care provider?
 - a. How long has it been without one?
 - b. Why did the last provider leave?
 - c. Where do people now go for primary care?
3. What are the major health concerns of the area?
4. How well do the primary care providers and other physicians in the area work together?
5. What steps are involved in getting a license to practice medicine in your state?

Questions Related to the Practice

1. What geographic area is served by the practice?
 - a. How many patients are anticipated?
 - b. What is the payor mix of the patients: Medicare, Medicaid, private insurance, uninsured?
 - c. What are the call and coverage arrangement, emergency room, office, and hospital?
2. What locations are available for the office?
 - a. What is the condition of the facility?
 - b. What clinical technology and office equipment are located in the office?
 - c. Does the facility have adequate waiting room space, office and consultation space for each provider, at least two examination rooms per practitioner, records and storage areas?
3. What type of support staff exists at the office?
 - a. Are there administrative support personnel?
 - b. Are there clinical support personnel?

Questions Related to the Practice, continued

4. Which services will the practice provide and which will be provided by other sources?
 - a. Where is the nearest pharmacy?
 - b. Where are the nearest lab and x-ray facilities?
5. How far away is the nearest hospital?
 - a. What facilities, support services, and personnel does it have relative to my specialty?
 - b. Is there an emergency room?
 - c. What is the financial status of the hospital?
 - d. What is the hospital's scope of care?
 - e. Are there relationships established with regional medical centers?
 - f. How would nursing homes in the area relate to the practice?
6. Where are physicians available for consultations and referrals?
 - a. Are there medical schools, training centers, and/or group practices accessible for telephone consultation or patient referrals?
7. What emergency transportation is available?
 - a. How long does it take for ground and air emergency transport to reach a regional medical center?
8. What are the opportunities for continuing medical education and professional enrichment in the area?
 - a. Who is responsible for arranging and paying for coverage while I am away on CME leave?
9. What type of support will you provide me in developing my practice?
 - a. What type of practice management assistance can you provide?
 - b. What activities will you engage in to help me increase my patient base?

**Questions Commonly Asked by Candidates and Spouses (3RNet R&R Manual),
continued**

Questions Related to the Community Setting

1. What is the potential for a financially successful private practice in this area?
 - a. Is the economy sound?
 - b. Is the community growing?
2. Are there appropriate employment opportunities available for my spouse within reasonable commuting time?
 - a. Can your organization help find a suitable position for my spouse?
 - b. Are daycare centers available?
3. What opportunities are there for my spouse to obtain additional education or training?
4. What types of housing are available in the community and surrounding areas?
 - a. What are the prices and interest rates?
 - b. Are there rentals large enough to accommodate a family?
5. What is the local school situation in the area?
 - a. Are the school facilities and education resources modern?
 - b. What is the teacher-pupil ratio?
 - c. What are the extra-curricular activities?
 - d. What is the community's attitude toward education?
 - e. What percent of the high school graduates go on to college?
 - f. How do the schools' test scores rank against state and national averages?
 - g. What are the core curriculum and elective courses at the schools?
 - h. How far to the nearest college or university?
 - i. Do universities or colleges offer outreach courses in your community?

Questions Related to the Community Setting, continued

6. What churches are in the area?
7. What are the social, recreational, entertainment and cultural activities and opportunities in the area?
8. What kind of environment does the community offer?
 - a. What are the values of the community?
 - b. Is there ample infrastructure for the community like police, fire protection, emergency services, public utilities, water and sewer, and local government?
9. What shopping and other consumer services are available locally?
 - a. Does the community meet basic consumer needs like groceries, clothing, restaurants, pharmacy, general merchandise, banking, automotive repair, plumber, electrician and so on?
 - b. How far to the nearest large city, its size and shopping and consumer amenities?
 - c. How far to a major airport?
 - d. What type of media serve the area?

Decision Point (3RNet R&R Manual)

After you have completed the candidate and spouse phone interviews, credential checks, and reference check, you have three choices:

1. **Reject the candidate.** If you reject the candidate, simply write a brief letter thanking him or her but stating that you are no longer interested at this time. Do not feel compelled to provide a reason.

2. **Invite the candidate and spouse for a site visit to your community.** Only invite the candidate on the site visit if you can answer Yes to the following statements:

a. I am certain the candidate is sincerely interested in our opportunity.

YES NO

b. I am certain the candidate and spouse resemble our ideal candidate (or match the needs of our opportunity and the characteristics of our community), and the community would be comfortable with this provider.

YES NO

c. I know the candidate and spouse well enough that I can design a site visit itinerary that appeals to their specific needs.

YES NO

d. The candidate is qualified to practice medicine in my state.

YES NO

e. The local medical staff believes the provider is qualified to practice in the community and seems to match their needs and wants.

YES NO

3. **Gather additional information from/on the candidate and/or spouse.** If you answered No to one or more of the statements under Number 2 above, continue interviewing the candidate, spouse, and/or references; or continue checking the candidate's credentials until you can answer Yes to all the statements above or until you reject the candidate.

Site Visit Ideas

- Pick them up at the airport.
- Provide them with a vehicle.
- Have a map and directions so that maneuvering around town is easy, not frustrating. Include directions to places you think they might go – school, local attractions, grocery store, etc.
- Provide a list of your favorite restaurants, stores, or activities.
- Provide a list of where they can access *their* favorite activities (which you should have found out ahead of time).
- Have a welcome gift waiting in their hotel room when they arrive. If you know they like chocolate, have some chocolate included, etc. If they have children, have an age appropriate toy. Include a welcome card.
- If the couple wants to bring their children, offer to provide day care (before hand) so that they can have time to take in the community uninterrupted. If they are not ok leaving their children with strangers, pay the travel expense for them to bring a grandparent or their own childcare person along with them.
- If the spouse has children present, arrange a play date with another parent with the same age children.
- Take them to breakfast, lunch, or tea at one of your nicer places in town, or have such a meal at someone's home.
- If the spouse is looking for a job, arrange a time to meet with some local companies they may be interested in working for.
- Provide an opportunity for the spouse to do at least one of their hobbies while in town. For example, if they like horseback riding, take them riding. If they are a runner, provide them with a list of running trails and even go with them if you are a runner, too. If they are into knitting, take to a knitting shop in town, or introduce them to someone in town who is in the local knitting club (or they could attend the club if the timing was right). If they are a shopper, make sure they have time to do this, and go shopping *with* them.
- Introduce them to as many *friendly* people as possible.
- If you have a local airport (different than the one you picked them up at), show them where it is and what the flight schedules are like.

Site Visit Ideas, continued

- If there is some community activity going on in town, such as a parade, festival, fireworks, etc., take them to it.
- Go with them to things; don't just tell them about them.
- If they have a religious preference, show them the things available in town (churches, clubs, etc) that they might be interested in. Introduce them to someone from those places.
- Introduce them to people with similar interests or that they would have something in common with.
- Give them a farewell gift that is something unique to your community.
- Listen, listen, listen. Don't just talk.
- An airplane tour of your area.
- A visit to the regional medical center and key consulting and referral specialists in the regional medical center community used by your medical staff.
- Spouses of family practice residents on site visits.
- Avoid busy itineraries that prevent the candidate and spouse from getting the feel of the community.
- Introduce the candidate and spouse to other newcomers to the community.
- Show the candidate and spouse the business district and different neighborhoods to witness daily life in the community.
- Avoid being "too slick" or too contrived.
- Show the good points but also be honest about the community's problems or bad points.
- Expose the spouse to daily life in the community, because it will be the spouse not the physician who will need to fill their day with whatever the community has to offer.
- Spend time with a Real Estate agent.
- Tour town with or without a Real Estate agent.
- Visit the local school for children. Visit local colleges if they are interested in that. Set up appointments with principals/teachers/professors, etc.
- Tailor to each unique visiting provider and their family. Think outside the box and be creative.

Sample Site Visit Itinerary (3RNet Manual)

R.U. Willing, M.D. and spouse, Ann

Note: Candidate and spouse are accompanied by the Site Host at all itinerary stops, except when candidate and spouse are provided private time.

Thursday

5:00 p.m. Pick up candidate and spouse at airport and travel to rural community.

7:00 p.m. Check in at motel in rural community.

Use the drive time to explain the opportunity in more detail, introduce them to your state or area, go over the itinerary, and find out if they want to make any other stops not included on the itinerary.

Friday

- 8:00 a.m.** Meet for breakfast
- chief of staff
 - hospital and/or clinic administrator (if not hosts)
- 9:15 a.m.** Conduct brief drive-through of the community to orient candidate and spouse to community
- 9:30 a.m.** Tour the hospital
- visit with Director of Nursing Service
 - visit with Board Chairman
 - introduce to other key hospital personnel
- 10:30 a.m.** Tour clinic location of the practice opportunity.
Visit each physician or midlevel one-to-one, allowing at least 15 minutes per visit
- Visit clinic director
 - Introduce to other clinic staff

Spouse Itinerary:

Friday

- 9:30 a.m.** Tour of Elementary School (or school appropriate to spouse's children's ages)
- Visit principal and/or school counselor, teachers for grades appropriate to the age of the candidate's children
- 10:30 a.m.** Meet with the medical staff's spouse's at one of spouse's homes

Sample Site Visit Itinerary (3RNet Manual), continued

If spouse followed a different itinerary on the first morning, he or she should rejoin the candidate for lunch, providing the spouse an opportunity to meet the medical staff and hospital representatives.

- Noon** Lunch at hospital board or conference room
- Medical staff
 - Board chair or representative
 - Director of Nursing Service
- 1:15 p.m.** Meet with candidate and spouse to discuss morning's activities

This brief meeting serves two purposes: 1) provides you the chance to address any questions or concerns they have from their morning visits while the concerns are fresh in their minds, and 2) assess and adjust to any changes in the candidate and spouse's level of interest in the opportunity.

- 2:00 p.m.** Tour other health care facilities and/or meet other providers in the community or key civic leaders
- 3:00 p.m.** Conduct guided tour of community
- Shopping/consumer services
 - Restaurants
 - Neighborhoods and subdivisions
 - Immediate countryside
 - Scenic locations
 - Unique sites and places that appeal to the interests of the candidate and spouse
 - Stops requested by candidates
- 5:00 p.m.** Drop the candidate and spouse off at the hotel

Provide them a vehicle for touring the community by themselves.

In the months when sunset is between 5:00-6:00 p.m., you may want to adjust the itinerary stops to allow the spouse some daylight hours to see the community on his/her own.

- 7:30 p.m.** Dinner at local supper club
- Medical staff and spouses
 - Hospital board representatives
 - Clinic and hospital administrator
 - Key civic leaders

If the candidate and spouse have an opportunity to visit with the dinner guests earlier in the day, the dinner will be more relaxed for all involved, especially the candidate and spouse. A word of caution, existing medical staff and spouses may use the dinner as a rare opportunity to spend some quality time with one another, unwittingly ignoring the candidate and the spouse. A little coaching or rehearsing beforehand may help dinner guests remember the primary purpose of the site visit and dinner.

Sample Site Visit Itinerary (3RNet Manual), continued

Saturday

- 8:00 a.m.** Breakfast – Discuss the previous day’s events and address any concerns
- Site visit hosts
 - Realtor
 - Any medical staff members or other key person who could not meet with candidate and spouse on previous day

Advise the realtor that he or she is responsible for being a guide on what will be a "tour of homes" that match the particular interests of the candidate and spouse. This is not a home sale opportunity. However, the realtor should be ready to answer questions regarding mortgages, lending rates, resale market, current and future market values, seller motivation, and so on.

- Noon** Lunch
- Meet with any key persons who have not had an opportunity to meet with candidate and spouse at an earlier time during the site visit*

- 1:00 p.m.** Self-guided Tour of Community
- Providing the candidate and spouse a vehicle

- 3:00 p.m.** Business Interview
- Administrator of recruiting organization and the candidate meet to discuss the opportunity and the details of the offer, if appropriate.

Present a letter of intent or draft contract if the candidate interests you and indicate the number of days he/she will have to consider your offer.

- 5:00 p.m.** Return to the airport

Take advantage of the return drive to draw out and address any concerns that may be preventing the candidate and spouse from pursuing your opportunity.

Give the candidate and the spouse a gift or memento of their visit to your community – something unique to your community would be ideal.

- 7:15 p.m.** Flight departs

Retention Activities (3RNet R&R Manual)

- Providing practice management and marketing assistance
- Assisting in securing start up loans
- Holding regular professional progress evaluation meetings with the provider to discuss morale and professional satisfaction concerns and issues
- Sponsoring periodic social gatherings of the medical staff, their spouses and families
- Assigning a mentor to orient the new provider and help integrate him or her into the medical community
- Assigning someone to orient and help integrate the spouse and family to the community
- Keeping the call schedule light – one out of every four days or less, if possible
- Funding career and personal development opportunities for the provider and spouse
- Providing opportunities for peer interaction outside the community
- Developing telecommunication links to practitioners in other communities and to medical education and support resources
- Make the provider feel valued, whether it is by giving them a card, a weekend away with their family all expenses paid, a town bench with their name on it, an appreciation in the local paper, or a town parade. Figure out what would make the particular provider feel valued and do it for them.

Retention-building activities such as these should be ongoing. They should be applied to all primary care providers in the community, as well as to other valued health professionals.

Retention Assessment

Does anyone in the community relate to the provider on a personal level?

YES NO

Does the provider feel there is emotional support from partners and the community?

YES NO

Are the provider's family and spouse included in social events?

YES NO

Is the family happy – do they have a sense of belonging to the community?

YES NO

Can the provider find adequate time for family and recreation?

YES NO

Are there any unmet expectations and are the original contract terms being met?

YES NO

Are referral patterns established and appropriate?

YES NO

Does the community utilize the provider's scope of services fully?

YES NO

Do on-call providers need additional professional support or professional enrichment?

YES NO

Does the provider have a retirement plan?

YES NO

Additional Resources: Successful Recruitment & Retention in Health Centers

CHAMPS Online Recruitment and Retention Resources

www.champsonline.org/Tools/RRResources/default.asp

This section of the CHAMPS website includes:

- Recruitment and Hiring Tools and Resources
 - Region VIII Job Opportunities Bank of Region VIII FQHC Openings
 - A Guide to Understanding HPSAs and MUAs
 - A List of CHC-Related Federal & State Programs
 - Answers to Physician Recruitment Frequently Asked Questions
 - A Sample Physician Recruitment Plan
- Orientation and Retention Tools and Resources
 - A Guide to Orienting New Staff, Including Onboarding Resources
 - A Guide to Retaining CHC Staff
 - A Sample Retention Workplan
- Recruitment and Retention Surveys and Data
- Other R&R Resources for CHC Current and Future Staff and Interested Students