Improving Team Effectiveness: Hiring and Onboarding

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January 25, 2018
Join us for upcoming CAPC events

→ **Upcoming Improving Team Effectiveness Series Events:**
  - **Improving Team Effectiveness Office Hours:** Tuesday, January 30, 2018 | 2:00 pm ET
  - **Team Health and Resilience:** Tuesday, February 20, 2018 | 2:00 PM ET
  - **Defining Roles:** Thursday, March 22, 2018 | 3:00 PM ET

→ **Other Upcoming Webinars:**
  - **Serious Illness Strategies for Health Plans and ACOs (Open to Non-Members):**
    Wednesday, February 14, 2018 | 12:30 PM ET
  - **Diffusing Innovation: Lessons from Palliative Care (Open to Non-Members):**
    Thursday, March 22, 2018 | 3:00 PM ET

→ **Virtual Office Hours:**
  - **Hospital Palliative Care Program Design 101 with Andrew Esch, MD, MBA**
    • January 30, 2018 at 12:00 pm ET
  - **Pediatric Palliative Care with Sarah Friebert, MD**
    • January 30 2018 at 4:00 pm ET
  - **Billing for Community-Based Palliative Care with Anne Monroe, MHA**
    • January 31, 2018 at 12:00 pm ET

Register at www.capc.org/providers/webinars-and-virtual-office-hours/
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January 25, 2018
Disclosures – Rodney O. Tucker

➔ No relevant financial disclosures to reveal
➔ I am not a recruiter.
Disclosures – Stephen L. Howell

→ No relevant financial disclosures to reveal
Objectives

➔ At the end of the session participants will be able to:

– Identify challenges to recruiting and retaining palliative care staff
– Describe at least three methods for recruitment that will improve your applicant pool
– List three opportunities to improve onboarding and retention of your palliative care team members
Recruitment

We want you!
Challenges

➔ Palliative Care Workforce
  – Workforce shortage
  – High burnout rate across the field
  – Inexperienced providers at all levels
  – Inadequate certification and training despite willingness
  – Inadequate exposure to the actual job, may be motivated by personal experience
  – Market competition – many programs developing in one geographic area
  – Salaries competitive due to shortage

➔ The Work
  – Can be more fun to watch than do
  – Constant stress
Alternative Titles

➔ Match Game
➔ They Seemed to be Perfect on Paper.
➔ What Happens When You Don’t Check References!
➔ We Need a Body But Not a Crazy!
Starting Points

→ Recruitment of initial or subsequent team member is crucial step in program success and/or sustainability

→ Successful recruitment is like dating and usually takes place over a series of conversations, meetings and interviews

→ Recruitment is much like a match game of sorts and takes time
Match Game

→ Crucial step to map out strategic goals for the team recruitment internally

→ Questions to ask yourself:
  • What are we looking for in this position?
  • What are our institutional goals or culture that should require special attention?
  • What are we willing to offer to recruit?
  • What are the key performance metrics that we expect from this individual?
  • Are all the key stakeholders on board to fund the position?
Match Game

→ Recruitment team depends partially on which discipline or position is being recruited

→ Recruitment should involve entire team including representation from the following:
  – Current physician and APP staff
  – Nursing staff and interdisciplinary team members
  – Human resources
  – Development officer (if available)
  – Program/discipline administration (Director of Case management, etc.)
  – Chairs and/or Division directors (if academic position)
  – Professional recruiter (if resources allow or problematic environment/difficult location—may be more for faculty or leadership positions)
Match Game

What are applicants looking for in general

– Time, opportunity, and/or treasure
  • Time and “work hour” responsibilities key to understand and explain
  • Opportunity for personal development/mentorship, to teach, leadership, clinical care, research, etc.
  • Compensation that is fair with reasonable expectations and productivity metrics
  • Flexibility in care transitions and practice locations
Looking For a Date

→ Advertising positions in standard media related to palliative care, hospice, geriatrics, hospital medicine, primary care, etc. (AAHPM, HPNA, CAPC, etc.)

→ Most effective: Networking with other colleagues, as well as recent trainees and mutual acquaintances

→ Geographic ties
Looking For a Date

➔ Position descriptions should be attractive and capture essence of position
➔ Important to include as many details and appear flexible in opportunity
➔ “Selling a city” and quality of life is important as well
➔ Spouse or partner and family considerations are paramount (esp. if leadership or strategic recruit)
Someone Answers the Ad

→ Human Resources guides the way for this process in most cases (esp. for non-MD positions)
→ Responsiveness to inquiry sets stage for first impression
→ Initial review of email or phone contact
→ Initial review of submitted information including CV or resume
→ Document and take notes of each interaction
→ Have multiple initial reviewers
First Date

→ May be phone or in-person interview with program leader

→ Important first points to cover
  – How did applicant discover position
  – Initial thoughts/questions about ad or position as posted; Opportunity to clarify or expand initial job description
  – Allow applicant to point out highlights of CV or their experience
  – Brief program description and decide re: next steps
  – Reminder for interviews re: questions that are not appropriate or interview etiquette
Potential Concerning Signs

➔ CV with unexplained gaps in time, grammatical mistakes, etc.
➔ Multiple short term work/hiring experiences over a relatively condensed time frame
➔ References dated or not included
➔ References are family members
➔ Rushed or hasty desire to change locations
➔ References are all from one discipline
Potential Concerning Signs

➔ Overly complementary of your location or program
➔ Overly critical or “can I be frank” regarding current or last job in initial conversations
➔ Focus on compensation, perks, or time off in initial conversations
➔ Lack of informed questions about program or position
Interview Cycle

→ **Initial interview** usually involves discussion of respective time frames for each party

→ **Interview cycle** should be explained e.g. initial interview with certain team members will be followed by second interview

→ **Expectations** of first interview e.g. will a lecture or educational session be expected in the first round
Interview Cycle

➔ Expectations re: cost and travel discussed by interviewer/future employer

➔ Usual and customary to provide reimbursement for travel, etc. as per institutional or organizational norm

➔ First interview round may include various team members selected by employer to match interests of applicant
Interview Cycle

→ Feedback in written form should be solicited from each interviewer
→ Promotion of institution, position, city, and quality of life
→ Information on positive attributes as well as opportunities for growth and challenges in program should be explored with candidate
Tips and Conduct

➔ Interviewers be prepared, know location, arrive on time, and practice interview etiquette
➔ Seek to establish rapport, not intimidate
➔ Make sure CV has been reviewed prior to interview with candidate
➔ Prepare questions ahead of time
Interview Questioning

Open Ended Behavioral Based

➔ Tell me about a time when.....
➔ Tell me exactly how you dealt with that situation...
➔ Describe a situation...
➔ Tell me how you approach.....

Inquiry specific to past job performance

➔ Tell me what impressed you about your last....
➔ Tell me more about how your performance was evaluated...
➔ Give me an example of a mentor in your last position.....
Interview Questioning

→ With each behavioral question, interviewer should be listening for certain cues or elements in response:
  – Event
  – Action
  – Result
Interview Questioning

Don’t ask:

➔ Age or related questions
➔ Marital status or sexual preference
➔ Children status or age
➔ Workmen’s comp related
➔ Disability
➔ Child care arrangements

Even further:

➔ Arrest record
➔ Church or belief system practice
➔ Kind of car, credit status, or related financial
➔ Citizenship unless absolutely necessary for credentialing, etc.
Summary

➔ At end of first interview cycle, summarize interest, answer questions, etc.
➔ Direct applicant to any institutional documents or resources such as mission statement, standards of practice, websites, etc.
➔ Explain next steps if you are leader of program or coordinating interviews
The Date Continues- If applicable

→ After completion of evaluations from first interview cycle:
  – Candidate presented to decision making entity/group
  – Second interview cycle initiated if interest remains
  – Second interview cycle time table determined
  – References must be verified and checked
Second Interview Cycle

- More structured and detailed re: compensation, benefits, etc.
- May involve team clinical case conference, lecture or didactic if academic environment
- Should include family (if recruit from out of geography) if physician or strategic position
- Interviewers may or may not be same individuals from first cycle unless more time needed
Important Points

→ Successful recruitment of palliative care team members is paramount in importance for growth and sustainability

→ Process can and must be well structured from *first date to start date*

→ Behavioral based open-ended questions and interviewer preparation is important
Final Point

➔ Most important aspect is achieving the right balance and match between programmatic needs and vision for the role, and the skill set of the candidate

➔ True for any discipline or position
Onboarding
From Dating to Marriage....
Onboarding…The What

→ Structured process of bringing new hires into your organization

→ Organizational Socialization with goals of:
  – New hire feeling welcomed and integrated
  – Clearly communicated expectations
  – Providing training opportunities
  – Buddy system
  – Feedback
Onboarding…The Why

➔ 89% of new hires do not have the knowledge/skills to “hit the ground running”
➔ 76% of new hires report “on-the-job training” is their most important need in a new position
➔ The average worker today stays at his/her job for 4.4 years
➔ Costs of turnover add up fast (50-400% of annual salary)
Onboarding…The How

➔ No “trial by fire”
➔ Pre-determined Process
  – Match to role, experience, personality
  – Team effort with buddy system
  – Frequent, consistent manager involvement
  – Clearly defined expectations for all
  – Foster relationships and networking
Onboarding…The When

➔ Begins during the hiring process
➔ Time is fluid
   – 6 month trial run
   – Reality of 1-2 years
➔ Flexibility is key
➔ Structured meeting intervals
   – 30, 60, 90 days
   – What is and is not working?
Onboarding Concepts

➔ Accommodation
  – Office space, pager, badge, parking, etc.
  – Organizational Orientation (Benefits, EMR, Competencies)

➔ Assimilation
  – Directory, Employee Bio, Facility Tour, Lunch Date

➔ Acceleration
  – Pace yourself (think Marathon)
  – Provide information in increments
  – Create reasonable workloads
  – Gauge the employee
  – Build confidence
Onboarding Tools and Strategies

➔ Shadowing/reverse shadowing experiences
➔ Cross-pollinate amongst settings/specialties
  – Hospice, Oncology, Geriatrics, etc.
➔ Provide resources
  – Journal articles, UNIPAC series, CAPC Modules
➔ Do not re-invent the wheel
  – Utilize existing learning opportunities (didactics, grand rounds, journal club, case presentations)
Onboarding: The Honeymoon is Over

→ Challenges at each stage
  – Phase I: Initial Hire – 1 year
    • Struggles with knowledge, skills, team integration and schedule
    • Too overwhelmed to care about “imperfections”
  – Phase II: Getting Settled
    • Meetings may reveal that they “love the work”; hate other aspects of the position
    • Schedule, stress of cases, workload pressures
    • Team dynamic challenges
  – Phase III: Committed to Program vs. Looking to Move On
    • Time to nurture program loyalty
    • Focus on unique contributions
    • Thoughtful considerations regarding “fit”
Strategies for Retention

➔ Ask the employee:
  – What would make them feel most valued
  – What would make them see themselves working in your institution for 5-10 more years

➔ Use institutional resources
  – Well-being/employee support services
  – Comprehensive or focused program review

➔ Focus on their priorities
Going our Separate Ways…

→ When fit is not good, best to move on to another position that suits them

→ Palliative care work sometimes inspires people to move toward other interests or spend time differently

→ Person outgrows role/position and wants or needs more
  – Promotion
  – New, exciting position/promotion

→ Person is incompetent or dysfunctional in their role and not responsive to coaching

→ Person is burned out and needs to stop the work for self care
...or Living Happily Ever After

➔ Fully integrated into team
➔ Navigates challenges effectively
➔ Excels in role
➔ Promotes self-care
➔ Seeks additional challenges and opportunities for growth
➔ Takes on mentoring role for others
Key Points: Recruitment

➔ Careful selection for program fit
➔ Refine the interview process to ensure applicant and program have a good feel for one another
➔ Decide if you are willing to train or wait for applicants with experience
➔ Check references before any new hire
Key Points: Onboarding

➔ Setting expectations and monitoring progress is key
➔ Foster relationships
➔ Provide feedback
➔ Be flexible
Questions?

Please type your question into the questions pane on your WebEx control panel.

Enter your question here.
Improving Team Effectiveness Series

→ Keep the conversation going in the *Improving Team Effectiveness* virtual office hours. Next session is January 30th at 2 pm EST. Register on capc.org or CAPC Central Virtual Office Hours pages.

→ Check out our new *Quick Tips* on the Improving Team Effectiveness page in CAPC Central

→ Join us for upcoming webinars on other Team Effectiveness topics:
  - **Team Health and Resilience** on 2/20/18 at 2 pm EST w/ Donna Stevens and JoAnne Reifsnyder, PhD, MBA, MSN, FAAN
  - **Defining Roles** on 3/22/18 at 3 pm EST w/ Amy Frieman, MD, MBA, FAAHPM; Kaitlyn Bender, MS, RN, CHPN; and Stephanie DePiano, MSW, LCSW, ACHP-SW

Register for all upcoming events at: www.capc.org/providers/webinars-and-virtual-office-hours/