

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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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



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 complimentary 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

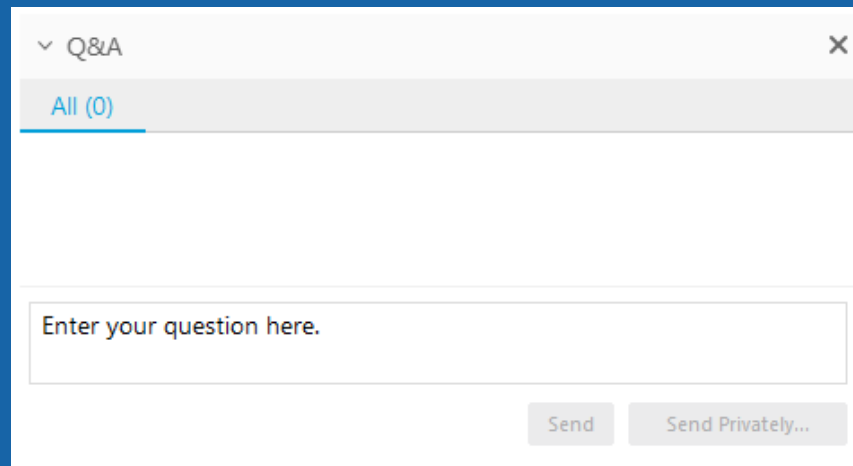
- Careful selection for program fit
- Refine the interview process to ensure applicant and program have a good feel for one another
- Decide if you are willing to train or wait for applicants with experience
- Check references before any new hire

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.



The image shows a screenshot of the WebEx Q&A interface. At the top, there is a header with a dropdown arrow, the text "Q&A", and a close button (X). Below the header is a tab labeled "All (0)". The main area is a large empty text box with the placeholder text "Enter your question here." At the bottom right of the text box are two buttons: "Send" and "Send Privately..."

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/

Quick Tips: Improving Team Effectiveness

capc Center to Advance Palliative Care

CAPC Quick Tips #1: Hiring New Team Members

Having a hard time finding qualified staff? In a rush to hire, do you sometimes overlook whether or not someone will be a good fit for the team? A new team member can bring wonderful energy and new skills, or create conflict and be disruptive to the rest of the team. Read on to learn how to hire for a stable, high-performing team.

Practical Tips and Lessons Learned from the Field

1. **Be clear on what is needed in the position, and make sure the entire team is aware of the position's purpose and role.** This will help not only in screening for candidates, but also with current team members who can help find good candidates.
2. **Make sure there is clear funding and support from administration.** Candidates have a lot of options and are more likely to choose a program that has demonstrated stability and commitment from the organization.
3. **Develop a plan for marketing the position.** What is distinct about your organization, the region, or this role? Why would someone take this position? Where will you post the job? Who can help you recruit? Human resources, professional recruiters, the palliative care team, and networking with other palliative care colleagues can all be helpful.

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