

## **WEBINAR VIDEO TRANSCRIPT**

Partnership for Care HIV TAC

### **Recruiting and Retaining Clinicians with HIV Service Delivery Experience**

Presenters: Mike Shimmens & Allison Abayasekara

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MODERATOR: Good afternoon, everyone, and welcome to the Partnerships for Care webinar. The Partnerships for Care project is a three-year, multi-agency project funded by the secretary minority AIDS initiative fund and the Affordable Care Act. The goals of the projects are to, one, expand prevention of HIV test and prevention, care, and treatment in health centers serving communities highly impacted by HIV; two, build sustainable partnerships between health centers and their state health department; and three, improve health outcomes among people living with HIV, especially among racial and ethnic minorities. The project is supported by the HIV training, technical assistance, and collaboration center known as HIV TAC.

Today's webinar will be led by Allison Abayasekara and Mike Shimmens. Allison is the director of training and technical assistance at the Association of Clinicians for the Underserved. In this capacity, she oversees ACUs, training curriculum, and directs the Solutions Training and Assistance for Recruitment and Retention Center. ACU's mission is to improve the health of America's underserved populations, and to enhance the development and support of the [INAUDIBLE] clinicians serving these populations. Allison joined ACU in 2014 after working with community health centers for five years, first building a statewide workforce at the Pennsylvania Association of Community Health Centers, and then serving as the program manager for the Primary Care Association and Health Center Controlled Network Department at the National Association of Community Health Centers. Allison was educated at the University of Maryland, College Park where she received a Master of Arts degree and she also has a Bachelor of Arts degree from Lebanon Valley College in Annville, Pennsylvania.

Mike joined us through our network National Rural Recruitment and Retention Network as executive director in August 2012. In this role, he works with a nine member board of directors to assist 53 nonprofit member organizations in the recruitment and retention of quality health care professionals in rural and underserved areas of our country.

Prior to coming to this position, Mike worked for six years at the Missouri Primary Care Association as director of recruitment and workforce development and nine years as director of medical staff development at Saint Mary's health center in Jefferson City, Missouri.

We're going to start with a poll question. So we are going to launch our first poll question.

UNIDENTIFIED PARTICIPANT 1: What is your role in the P4C project?

UNIDENTIFIED PARTICIPANT 2: We have clinical staff, non-clinical staff, Department of Health, federal staff, and other. We can go ahead and share the results. There seems to be a nice mix of both that are attending our webinar. We have 22% clinical staff, 22% non-clinical staff, 22% Department of Health staff, 22% federal staff, and 11% other.

UNIDENTIFIED PARTICIPANT 1: OK.

UNIDENTIFIED PARTICIPANT 2: We can continue on with the presentation. At this time, I will hand over the mouse control to Mike Shimmens, our first presenter.

MIKE SHIMMENS: All right, thank you very much. Appreciate the opportunity. Just a quick introduction beyond what you got for our official BIOS for Allison and I. Just wanted to let everybody know that I deeply appreciate the opportunity to talk to this group today. 3RNet, the organization that I am executive director of, is a national organization of members. Nonprofit members. And our biggest contribution or biggest activity that we really have is a job board for health professionals. Those seeking jobs in rural and underserved areas are really the safety net in our country. So we're deeply involved with this.

We also do a lot of training like we're doing today, which is trying to educate safety-net facilities on a process that we're going to run through real briefly today. This is a many years in the making type process. It is certainly something that we're going to cover really briefly today. Any one of these topics we could probably dive into in more content but we wanted to give everybody an overview today of what we're thinking. Hopefully, this will prompt some questions and will help you in some of the work you're doing when it comes to recruitment and retention of your clinicians.

Also, today, since we're talking really kind of broadly here about recruitment and retention, a lot about the work and the things you are going to see reflected in our slides are geared toward that clinician that's probably like the physician, nurse practitioner, PA. That type of clinician in your practice. Therefore, some of things that are there are maybe a little bit more involved than maybe you would for your office staff or another billing position or something like that in your clinic. All of them are important, but we're going to be talking probably a lot more toward that physician recruiting type of experience.

And my background, again, coming from Primary Care Association where we worked in Missouri with at that time 21 community health centers and now up to 30. I do have some experience with working with FQHCs and really enjoy this opportunity. So thank you for having me today. I'm going to let Allison Abayasekara take over from here briefly and talk about her project.

ALLISON ABAYASEKARA: Thank you, Mike. Thanks, Ruthie for the introduction. Thanks everyone. I can tell that you guys are a pumped and excited crowd. Workforce is an exciting topic. And I'm actually going to pop in for, I swear, it's going to be just a few minutes here at the beginning before I turn it back over to Mike.

Just to tell you a little bit about who we are and all the free, yes I said free resources, training, and assistance that's available to you as your next step from today and onward. And so I am Allison. I'm with the Association of Clinicians for the Underserved. And we have a project called the Solutions Training and Assistance for Recruitment and Retention Center. That's a mouthful, so you can just call us the STARR Center. We are funded through HRSA's Bureau of Primary Health Care. And so my project officer connected us with MayaTech and that's how we all got here on this webinar today.

The STARR Center provides free resources, training, and technical assistance to FQHCs and others around their clinician recruitment and retention challenges. So we are actually supporting Mike's presentation today. And we're happy, very happy, to be involved but they just want to quickly make sure you know who we were. And how you can get free, yes I said it, free help ongoing. So the most important thing I want you to hear today is that you can go to this website here. That's [chcworkforce.org](http://chcworkforce.org). To find out more about all of the stuff that we have that we can share with you.

I'm just going to quickly, again very few minutes, move along and tell you what that is. We, as I said, received funding from the Bureau of Primary Health Care. That's that BPHC acronym you see up there. So we work closely with them. We work closely with Primary Care Associations and Primary Care Offices in your state. So think of those people in your state and feel free to bring us up with them. If they don't know us-- I hope they know us --if for some reason they don't know us, hopefully we can all get connected.

We want to be supportive of what's going on in the state. And anything that you guy's are already working on. Like this great P4C HIV TAC project. So partnerships, resources, again that's [chcworkforce.org](http://chcworkforce.org). What you're looking at now is a screenshot. We have over 100 different toolkits, manuals, templates. All that kind of stuff. Anything and everything to do with recruitment and retention. So no matter who you are today on the phone in terms of your expertise and what your health center needs, hopefully there's something there for you to help you. Might also direct you to the self-assessment tool. You can see that in the bottom center of your screen. And that's a self-guided qualitative look at your workforce program.

So Mike's going to, I'm sure, make you think about a lot of different things that you may be able to improve or add to your recruitment process now. But please feel free to check out that free self-assessment tool and get some immediate feedback via email on what you might be able to improve. We also do training. Oftentimes, in partnership with Mike and 3RNET and other consultants. I won't go into that more except for we offer really personalized training to groups of about 40 or 50 folks. Usually in partnership with Primary Care Association conferences. So feel free to check out our calendar online to see where we're going to be next.

And again we have lots of experts available for technical assistance. Folks like Mike. Folks like his staff. Folks like other consultants who have worked in health centers and clinician recruitment for a long time. And who are here to just chat with you about your issues and your challenges.

So please enjoy Mike's presentation today. But feel free to give us a call or email us and we will be happy to talk with you more.

The last thing I want to mention are these individual recruitment and retention profiles we dreamed up as a way to identify and quantify workforce need at health centers nationally. So they just look like this. It's a lot of data as you can see. But really the basic idea is giving you this right here which is national benchmarks for over 65 different data points. Anything to do with recruitment and retention that we could think of. Help you see what makes your center different in terms of workforce. And how is that going to affect your recruitment and retention programs.

So we'll give you this free data profile individualized to your health center. And you can look at the blue flag that we have there. It's a whole color coding scheme. Say what's going on my health center? And then are there any challenges here that I might be able to solve with our help? With Mike's help? With Mayatech's help? Anyone's help. So we have lots of stuff. Here's my contact information and our website. Again, we have a staff here. Consultants ready to chat with you and answer your phone calls.

We do a lot of work with Mike and are excited to support him in this webinar today. So thanks everyone for letting me jump on here and quickly run through. But again we have lots of free resources and things and hope that you'll take advantage of them now that you know who we are. So I will officially turn it over to Mike. Thanks everyone.

MIKE SHIMMENS: OK thank you very much Allison. I really appreciate it. And I really appreciate the partnership with ACU and this opportunity to talk to everybody on the phone today about our favorite topic, which is recruitment and retention and just how to improve the processes and how to really customize it to your situation. So that's what we are going to talk about a lot today.

Starting with just the first slide then. What is recruitment? There's a lot of definitions out there for how you do this. And I'm going to tell you that my slides-- thankfully you have them available to you-- they are a little bit text heavy. So I apologize for that but certainly, hopefully, all the information is there. So you're going to see that starting off with is just a definition of what is recruitment. And this is what you're probably trying to do as a goal for your organization. Trying to find the best fit for every position that you hire.

When we switch over and look at retention-- --so what is retention? Again, an effort by businesses. This is probably one of the most difficult parts because everybody thinks of retention a little bit differently. Is retention keeping somebody a year? Is retention keeping

somebody 10 years? There's a lot of different ways to look a retention. But basically it's just the effort to keep the working environment supportive to where that you'll be able to retain your employees and work with them and attain job satisfaction.

So certainly there are costs involved when you don't do this. And I think everybody on this call is probably very well aware of that. So recruitment and retention those are two sides of things. And see if this is what you think of recruitment and retention. Or is this? This is a nice little cartoon I think sums up what a lot of us get involved with. Which is kind of this treadmill of we're constantly turning people over. We're always recruiting because we seem like we're not able to retain anybody. And it becomes kind of a vicious circle.

So the effort that we're going to make in today is just talk through how could we maybe systematize our process so that we can be successful in this. Now we know from the topic and the environments you work in that you're really looking at a certain subset of individuals with very unique training. I think that's admirable. We'll touch on that a little bit on how to maybe gear your search. Especially talking about searching for candidates for that market.

However, really the recruitment and retention process is going to be the same for whatever kind of commission you're looking for across the board when you're talking about recruiting to a safety-net facility like an FQHC or health department like you guys are located. So that's why we are going to go forward with this. And so this is the recruitment and retention diagram.

This is where the executive director prior to me-- His name is Tim Skinner. He was in this role for many years and also was a hospital based recruiter -he coined this word, I don't know if it's the first person ever coined it. We claim it as ours. That recruitment and retention are really one process or if you will, "recruitmention." The fit you give on the front end for those candidates to your position are going to pay off obviously in the back end with the longevity and the retention. So it's one seamless process. We talk about them often separately. As a matter of fact, I even introduce this as R&R, recruitment and retention. But that one word covers what we're trying to get to. What we're trying to help you and everybody else, all the other safety-net facilities that we work with attain is recruitmention.

The first thing we're talking about today is we're doing a really quick poll to talk a little bit about recruitment and retention plan. So if we can go ahead and start the first poll. We'll introduce that. And do you have a written provider recruitment and retention plan in you organization? You'll see there I even used the word recruitment and retention whereas I could've used the recruitmention plan. But basically, do you have a written plan in your organization that you follow to help with your recruitment efforts? This is a question I ask I think, every presentation I do. And it's always very interesting to see the show of hands.

So appreciate you clicking in here. And please let me know when we have enough results so we can go forward. So again, do you have rewritten provider recruitment and retention plan? Or one or the other. If you have one but not the other I'd still like to have you respond yes or no to that. So let me know when we have enough votes to move forward. OK. This is very good. 40%

are saying yes. 60% are no. That is a very common number. And I have seen that much higher on the nose. And I've seen that almost half and half. But very rarely do I ever see where everybody has a written recruitment and retention plan.

And I think that that's what we're trying to work toward because when you were up against-- first of all it's a very competitive environment right now for recruiting clinicians. We all know that. Some of the biggest health systems and entities out there are recruiting against you in your standalone or maybe even a small FQHC or health department. --You've got to be able to do everything you can to keep on track with this process. So having a written plan that walks you through and set things up is going to be very helpful and actually very necessary.

So we'll go ahead and move to the next slide. Thank you for answering that poll. And that is good information and very much probably what I expect. We at 3RNet have had many years of experience. Again we're a 20-year-old organization. We were founded in 1995. And early on in our process, we've always been involved not only in getting these job placements out there on the internet to a job board, but also in helping in education.

Around the early 2000s, a manual was developed and now it's been put into an ebook format. It's basically a guide. Especially for those who are just starting into the recruitment and retention efforts or wanting to kind of polish up their efforts and systematize. Like we just said, 60% of you didn't even have a written plan. So how or where do I to get started? This is a possible way to get started. So I want to run through this today.

And you'll see me refer back and forth to the four parts. So what we will get through all parts and also the action steps. A few of them we're going to take in more detail than others. So this is just to cover of the manual. I want to make sure you knew that this is where it came from. We do think that there's a process and the better you can follow a process and have a written process, the more successful you can be in this.

OK, so the first part is really planning and preparation. And you can see there this is a quote from us. Oftentimes, planning and preparation are neglected. They're not the most interesting thing to do. That is the background work you have to do to get started. So we think this is a very important step and we're going to run through a few things today. I have to talk about that. The six steps in planning and preparation are all listed right here right now.

Assess the need. Again, what is the need? And this can be done in many different ways. And some of these again, I won't go into as much detail as others. But assessing the need. What is your need for this clinician? Where does it start? Where is it coming from? Is it a departure? A retirement? Is there something else that has happened to create this?

Or is there a new opportunity? We're expanding to a new market. We're opening a new clinic. Something like that. So what is the need? There's many different ways to do that. There's also many different people in your health center that could play a part in this. It could be a nursing

director. It could be a CFO. There's a lot of things that come into play here. So assessment of the need is a very important step.

Oftentimes, gaining support of key stakeholders is important. Now, we see this a lot in more rural areas just simply because there's a lot of time community involvement and that'll be an important part. Really gaining support of key stakeholders could be who's going to help me maybe with this process? Are there other partner organizations that I work with that we want to make sure that they knew what we're doing? So for example we're adding a new nurse practitioner to a clinic, we might want to know that our partner has knowledge of that, understands it, also gives us input into what kind of type of clinician we're looking for. As well as then if they know about it, they might be able to make referrals to us. So the more people that know about an opportunity you are looking for a clinician, the better chance you have of recruiting somebody.

So thirdly, form a recruitment and retention committee. This is a step that oftentimes is overlooked. Many times, I'm imagining this is an ad hoc kind of effort. A lot of times it's led by an HR person or people. But we're going to tell you a little bit more about the recruitment and retention committee. Define your opportunity. You gotta know what you're looking for to recruit what you need. So defining the opportunity is going to be described a little bit later here as we run through job descriptions. But really that defining of the opportunity is an attempt to say what really do we need. What are our needs for not just we are going to have to replace exactly.

Because sometimes when a clinician leaves, that gives you some opportunities to re-look at your opportunity. Is it really truly the same as the person who left or has something changed? Is this a good time to re-look and at some of the work. So defining your opportunity is an important part as well as define the ideal candidate. If you know what the ideal candidate looks like, you know that when candidates come in, what might match better. Right? So if you're not really aware that yes, I definitely need this kind of skill set-- especially when we're talking about people you're looking for with HIV training of some sort or maybe even a background or experience in that --what would my ideal candidate look for for this particular position? And therefore you know that when clinicians come in or you start getting CVs in, you can compare them to what your ideal is.

If you find your ideal, great, you know what to do. But if you don't, you can at least match it to it. So finding the ideal candidate is an important part of the work of planning and preparation as well. And then finally, and probably a lot of times the most overlooked, is the development of a recruitment budget. I'm not sure about you but I know I ran into a lot of and still do run into a lot of facilities-- --it's hard to budget for what kind of needs you are going to have. At best, sometimes it's just a wild guess. However, at least it's something. For example, do you know that in the next year or two you're going to be adding three nurses and a nurse practitioner? Maybe you might need another physician. Or you're going to need another staff person of some sort. Any kind of ideas you can get on a recruitment budget, that helps in the overall budget in the organization.

And you can also set aside some dollars for the sourcing which we are going to go through in step two. Sourcing of candidates can take a lot of dollars. And so having some money set aside to do that each year is really an important part of the process. Again. It's never going to be very scientific on how you do it. But it's always good to have a placeholder of some dollars there as best you can so that the organization is prepared for what it's going to take.

OK. Poll question number two. Right now if we can go into that, we're going to talk about what you believe. We just went through those steps to the planning and preparation. Which one do you think in your mind may be most important? Assess the need. Develop a budget. Form a recruitment and retention team. Define the ideal candidate. So which one of those real quickly do you think is the most important? Again this is obviously an opinion question. And because it opinion question I'm going to be able to give you my opinion in a minute after we get the results back here. So whenever you see the results you can let me know and I'll advance the slide. Thank you.

OK. Assess the need and form a recruitment and retention team. We have over 100% that's interesting. I guess multiple answers were allowed. So thank you for that. So 50% of you said assess the need. 50% said form a recruitment and retention team. And 25% to define the ideal candidate. All very good answers. Very good answers. So if you can take the poll down, I'm going to show you my thoughts to this. And see what you guys think.

Yeah, for me, it's all about the team. When I worked at a hospital I worked at a 167 bed hospital and I was the only one doing physician recruitment retention. Now, I had people I had to go to to rely on to do the interviews and things like that. But it was basically a one person team. And as I developed these relationships through the hospital, I kind of started ad hoc forming a team that was going to go to. But I think the better opportunity here is go ahead and set up who the team people are that you're going to be working with. You may not need it all the time. If you're only recruiting a new clinician every other year or maybe there's just not a lot of recruitment efforts, it can become more of a retention team. What are we doing on the retention side for all of our employees?

So recruitment and retention team I think is really important and we do have a tool that's included in this this webinar slides. When you see the recruitment team worksheet, there's a fillable PDF form that's been attached. And no matter what the size of your organization, this really needs to be thought out and have roles assigned because what happens is a lot of times if somebody is in charge of this process and they leave your organization, it's almost like you start over from scratch. So you really want to have a process and people in place that are regularly meeting to talk about this even if it's quarterly when you're not in a high recruiting mode.

But almost monthly, if you really searching for a lot of clinicians. It's a great way to share ideas. And most of the members will wear multiple hats but it is a team effort. And again, the fillable form there that's attached, you could feel free to use that. Just kind of as a starting point. And we hope that you can use that as something that may help you out. So forming a recruitment and retention committee again, that was for me the most important. And I hope for those 50%

of you that also said that I appreciate it. Of course all of those things are important in the planning and preparation. And so we appreciate everybody answering there.

OK, the next pole that we're going to talk a little bit about again as we said to find the opportunity. That is one of the areas of planning and preparation. And when we were preparing this webinar, we were told that there was some interest in how do you go about doing job description, things like that. A colleague and coworker of mine who helped write and put together this webinar-- her name is Michelle Varcho. She's also working with us on this program with ACU and Allison. She put together some slides here on job descriptions. And really the first thing I wanted to start out with was a simple poll question.

So poll question number three, basically it's a yes no, Do you use job descriptions in the interview process? This is an interesting question because you would assume, I guess I would, my background is not necessarily HR. You would think that would be the case all the time. but I don't know if it really is. And also, do you use job descriptions for every position? I.e do you use it for clinicians? A lot of times I think we see job descriptions being used at a level of employee-- --a certain level. But when we see the higher paid staff, maybe we don't use the job description as much.

But I'd love to hear from you. Do use them in the interview process? So when we have a poll result on that, we'll talk a little bit about that. Do you use job descriptions in the interview process? Yes, that's very good. 80% are using the job descriptions in interview process. So that's very good. Those of you who don't, maybe we can give a few tips here going forward and share some of the information from these slides on job descriptions and the interview process. Appreciate your answers on that. So job descriptions again, a very important tool for helping employees understand what their role is. So they need to be clear and concise and they are sometimes used right as a guide for job performance. It's certainly used by supervisors.

Again, if you're doing evaluations yearly it's always good to have that job description there to understand what you're regularly really talking to folks about. Hopefully, this is not a surprise when you meet with them at the end of the year. You've been giving them feedback all along. But this is a great way to keep in touch with your staff. And as well as-- --I do find that it's been my history, in my experience, that a lot of times clinicians especially physicians are never given a job description. And that's very uncomfortable to them I think. And so I think having a good job description is going to be of great importance.

So the job description can be written in five steps. We're going to go through those now. So we'll walk through these and talk through how that may happen. Again, remember this is all about defining the opportunity when we talk about putting together your recruitment and retention plan. So a job analysis can be done. There's ways to do that. We have included a job analysis questionnaire on the attachments here that you can please feel free to utilize.

This is part two of that same one, So job analysis can include the knowledge, the skills, ability visible, physical characteristics, environmental factors, credentials, and experience. All of these

things are important and sometimes you can get this from a person currently holding the job especially if your hiring an additional nurse. Or you're hiring an additional nurse practitioner. Or another clinician. Or somebody else. However, if it's a new position, you certainly can use somebody else. The supervisor can fill these out as well. So the job analysis is performed.

OK. Then you establish the essential functions is next. The essential functions of the position must be defined in the following steps. This'll be a better avenue. And obviously you're trying to comply with your ADA accommodations request. The use of the term "essential functions" should be a part of the job descriptions. Ensure that the tasks are truly necessary. Determine the frequency. All of those things here on those steps, I'll let you read through them.

So you're trying to establish the essential functions of the job. So after the job analysis, you're trying to get the essential functions. Then you need to organize the data concisely. Job descriptions do vary, right? There's no two organizations that may do this alike. However, within your organization, you really need to use standardized job descriptions so everybody's looking at the same thing. All of supervisors that are evaluating people need to have good information to work from. So make that the organization of your job description is consistent and easy to read. And there is a topic sheet included in your handouts that you can also refer to here that gives some tips on what needs to be in a job description to help make it as concise and complete as possible for everybody that's going to use it.

Three was to organize the data concisely. Step four, there's always a good idea to have a disclaimer saying this is never comprehensive, right? There's always those other duties as assigned. So you want to have that disclaimer there as well. Step five, you do want to have signatures on there. That's because you're validating this job description to show the job description has been approved. That the employee understands requirements, essential functions, and duties of the position. Should have both the supervisor and the employee signature. Upper management should review it. And then the final job descriptions should be kept secure, of course.

Again, I'm sure all of you will have some kind of HR function that can help you in making sure that these are kept appropriately and in places where they can get to easily enough. And in your materials that were included here, there is a sample job description template. It is a fillable PDF form. Feel free to use that if you will or copy from it whatever you need. If you don't have something you're using to again, a lot of you're using job descriptions. But if there's anything on there that is helpful to you, please feel free to use that as part of it.

In defining your opportunity, the job description is a very big part of it. And certainly we hope that's something that we can continue to encourage across your organization. OK, so that was basically finishing up the first step of planning and preparation. You've got everything in place for you to start looking for candidates. So that's kind of hard to believe, but six steps in and you still haven't really looked for a candidate yet. And according to what we're saying you need to have all that groundwork laid because it'll make it easier for you. Then as you go out and do next part.

People want to practice where they're needed and welcome. Show them they are supported by many members the community as possible. Now, I understand that not everybody in this phone call is coming from the same type of community, same size of community. Some of you are in urban centers. Urban or just outlying areas of the large metro area. Some of you may be in a community of my size. I live in a town of about 50,000 people. Others of you may be in towns that are much smaller. 10, five thousand people. No matter what though, you do have to make sure that in your processes as you're interviewing you understand that if you are recruiting people to your organization and especially if they're not familiar with your town or community or anything about your facility.

There's a lot of information they're going to need to make themselves feel comfortable to move or to come to your organization. So the people that you want to introduce them to are not only just the clinicians in your facility but possibly the support staff they're going to be working with. The partners maybe, and additional community members that live in that community and could be good salespeople for you. So really think about that when you're talking about process when you're forming your recruitment teams. Sometimes, you will add potentially, a community member or somebody that is a partner to your organization as part of the interview process because they can get a lot of good insights.

So what we're talking about now is that step of sourcing. Because this is, oftentimes, we spend a whole day easily talking about sourcing and searching for candidates. So right now we're going to jump into a poll. I want to get a quick poll number four. We're going to have a quick poll. To see what kind of resources you're using. Maybe what are the best source of provider candidate are you getting. Some of these are standard and some of these maybe aren't even listed. I just put up a few that I knew of. So newspaper ads. Hard to believe but some people still use newspaper ads and they're still effective. I know in my community if you're hiring a nurse, you gotta run it in the paper. For whatever reason that still where a lot of our nurses are looking for jobs. Journal ads, again depending on the clinician you're looking for, that's a great way to post and get jobs. Online job boards, for example, like a 3RNet.

Word of mouth referrals from within our own organization. Maybe as people tell others that that's a great place to work. And then finally, at least on this list of employment search firms, All of these we'll go through. But we want to know is one of these or any of these good sources of provider candidate for you? OK, so newspaper ads. Well, there you go. Nobody's using newspaper ads so that's very good, maybe. Just in my community that's important. Journal ads, but by far the online job boards. Again they are certainly easy to use for all parties involved. Those posting the jobs on the employment site, as well as the candidate searching for jobs.

Word of mouth referrals obviously is usually a big thing as well. In employment search firms always a necessary part of our search process. And I'll give you a few tips as we go through that, too. So thanks for answering that. Online job boards definitely a big part of this. So again, when you're generating candidates, the goal here is to use your unique selling point. So what is it about my opportunity, my community, my position that is better or different than everybody

else that's looking for somebody like this? So you have to identify those first. And sometimes in that planning and preparation process, that's what you're trying to get to.

What is it about my community, my opportunity, my situation that is different than maybe the town 20 minutes from me that's also recruiting the exact same position? Why am I different? So once you have those unique selling points, this is just basically straight marketing after that. How do I take that information and put it together with a creative way. Whether it's through a graphics, pictures, quotes, video whatever. There's a lot of different ways now more so than we ever had before. Right? And I've been doing this for 20 years. At the beginning we were just running journal ads. The internet was still not being used very much. But now with the ease of using a phone camera and YouTube, there are many different ways to sell your opportunities.

So what makes me unique? And then how could we creatively put those ideas out there? Once you have those, you want to have some different types of ads or different types of ways you're going to put this out there. Certainly a short profile. So what is the briefest way I can describe my position in writing that I can give to somebody? So if somebody just sees a little snippet and they will still want to contact me. What is the short profile? How can I give the most brief information, the most bullet pointed almost information that they need?

Secondly, descriptive. How can I do a whole one page handout on this? If I'm hiring a new position and I'm going to a nearby residency program to talk to them about it, or hand it to residency program coordinator, I want to have as much information on there as possible without overdoing it. Without overfilling the page. So what does that profile look like? What are the pictures I'm putting on there? And also, can I send it electronically? Because sometimes again, things that you are to send electronically can't be too big because the pictures, photos, and things like that. You want to think about all this as you're creating your strategies to recruit clinicians. So you have that descriptive version.

Again, an internet version is really-- --is it too big? Do I have it sized properly? Is it mobile friendly? That's something to think about anymore two. Sometimes, with more and more people doing job searching on their phones and on a tablet, sizing of an ad or how it presents to the world on one of those devices is something too important to keep in mind as you're creating your strategies to get your word out there for candidates. Work with any kind of marketing folks you have on staff or if you're using an outside agency, make sure that they consider that. How does this look in the mobile world not just in the internet in general. Is translating over properly and aligned the way we're looking. So always be thinking about that as well.

And again how are you doing your promotional packages? Are you sending along some links to an interested candidate about your community, your opportunity? And if so if you're sending out information that are like maybe an additional websites that aren't under your control like a Chamber of Commerce or something like that. You may want to make sure and look at those and see what do they look like. Are they good representations of my community? Maybe the hospital that you do admissions to. How does it look? Is it good representation? Or maybe you

need to talk to that facility or that Chamber of Commerce to say, hey, we'd like to work with you, to partner because we're using your information to recruit. And I notice that it is kind of an outdated site. There's several broken links or there's several outdated pieces of information. So always look if you're going to be linking to something to show a candidate that those links are correct and not broken and if they're not under your control, speak to the partners that you control in receiving help to get them fixed.

And then the elevator speech is basically that regardless of whether you think you're a recruiter or not, you're on this call today. You're interested in recruiting clinicians to your facility and that makes you a recruiter. Because you never know when the opportunities going to come in an elevator, or on a plane, or sitting in the subway, or wherever you're gonna be to strike up a conversation and understand you could meet the person that'd be perfect for your job because you know in your head in about one minute what the opportunity is that you're really looking for right then.

Again, especially in a specialized type of recruiting that you're doing right now, if you're looking for somebody who's got some training in HIV, you need to have that kind of fresh in your mind. And others that are in your organization that are also possibly in positions for recruiting. Or as widely as possible, let them know what is going on. Give them that little elevator speech so that they can also be recruiters for you when they're out there in the world. OK. Just finishing up on this step again. This is an important one and it can be very long but I'm not gong go into as much detail as we can.

But basically, you're going to use multiple methods for sourcing. We went through a few of those right in the question a few minutes ago. Online job boards. There's a couple here. 3RNet would be one. Each one of you, I think, we're representing the states right now of Florida, Maryland, Massachusetts, and New York. They all have 3RNet members and this is a job board that you can have access to. So I'd encourage you to look up your 3RNet member. Also, as I was doing a little searching in preparation for this, I did come across AIDSPortal. It looked like a free website to post jobs. I do think that's something you want to look into.

And also that's a good way to find additional places. Potentially post your job through a Google search. Of many different aspects of what you're seeking and see what you can come up with. See what kind of job boards and other places that you could put because again 80% of you are using job boards. There's probably a favorite the Monsters, the Careerbuilder, all these different things that you may access. But what about these niche ones? Like a board like the American Academy of Family Practice? Or another specialty type of board? Some of those might come with fees, but usually they're very reasonable and can really lead to some candidates. Be very creative in your search for job boards.

Journals and print media, some people still use them. Direct mail and email blast. Email blasts are becoming pretty effective depending on where you get your list. Buying a list is still a very worthwhile way to go about finding candidates. But sometimes it helps to have a company that can help you through the whole process. Not only buying the list, but maybe even in the

creative part to make sure you get as many hits on those emails as possible. So buying a list of every family physician that is located within a five state region is easy to do. And then you can blast them with your opportunity. That is still a fairly effective method.

And believe it or not, direct mail is still out there. Primarily, you don't see that as much when your recruiting folks right out of training but those that are in practice that may not be checking emails as much or may be searching. Sometimes direct mail will work depending on the list you get. So I wouldn't discount it. It is kind of pricey for what you do. But depending on the situation you're looking at again, you guys are looking for potentially, some very specialized people, this might be a very interesting way to try to get your message in front of them. So there are also a lot of databases out there. The databases that I mentioned here are really primarily geared toward physician recruiting. PracticeMatch, PracticeLink, and profiles. They all come with certain fees. But again, compared to a search firm or something there can be different levels of reasonableness.

So I just threw those out to let you know that those are databases of candidate names. A lot of those are probably more in the early parts of their training or just finishing training. Employee referral programs. We did see on the quiz earlier that a lot of you say word of mouth is a big way to do sourcing. Do you have an employee referral program? Is there some kind of dollar amount attached to a referral for a certain position or positions? If you haven't done that, that's something to really look into. Because let's say \$1,000 in the hands of maybe a nurse in your clinic who happens to know a physician finishing training that's got your specialty. That's a lot of money potentially, to them. And you didn't have to spend anything like a search firm fee of 25,000, 30,000, even maybe more.

So employee referral programs. Again, if you don't have it, look into that. There's a lot of examples of them out and I certainly think they're worthwhile if you haven't been using it. Or if you've only been using them for certain positions, have you expanded it into some of the other clinician types that you're looking for? Other job types you are looking for. So those are certainly a way to do that. There are also HIV training tracks in some residency programs. I know I have a colleague who told me that in their residency program in Idaho, they do have an HIV training track. So you can find those. I was able to find a few through some Google searching. I know that you're probably even better appointed than even I am with this. But I just want to make sure that when you're looking for something so specialized as you may be, being creative and looking at the residency programs in this way will also be important.

OK. Social media. More and more people are using social media to actually do recruiting. Although, I would say this is really more for kind of building the awareness. If you have a Facebook page for your facility-- I don't know if that's necessarily a recruiting tool-- but they may go to Facebook to look to see if you are current and if you do have something like that. Same way with LinkedIn and Twitter accounts. May not be looking for you as a recruiting when they come across you. But if they don't know your talent or they don't know your clinic one of the first things they may do is Google you. And these are some things social media, they may be looking for. Especially depending on the age group of clinicians that you're looking for.

And then finally, search firms. Understand the different types. There are many different search firms out there for all different health professions. The ones I'm most familiar with are of course probably recruiting physicians and the like. Oftentimes, they are ones that you can post a job with them without any fees. But if they find somebody and refer to you in the interview and you hire them it's going to cost a certain amount. Whether it's flat fee or some sort of even percentage of income. You'll see those as well. These can and run in the 10s of thousands of dollars. If you've had any experience with these you know what I'm talking about.

So be very careful when you use search firms. Be very thoughtful they're totally part of the business. And I think that any tip I try to remind folks of when you're in this situation you are the client. They're providing a service. Therefore, you should be able to control the relationship. It's not vice versa. There are a lot of search firms out there that you can go to. So if you're going to use them make sure that you use ones that you trust and can develop a relationship with and are working with you according to your rules and guidelines. That's my tip on search firms. I hope that over time you spend less and less. But I also know that they're totally part of the process.

You've gotten through in sourcing candidates. They are now starting to come in the door and this is where it starts becoming a little bit more like an HR process. This is going to be even more familiar to you with the exception maybe of the setting up the visit. So you're going to interview candidates. I would encourage obviously that if you can do a phone screen ahead of time, that is probably the most effective. And also, make sure that you select that person who does that phone screening very carefully. That they're an upbeat person, they are knowledgeable about your facility, they can make a good first impression. Because oftentimes this is the first impression the candidate is going to get. And if that's not a good one you could turn them off unknowingly right off the bat. So that phone interview maybe that happens first is very important. If you don't do that step and you bring them in before you do any kind of phone screening then that's fine. But again, same thing goes with trying to make sure that you select the best people for those interviews that also not only are good interviewers but also can represent your organization very well.

Credential checking. I think you're probably all very familiar with that as part of this process. This is an interesting one. Interview the spouse or significant other. Now, this is in there because again, you've got to remember we're working with a lot of safety-net facilities and also a lot of rurals. So when you're talking about bringing somebody into an opportunity that maybe-- or a whole new community that they've never been to before-- a lot of times the number one dissatisfaction or number one reason people leave or not be retained is spousal dissatisfaction. Whether it's a significant other, a spouse, or whoever that significant person is in their life. If they're not happy with the decision to either move or start this job, things can go south very quickly.

So we say, interview the spouse or at least acknowledge what their needs are. If there is going to be a move required or if there is going to be some-- like if they're going to have to find a new job --are you going to be able to help them possibly with that process? Maybe they're another

clinician, which of course, puts you in a whole 'nother ballgame. Do you have a job opening for that clinician?

Do you know of any facilities where there may be a job opening for that? So finding out their needs. The significant other or spouse needs is an important part of the whole process. I don't know if you necessarily need to do an interview. But it's really almost more of a phone screen. Because if they're going to come onsite and do a half day visit, you'd like to know what their needs are and make sure that they're on board. Especially if they're part of the interviewing decision making process. So we put that in there and keep that in there because we feel that's a very important part. I think that depending on your situation in your community it'll differ by that. But let's not overlook it as we go through this.

Checking references again, obviously that's going to be a part any interview process. And then that all important conducting the site visit. When you conduct a site visit that recruitment team is where you really see this start to come back into play. That recruitment team is highly important in this effort. Again, depending on how much need there is. Again, if you're trying to recruit that one of a kind physician. Boy, you're going to put a lot of effort into this conducting a site visit. You might have a whole day itinerary set up for all the different people you're going to meet. All the different locations you're going to tour. Maybe even have dinner. They might even be visiting for a couple days.

So depending on the level of the position and the effort it's going to take to recruit somebody like this depends on how the site visit goes. This is where the team, like I said, really comes in handy. Who are my players? How are they going to act? Are they prepared for this process? So this site visit is really important. Now again, maybe you don't do a site visit the same way for every clinician that you recruit because some of them may be just coming over from a local college that is already affiliated with you. Maybe they've even done a rotation at your health center. So maybe that's not as important. They've already seen the location. So every one of these is going to be tailored. There's no set one.

But certainly these steps are going to be very important because this is really, truly, where you're making your impression. Not only your first impression but kind of the process all the way along. And I think it's probably at this point you also want to say it's important to look at the steps you put in here and how much time this is going to take. Because yes, you want to be thorough because you do want a good fit. Recruitment for retention or recruitment is a good fit. You want to make sure that they meet the right people, you have the right conversations, and that kind of thing. However, you also don't want to slow down the process with your own process. Because that can happen. That is a temptation. Sometimes it takes so long that you might lose a good candidate in your own process.

So as you review and talk about a recruitment team-- your whole process. What is necessary? What could maybe be trimmed? Or what could be consolidated? For example, the first contact back to a candidate. How quickly should that be? When I first started doing this the standard was like 72 hours. From the time you got a CV to time there at least was some sort of contact,

whether by phone or email. You can text nowadays. Or anything else. What was the time frame? It was 72 hours. Any more when you think about that 72 hours is a long time in the immediacy age we live in. So I'm taking about 24 hours is about all anybody wants to wait. Who can, in your organization, respond in 24 hours to potentially a candidate for a position that you have open? Think about that as you go through this process as well.

There's going to be a couple other things we touch bases on here. Mainly about the interviewing process, next. Including this is how you're going to make your match. You're going to ensure that this is the right fit and you're going to try to reduce, obviously, your turnover by getting that good fit. And you're going to hopefully have a higher level of employee engagement because you're going to be asking questions that are really appropriate to the positions. So developing an interview team. So the interview team, again, is that group of people that are going to be actually meeting one on one with the clinician. And that could be a lot of different people. We'll talk about that here in a second. And also creating an interview questionnaire or scoring guideline.

So how are you going to be doing this? How are you going to score and keep track of different candidates. Because if you have multiple candidates for the same job it's oftentimes very difficult to keep track of. Sometimes you might not have multiple candidates but those times you do you'd like to have some kind of scoring criteria set up. So you develop your interview team. Who's on that? Is it an HR representative? Nurse manager? Possibly if it's a-- do you need the physician on board if it's a nurse or somebody that's going to be reporting to them? Who is that group?

And then also if they're not familiar with interviewing, take some time to get them some practice interviews. Ask them some questions. Understanding what they need to look for. This is where maybe the HR staff can help train this team to help with them. And if you don't have the HR resources on site, perhaps you can have a partner organization that does do a lot of recruiting help you with the preparation for your team to do this appropriately. Because this is a very critical part. This is the impression of your organization. And it's also a legal issue. If you ask the wrong question in this environment it can be very troublesome. So you certainly want to make sure that you spend time both developing the team as well as educating them about what the process and goal is and how you're going to get there. And things that they can do.

So creating those interview questions. What are we trying to find out? Behavioral based interviewing is really the accepted norm now. I think that most of you are probably understanding that. And really, it's just trying to put people in the environment and answering not a yes/no question. You're trying to lead them to give you more information because you are trying to get as much out of them as possible to make that good fit. So keep the questions-- when you're doing the questions --keep both the candidate and what their needs may be in mind.

When you're creating your interviewing questions, again you're going to be-- these are basically the things you're trying to get to. What is the degree of interest? What do they know about

your opportunity? What kind of work setting do they want to work in? What are factors that are important to them in selecting a position? Is it lifestyle? Is it the work? Is it something that-- again, this is sometimes where spouse, or even children, or somebody else in the family, their needs may come in.

If they have an elderly parent that lives with them they may need to be close to some services for them. And if you don't have that in a community or it might be too far away. That's something you want to know at this point and not after you've hired them and find out they're not going to be happy because the services they need are two hours away. So you really need to know what the important factors are in them selecting the position. What motivates them? What makes them happy in their work? And then, do they have the experience that you're looking for? Or do they have the necessary means to get that experience or that education?

And then you do want to know about what they expect compensation wise, benefits, things like that. So you do want to make sure you cover all that in your interviewing questions. So that you aren't surprised when you end up hiring somebody and they come back and say, oh, I thought we had four weeks vacation and we really only have two and that's not going to work for me. Sounds like a simple thing but it does happen. So you want to create these interview questions that cover all those. So here's some sample questions. You can use these as you wish. Good thing about the internet also is there's a ton of interviewing questions, a ton of behavior based questions out there. You can Google and find many, many resource for this. We just give you a few highlights here.

But a lot of times you're trying to put somebody in especially, a situation. How would you react working with such and such type of person? Or have you been in this environment where you had to work with either a team or a certain type of patient? Or what has been your interaction with an administrator that has been both favorable and unfavorable. Something like that. Just to kind of see how they react. And again, this is not the most telling. It's not to say that you wouldn't hire them based on one question. But you really want to get an overall feel for the person as you go through. So those are some sample questions that we have for you. So we wanted to provide those with you as well.

OK. So you've gotten through the interviewing process. You're toward the end here. And basically this is really tricky because sometimes people, organizations, will fall on this part. It's really short as far as the steps. This is really the end of what we consider our process. The follow-up communication, negotiations, and of course, retention plan implementation. And we're going to go more into detail on that retention planning.

But follow-up communication-- again, somebody has to keep track of this process all along the way. Who is that? How often are they communicating? And then when it comes to negotiations, if you do have a contractor or some of these people are looking into signing a contract with your organization-- who's the one who can negotiate that? Who has to approve that? Do you have legal involved with that-- that's going to have to review things? All of those things are important to keep the process moving. Because the last thing you want is to have a

very successful interview, everybody's gung-ho, and all a sudden you have a situation where your attorney is saying we can't do this. Or it's so slow it takes weeks or even months to complete and in the meantime this person has found another job.

So always know what it's going to take, who's going to be negotiating, that kind of thing. I think that'll be helpful for you as well. So at the end, again, this is where you don't get tripped up. You've just put a ton of work into setting up your process, in recruiting candidates, interviewing candidates, and now you've got them to the final end. This is the closing. This is a sale that you want to finish up. And part of that then, is also where you start working into your retention plan.

So poll question number five has to do with a retention plan. Basically the question is, there is a generic retention plan you can adopt for your organization. Meaning, you could probably go out there online and find one that exactly fit your organization that you can just adopt and follow. So simple true/false and when we have some answers to that we'll move on.

UNIDENTIFIED PARTICIPANT 1: So Mike, we have a couple of questions that I wanted to pose to you while we're waiting for folks to answer the poll questions. Someone asked, are there any specific source, i.e names, organizations, specific websites or journals, that might be more successful in recruiting providers interested in working in safety-net organizations? Specific sources that might be more successful in recruiting HIV providers.

MIKE SHIMMENS: OK. I know the safety-net question, this is where, again, when I did my little searching that I wasn't aware of a lot when it comes to the HIV specialties. But I do think as far as the safety-net, I know at 3RNet we have a lot-- we have 4,500 jobs on our website. And a lot of them are being posted by FQHCs, critical access hospitals, and others. So therefore, the people that we have that come on looking for jobs in the 3RNet are often seeking opportunities like that. Now we do get a lot of physicians, for example, that are on J-1 Visa waivers. Some of them may be trained in HIV, or not. So I know that our website is one that you'd probably want to look at.

There's not a whole lot of other nonprofits in our space. I do know that there are some search firms that work pretty effectively with FQHCs and others-- other safety-net facilities-- that have some experience doing that. It's difficult to name them right now because there are large and then small niche ones. I could say there's probably, easily, 1,500, 2,000 different search firms out there when you talk about that. Now, job board though, I'm not as familiar with ones with HIV. And again, when I did my research I found out about AIDSPortal, that that was one that was pretty interesting to me. It didn't look like it had a lot of jobs on it, but it was specifically geared toward what you're looking for. I hope that helps answer some. Again, it's not a perfect answer. But again, it is going to take some research on that.

UNIDENTIFIED PARTICIPANT 1: OK. Thank you.

MIKE SHIMMENS: Did you say there's second question or is that just a two part question?

UNIDENTIFIED PARTICIPANT 1: The second question is, does your website have examples of recruitment materials that have been developed and used successfully by health centers for recruiting HIV providers or other providers?

MIKE SHIMMENS: Probably not. I would have say that, let me just answer that. probably not. Our website is really more geared towards the-- again you can go on there and look and you can see what kind of jobs are being posted. And also what kind of candidates are coming on there by the professions that are being sought. Again, in the narrow field that you are talking about with HIV background, like I said, the main things I could see were residency training tracks. Those certainly were available. Although I don't know of a specific way to reach them except for to contact them directly. And then also that AIDSportal that I saw. So those are probably about the two main things that I found when I was out there looking.

UNIDENTIFIED PARTICIPANT 1: OK. Great.

MIKE SHIMMENS: You can go ahead and take this down. So it looks like many of you think that that's false. There's not a generic retention plan you can adopt for your organization. And I would have to agree with that. Basically any retention plan that you're going to put together is going to have to be totally reflective of you. I show this, the screenshot of this, the ideas that are going to follow or certainly from some of this research here. Their rural-- the Michigan Rural Health Center did a study back in 2001 of physicians in their state. But I think the concepts that we're going to talk about are very important. That come out of this.

Basically a retention model can really be broken into three major phases. So if you're going to set up your own retention plan and write it out I would say you're looking at three specific things. And we do have a worksheet, a fillable form here, that was attached. It's called "the retention planning worksheet" that might be able to help you through this process. That basically there are three steps or three big time frames that you're looking at.

The first one was the onboarding. So if you've just hired somebody and signed them into a contractor or they've made an agreement to come to work for you, there's a certain period of onboarding. Whether that is one week, two weeks, or five months, or even a year. If you've hired a physician that just started their last year of residency that's a whole year long process. So onboarding can include any of those time frames. So basically, it's from when the agreement is reached anywhere to the time where they are about to start the job or they've relocated, if they are relocating.

So all of these different things that can be included in that is-- you're going to have to keep the communication up. You need to make sure about licensure and credentialing, all that kind of thing that's happening. If they're relocating you certainly want to help them with their location process or hook them up with a good realtor. What are you going to be doing to help the orientation? Because we are going to do that next. So you're on onboarding, you're already looking ahead to that. You've got to maintain the communication. The things like, are they ready? Are you ready to receive them? Do they have a room? Are they going to be-- do they

have business cards? That kind of thing. Office space? Any of that kind of thing that they may need.

And also what can you do to do to help them if they are relocating with the family getting acclimated. Are there schools to look at? Or is there other types of activities that maybe you could help them with? Because again, the more you help them feel comfortable in the environment the better this is going to have a chance for success. So onboarding, there is an organization called the Association of Staff Physician Recruiters, ASPR. That's been around for 25 years. And many of them are hospital-based recruiters. Some of you may remember the onboarding process. And hopefully that'll give you a start on some of those ideas. And some of you may have a very, very well formed process there. But if not or if you do but you've never written it down, then write it down so that the next person understands all the things you have to do to onboard a new clinician. Again, that really depends on how involved the recruitment process was. That often goes hand-in-hand.

Step two is really those orientation activities. Most of you probably have very complete orientation programs. Who do they need to meet? What kind of resources are they going to have to have? What tours do you have to do? EMR. There's a whole process with EMR you're going to have to do. Do you do any kind of mentorship program with another clinician-like clinician? Is that something you do as part of your process? If not I'd strongly encourage that. And follow it and help them with it. Because some of these mentorship programs can be formal. Some can be really informal. Just simply introductions, making sure they're still connecting with each other. Those are important. During that orientation process you want to make sure that that's going on.

As well as then, this is where you start helping as well. With the spouse, family, significant other, whoever is involved in their family unit. Are they comfortable? Are they getting acclimated? Is everything going well? You want to make sure that this person gets off on the right steps. So that's what we do with orientation again. Many of you are doing that. Some of you have the of course the real formal process you have to do that's HR heavy, there's OSHA things. And I worked in a hospital environment, we had a whole half day of things you had to do as part of that. So that's part of it as well. But also what's in addition to that? What are you doing to making sure that they have all the resources they need to be successful. That's what your second part of your retention plan is going to be, is your orientation.

So your going to spend some time on onboarding and orientation. And thirdly, is really the ongoing communication. Because really the goal of a retention plan is at least if you can get somebody to work for you for three years. That has been always the accepted norm. That if they are going to stay three years you have a really good chance of keeping them longer term. So what are you doing, from the time they are oriented, till three years to help them keep involved with their practice, their mentors? What are you helping to do to continue to reach out to their family?

Don't just forget them after the first-- hey they are here, they have started to work-- we drop them off, we're moving on the next person. Know what are we doing ongoing? Whether it's just a simple check-in informally or some kind of formal sit down meeting with some VPs. Or with the VP, or even CEO, or medical director, dental director, whoever it is that you're working with. And be able to track their practice. How are they doing? So there's no surprises because again it's almost like an ongoing evaluation process. Instead of having this once a year, you're constantly trying to check in and see how the expectations have been met that you've set.

So ongoing communication. Oftentimes in larger facilities this is one person's job or several people's job. You'll hear sometimes organizations having a physicians and relations person. And a lot of times what they do are this ongoing communication with the clinicians. Checking in with them routinely, making sure they're OK. In a smaller organization a lot of times this is the recruiter as well. That's the way it was in my hospital. I was responsible for that as well.

So the 3RNet retention planning worksheet is there for you to use. Again, it's a simple syllable form. This is only guide. Take it and use it, whatever you want. Hopefully that'll help you think about your process. What you currently have or don't have in three stages. Onboarding, orientation, and then that ongoing communication and retention-- whatever you want to use the term for it is. But that's how I think it's helped me frame that. And I go back to Michigan study and appreciate them kind of putting it into that format because I do think it's an easier way to think about retention. Because retention is kind of hard to your head around. Just that one big word. Really, you hope you've recruited the right person and now you're hoping to get them on board, and oriented, and working for you for a long, long time.

So that resource is out there for you. And then we're going to just reach out real quickly the resources from this webinar. You do have the PowerPoints. Hopefully you've been either following along or you can go back to review them. I hope they make sense to you. And if not, you can always contact me. On the next slide you're going to see my contact information. Job descriptions worksheet, job analysis questionnaire, and the job description template. That all has to do the job description area. And I hope that all those resources-- three of these are fillable forms that you can work with-- and I hope that they're helpful to you.

So the last thing is the retention planning worksheet which I think will be hopefully very helpful to you as well. So that is what I have as far as a presentation. I'd be happy to answer questions for you now. I do thank you for your time. I think the niche that you are in or the effort you have to do to get people specifically trained in HIV is going to take work. But I think that the entire process I went through here first will help you in identifying both what you need and also maybe resources for that. I am also pleased that there are a lot more places to go to these days for that. So I hope that we've met your needs. And I'll be happy to answer any other questions at this point.

MODERATOR: Thank you so very much, Mike Shimmens and Allison, for participating in today's webinar. We really appreciate you both taking the time to discuss these really important issues and address some of the questions that our participants had. We look forward to hopefully

working with you all again. If anyone else has any other additional questions or comments go ahead and type them in while we have a moments before we close out this webinar. I'll give folks some time to type anything they'd like and then we will close out the webinar.

MIKE SHIMMENS: Thank you, again for the opportunity. I hope the information was helpful and that there's at least something that everybody can take away from it. I know that we had all different levels of experience as well on the call today. So I hope that there was some information for everybody. And I appreciate the opportunity that Allison has given us as well to be part of this project. So thanks again.

MODERATOR: Thank you we appreciate it. At this time there are no more questions. Allison, did you want to say anything?

ALLISON ABAYASEKARA: No. All I'll say is please let us know-- I heard somebody ask earlier about wanting some resources. We're going to try to track down some HIV specific health center success stories. When we find those, we will share them with Mayatech who will get them out to you. But please feel free to check out our website and request any resources or any of that kind of stuff that you want. So thanks so much for this opportunity.

MODERATOR: Thank you so much. We really appreciate that. All right. Have a wonderful rest of your day and rest of your week.