



NATIONAL
RURAL HEALTH
RESOURCE CENTER

3RNet Recruitment for Retention Academy

Session 3

Make Your Organization Stand Out –
Identifying Unique Selling Points That
Health Professionals Want

July 15th, 2021

Delta Region Community Health Systems Development (DRCHSD) Program



Delta Regional Authority

U.S. Department of Health & Human Services



HRSA

Federal Office of Rural Health Policy

This project is supported by the Health Resources and Services Administration ([HRSA](#)) of the U.S. Department of Health and Human Services ([HHS](#)) as part of a financial assistance award totaling \$10,000,000 with 100% funded by [HRSA/HHS](#) and \$0 amount and 0% funded by non-government sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by [HRSA/HHS](#), or the U.S. Government.



Series Topics

- Session 1** Recruiting for Retention Hierarchy: Unleashing Your Most Powerful Recruitment Tool: Culture
- Session 2** Building the Foundation of Your Recruitment Efforts: Process, Team, and Action Steps
- Session 3** Make Your Organization Stand Out – Identifying Unique Selling Points That Health Professionals Want
- Session 4** Marketing on a Shoestring Budget – Free and Low-Cost Tools to Tell Your Story
- Session 5** Collaborative Discussion: Best Practice Sharing

We need your input!



Pre-Polling Questions

I am ____ in my understanding of how to communicate factors that are desirable to health professionals looking to work in rural and underserved areas.

I am ____ in my understanding of how to identify potential barriers to recruitment.



Today's Speakers

Mark Barclay, 3RNet Director of Member Services

Dr. David Schmitz, Chair, UND SMHS Department of Family and Community Medicine





Identifying Unique Selling Points That Health Professionals Want

How do we market for rural providers?

- High Salaries?
- Loan Repayment?
- Hunting and fishing?
- Is an advantage, still an advantage, when most everyone offers it?
- What factors make ourselves stand out from our competitors?



What factors matter in rural?

Geographic

- Schools
- Climate
- Perception of Community
- Spousal Satisfaction

Economic

- Loan Repayment
- Competition
- Part-time Opportunities
- Signing Bonus

Scope of Practice

- Emergency Care
- Mental Health
- Obstetrics
- Administration Duties

Medical support

- Nursing Workforce
- Call/practice Coverage
- Perception of Quality
- Specialist Availability

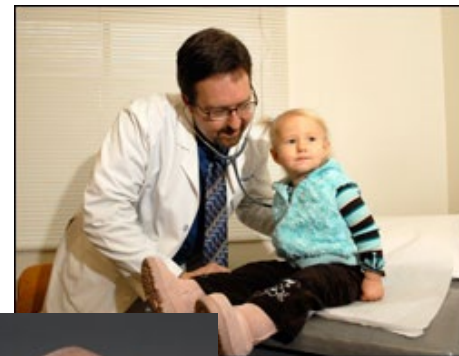
Hospital and Community Support

- EMR
- Welcome & Recruitment
- Televideo Support
- Plan for Capital Investment



Where did these factors come from?

- University of North Dakota SMHS
 - Dr. Dave Schmitz
 - david.f.Schmitz@med.und.edu
- Boise State University
 - Dr. Ed Baker
 - ebaker@boisestate.edu



Geographic Factors

- How does geography make rural recruiting different?
 - Have you ever used “town has a grocery store” as a selling point in an urban area?
- Sample factors: schools, religious/cultural opportunities, spousal satisfaction
- What types of candidates do strengths in these factors matter to?



Example – Geographic Factors

- Access to a larger community
 - Advantage: Loan repayment, outdoors, and 40 miles to a large city.
 - Challenge: No specialty shopping/restaurants, 2 hours to large city on tough roads
 - Solutions: shared transportation, weekend scheduling, online options, bring services to you
- Despite geography, how can we get rural providers what they need?



Economic Factors

- How does compensation make rural different?
 - It's all about quality of life/compensation balance
- Sample factors: loan repayment, income guarantee, competition
- What advantages does rural have economically?



Example – Economic Factors

- Part-time Opportunities
 - Advantage – flexible, offer part time
 - Challenge – need full time
 - Solutions – job sharing, multiple recruits
- Can rural offer the flexibility newly trained physicians are looking for?



Scope of Practice Factors

- What are we asking rural physicians to do?
 - Clinic, ER, nursing home, inpatient, mental health, supervise NPs/PAs, and administration?
- Sample factors: OB/C-section, endoscopy, teaching
- Offer, but don't require



Example – Scope of Practice Factors

- Mental Health
 - Advantage – not required, specialists available
 - Disadvantage – isolated, lack of referral options
 - Solutions – telehealth, allied providers, psych NPs
- What do rural physicians want to do?



Medical Support Factors

- How is a physician's practice supported in rural?
 - Team based care? I'm the only provider here!
- Sample factors: transfer arrangements, EMS, ancillary staff
- Trained in urban, practicing in rural
- Onsite, virtual, traveling



Example – Medical Support Factors

- Specialist availability
 - Advantage: onsite, visiting, or virtual access
 - Disadvantage: no access
 - Solutions: telemed, partner relationships, professional contacts
- How can we make sure physicians don't feel isolated in rural?



Clinic and Community Support Factors

- How does the community support the physician?
 - Cookies at the doorstep, urban vs rural
- Sample factors: hospital leadership, EMR, internet access, welcome and recruitment program
- Something urban usually can't offer
- A rural physician is greatly appreciated, and often a pillar of the community



Example - Clinic and Community Support Factors

- Physical plant and equipment
 - Advantage: nice facility, good technology
 - Disadvantage: older facility, lack equipment
 - Solutions: plans for capitol investment, fundraising, candidate as champion
- Why is it important for candidates to feel valued in rural?



Questions?





Physician as Leaders in Rural Hospitals

David F. Schmitz, MD

Professor and Chair, Department of Family and Community Medicine

University of North Dakota School of Medicine and Health Sciences

3RNET Delta Region Conference - July 15, 2021

Disclosures

- Nothing to disclose

Objectives

- Discuss the potential for physicians to provide effective leadership in rural hospital settings
- Review leadership attributes among the specific competencies identified as important for physicians in rural communities
- Discuss the relationship between physician leadership and physician performance, job satisfaction, and physician recruitment and retention
- Identify opportunities for physician professional development as related to effective leadership

Many Physicians have the Potential to Lead

- **What makes an effective leader?**
- Why might physicians be “naturally” good leaders?
 - Experience in roles of authority
 - Subject Area Knowledge
 - Communication Skills

Many Physicians have the Potential to Lead (continued)

- **What makes an effective leader?**
- What might make physician leadership less effective or even difficult?
 - Dysfunctional team dynamics/use of authority
 - Difficulties related to communication skills
 - Time limitations/competing priorities
 - Degree of alignment in Goals/Objectives
 - Example: quality vs. cost containment

Many Physicians have the Potential to Lead (further)

- What makes an effective leader?

Integrity of Mission

- Alignment of Goals and Objectives vs. Mission Alignment
 - What role(s) will the physician leader have?
 - Task facilitator
 - Team-builder
 - Negotiator (e.g. providing checks and balances)
 - Strategist
 - Visionary

Many Physicians have the Potential to Lead (final)

- What makes an effective leader?
Clear Expectations and Knowing your Environment
- **Be clear about role(s), communication, and governance:**
 - What role(s) will the physician leader have?
 - Task facilitator (e.g. physician-led clinical protocol change)
 - Team-builder (e.g. Morbidity/Mortality QI reviews)
 - Negotiator (e.g. building planning committee)
 - Strategist (e.g. chief of staff at hospital board meetings)
 - Visionary (e.g. changes in health care trends)

Competence in a Rural Context

Professional Practice in a Rural Community

Educational Development



Measurement of Achievement (Application)



Continuous Quality Learning

Competence in a Rural Context (continued)

- **Competence Revisited in a Rural Context**
 - Longenecker, et. al. Fam Med. 2018;50(1):28-36.
- Defines eight rural competency domains
- Proposes these domains as a common framework for addressing the unique challenges and opportunities that *training and practicing* in a rural setting present
- Designed by rural medical educators for rural medical education and sustaining rural practice

Competence in a Rural Context (further)

Domains and Capabilities for Rural Practice:

- Adaptability
- Agency and Courage
- Collaboration and Community Responsiveness
- Comprehensiveness
- Integrity
- Abundance in the Face of Scarcity and Limits
- Reflective Practice
- Resilience

Leadership in a Rural Context

Domains and Capabilities for Rural Practice:

- Adaptability
- ***Agency and Courage***
- ***Collaboration and Community Responsiveness***
- Comprehensiveness
- ***Integrity***
- Abundance in the Face of Scarcity and Limits
- Reflective Practice
- ***Resilience***

Competence in a Rural Context (once more)

Domains and Capabilities for Rural Practice:

Agency and Courage

Demonstrates self-efficacy: “I am capable of doing it.”

“As a rural doctor you need to be able to deal with complexity and uncertainty.”

Competence in a Rural Context (again)

Domains and Capabilities for Rural Practice:

Collaboration and Community Responsiveness

Engages the community in responding to need, including health inequity

“[Respect for] the patients’ and community’s culture; tolerance and appreciation of differences are important.”

Competence in a Rural Context (further more)

Domains and Capabilities for Rural Practice:

Integrity

Negotiates dual relationships with integrity

“Integrity is very, very important. ‘Do the Right Thing’ for your patients, your family, and also for yourself.”

Competence in a Rural Context (final)

Domains and Capabilities for Rural Practice:

Resilience

Demonstrates boundary-setting and margin; the ability to set limits, to set aside time for self and family care and renewal

“One needs life management skills, especially as they relate to spousal and family needs, happiness, and satisfaction.”

Application to physician leadership

- How are these skills developed?
- How are these skills maintained and improved?
- How is your rural community context important for successful application and refinement of these leadership skills?
- How does having “contextual competence” relate to your **confidence, resilience, and satisfaction in practice**?
- How can development of physician leadership skills also improve resiliency (and help prevent burnout)?

Resilience-Burnout under Stress

- Stress
 - imbalance of demand and resources
- Control (or lack thereof)
 - Sense of purpose (or meaninglessness)
- Support (or lack thereof)
 - Sense of team strength (or vulnerability)

Mission Alignment and Effective Leadership

- Stress
 - imbalance of demand and resources
- Control (or lack thereof)
 - ***Sense of purpose*** (or meaninglessness)
- Support (or lack thereof)
 - ***Sense of team strength*** (or vulnerability)

Continued Professional Development

- Education
 - Physician leadership training
- Experience by association
 - Professional organization leadership
 - Academic affiliation and development (teaching, research)
- Support of local leadership opportunities

TIME + SUPPORT => Expectation of Local ROI

– “The right people doing the right things for the right reasons”

Discussion

Time for discussion

Contact Information:

David F. Schmitz MD

david.f.schmitz@und.edu

Survey Monkey Question

In Session 5 of this series, you'll share and learn about recruitment and retention practices at other DRCHSD organizations. What would you most like to hear about from your peers?



Post-Polling Questions

I am ____ in my understanding of how to communicate factors that are desirable to health professionals looking to work in rural and underserved areas.

I am ____ in my understanding of how to identify potential barriers to recruitment.

I am ____ that I will apply the knowledge gained from this educational training to improve my organization's recruitment and retention efforts.



Please Join Us Next Week!

July 22nd, 2021
10:00 – 12:00 pm CT

Marketing on a Shoestring
Budget – Free and Low-
Cost Tools to Tell Your
Story

