Recruitment and Retention Plan Samples

Tools and Templates for Networks and their Members

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Contents

[Background and Purpose 3](#_Toc480791361)

[Practice Opportunity Profile Sample 4](#_Toc480791362)

[Recruitment and Retention Marketing Plan Sample 6](#_Toc480791363)

[Recruitment Budget Workplan Sample 7](#_Toc480791364)

[Interview Sample Questions 9](#_Toc480791365)

[Orientation and Onboarding Workplan Sample 10](#_Toc480791366)

[Recruitment and Retention Plan Evaluation Scorecard Sample 12](#_Toc480791367)

[Employee Performance Agreement Sample 13](#_Toc480791368)

[Employee Satisfaction Survey Sample 14](#_Toc480791369)

[Employee Exit Interview Sample 15](#_Toc480791370)

# Background and Purpose

Rural Health Innovations (RHI), LLC is a subsidiary of the National Rural Health Resource Center (The Center), a non-profit organization. Together, RHI and The Center are leading national technical assistance and knowledge centers in rural health. In partnership with The Center, RHI enhances the health of rural communities by providing products and services with a focus on excellence and innovation.

One of the ways RHI supports networks is by providing a Recruitment and Retention Plan Toolkit. In general terms, a Recruitment and Retention Plan is an internal, organized work plan consisting of critical activities or steps to ensure timely placement and lasting retention of quality health care professionals. The purpose of the Toolkit is to proactively addresses both recruitment and retention as critical and necessary to the process.

**The Recruitment and Retention Plan Toolkit Consists of Four Documents:**

1. A **Guide,** describing the components of an effective recruitment and retention plan for networks and their member organizations. Each component includes a description and useful tips or suggestions.
2. A **Recruitment and Retention Assessment** used to measure network member organizations’ readiness to hire and retain quality health care professionals.
3. An **Assessment Summary Template** used to summarize and document averages of completed Recruitment and Retention Plan Assessments, to assist in identifying areas networks can best assist their member organizations in their recruitment and retention efforts.
4. An **Action Plan Template** used to document identified areas from the Assessment Summary, and create individual action plans describing how the network will provide member support in those areas.

Content for the Recruitment and Retention Plan Guide and Assessment and the Network Recruitment and Retention Action Plan Template have been adapted by Rural Health Innovations, RHI, from the Midwest Retention Toolkit, 2012, National Rural Health Resource Center and the National Rural Recruitment and Retention Network (3RNet), and Recruiting for Retention, The Manual, National Rural Recruitment and Retention Network (3RNet), March 2015. See the Resources section for other content authors and helpful links and documents.

### Practice Opportunity Profile Sample

Enhance your life with 5,000 beautiful acres of lakes, woods and trees with an abundance of recreational opportunities, while being part of an expert team of Physical Therapists at Cuyuna Medical Clinic in Crosby, MN.

**Practice Description:**

* Full-time position, Mon-Fri 8:00 a.m. – 5:00 p.m.
* Outpatient Practice
* No call
* Average of 10-12 patients per day
* Department supported by 3 Physical Therapists and 6 Physical Therapy assistants.
* Competitive compensation package, loan repayment, relocation, CME and full benefits.

**Qualifications:**

Must be able to work as part of a team to provide physical therapy services under the direction and supervision of the physical therapist. PTA will implement selected components of patient/client interventions (treatment), obtain data related to the interventions provided, and make modifications in selected interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort.

PTA will assist the physical therapist in the treatment of individuals of all ages, from newborns to the very oldest, who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives.

**Education:**

Must have graduated from a CAPTE-accredited PTA program with Associates Degree and appropriate state certification.

**Cuyuna Medical Clinic:**

Located in the heart of the Cuyuna Lakes Area, Cuyuna Medical Clinic is able to attract dedicated, quality health care professionals and support staff, along with the required up-to-date technology, and regional resource for advanced diagnostic and therapeutic healthcare services. University Clinic’s unique brand of personalized care is characterized by a record of sustained strength and steady growth reflected by an ever-increasing range of services offered.

**University Medical Center:**

* Critical Access Hospital
* 25 beds
* Located in Crosby, MN

**Hospital Services:**

State-of-the-art surgery center, ER and ambulance, radiology, laboratory, rehabilitation, oncology, pharmacy, birthing center, hospice and home health. There are also three outpatient clinics located in Baxter Longville as well as a care center and a senior living community offering independent, assisted and memory care services. Partnerships include the Minneapolis Heart Institute, Allina Health’s Virginia Piper Cancer Institute, Home Health Partnership, Adult & Pediatric Urology, and Great River/Crosby Eye Clinic. Branded service lines include the Minnesota Institute for Minimally Invasive Surgery (MIMIS), Minnesota Center for Orthopedics, Breast Health Alliance, and Presbyterian Homes. Ranked along with the Mayo Clinic and University of Minnesota as a site for major surgery innovation, CRMC was the first hospital to offer minimally invasive surgery. MIMIS is the only fellowship program in the United States and Canada to achieve accreditation in three specialties: minimally invasive surgery, bariatric surgery, and flexible endo-surgery. The organization offers numerous teaching and other fellowship programs and has attracted specialists who could practice anywhere in the world.

**Crosby, MN** (Crow Wing County)**:**

Welcome to Crosby where small town friendliness and service are a tradition. Built around Serpent Lake in the heart of Cuyuna Country, the Crosby area offers dozens of beautiful natural lakes and is well known for some of the finest walleye, northern pike, trout and pan fish in Minnesota. There is a lot more than great fishing. Diving clubs from across the Midwest are drawn to the pristine waters of our mine lakes to explore remnants of the old mining days under the surface.

Summer is a special time to visit Crosby, but fall and winter offer their own rewards. As the temperature cools, the northern pike get extremely aggressive. Grouse, ducks, small game and whitetail deer are available to the hunter. If you want to work out, swimming, play hockey or garden, check out the Hallett Community Center. When the day is done, just sit back, relax and savor the freshest, cleanest air around, right here in Crosby.

Nearly 2,200 companies are located in Crow Wing County. Our major employers include: University Medical Center, Cuyuna Medical Clinic, Brainerd School District, Grand View Lodge and Madden’s Resort.

***New graduates are encouraged to apply.***

**Contact Information:**Jane Doe, Human Resources Specialist  
1234 Main Street  
Crosby, MN 55555  
505-555-5555 - [janedoe@abcxyz.com](mailto:janedoe@abcxyz.com)

### Recruitment and Retention Marketing Plan Sample

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Marketing Activity** | **Items** | **Description** | **Due Date** | **Lead Person** |
| **Promotion Items** |  |  |  |  |
| * Print Materials   (i.e. fliers, brochures, postcards, letterhead, envelopes, stationary) |  |  |  |  |
| * Give-Aways |  |  |  |  |
| **Advertising Venues** | **Target Audience** | **Description** | **Due Date** | **Lead Person** |
| * Website |  |  |  |  |
| * Internet Websites |  |  |  |  |
| * Journals |  |  |  |  |
| * Newspapers |  |  |  |  |
| * Radio |  |  |  |  |
| * Social Media |  |  |  |  |
| * Direct Mailing |  |  |  |  |
| **In-Person Recruitment Events** | **Target Audience** | **Description** | **Due Date** | **Lead Person** |
| * Career Fairs |  |  |  |  |
| * Education Programs/ Institutions |  |  |  |  |
| * Exhibits |  |  |  |  |

### Recruitment Budget Workplan Sample

|  |  |
| --- | --- |
| **[Insert Health Professional type here] Recruitment Budget** | |
| Recruitment Activities Start Date: | |
| Length of Budget Period: | |
| **Developing Materials for Promotion** | |
| Talent fee (graphic artist, photographer, writer, video): | $ |
| Printing (display ads, brochure, fliers, postcards): | $ |
| Materials (letterhead, envelopes, stationary): | $ |
| Other: | $ |
| **Total:** | **$** |
| **Advertising Venues** | |
| Internet site(s): | $ |
| Journal(s): | $ |
| Newspapers: | $ |
| Radio: | $ |
| Other: | $ |
| **Total:** | **$** |
| **Outside Recruitment Assistance Consulting** | |
| Recruitment Firm: | $ |
| Candidate Sourcing Services: | $ |
| Other: | $ |
| **Total:** | **$** |
| **Direct Marketing Expenses** |  |
| Postage | $ |
| Mailing Lists | $ |
| Toll-free Number: | $ |
| Other: | $ |
| **Total:** | **$** |

|  |  |
| --- | --- |
| **In-Person Recruitment** |  |
| Educational Program Visits (include travel expenses): | $ |
| Exhibits (Include booth fees and travel expenses) | $ |
| Career Fairs (Include booth fees and travel expenses) : |  |
| Other: | $ |
| **Total:** | **$** |
| **New Hire Background Checks** | **$** |
| Credentials Check(s): | $ |
| Background Check(s): | $ |
| Other: | $ |
| **Total:** | **$** |
| **Budget Total:** | **$** |

### Interview Sample Questions

**Allied Health Professional Specific Questions**

1. What previous experience do you have in this Allied Health Professional role?
2. How has your past work experience and education prepared you for this position?
3. How do you keep up with the latest advancements in your field?
4. What support training would you desire or require to be able to do this job?
5. How would you present complicated information/instructions to patients?
6. What do you do if you disagree with a patient?
7. How would you communicate with a patient who was confused about your presence?
8. Tell me about a recent situation in which you had to deal with a very upset patient or staff member.

**General Questions**

1. Tell me about yourself.
2. What do you see as your main strengths and weaknesses?
3. What unique qualities or abilities would you bring to this job?
4. List five words that describe your character.
5. Describe how you keep yourself organized with a heavy case load.
6. Give an example of how you work well under pressure?
7. Describe a time when you were faced with a stressful situation and you demonstrated your coping skills.
8. Give an example of how you worked well within a team and how did good work independently?
9. Describe a time when you anticipated potential problems and developed preventive measures.
10. Give an example of how you handled a difficult situation with a supervisor?
11. What is your typical way of dealing with conflict?
12. What are your professional goals?
13. What do you look for in terms of organizational culture?
14. Give me some insight on why did you left your last job?

### Orientation and Onboarding Workplan Sample

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provider Name:** | | **Profession:** | | | |
| **Anticipated Start Date:** | | | | | |
| **Clinic Location:** | | | | | |
| **Action Step** | **Due Date** | | **Lead Person** | **Status** | **Notes** |
| **PRE-ORIENTATION ACTIVITIES** | | | | | |
| Send welcome letter including date/time/location of orientation. |  | |  |  |  |
| Coordinate photo arrangements, new employee announcement (department, organization website, organization newsletter, newspaper, etc.) |  | |  |  |  |
| Assign and notify new hire and spouse/family mentors and schedule weekly lunches if applicable. |  | |  |  |  |
| Schedule hospital and clinic tours with staff introductions. |  | |  |  |  |
| Coordinates and ensures ID badge, uniform, parking instructions and building keys are ready to distribute on first day. |  | |  |  |  |
| Assign phone number, email address and passwords as necessary. |  | |  |  |  |
| **ORIENTATION ACTIVITIES – FIRST WEEK** | | | | | |
| Provide name/ID badge, uniform, parking instructions and building keys if applicable. |  | |  |  |  |
| Provide general orientation of hiring organization, mission/vision, affiliated clinics/programs, departmental relationships, staff meetings, job responsibilities and work schedule. |  | |  |  |  |
| Provides orientation on department processes/procedures, medical equipment, electronic health record and referral system. |  | |  |  |  |
| Human Resources holds meeting with new hire to cover employee handbook, tax forms, benefit package, pre-employment physical, timesheet/payroll procedure, relocation expenses, etc. |  | |  |  |  |
| Mentor introductions to new hire and spouse/family mentors along with provide weekly lunch meetings schedules. |  | |  |  |  |
| **ONBOARDING ACTIVITIES – FIRST YEAR** | | | | | |
| Gather feedback from new hire to determine necessary improvements with orientation/ onboarding process. |  | |  |  |  |
| Community Mentor remains in contact with spouse/family on a quarterly basis for first year of new hire employment.  (If applicable) |  | |  |  |  |
| Hold quarterly meetings for the first year to gather feedback on organization/community integration, job duties/work schedule and problems/questions. |  | |  |  |  |
| Administer annual new hire and spouse/family mentor programs satisfaction surveys. |  | |  |  |  |
| Administer annual employee satisfaction survey. |  | |  |  |  |
| Implement an employee performance agreement. |  | |  |  |  |
| Hold annual employee performance review. |  | |  |  |  |

**Ideas for Supplementary Recruitment and Retention Activities**

* Establish a spouse/family mentor program
* Establish a new hire mentor program
* Establish a staff recognition program
* Consider new offerings to employees such as stipend and paid time off for continuing medical education or reimbursement for licensure renewals and/or additional certifications
* Establish a teaching/preceptor site program
* Determine if your state offers State or Federal Government loan repayment
* Regularly performs environmental scans of state/regional health care professional salary and benefits to maintain competitiveness

### Recruitment and Retention Plan Evaluation Scorecard Sample

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Recruitment and Retention Plan Measure** | **What** | | | **When** | **Who** | **When** |
| **Target** | **Definition of Measure** | **Method of Data Collection** | **Frequency of Data Collection** | **Person responsible for Data Collection** | **Due Date** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

### Employee Performance Agreement Sample

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**:  **Anniversary:**  **Position:** | | | **Mid-Year Review Date:**  **Annual Review Date**: | | |
| **Key Performance Areas** | **Goals/Objectives** | **Action Plan**  *Steps taken meet goals/objectives.* | | **Goal Success Measures**  *How will success of goal/objective be determined?*  **Results** *List results/ outcomes* | **Comments/ Follow-Up for Upcoming Year**  *6-month & annual check-in comments and follow-up* |
| **Organization Values** |  |  | |  |  |
| **Learning and Growth** |  |  | |  |  |
| **Customer Service/ Satisfaction** |  |  | |  |  |
| **Specific Job Duties or Responsibilities** |  |  | |  |  |
| **Teams Participation and Engagement** |  |  | |  |  |

### Employee Satisfaction Survey Sample

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Satisfaction Survey Questions** | **Strongly Agree**  **5** | **Agree**  **4** | **Neutral**  **3** | **Disagree**  **2** | **Strongly Disagree**  **1** |
| 1. I understand our organization’s mission and values. |  |  |  |  |  |
| 1. I received adequate orientation and training. |  |  |  |  |  |
| 1. I am provided appropriate technology and equipment for my job duties. |  |  |  |  |  |
| 1. My work space conditions are adequate (temperature, ventilation, space, clean). |  |  |  |  |  |
| 1. I am satisfied with my work and call schedule. |  |  |  |  |  |
| 1. My coworkers are approachable. |  |  |  |  |  |
| 1. Interpersonal conflict is resolved effectively. |  |  |  |  |  |
| 1. My supervisor is approachable. |  |  |  |  |  |
| 1. I am given enough recognition by leadership for my efforts. |  |  |  |  |  |
| 1. Leadership supports my professional goals. |  |  |  |  |  |
| 1. I am provided sufficient time off and funds for CME or professional development. |  |  |  |  |  |
| 1. I believe my salary is fair for my responsibilities. |  |  |  |  |  |
| 1. I am satisfied with my overall benefits package. |  |  |  |  |  |
| 1. The performance review process is fair and effective. |  |  |  |  |  |
| 1. Overall, I am satisfied with employment at (Organization Name). |  |  |  |  |  |
| 1. I would recommend working at my organization. |  |  |  |  |  |

### Employee Exit Interview Sample

*Thank you for your service. Information from this questionnaire will be used to improve the quality of working conditions for (organization name) and will be treated as confidential. If you would like the opportunity to discuss your responses, please provide your contact information at the end of the questionnaire.*

Exit Interview Date: Employment End Date:

Employee Name: Organization:

Job Title: Manager:

Employment Start Date:

1. What are your primary reasons for leaving employment with (organization name)?

2. Rate all aspects of your employment experience.

| **Employee Exit Survey Questions** | **Strongly Agree 4** | **Agree 3** | **Disagree 2** | **Strongly Disagree 1** |
| --- | --- | --- | --- | --- |
| 1. I received adequate orientation and training. |  |  |  |  |
| 1. The community met cultural/recreational needs. |  |  |  |  |
| 1. My job gave me a sense of accomplishment. |  |  |  |  |
| 1. My workload was acceptable. |  |  |  |  |
| 1. I was provided appropriate technology and equipment for my job duties. |  |  |  |  |
| 1. Coworkers were approachable. |  |  |  |  |
| 1. My supervisor was approachable. |  |  |  |  |
| 1. There was adequate communication between leadership and staff. |  |  |  |  |
| 1. (Organization) supported my professional goals. |  |  |  |  |
| 1. Leadership provided recognition of my efforts. |  |  |  |  |
| 1. Interpersonal conflict was resolved effectively. |  |  |  |  |
| 1. I was provided sufficient time off/funds for continuing education. |  |  |  |  |
| 1. Performance review process was fair and effective. |  |  |  |  |
| 1. My salary was fair for my responsibilities. |  |  |  |  |
| 1. I was satisfied with my overall benefits package. |  |  |  |  |
| 1. Overall, I was satisfied with employment at (Organization). |  |  |  |  |
| 1. I would recommend employment with (organization) |  |  |  |  |

**Additional Comments:**