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Since founding the nation’s first locum tenens company in 1979, CompHealth has grown into one of America’s largest healthcare staffing firms. Our more than 700 recruiters and consultants are expertly trained to provide temporary and permanent staffing of physicians, nurse practitioners, physician assistants, therapists, medical lab professionals, and other healthcare positions in hospitals, private practice groups, and government facilities across the country.
Women are making definite strides in the workplace. There has been more dialogue around women and work than ever before, thanks to the Lean In campaign championed by Facebook COO Sheryl Sandberg and the NBA, and tough talk from celebrities like Jennifer Lawrence and Patricia Arquette about the gender wage gap.

But we still have a long way to go. Women make up almost half the workforce, according to the U.S. Census Bureau 2008–2012 American Community Survey, but they earn approximately 78 percent of what men do.

Why such disparity? One of the underlying issues is a pervasive confidence gap that plagues our female workforce. Though confidence is an essential part of leadership, many women struggle to find it. In fact, a KMPG’s women leadership study reported that 60 percent of women find it hard to view themselves as corporate leaders.

This confidence gap is a widespread and damaging issue, and organizations have the opportunity—and arguably the responsibility—to help their women workers believe in themselves.

Nearly 60 percent of the employees at CHG Healthcare Services are female. For the continued growth of our people and success of our company, we need to make sure we’re empowering these women to tap into their potential and help them envision themselves as leaders. Not only is this the right way to maximize our workforce, it’s just the right thing to do.

Here are a few ways organizations can help women workers raise their hand for leadership opportunities:

1. **Establish women networking groups.** At CHG, we encourage our people to create employee network groups to connect people of similar interests. One group is Women in the Workforce—made up of female and male employees. The group recently organized a panel of female executives to discuss women in leadership. At this event, one of the panelists asked the attendees to raise their hand if they saw themselves as leadership material. I was shocked when only a few hands went up. At the end of the event, after a number of female leaders had spoken about their path to leadership, the women were asked again if they could see themselves as a leader. Almost every hand in the room went up.

2. **Build the company-wide conversation.** Talk to company leaders about committing to help eliminate the confidence gap. Those words can then develop into regular meetings, trainings, and programs aimed at building confidence and achieving fairness.

3. **Promote mentorship.** It’s vital that women interact with leaders to better visualize themselves in these positions in the future. Promote mentorship programs in which managers coach entry-level employees to help them develop the skills and confidence they need to reach their career goals. Support organic mentorship as well by cultivating a culture of employee interaction and friendship independent of position or level.

Healthcare organizations throughout the country are filled with amazing women who will make great leaders, if we only encourage them to raise their hands and say yes to the challenge. More women in leadership leads to more diversity of perspective and opinion, creating organizations that are in a better position to succeed.

**Three ways to help women raise their hand for leadership roles.**

By Leslie Snavely

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It’s no secret that the demand for healthcare is growing faster than the supply of providers. In the next few years, the demand for healthcare will outgrow the number of providers available. The most immediate and cost-effective solution to this shortage is the use of locum tenens healthcare professionals and thousands of qualified professionals are becoming part of the answer across the country.

Locum tenens providers may be working at your facility for only a few weeks or months, so the onboarding process might seem like an extra hassle. To ensure that these providers are successful and deliver quality care, however, proper onboarding and direction is essential. Below are several tips for a good orientation.

**Plan ahead.**

Prepare for your locum tenens provider’s first day by:

- Telling the entire hospital staff via email or memo that a new provider will be working at the facility, including the start date and the total time he or she will be on assignment.
- Sharing a photo and short bio of the provider in the employee newsletter or via email so staff members can get to know the provider ahead of time.
- Sending the provider copies of key policies and procedures as well as a job description for the position.
- Emailing the provider a map of the facility with markings for places to park and entrances to use.
- Assigning someone to greet the provider on their first day.
- Assigning the provider a go-to person in their department who can answer questions and show them around.

**Focus on the first day.**

Whether your orientation lasts only a few hours or a full week, your locum tenens provider’s first day is your chance to make a great impression and prepare them for the assignment. Here are a few tips for making the most of the day:

- Offer a facility tour, stopping along the way to introduce the provider to a few other employees.
- Give the provider a detailed tour of the department where they’ll spend the majority of their shifts.
- Show the provider where to find supplies, equipment, forms, sample meds, and even keys needed to access certain supply cabinets.
- Provide a hospital telephone directory, medical staff roster (preferably with photos), list of area pharmacies and social service agencies, and a local phonebook.
Onward with onboarding.

Once your provider is familiar with the facility, be sure to include these elements in the orientation:

- **Staff.**

  Introduce the locum tenens provider to the staff members they need to meet right away. If in doubt, ask the provider who they feel they need to meet as part of the orientation.

- **Computer system.**

  Show the provider how to use the electronic health record, prescription services, and scheduling tools, and have the IT department take care of assigning passwords in advance. Be sure to leave names and numbers for several employees who can troubleshoot and answer tech questions as they arise.

- **Phone system.**

  Even if the provider will only be around for a few days, they'll need to know how to place and transfer calls, put someone on hold, and retrieve voice messages.

- **Medical records.**

  Make sure the locum tenens provider understands your requirements for completing and signing off on medical records and who to contact to retrieve patient records after hours or on weekends.

- **Safety and infection control.**

  Providers are familiar with hospital safety and infection control procedures, but spend a few minutes reviewing policies and standards that may be unique to your organization.

- **Billing and coding.**

  Make sure the locum tenens provider understands your billing and coding philosophy and procedures, and provide a cheat sheet for commonly used codes and charges, if needed.

- **Keep in touch.**

  Once the locum tenens provider has completed the formal orientation process, it’s important to have your go-to person check in with the provider once a day for the first several weeks and then periodically for the next couple weeks afterward. Even after you’ve answered all of the critical questions, simply asking “How are you doing?” can help the provider feel at home and ensure that the assignment goes smoothly.

Visit our website, CompHealth.com/resources, to download our onboarding checklist.
Physician assistants (PAs) and nurse practitioners (NPs) are found in every medical specialty and in every healthcare setting. When you incorporate a PA or NP into your team and utilize them effectively, your practice can accommodate more patients. In addition, you can reduce patient waiting time, increase patient satisfaction levels, and improve overall practice efficiency. All of this adds up to more potential revenue for your practice. Proper credentialing is an important and necessary requirement and a key to proper compliance.

Rules for PAs and NPs vary by state.

Medical board rules vary slightly from state to state, but for the most part, PAs and NPs can perform many tasks traditionally reserved for physicians. These services often include:

- Physical exams
- Patient histories
- Health screenings and preventive care
- Assisting with surgeries, ER, and long-term care
- Issuing prescription orders
- Chronic disease management
- And much more

Consider these statistics:

- The typical PA brings in revenue of $231,000 with an average salary of $84,000.
- An average PA or NP can boost a practice’s bottom line by $30,000 or more.
- Training costs for PAs are one-fifth of an allopathic physician.

Credentialing can take a long time.

The most common credentialing pitfall is that the process is not started early enough. Often, paperwork can be initiated up to 30 days before starting work and it is common for some hospitals and health systems to take up to 90 days for full credentialing. PAs and NPs need to be organized and have copies of their educational background and certifications handy. Forms and paperwork must be completed in a timely manner.

Practice managers and healthcare administrators also need to be familiar with state regulations and licensing requirements. Regulations are different state by state, and payer by payer. Some states require a certain percentage of charts to have a co-signature, while others have no such requirement. Some states limit the number of PAs or NPs who can work with a single physician, and some don’t. All states require some level of documentation to be kept to show compliance with the rules.

PAs and NPs help workflow.

Utilization of PAs and NPs is common across all medical specialties. Changes in medical resident workforce requirements as well as changing third-party payer reimbursement models have encouraged the exploration of new ways of achieving high quality patient care across all specialties. In 2003, the Accreditation Council for Graduate Medical Education (ACGME) instituted limitations on total hours worked by residents in both inpatient and outpatient settings. This mandate to limit work by training residents has created a need to fill patient care hours. PAs and NPs have no such work restrictions, and since these new regulations took effect have been utilized in greater numbers, especially in the inpatient setting.
Team-based care.

As hospitals and healthcare systems continue to address quality patient care and improve access for patients, team-based care is becoming the norm. It is cost effective and efficient to hire a PA or NP to perform many of the clinical tasks that were traditionally performed by physicians, and to leverage support staff to engage patients for improved health outcomes.

Operationally, PAs and NPs can be added to teams in a number of ways. Fall flu season is a great way to use a locums provider to expand capacity and add on a flu clinic or incorporate evening or weekend hours as a trial to a more permanent hire. Some practices may appreciate that return on investment analysis before making a long-term commitment, full or part time.

References:
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In a job seeker’s market, it takes a herculean effort to find great employees—and it’s even harder to keep them. Across all jobs, the national turnover rate is more than 16 percent.\(^1\) The physician turnover rate isn’t much better. According to the New England Journal of Medicine, 25 percent\(^2\) of physicians quit within the first three years of joining a practice.

Unfortunately, physician recruiters aren’t just combating retention concerns, they also have to contend with the ever increasing physician shortage, which is predicted to rise somewhere between 61,700 and 94,700 over the next decade.\(^3\)

Understanding how to entice job seekers to your facility along with implementing effective retention programs is more important than ever. But before you can address either, you need to know the difference between what makes employees’ jobs merely satisfying and what will actually motivate them to stay for the long haul.

According to a survey by Monster,\(^4\) a company’s healthcare plan and paid time off policy are important factors to prospective employees when considering a job offer. However, those benefits aren’t necessarily the motivators for employees to stay with a company.

**Motivating employees.**

During the 1950s and 1960s, clinical psychologist Fredrick Herzberg researched the reasons behind employee satisfaction and discovered that certain workplace factors (motivators) contribute to job satisfaction and motivation while a completely separate set of factors (hygiene) contribute to dissatisfaction. This is also known as the Two Factor Theory of Motivation.

**MOTIVATORS INCLUDE:**
- Challenging work
- Recognition
- Development
- Autonomy
- Opportunity to do something meaningful
- Sense of importance to an organization
Herzberg found that people strive to attain hygiene needs because they are unhappy without them. However, hygiene factors do not provide satisfaction and do not lead to higher motivation. Employees are merely dissatisfied without them, not motivated to work harder or smarter.

What really motivates employees is having interesting work that challenges them along with increased responsibility, autonomy, and recognition for a job well done. According to Herzberg, motivating factors like these fill our deep-seated need for growth and achievement.

It’s a matter of balance.

If you solely focus on fulfilling your employees’ hygiene needs, you’ll have satisfied employees with few complaints about the company, but with little motivation and low productivity. These employees view their jobs as just a paycheck. On the other hand, by only providing your employees with motivators without adequate hygiene factors, you’ll have highly motivated, highly productive employees who hate the company.

To avoid having your employees as part of the 45 percent5 who say they are satisfied with their jobs but willing to accept another job offer if one arises, you’ll need to focus on both hygiene factors and motivators. Creating the proper balance of both will not only make your company appealing to job seekers, but also help you retain your top talent.

HYGIENE FACTORS INCLUDE:

- Job security
- Relationship with supervisor
- Salary
- Company policies and benefits like health insurance and vacation plans
- Work conditions

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2 http://employer.nejmcareercenter.org/rpt/RecruitingPhysiciansToday_JanFeb15.pdf
The simplest approach is usually the best. Unfortunately, most of us operate in a world run by policies and processes that, over time, have become anything but simple. Luckily, there’s a way to untangle the mess.

Value stream mapping is a time-tested approach to streamlining a process, whether it’s credentialing a physician, onboarding a new staff member, or just speeding up your morning routine. When applied correctly, value stream mapping can help you reduce time, save money, and make your life easier.

Here’s a quick outline of how to create a value stream map for a specific process.

1. Walk the flow
2. Indicate time for each step
3. Indicate time between each step
4. Indicate value time for each step
5. Total all times
6. Calculate Takt time and cycle time
7. Create “ideal state” map
8. Eliminate obvious waste (JDI)
9. Select improvement ideas
10. Make workflow using Lean tools
1. **Walk the flow**—Go to where the process is happening. If the process moves among three departments, walk to those departments in the order the process takes. You will likely see steps—and waste—that aren’t apparent in reports or maps.

2. **Indicate the time for each step**—Note how long it takes to complete the task.

3. **Indicate time between each step**—It’s also important to determine the amount of downtime between steps.

4. **Indicate value time for each step**—Ask yourself, “Of the time spent doing the task, how much actually adds value to you or your customers?”

5. **Total all times**—Add up the number of steps and the time it takes to complete them all.

6. **Calculate Takt* time and cycle time**—Coming from the German word, takt, which means pulse, tracking the Takt time helps you determine the time it takes to meet customer demand and how long each step should take to minimize downtime.

7. **Create an “ideal state” map**—Draw a future-state map as it would look if you eliminated or changed all waste and unnecessary steps.

8. **Eliminate obvious waste**—Get rid of steps you don’t need (see Seven Types of Waste at right).

9. **Select improvement ideas**—Choose steps of the workflow that could be more efficient. Prioritize the actionable items based on immediate need and available resources.

10. **Make work flow using Lean tools**—Create a process that allows your task to be performed as quickly as possible without compromising quality.

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**Helpful hints for creating a value stream map.**

Collect the information yourself—don’t rely on second-hand reports or maps. The best way to learn about the complete process is to observe it first-hand.

It’s also a good idea to map with pencil and paper. This will allow you to make quick and easy changes to the map. Remember, it’s not about the map or the way it looks, it’s about seeing and knowing the facts.

**Seven types of waste.**

As you create your map, keep an eye out for common types of waste that can be eliminated.

1. Transportation/handling (movement of paperwork, “forward/reply to all”)
2. Inventory (literature, office supplies, unread email)
3. Motion (walking to printer, looking for missing information)
4. Waiting (approvals, clarification, information)
5. Overproduction (printing forms that may change before use)
6. Over-processing (duplicating data, unused reports, relying on inspections instead of process)
7. Defects (data entry or invoicing errors)

**Creating your own map.**

Looking for more tips on creating a value stream map? Visit our website, CompHealth.com/resources, to download our quick starter guide.

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* According to SixSigma, Takt Time is In Lean, takt time is the rate at which a finished product needs to be completed in order to meet customer demand.
Six tips for maximizing your convention investment.

Having a booth presence at a convention can drive business, create brand awareness, or give your target audience an incentive to do business with you. Below you’ll find six tips that will help you maximize your convention participation’s ROI.

1. Plan thoroughly.
   Planning is essential to the successful execution of any endeavor. But how should you plan a convention booth?

2. Register early.
   Early registration allows for more and better location choices and may earn you an early registration discount. Getting an attendee list early will enable you to assess your fit among the other exhibitors.

3. Develop objective.
   What is your objective? Having it written out for the managers and employees involved in the convention planning and execution puts everyone on the same page.

4. Determine success measurement.
   How will you measure success? The number of leads or contact information from visitors at your booth is the most common measurement.
   How many leads will equal success, and why?

5. Post-convention follow up.
   Finally, plan your post-convention protocol. If collecting leads, how and to whom will they be distributed? Work out a script to guide those assigned to call the leads. How will the contacts be tracked? The more steps you have in place, the quicker you’ll be able to follow up.

6. Study the floor plan.
   Studying the floor plan can improve your booth’s position and maximize visitors to your booth. Obviously, a booth in a high traffic area will increase its visibility and potential for success.
   Look at the floor plan for flow of traffic. How do you think visitors will explore the convention? Remember, most convention centers are vast, with hundreds of booths vying for attention. A convention attendee can require more than one day to really notice each booth.
   Convention visitors need a place to relax. Being near or within line of sight of a lounge or dining area can be a great booth location.
3

Execute thoughtful booth design.

Determine the size of your convention presence. Booth size is often decided by a budget. Consider if your booth will prove large enough to accommodate several visitors at the same time with one or more booth staff present.

Equally important, is your booth eye-catching? Does it have a theme that is readily identifiable and conveys your message simply and quickly? What does it say you are providing that’s different from competitors?

4

Choose your booth staff wisely and train them well.

How much staff is needed to work the average booth? A three-person staff is average for a 10 by 10 foot booth, but that is a guide. You may want more or fewer staff, as long as the booth is covered during convention hours, especially at busy times.

Consider holding a preconference meeting to work out with the staff issues important to their role, issues which may include but not necessarily limited to:

• The questions likely to come from booth visitors.
• The procedure they’ll use to gather lead information.
• The clients they should make a point of meeting with at the convention.
• An invitation for questions from the staff.

The booth staff are the first impression your organization makes at a convention. The more thoroughly your staff is prepped, the greater their impact will be.
Marketing incentives.

Great giveaways draw attendees to a booth. Get attendees looking for your booth by placing an announcement of your giveaway in the conference bag if the convention places one in attendees’ hotel rooms. At the convention itself, your booth staff can use the giveaway as an enticement for engaging passersby or inviting them to linger for a conversation.

Your giveaway should be convenient enough to carry on a flight home or easily delivered through the mail.

In addition, premiums (also called swag) should be available at your booth. These items encourage the curious to stop by, examine them, and take one or two. Swag needs to be branded with your company name and logo. But if you don’t want your swag ending up in the hotel wastebasket, it should be unique or useful enough for the attendees to take home with them.

Once a visitor is at your booth, has been engaged by your staff, has even perhaps provided their lead information, what will the visitor know about your company?

Consider having brochures, one sheets, or brief takeaways that grab attention, convey your message simply and quickly, and provide contact information and links to your website.

Put into motion post-convention follow-up.

You’ll want to keep the energy you created at the convention alive with post-convention follow-up. Those in your organization receiving leads need to act on them quickly. You’ll want to track which leads result in sales and the percentage or rate of return your total convention investment realized.

Post-convention procedures should include a debrief of the booth staff, their assessment of what went well and what didn’t, and a discussion of the opportunities uncovered for improving future convention efforts.

A convention presence can be an invaluable part of your marketing strategy, but one that needs to be well planned and executed with care.
These days, no matter what medical publication you’re reading, you’re likely to run into the same word over and over: burnout. It’s no secret that nearly half of doctors say they’ve experienced burnout—and the rate is even higher for family medicine, emergency, and critical care physicians.

With so much coverage on the topic, it’s surprising these numbers haven’t started to drop. It’s also hard not to wonder why, of all people, doctors should have such a hard time fixing what is basically a health problem.

We all know that you can’t find a solution until you understand the problem, so here’s another quick reminder of the signs that your physicians might be experiencing burnout.

1. They’re tired all the time.

Exhaustion comes in various forms. Unfortunately for many medical specialties, a lack of sleep is just part of the job description. But don’t let sleep deprivation mask the other types of exhaustion. If you notice any of your physicians seem to be or mention they are physically, mentally, or emotionally tired, they may be burning out on the job.

2. They’re acting like a jerk.

If you notice more conflict with your physicians than usual, you may want to pull them aside and discuss whether or not they are experiencing burnout. They may not know they are becoming less pleasant to be around and need someone to be honest with them.

3. They feel like they’re stuck.

It’s important to be able to see the next opportunity or milestone in a career. If a physician can’t, it can be tough for them to stay engaged and motivated.

4. They’re not as good at their job.

Burnout can have a huge impact on job satisfaction and it also impacts patients. If you find that your physicians are giving less attention to them or you are not seeing the quality results you’re used to, burnout may be the cause.

5. Their job is all they think about.

It’s natural to think about work and patients when not in the office. But it’s a problem if your physicians aren’t ever able to turn it off. If they’re losing sleep, feeling disconnected from their personal relationships, or having trouble relaxing, suggest to your physicians they take a minute to catch their breath.

If you notice any of your physicians struggling with the symptoms of burnout, give them the same advice they’d offer to their patients. Prescribe a little time off. Encourage them to make a plan to eat better and exercise more. Give them permission to unplug from their devices and their worries about the office.

If that doesn’t work, don’t be afraid to shake things up a bit. Encourage them to donate time at a free clinic, serve a medical mission, or try a different setting through locum tenens assignments. It may be just what they need to get out of the rut they didn’t realize they were in.

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