

## RECRUITMENT AND RETENTION TOOLS AND ASSISTANCE

MCN recognizes that the recruitment and retention of clinicians is one of the most critical issues facing community and migrant health centers. The staff of the Migrant Clinicians Network is available to provide on site technical assistance in recruitment and retention of clinical staff. Many of the tools developed by MCN are available on the website [www.migrantclinician.org](http://www.migrantclinician.org).

In this publication you will find an easy to use checklist designed to help each health center determine what their technical assistance needs might be. Take a few moments to fill out this self-evaluation.

### THE RECRUITMENT AND RETENTION EFFECTIVENESS REVIEW

For a more in-depth evaluation of your recruitment and retention policy, MCN has developed a Recruitment and Retention Effectiveness Review tool

The primary purpose of the RRER is to assess health center readiness to recruit and retain high quality clinical staff and to identify areas requiring improvement. The RRER has different sections that can be used for various purposes:

- Self Assessment by the health center to determine R&R readiness.
- Guidelines for health centers in development, improvement or modification of a recruitment and retention plan.
- Technical assistance by recruitment and retention consultants.

Contact MCN for more information about this tool and how to use it.

Contact us at 512-327-2017, [mcn@migrantclinician.org](mailto:mcn@migrantclinician.org), or [www.migrantclinician.org](http://www.migrantclinician.org)

## HEALTH CENTER SELF-ASSESSMENT

**Directions:** The following brief questionnaire serves as a quick self-assessment for health center leadership to determine readiness for effective recruitment and retention of clinical staff. Answer the questions and score each response according to the number of points in parentheses.

- 1 Is recruitment and retention of high quality clinical staff a health center priority?  
Yes \_\_\_\_ (10) No \_\_\_\_ (0)
- 2 Is regular attention given to retention and recruitment of all key positions in the health center?  
Yes \_\_\_\_ (10) No \_\_\_\_ (0)
- 3 Does the center have a written recruitment and retention plan?  
Yes \_\_\_\_ (10) No \_\_\_\_ (0)
- 4 Is the plan reviewed annually by the board of directors?  
Yes \_\_\_\_ (5) No \_\_\_\_ (0)
- 5 Does your center track the turnover rate of clinical staff?  
Yes \_\_\_\_ (5) No \_\_\_\_ (0)
- 6 Are compensation comparability surveys conducted periodically to determine the going rates for comparable positions nationally and in the local area?  
Yes \_\_\_\_ (5) No \_\_\_\_ (0)
- 7 Does your health center's compensation schedule enable it to retain qualified clinical staff?  
Yes \_\_\_\_ (10) No \_\_\_\_ (0)
- 8 Does the center address issues of succession of top clinical/management staff?  
Yes \_\_\_\_ (5) No \_\_\_\_ (0)
- 9 Does the health centers' business plan address the cost of retention and recruitment of clinical staff?  
Yes \_\_\_\_ (10) No \_\_\_\_ (0)
- 10 Does the organization perform clinician satisfaction surveys?  
Yes \_\_\_\_ (5) No \_\_\_\_ (0)
- 11 Does the center follow a formal orientation schedule for new providers?  
Yes \_\_\_\_ (5) No \_\_\_\_ (0)
- 12 Is there clinical staff representation at the senior management and board levels?  
Yes \_\_\_\_ (10) No \_\_\_\_ (0)
- 13 Is there clinical staff representation at the Board of Directors meetings?  
Yes \_\_\_\_ (10) No \_\_\_\_ (0)
- 14 Is there clinical staff representation on the quality management committee?  
Yes \_\_\_\_ (10) No \_\_\_\_ (0)
- 15 Are there regular (at least monthly) meetings of your clinical staff?  
Yes \_\_\_\_ (10) No \_\_\_\_ (0)

**TOTAL SCORE:** \_\_\_\_\_

**If you scored 90-110: Congratulations—your health center is a model!**

**If you scored 60-85: The RRER Health Center Evaluation tool will provide you with guidance for refining your recruitment and retention plans.**

**If you scored less than 60: Call for technical assistance!**



## Technical Assistance for Clinician Recruitment and Retention

The following are other MCN resources that foster the recruitment and retention of clinicians in migrant health.

### Job Bank

**The Migrant Health Job Bank** is an excellent place to list job vacancies or post resumes. The Job Bank lists migrant health employment opportunities, including outreach/health educators, physicians, nurses, advanced practice nurses, dentists, physician assistants, and others. Go to the job bank on MCN's website [www.migrantclinician.org](http://www.migrantclinician.org) for exciting career opportunities.

### Orientation materials

MCN has both the materials and the expertise to provide an in-depth orientation to migrant health.

### R&R Instruments and On-site TA

**The Health Center Recruitment and Retention Effectiveness Review (RRER)** instrument is designed to support on-going recruitment and retention of qualified clinical staff at health centers. See inside for more details about this important tool.

### Continuing Education

MCN is committed to providing high quality continuing education to health care providers serving migrants. MCN's comprehensive clinical education program helps to develop excellence in practice, clinical leadership, and the dissemination of best models and practices.

### Peer Networking

MCN serves as a source of peer networking and support. Peer networking provides not only psychological and professional support, but also allows for an exchange of information on best practices, unique solutions to problems, and sources for other resources.

### Professional Development

MCN's menu of services is designed to support and promote excellence in practice among clinicians who serve mobile underserved populations. We offer a range of opportunities to accommodate a diversity of needs. MCN services provide support to clinicians from recruitment through all stages of their career.



Contact MCN staff at any time for help with recruitment or retention issues at 512-327-2017 or [mcn@migrantclinician.org](mailto:mcn@migrantclinician.org) or on our website, [www.migrantclinician.org](http://www.migrantclinician.org)

MCN recognizes the contributions of Matthew King, MD, Edward Zuroweste, MD and Candace Kugel, CNM, CRNP, in the development of these materials and the Bureau of Primary Health Care, Health Resources and Services Administration, Department of Health and Human Services for funding the original project.

## Migrant Clinicians Network

### Maintaining the Tradition: The Case for Expanded Clinician Orientation to Migrant/Community Health

Migrant and Community Health Centers (M/CHC) have set the standard for quality care by providing multilingual, multicultural health care to patients regardless of their ability to pay. In fact, many attribute the successes of M/CHCs largely to their strong commitment of ensuring culturally appropriate health care. Studies have shown greater compliance with care plans and disclosure of health concerns in the M/CHC setting and resulting in consistent quality care to unique and challenging patients.

It is estimated that Migrant and Community Health Centers will need an additional 4,100 providers to see the patients brought into care by the President's Initiative to expand the health center system. This plan has broad support and is currently well funded.

While welcome and needed, this Initiative creates new challenges for M/CHCs. For instance, it is impossible to find 4,100 linguistically and culturally competent providers in the next three years. Yet if M/CHCs are to remain responsive to our core population, new providers must be imbued with the M/CHC culture. Many of our finest clinicians did not start their M/CHC careers dedicated to the mission, instead, one by one they became enamored with the movement through exposure, experience and training.



There are a very large number of new providers with little to no experience in the unique M/CHC setting. Failure to effectively orient these new providers, risks diluting the hard work of so many to create the M/CHC environment. Indeed, there already exists tremendous pressure to completely abandon the mission in favor of a pure business model. That pressure will grow, and so will the numbers espousing it.

In order to meet this challenge, M/CHC orientation should be recognized, formalized, and subsidized. New providers should be given training on: the history of M/CHCs; unique clinical problems associated with our populations; available resources and organizations at their disposal; available conferences directed at M/CHC clinicians; formal cultural training, and the opportunity to attend appropriate language training.

If done properly, orientation can be a successful recruiting and retention tool. For instance, a clinic in Washington State fully subsidizes a four-week language immersion program in Mexico in exchange for a three year contract. This has successfully recruited many providers. It also benefits the clinic when the providers return with some Spanish skills, a deeper appreciation for their patients and the desire to learn more.

