# How to Effectively Onboard New Podiatrists

Doing it right saves time, money, and aggravation.

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iring a podiatrist is an onerous task. You decided on your needs, developed a job description, advertised, networked, and interviewed extensively. Eventually, you and your team settled on a candidate who looked like the right fit. An offer was made, negotiations took place, and ultimately a new member was set to join your team. You're confident that your process was sound and that you've made a great selection.

There's an unfortunate tendency to kick back at that moment and imagine that the future is secure and everything will work out. That's a huge risk and makes it possible that all your work in identifying the new hire will come to naught. In truth, much of the

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most important work in making a successful hire remains to be done.

Start your onboarding process immediately. Until your fully onboarded podiatrist is generating a profit, he or she is a direct and expensive cost. At a minimum, transitioning podiatrists to employment is a 90- to 180-day process that requires attention to hundreds of details. Important steps can slip through You need to:

• *Have a plan:* What must be accomplished? From background checks and credentialing, to assigning parking spaces, and defining roles, a new podiatrist is a major change, both for the practice and for the new hire. Formalize and share the plan with the new hire so he or she knows what is expected and what is going to happen.

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the cracks, causing frustration and negative first impressions for newly employed podiatrists. In complex scenarios, it may take as much as a year to fully integrate a new member into your podiatry team. The solution: establish a well-organized onboarding approach. • *Have a timeline:* What steps need to be taken, by whom and by when, in order to have the new podiatrist treating and billing?

• Offer help: Don't assume it "will all work out." Your new podiatrist *Continued on page 64* 



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must be welcomed into the practice and feel secure in their place within the structure. Don't expect your new hire to simply figure it out. Provide concrete assistance in integrating into the new practice, community, and infrastructure. Be certain that it is clear who does what within the practice or group.

Onboarding usually consists of four main aspects: credentialing and employment; orientation; marketing; and staff integration.

#### **Credentialing and Employment**

Complete your reference and background checks. Unfortunately, candidates can lie about previous employment or education, and you do not want to leave any stones unturned when hiring a new employee. Follow-through now avoids unpleasant future surprises.

Without credentialing, your new podiatrist will not be billing. Know what documents and information are going to be required and provide a \_\_\_\_\_

complete list to the new podiatrist before he or she arrives in the office for the first day. There is zero reason to save this conversation for Day One. In a perfect world, the new podiatrist will arrive with most or all supporting documentation in hand on the first day in practice, and your credentialing

• Send a welcome packet, which can include copies of key policies and procedures.

• Provide a facility/podiatrist directory so that the podiatrist can start becoming familiar with referring podiatrists ahead of time.

• Have required internal paper-

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team can begin work immediately:

• If possible, make laborious paperwork and similar tasks available in an online portal so that podiatrists can access these items separate from orientation; there's no reason to delay these tasks until the new hire is physically in the office.

• Commit to weekly follow-up calls to answer questions, introduce new topics, or share any news.

work ready for completion as soon as your new hire arrives. It's inexcusable to be identifying required documents only after your new employee arrives for his or her first day.

#### **Orientation: The Welcome**

No matter the experience level of the new DPM, he or she is new to Continued on page 65

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your practice, systems, and culture. You want the new employee to perceive the organization as being efficient and well run, and to adapt to your systems. It's important to make the new employee feel a part of the organization as quickly as possible. Schedule the first day, and share the schedule in advance with the new hire:

- When and where to arrive;
- Whom to report to; and
- An idea of the first day's agenda.

Some other steps to take for the first day:

• Assign a mentor. This is an individual within the practice who is tasked with guiding your new DPM, answering questions, and facilitating their hitting the ground running in general. In a perfect world, this mentor is a peer. At a minimum, the mentor is a member of your management team. The seniority of the mentor makes the importance of the new DPM clear to all.

• Assign a direct support person. The mentor is tasked with big picture guidance, but your new hire also needs support in areas like business cards, or information on scheduling and credentialing. Choose one "go-to" person as support for these not-so-trivial tasks.

• Meet the team. The mentor should be tasked with first introductions during a "walkabout" of the practice. Consider setting a couple of short, structured meetings with key management or other podiatrists.

• Prepare the workspace. Your new hire's office space should be ready to go—name on the door, phone extension assigned, and so on. Consider a "swag bag" containing corporate goodies (e.g., logoed coffee cups, briefcases, USB drives). Provide a phone directory with names, titles, and extensions.

• Take the tour. Provide an overview of the practice's physical space—kitchens, rest rooms, ancillary services, departments, and so on. Don't hesitate to provide details on items like weekly lunches, coffee machines, or kitchen rules.

• Schedule lunch. This can be a perfect way to start to build collegiality. Have some key members of your team scheduled to have lunch with your new hire on Day One.

• Give the new podiatrist a task. Your new DPM's first day should feel busy and productive. Be certain that your new hire doesn't end up sitting in his or her office wondering what to do in the afternoon.

## Marketing

Update your website and collateral materials. Obtain a photograph and biography of your new DPM. Arrange to have the new hire photographed in the same style as the existing DPM portraits. Have the biography rewritten to complement and mirror the existing style for bios.

All your collateral materials must be updated as quickly as possible. This includes letterhead and brochures. If the new DPM doesn't appear in brochures, he or she will feel unrecognized and will remain invisible to patients and referral sources. You must fully commit to marketing the new DPM equally with the existing team. Only in this way will the new DPM rapidly become a component of the revenue stream. Only in this way will the new DPM feel truly a part of your practice.

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Use your social media accounts to introduce the new DPM, and plan follow-up stories and events that will also appear there. Be sure that the DPM updates his or her personal social media to reflect joining the practice. This includes LinkedIn, Twitter, Facebook, Instagram, etc. A complete and up-to-date LinkedIn profile is particularly important. Be sure to claim and update the profile on Internet rating sites such as Healthgrades and RateMDs.

Issue a press release to local media and to hospitals in the area. Many of them have their own publications and will appreciate your doing the "legwork" to create content. Repurpose the press release in your own publications (e.g., newsletters, website).

Consider hosting events for local referrers. You can mix purely social events, such as dinner or a wine-tasting, with more professionally oriented events where the new DPM may present an overview of his or her specialty or field of expertise.

Get the new DPM out in the community. Schedule drop-ins at potential referrers' practices, where the DPM can introduce him- or herself "DPM to MD." Schedule and collaborate on speaking engagements for your new DPM. Many hospitals run regular patient information events, or you can create and publicize your own. Service clubs also often are in need of credible speakers for their regular events.

Remember that, in the end, personal relationships matter for referrals. MDs refer to DPMs that they know and trust, either by reputation or, more importantly, by personal interaction. Focus on building your new DPM's social and professional network.

#### Staff Integration

The practice management and hiring team knows why the new podiatrist was brought into the team, so make sure everyone else in the practice realizes what the new podiatrist has to offer. Build anticipation with

your staff by alerting them that the new DPM arrives on "X" date. Alert the clinic staff, hospital staff, referral groups and any other contract groups you work with that a new podiatrist will be joining the practice.

Track the progress of paperwork, reviews, and meetings at various points... pre-boarding, week one, 30 days, 60 days, 90 days, one year throughout the onboarding process. The more time spent on checking in with the new podiatrist, the more likely it is that you will be able to retain your employee over the long term.

The mentor you assigned in the beginning serves as a social and professional sounding board over the course of the early months and beyond. This can help ensure any concerns are identified, but make sure those issues are addressed. The new podiatrist should feel like he or she is moving forward in the onboarding process.

It is important to remember onboarding continues throughout the po-*Continued on page 67* 

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diatrist's first year of practice. During the first 90 days of relocation, it is not uncommon for the podiatrist to feel unsure in their new environment. In order to prevent an early exit interview, I always recommend "stay interviews." These are not performance evaluations, but, rather, informal and casual one-on-one meetings conducted 30, 60, 90, and 180 days after the podiatrist begins practicing. The focus of the conversation should be about how the doctor feels they "fit in" with others in the practice or hospital, both clinically and philosophically. It's a good idea to use "stay interviews" with the podiatrist's family to see how they are acclimating to their new home and surroundings.

# What About Practice Acquisition?

A relatively recent phenomenon is the acquisition of existing practices by larger organizations. Here, too, onboarding plays a vital role. Whether the new DPM is a seasoned veteran, or fresh out of fellowship, the ultimate aim of podiatrist employment is to successfully blend both personal and business objectives in a mutually satisfying process. Employers will receive less than full value on any employed podiatrist who is not contributing toward this goal, and an unhappy podiatrist typically has options to allow to leave for greener pastures.

Onboarding efforts need to focus on aligning podiatrists with clinical integration objectives in quality, patient care, and cost control. First, establish measurement processes within acquired practices. Podiatrists and practice staff will need the right workflows, processes, and IT tools to reliably capture cost and quality metrics. Second, create feedback systems to keep podiatrists focused on system goals. Provide regular dashboard reports with key performance indicators in productivity, patient volume, budget performance, and clinical quality outcomes. Most importantly, establish organizational milestones for cost and outcomes goals. Podiatrists need to understand how they can help the system develop disease management initiatives.

## Conclusions

Effective onboarding is the one of the key steps in podiatrist retention. The time alone to recruit a new podiatrist is typically 200 hours from start to finish. Some estimates of the total cost of recruiting, onboarding, and deploying a podiatrist can be expensive. It makes sense to establish strong, open lines of communication with the podiatrist and family from the start to avoid any misunderstanding.

Podiatrist turnover can kill a practice. Well-executed onboarding can set the tone and tenor for a successful and decades-long relationship. When done poorly, it can just as

easily cast the seeds of doubt and dissatisfaction from the beginning and lead to unsustainable turnover. You must dedicate real time and resources to the process to maximize the benefits. PM



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