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Having peer-support and employee feedback loops are key pieces in some hospices' onboarding models.

Rising demand for hospice amid prolific clinical workforce shortages has providers laser-focused on effective recruitment and retention strategies. Onboarding processes have an important role in preparing hospice clinicians for the nuances of providing end-of-life care.

Hospices have taken varied approaches to clinical onboarding, including a mix of in-person and virtual training models. Having varied avenues of onboarding support for clinicians is an important part of retention, according to Diane Psaras, executive vice president and chief human resources officer of VITAS Healthcare, subsidiary of Chemed Corp. (NYSE: CHE). But striking a balance between onboarding duration and training content can be a large hurdle for hospices, Psaras said.

"The content of onboarding is one thing, but spreading it out over a period of time versus lumping it all at once gives folks the opportunity to have a rich steeping in our culture and the expectations of their job," Psaras told Hospice News. "We have found that utilizing multiple forms and vehicles of training increments has been very beneficial, whether it's around compliance, clinical guidelines and standards or virtual training session cohorts. It's getting doses of training that are more meaningful."

Key clinical onboarding pieces

VITAS Healthcare has made ongoing adjustments to its hospice clinical onboarding process in the past few years, including integrating more opportunities for employee engagement and communication according to Psaras. Employee engagement has been an important part of the company's onboarding development and understanding the effective pieces of retention involved, according to Psaras.

Employee feedback has most commonly centered around the importance of understanding the nature of hospice care and the interdisciplinary components involved, Psaras stated. Providing an upfront education of hospice standards, protocols and educating incoming staff on their roles and responsibilities on an interdisciplinary team has been among the priorities identified during employee engagement onboarding surveys, she indicated.

“We’ve been able to really beef up some of the hospice training for clinicians,” Psaras told Hospice News. “The bottom line is having a way for employees to have a voice and hear directly from them on what matters – that has been a critical underpinning for everything we’ve done. Giving them not only onboarding but also ongoing training and development helps set them up for success. To measure the effectiveness of onboarding programs, it’s getting feedback from those going through it to ensure they are getting what they need. We continue to evolve, listen and learn to monitor what’s successful and what’s not.”

One challenging feat for many hospices is determining the appropriate duration of the curriculum and the types of skill sets to include, according to Laura Garcia, hospice education manager at New York-based VNS Health.

Hospice clinicians can come from a wide array of health care settings, with some carrying strengths in certain care delivery areas versus others, Garcia stated. For example, some clinicians may lack the communication skills needed to discuss goals of care at the end of life, she said. Others may lack the technical skills needed to ensure clinical documentation is sound in electronic medical record systems, Garcia added.

An important part of onboarding processes is having ways to measure an employee’s weaknesses and strengths and provide individualized training as appropriate, Garcia said. Having ongoing education opportunities is a key ensuring that hospice clinicians are prepared to delivery sustainable, quality care, she stated

“In addition to all of the physical and technical training is the whole philosophy of patient, family-centered care in the interdisciplinary approach that is hospice,” Garcia told Hospice News. “We instituted shadow days where they can see roles in action. We have a preceptor education program where trainees are connected with a preceptor on a higher level of practice to help address any self-identified weaknesses or strengths. Having that seasoned, formalized training has been a positive support that can last as long as six weeks or can be extended as needed. That has made a big difference.”

VNS Health’s hospice clinician onboarding process involves courses tailored to individuals’ needs, Garcia stated. Each trainee receives exposure to different interdisciplinary aspects of hospice, including skills labs in end-of-life nursing and social work, communications, EMR systems and ongoing educational courses around the philosophy of hospice care, according to Garcia.

Shifting to field work

The transition from orientation into the field is the biggest piece of onboarding and clinicians that feel supported in their roles, Garcia added.

Connecting clinicians with experienced peers in the field during the onboarding process can provide an important window into role expectations and challenges in end-of-life care delivery, according to Kristin Guernier, onboarding manager at VNS Health.

Developing a peer-support structure is a key part of clinical workforce retention when it comes to clearly defining the expectations of end-of-life care delivery and nuances involved, Guernier said.

“There’s no one special sauce in what we’re doing. It’s about finding those kinds of through lines for the new employee and convey the role in a way that is accurate and builds commitment,” Guernier told Hospice News.

“When we talk about onboarding, especially in this kind of clinical environment, it really starts with the first communication all the way through to how we get their resources in place ... the support structure of their team [and] gaining their confidence. We want to make sure that they know about those as soon as possible, that hospice is really difficult work. The handoffs into the field are important to trying to keep things as smooth and straightforward as possible.”

Having interactions with patients during the onboarding process is another consideration in the hospice clinical retention puzzle, according to William Logan, staff vice president and national medical director at Carelon Health’s Palliative Care.

Carelone Health has recently begun integrating more patient interactions into its onboarding processes, a sticking point to better identifying new hires in need of stronger support, Logan stated. Having patient experiences can help newer clinicians to understand their own personal stressors and triggers and how to seek support within an organization and among interdisciplinary team members, he said.

“Observing a clinician in the field and just having the opportunity to interact with patients in different situations and environments is really powerful information for individuals, because palliative and hospice medicine is intense,” Logan said. “It’s ensuring they’re ready to talk about things on deeply personal and challenging levels for people with complex, serious illness. Having that interaction has allowed us to see circumstances where individuals were maybe not ready or cut out for this work faster than we did during long periods of online modules or education courses.”

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