

NON-HOSPITALIST PROVIDER ON-BOARDING: Other Considerations

Provider Communication

“The single biggest problem in communication is the illusion it has taken place.”

- *George Bernard Shaw*

1. **Communicate, communicate, communicate.**

Expect your providers to be anxious given the uncertainty and communicate your plans as transparently as possible. Frequent and regular communications will also help to alleviate anxiety.

2. **Send both general and specific communications.**

Once providers are scheduled, send them information about their specific service, including any additional documents relevant to that service, off-going provider contact information and contact information in case they run into barriers. Also be sure include how to access the previous resources you've already sent (ideally in a centralized repository) as some providers may not look at all the materials *until* they are actually scheduled.

In addition to sending communication to providers once they are scheduled, keep your active list of providers abreast of the situation in the hospital and staffing needs.

3. **Check in regularly.**

Be sure to check in with your providers regularly before, during AND after their time on inpatient service. See [Step 5](#) for more details on soliciting, organizing and responding to feedback.

Provider Recognition

Providers who either volunteer or are told to work in the inpatient setting are doing a service to you, your group and your patients. Be sure to recognize the tremendous and critical help having this resource provides.

1. **Send your recognition to both the provider and their supervisors.**

This may be particularly important in academic institutions, where this type of work can and should be included in promotion portfolios. However, service is also important outside academics and is often used to determine salaries and bonus programs.

2. **Remember to recognize ALL providers, regardless of whether they actually worked.**

Simply volunteering or being on your active list of potential providers should be recognized as anticipation can often be more stressful than the actual work. Even though a provider may not be able to cover shifts in the hospital, it does not mean they did not take time to prepare.

Volunteer Provider Morale

“Remember that volunteerism is mental and emotional engagement as well as service.”

Volunteers of America: Disaster Related Volunteerism. “Best Practices Manual Based on Lessons Learned from Hurricanes Katrina and Rita”

As noted above, volunteering for service in the hospital can be very stressful. Many providers do so with a strong sense of duty and responsibility. However, these strong sentiments can lead to negative emotions – even resentment – if providers are not utilized. See a relevant *Washington Post* article [here](#).

This phenomenon is not unique to medicine, however, and is seen commonly in disaster management. Communication with your providers is critical for establishing and maintaining expectations and be deliberate about expressing gratitude to all of your volunteers.

More Information

For more information, see the [Corporation for National and Community Service \(CNCS\) document on Managing Spontaneous Volunteers in Times of Disaster \(particularly Learning Activity 3\)](#).