Promoting Engagement, Leadership Development and Strategy Through Effective Physician On-Boarding

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Objectives

- Describe how Cleveland Clinic engaged multiple stakeholders to craft a consistent onboarding process.
- Show how a reinvented onboarding structure and elements align with enterprise strategy to promote productivity, engagement and leadership development.
- Exercise: refine onboarding in your institution!
Far-flung enterprise

Main campus
167 acres

10 regional hospitals

18 family health centers

Florida, Las Vegas, Abu Dhabi

3000+ physicians and scientists
Prior state: 2011

• Over 250 staff hired annually with random start dates
  – Lack of consistent process
  – Lack of follow-up, regulation

• Quarterly Enterprise orientation sessions with low attendance rates

• No formal pre- or post-hire “requirements”

• Variable department on-boarding activities
Reinventing the process

• Define goals
  – Consistent times
  – Consistent logistics
  – Exposure to heritage, culture, strategy
  – Connection to enterprise and leadership
  – Engagement
  – Early productivity
  – Initiate development
Reinventing the process

• Week 1: “Patients First”
  – Prepare for patient care
  – Connection to organization

• First year: “To Act as a Unit”
  – Professionalism
  – Leadership
  – Resources
Getting to “yes”

• Approach stakeholders
  – Visits with each of 27 clinical institutes-chairs/administrators
  – Identify gaps and proposed solutions
  – Assess resources and support
    • Personnel in OPSA
    • Key faculty for sessions
    • Session capacity
  – Adjust model
Getting to “yes”

• Advantages
  – Standardized process
  – Established contact points
  – Decreased administrative burden on departments
  – Jump-start productivity and development
Week 1: “Patients First”

• Day 1: The Cleveland Clinic Experience
• Exposure to heritage, culture, strategy
  – Pre-onboarding logistics
  – Welcome from CEO/chief of staff
  – Empathy video
Week 1: “Patients First”

• Prepare to care for patients
  – Cleveland Clinic Experience-caregivers across roles
  – Electronic health record training
    • Discrete session on meaningful use
  – Operating room training
  – Patient safety/quality
    • Live, online components
Week 1: “Patients First”

• Connection to leadership/early development
  – Lunch with member of Board of Governors
    • Personal connection with physician leadership
    • Leadership structure
    • Annual professional review introduction
      – Critical retention and development exercise
Week 1: “Patients First”

• Day 2: “Navigating the Enterprise”
• Overview of institute system
• Initial exposure to research and education
  – Faculty appointment process
• Staff benefits and resources
• Connection to other new staff
  – Lunch with member of new staff council
    • “I’ve been where you’re going”
So.....how has it gone?

- 2012-2014: 810 new staff physicians
- Actively surveyed
- We’ve learned some things......
Week 1: Making It Work

• Capacity assessment
  – Sessions twice a month
  – Confirm sufficient capacity in key sessions
    • Communication moved out of first week
    • CC Experience

• Preschedule all sessions

• Training Board of Governors members
  – “Boot Camp”
Week 1: Making It Work

• Setting the stage
  – Emphasize/explain critical value of all sessions

• Restructure EHR training
  – Emphasize elbow to elbow training

• Space
  – Establish dedicated space

• Road show
  – Customized sessions for large groups joining
Sustainability

• Survey cohort
• New provider group
  – Monthly lunch meetings of highly engaged new providers
  – Cohort stayed together: Early leader group
On-Boarding Beyond the First Week

• Focus on Professionalism
• Identification of key elements of Cleveland Clinic Culture
• Define expectations of physicians’ professional roles
• Provide education and resources that relate to expectations
• 12-18 months to complete training
Communication Skills Training

• One day interactive communication skills course
• Focus on “Relationship-Centered Care”
• Required of all physicians, residents and advanced practice nurses and physician assistants
Cleveland Clinic Culture

• Multispecialty Group Practice
• Physician founders developed a strong relationship working as a medical team on the battlefields of France in WWI
Founders’ Vision

When the Cleveland Clinic welcomed its first patients on February 28, 1921, its sense of mission was clearly in place: "Better care of the sick, investigation of their problems, and further education of those who serve." The Clinic's four founders set out to develop an institution that would be greater than the sum of its individual parts -- an institution in which diverse specialists would be "able to think and act as a unit."
To Act as a Unit Series: Professionalism at the Cleveland Clinic

• Introduction to Professionalism and Cleveland Clinic Heritage (4 hours)
• Physician Support (2 hours)
• Quality and Safety (2 hours)
• Education of those who Serve (2 hours)
• Leadership (2 hours)
• Inter-professionalism (2 hours)
Heritage and Professionalism

• Heritage
  – Become aware of rich history
  – Understand how we have evolved to our current model of care

• Professionalism
  – Define medical professionalism
  – Skills training
    • Situational awareness
    • teamwork
    • Communication under stress

• Responding to professionalism challenges
Physician Support

• List issues that may arise when professional staff members neglect personal development and self care
• Describe Cleveland Clinic resources that support professionals
• Recognize the differences between the roles of provider, supervisor, advisor/coach, mentor, and role model
• Explore the potential benefits of mentoring in personal and professional development and understand how to facilitate such mentoring relationships
Quality and Safety

• Identification of Cleveland Clinic quality and safety goals and priorities
• Hospital and outpatient focus
• Physician responsibilities and expectations
• Resources
• Quality and safety officers in each department
• Safety Event Reporting System
Education of those who Serve

- Professionalism in the context of our role in teaching
- The “Hidden Curriculum”
- Professionalism standards in the training of medical students and residents
- Skills in giving feedback to trainees around professionalism issues
- Professionalism challenges in working with trainees
Inter-Professionalism

• Introduction to concepts of teamwork and collaboration
• Communication
• Integration of nurses and physicians in training
Leadership

• Every physician is a leader
• Resources to develop leadership skills
• Leadership opportunities at the Cleveland Clinic
Logistics

- In person with mix of specialties and practice location
- 30 – 60 participants grouped at roundtables
- Interactive
- Case-based discussions
- Each course offered 4-6 times a year
- Pool of faculty available for each course
Results

• 485 staff have participated
• 180 have completed all 6 courses
• Participants value the ability to meet new people from different clinical areas
• Case-based discussion most popular
Changes

• Cut most course from 4 to 2 hours
• Recruit more faculty to help so teaching responsibilities are spread out
• Offer courses at regular intervals
• Consider offering entire series in 2 days to allow physicians from Florida to participate
Professionalism Case
You have been on the staff for about a year and you and the intern on your service are in the ED to see a patient who needs to be admitted. As you and the intern exit the patient’s room to discuss her needs, you bump into one of the senior staff surgeons whom you have met in the past and who, you have been told is held in high regard in the institution. He appears agitated, muttering to himself and when you approach him, you think you smell alcohol on his breath. He relates in a very loud voice that he was called in to see a patient with a possible appendicitis “who is so fat that he is not sure he has long enough instruments to do the surgery.” Others within earshot turn toward him as he spoke and you are not sure what you should do at this point. As you walk away, the intern asks, “Did you smell alcohol on him?” As you walk back into your patient’s cubicle, your patient asks “who was yelling and just how fat was the patient?”

Discussion questions:
What are the professionalism challenges in this case?
What is the appropriate (professional) response to this situation?
What resources are available to help?
What do you tell the intern? .... Your patient?
Discussion Points

• First responsibility is safe patient care

• Resources
  – ED staff
  – Chair of Surgery
  – Physician Health Committee (24 hour pager)

• Teaching opportunity with trainee
Your turn!

• Exercise: Reinvent onboarding in your enterprise
  – Worksheet to take home
Guiding questions

• What is your current state?
• What are the core elements/values of your organization to transmit?
• Who are your stakeholders?
• What are your gaps?
• Are there any foreseeable barriers?
• What are the elements and metrics that would promote sustainability?
Take-home points

• Define cultural/structural elements that you wish to transmit
• Identify and engage stakeholders
• Early productivity: Prepare for care
• Early connection to organization
• Educate on professionalism and resources
• Plant kernel of development
Cleveland Clinic

Every life deserves world class care.