

# PROFESSIONAL SERVICES AGREEMENT (PSA) SURGEON ONBOARDING FRAMEWORK

### WHAT IS THIS AND WHY IS IT VALUABLE?

Caring for patients in a new environment with unfamiliar systems, resources, and staff roles increases the chance the surgeon will harm a patient. PSA surgeons rarely undergo a standard orientation and/or onboarding process.

This onboarding guide will make it easy for PSA surgeons to proactively identify differences in practices and resources between “home” and “away” care systems. The goals are for surgeons to feel comfortable handling emergencies and to know what cases can safely be scheduled at his/her new institution.

### NOTES:

- » *Ambulatory Surgery is beyond the scope of this current tool.*
- » We define **Onboarding** as the discovery of key differences in institutional capacity, culture, workflow, and processes of care; and relationship building with other staff. **Orientation** covers logistics (parking, pagers, etc).

### HOW CAN I USE THIS?

- » The PSA surgeon **meets with his/her supervisor at his/her home institution** and then **with the supervisor at the new institution as well as a direct surgical counterpart and other key team members, including nursing.**
- » Guided by this list, the PSA surgeon determines how **critical resources, processes, roles and responsibilities** work in the “away” hospital.
- » That helps him/her **establish the type of cases that can be safely scheduled**, taking into account operative and postoperative resources (including those needed for the management of unanticipated complications).
- » This list is representative (not comprehensive) and should prompt **deeper discussions and/or cover different topics as needed.**
- » We recommend that **new PSA surgeons be paired with surgeons at their new institution** to:
  - » tour the facility (covering all areas where care of surgical patients occurs)
  - » learn about the infrastructure and resources of their new hospital
  - » learn about the unique needs of the new patients/families they will be caring for
  - » get introduced to the staff with whom they will be working
  - » start building solid working relationships
  - » ensure clinical back-up during their early clinical encounters

### HOW LONG WILL IT TAKE?

*Depends.* The ultimate goal is that the PSA surgeon feels comfortable with his/her new setting and is able to efficiently access resources needed to provide safe patient care.



*NOTE: This guide is not intended to be comprehensive. Customization to meet local practice is recommended.*

## PRE-OPERATIVE PERIOD

What **sorts of cases do you book here**? Who coordinates **case triage**?

How do **preoperative clinics** work at your institution?

How could **financial agreements** influence which cases you schedule (e.g. “complexity creep”)?

## OPERATIVE PERIOD

Who **first assists** surgeons in the operating room?

What **sorts of cases is Anesthesia resourced to do** here?

What **equipment is available** to perform [insert type of cases you perform] here?

Is there a **massive transfusion protocol** at your institution and if so how does it work?

What are the **guidelines for intraoperative consultations** (availability, etc)?

What is the availability of: **intraoperative lab testing, surgical pathology, & blood bank**?

What is the availability of **surgical subspecialties** (Vascular, Urology, Neurosurgery)?

What processes exist to ensure a shared understanding of available resources and how to activate them for **rare but catastrophic complications**?

## INPATIENT POSTOPERATIVE PERIOD

What are **the attending surgeon’s responsibilities** in patient care during the postoperative period (e.g. post op, night, and daily rounding)? Who else is involved and what are their responsibilities?

How are surgeons **notified** in real-time of significant postoperative complications?

How does **cross coverage** work among physicians? Are NP/PAs involved?

What do I need to know about your **hospital’s ICU**? (e.g. Open or closed? Intensivist-led?)

How do you **run an effective Code here**? How do you **manage emergent airways here**?

## OUTPATIENT POSTOPERATIVE PERIOD

How is the surgeon notified of **abnormal lab, radiology, and pathology findings**?

How are **post-discharge calls from the patient** handled and triaged?

How do **postoperative clinics** work at your institution?

## GENERAL QUESTIONS

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What are the **goals of the program** and what are the **measures of success**?

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What **barriers** (if any) do you experience as you try to accomplish your work?

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Who do I **directly report to**? Who is the best person to contact to **troubleshoot issues**?

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What are **other physicians expecting of me**?

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How do I **build relationships** with my new colleagues?

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**Any other insights or recommendations** to optimize my ability to care for our patients?

## OTHER RESOURCES

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[Additional Questions for Customization of the Onboarding Discussion Guide](#)

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[Orientation Checklists](#)

# SURGEON ONBOARDING DISCUSSION GUIDE: ADDITIONAL QUESTIONS FOR CUSTOMIZATION\*

## PRE-OPERATIVE PERIOD (CLINIC & PRE-OPERATIVE HOLDING)

What are the processes in your preoperative clinics to address the following:

- » Anesthesia and/or Internal Medicine clearance of patients for surgery
- » Unique needs of geriatric and/or frail patients
- » Potentially disruptive providers

Describe the utilization of telemedicine in your preoperative clinic and/or preoperative holding areas (if any).

What are some of the unique needs and characteristics of the patients I will be seeing?

## OPERATIVE PERIOD

Describe the training and experience of the nurses and/or surgical technicians who will be assigned to my surgeries. What is their scope of practice?

How do I establish my preference cards for different operations?

What are the responsibilities of residents and/or PAs in the operating room?

## IN-PATIENT POSTOPERATIVE PERIOD

What are the logistics of transferring patients to higher levels of care (either the ICU or a different hospital)?

What services are not available on nights and weekends?

How do consults work:

- » When a surgeon is consulted?
- » When a surgeon needs to consult other specialities?

What is the procedure for patient handoffs between surgeons?

What are the guidelines for resident and/or PA responsibilities and supervision?

## OUTPATIENT POSTOPERATIVE PERIOD

What are the protocols for admitting patients from clinic, if needed?

Describe the utilization of telemedicine in post-operative clinics.

*\* suggested by individual reviewers and focus groups.*



# PROFESSIONAL SERVICES AGREEMENT (PSA) ATTENDING SURGEON CHECKLISTS

**INSTRUCTIONS:** Once a task is complete, write your initials in the line provided.

## ORIENTATION FOR HOSPITAL LOGISTICS

**NOTE:** Please use this to supplement any pre-existing orientation at your new institution.

### 1. A. Hospital Wide

- Discussed Organizational Mission, Values, and Goals
- Discussed Organizational Diversity and Non-Discrimination Statement
- Reviewed Code of Conduct
- Explained Mandatory Learning Requirements
- Discussed role of Safety Management Services
- Discussed Critical Incident Procedure and Codes
- Discussed Life Safety/CPR
- Discussed Time Off Policies and Procedures
- Discussed Ergonomic Issues
- Reviewed Cultural Competencies
- Discussed Infection Control
- Discussed Patient Safety and National Patient Safety Goals
- Discussed Role of Compliance Program
- Verified Employee Health Assessment
- Fit-tested for TB mask (if appropriate)

### B. Department Specific

- Review of Job Description
- Completed Primary Source Verification (Licensure, Certification, Registration)
- Discuss Performance Evaluation Criteria
- Discussed Privileging. Ensuring coverage of:
  - Ongoing Professional Practice Evaluation (OPPE)
  - Focused Professional Practice Evaluation (FPPE) processes

### 2. Hospital Map

### 3. Copy of Hospital Handbook

### 4. Important Phone Numbers

### 5. Instructions on obtaining: Parking Access, Computer Access

### 6. Instructions on obtaining and using: Pagers and Photo ID Badge

### 7. Instructions on obtaining Department Area Access (Offices, Clinics, and Operating Room) and Institutional Policy on Use.

Sources: *The Joint Commission; University of Michigan and Duke University Physician Orientation materials.*



## ORIENTATION FOR CLINICAL CARE LOGISTICS

### ELECTRONIC MEDICAL RECORDS:

- \_\_\_ How do I access patient medical records?
- \_\_\_ How do I put in patient orders, if needed?
- \_\_\_ How do I access:
  - \_\_\_ Clinic Schedule
  - \_\_\_ Call Schedule

### PHYSICIAN RESPONSIBILITIES:

- \_\_\_ What is the process for consulting other physicians?
- \_\_\_ What is my responsibility for providing surgical consults?
- \_\_\_ What is the process for inter and intra hospital transfers?

### OPERATION-SPECIFIC LOGISTICS:

- \_\_\_ What is the process for scheduling cases?
- \_\_\_ How do I set up my operation-specific preference cards?
- \_\_\_ Are there any standardized order sets that I should be aware of?
  - \_\_\_ Admissions
  - \_\_\_ Postoperative orders
  - \_\_\_ Discharges
- \_\_\_ How do I dictate operative notes and/or discharge summaries?

### GENERAL QUESTIONS:

- \_\_\_ How do I access decision support tools (i.e. UptoDate and Isabel)?
- \_\_\_ Are there institution-specific guidelines and/or tools for patient handoff? If so, what are they?
- \_\_\_ Are there any specific meetings/conferences that I am responsible for attending? If so how do I access the schedule (e.g. faculty meetings, morbidity and mortality conference, and teaching conferences).

Sources: *Semi-Structured interviews with 20-25 physicians who have experienced working in new hospital systems.*