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.
**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 subspecialities (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

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

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

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

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

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

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

OTHER RESOURCES

Additional Questions for Customization of the Onboarding Discussion Guide

Orientation Checklists
PATIENT SAFETY DURING SYSTEM EXPANSION

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.
PATIENT SAFETY DURING SYSTEM EXPANSION

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.