Engaging Physicians from Day One

Integrating New Physicians into Organizational Culture

Appendix

- ThedaCare Physician BBI Guide
- Fairview Change Assessment Tool
- Physician Onboarding Toolkit
ThedaCare Physician BBI Guide

PATIENT-CENTERED, CUSTOMER FOCUSED CARE
- Who’s been your favorite patient lately? Why?
- How would your patients describe you?
- How do you feel about using alternative methods (i.e., e-mail, group visits, phone visits) to achieve access and meet patient needs?
- Tell me a story about the last time you had a major conflict with a patient. How did you resolve it?
- How do you deal with the patient on whom you’ve made a medical mistake?
- Tell me a story about the last time you had a disagreement with a patient’s family member. How did you resolve it?
- Tell me about the last time you went “over the top” for a patient.
- What type of complaints and compliments do you typically generate?
- What personal attributes play a key role in your patient relationship building process?
- Building rapport is sometimes difficult. Give me an example of a time when you were able to build rapport with a patient or their family when their lack of cooperation or understanding presented barriers to insuring quality care.
- What is your position on patient/patient family non-compliance?

CLINICAL QUALITY
- What are your really strong clinical areas?
- Why do you say that?
- What areas of clinical practice are the most challenging to you?
- How would you feel about the results of your clinical quality data being available to your peers?
- How do you feel about sharing data and best practices?
- How do you feel about the emergence of publicly reported measures?
- In what areas was your training particularly strong? Weak?
- Can you tell me a story about a recent clinical triumph?
- What was your latest clinical disaster?
- What are your favorite ways of keeping up your clinical skills?
- What things don’t you like about your clinical specialty?
- Have you had experience using an Electronic Medical Record?
- Are you comfortable using alternative methods (i.e. e-mail, group visits) to achieve access and meet patient needs?
- How familiar are you with clinical guidelines and protocols? How do you feel about their use? How do you perceive their role in practice?

COLLABORATION AND COMMUNICATION
- What do you suppose your colleagues like best about you?
- What don’t they like about you?
- Tell me about your strengths
- Tell me about your weaknesses
- What do nurses you work with say about you? How do you know?
- When was the last time you had a conflict with a nurse? How did you resolve it?
- What is the most recent difficult conversation or conflict you’ve had with a colleague?
- Can you tell me a story about a conflict you’ve had with your referring (or consulting) colleagues?
- What was your last performance review like?
- Given a group practice presents several styles, describe your comfort level with patient referrals to your colleagues? How would you handle a difference of opinion in care given?
ThedaCare Physician BBI Guide (continued)

• Tell me a time when you placed another physician’s needs over those of your own? How did you feel about that?
• Give me an example of a time when you encountered someone who was difficult to work with. Why were they difficult? What did you do about it? What were the results?
• Tell me about a situation in which something was not done as well as you would have liked by someone else. How did you handle it, and what was the outcome?
• What do you feel the nurse practitioner role is in healthcare today?
• How would you define your communication style?
• What staffing models have you been associated with in terms of support staff, primary care and specialty physicians? Which one(s) are you most comfortable with? Which are most effective?

LEADERSHIP
• Are you or have you been involved in any committees?
• What are the committee meetings like at your hospital?
• What committees are you interested in participating in?
• Tell me about the most important contributions you feel you’ve made to your current organization? Why did you do it?
• Tell me a bit about yourself as a leader?

CREATE A POSITIVE WORK ENVIRONMENT
• What is a workplace “pet peeve” of yours?
• What about your job excites you the most?
• Tell me how you handle stress...what are your stress relievers.
• In a hectic work environment that you’re expected to handle multiple tasks how do you prioritize? What do you like best about this type of atmosphere? Least?
• How would you go about establishing a relationship with your fellow physicians? Support staff? Management?

FLEXIBILITY
• It’s 10 minutes to 5, and you get a call from a mother about her child’s 103°F fever. It will take her 20 minutes to get to the office, but the office is about ready to close. What do you do?
• How do you feel about change? Can you give me an example of some process or practice that you have recently changed?
• Tell me about a time when you have found yourself in an unsettled or rapidly changing environment? How did you react?
• Some people prefer well laid out tasks, other prefer ones in which the work changes frequently. Which is your preference?

RECOGNITION AND REWARD
• How have you recognized staff for a job well done in your clinic or work setting?
• Have you ever provided formal recognition, feedback and/or praise to staff? To bosses/leaders and/or mentors? If so how?
• How have you celebrated accomplishments in your work environment?
• How have you celebrated accomplishments in your work environment?
• How do you feel you’ll function in a group practice setting since you’ve been independent all of these years?

Fiscally Responsible
• How do you usually approach the work-up of a new patient with __________?
• What do you think about the relationship between cost and quality?
• What is your philosophy to controlling healthcare costs?
• What is your current hospital utilization profile like? Why?
• What’s been your experience with clinical guidelines and pathways?
• Tell me a story about how you’ve helped reduce resource utilization while increasing health outcomes to your patients?
• How do you go about deciding to introduce a new diagnostic technique to your practice?
• What’s a typical afternoon like in your clinic?
• How do you go about maximizing the output in your office? In the OR?
• What kind of staff support is most helpful to your productivity?
• How do you work with them?
• What was your patient volume (billings/panel/RVU’s) last year?
• What did you do to maximize it?

OTHER
• What do you want to be in 10 years?
• What’s appealing about this practice opportunity?
• Tell me about the things you like to do when you’re not being a doctor?
• In an effort to familiarize you with our current setting, are there areas of interest you want us to accentuate during orientation?
• What interest you about the community? Why would you like to practice medicine in this community?
• Why did you choose pediatrics/internal medicine/family practice?
• What do you see as your ideal position?
• What do you need from the organization to be successful?
• What appeals to you about this opportunity?
• What would you do in this situation: You have been called to the ER for a pediatric trauma case. A pediatric specialist is not immediately available and you have to stabilize the patient. How do you feel about this situation? What would you do?
• What are your areas of growth and development (learning plans) over the next 5 years?
Cultural Assessment

Purpose
To ensure cultural compatibility is assessed and the evaluation is included in the assessment summary to support decision-making and planning processes for all major strategic projects and transactions.

Overview
An essential element of accurately assessing the value of any major strategic project or transaction is a cultural assessment. To accurately create business, financial, and integration plans, identifying and documenting cultural similarities and differences between Fairview and another organization is necessary. The level of similarity and difference defines the level of change required to complete the transaction and therefore directly influences the valuation, scope, schedule, and cost of implementing any major strategic project or transaction.

Process
This assessment tool is intended to assist in identifying key considerations for planning specifically related to compatibility, risk, change, and level of effort. The evaluator’s frame of reference is Fairview’s strategic plan, values, current operating processes, and the cultural characteristics. The perspective to use during this process is to view the other organization based on “what and how” characteristics (cultural norms / behaviors) as they compare to Fairview.

Note: All business opportunities are different; using your judgment and critical thinking, complete the assessment document for all aspects that apply. The outputs from your evaluation will be used to complement the decision-making and planning process.

1. Completing the Assessment Form
Complete the document by selecting a rating for each line item in all sections that apply.

   a. Evaluation rating section (columns)
      • Your level of agreement to the statement / question
      • “Importance to Fairview” (alignment with current FV priorities)
      • “Risk Factor to address” (identification and severity of risks related to operationalizing the opportunity)
      • “Effort to address” (degree of difficulty and / or effort to resolve the risk identified)

   b. Assessment Form Sections
      • Business Strategy, Mission, Values and Vision
      • Human Resources Philosophy
      • Communication
      • Leadership / Leadership Development
      • Achievement
      • Environment
      • Perspective
      • Power
      • Quality
      • Organizational Structure
c. Additional Cultural Compatibility Considerations (ad hoc at evaluator’s discretion)

- Philosophy of services delivery (levels of service)
  - How the organization sees itself in relation to delivering the services it provides
  - Consideration given to specific vs. a broad range of services
- People, process, and technology behavioral norms and characteristics
- Patient population
- Care practice approach
- Medical model

2. Complete Comments Section

3. Complete Culture Assessment Summary

4. Add “Cultural Assessment” to Major Strategic Project and Transaction Assessment Summary”
## Cultural Assessment

<table>
<thead>
<tr>
<th>Business Strategy, Mission, Values and Vision</th>
<th>1 – do not agree</th>
<th>2 – unclear/unknown</th>
<th>3 – agree</th>
<th>4 – strongly agree</th>
<th>Importance to Incoming Organization</th>
<th>Risk Factor to address:</th>
<th>Effort to address:</th>
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<tbody>
<tr>
<td>Obtain copies of:</td>
<td></td>
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<td></td>
<td></td>
<td>H – High</td>
<td>M – Medium</td>
<td>H – High</td>
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<tr>
<td>- Statement of values</td>
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<td>M – Medium</td>
<td>M – Medium</td>
<td>M – Medium</td>
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<tr>
<td>- Vision/mission</td>
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<td>L – Low</td>
<td>L – Low</td>
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<td></td>
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<td>- Leadership Development Plan</td>
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</tbody>
</table>

| 1. The stated values are known and supported | 1             | 2             | 3             | 4             | n/a – not applicable | H             | M             | L             | n/a – not applicable |
| 2. Leaders exemplify their organizational values | 1             | 2             | 3             | 4             | n/a – not applicable | H             | M             | L             | n/a – not applicable |
| 3. The organizational values are in alignment with or similar to Fairview values | 1             | 2             | 3             | 4             | n/a – not applicable | H             | M             | L             | n/a – not applicable |
| 4. External regulations are similar or compatible | 1             | 2             | 3             | 4             | n/a – not applicable | H             | M             | L             | n/a – not applicable |
| 5. The existing mission, vision and strategy are compatible with Fairview | 1             | 2             | 3             | 4             | n/a – not applicable | H             | M             | L             | n/a – not applicable |

## Human Resources Philosophy

<table>
<thead>
<tr>
<th>1 – do not agree</th>
<th>2 – unclear/unknown</th>
<th>3 – agree</th>
<th>4 – strongly agree</th>
<th>Importance to Incoming Organization</th>
<th>Risk Factor to address:</th>
<th>Effort to address:</th>
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<tbody>
<tr>
<td>6. Pay/benefits are consistent with Fairview’s</td>
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<tr>
<td>7. Diversity is valued and promoted</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>8. Expectations for performance are clearly defined and reviewed</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>9. Performance issues are addressed regardless of rank or title</td>
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<td>2</td>
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<td>10. Good performance is recognized and rewarded</td>
<td>1</td>
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<tr>
<td>11. Pay is market equitable and based on performance</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a – not applicable</td>
<td>H</td>
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<tr>
<td>12. A belief in working collaboratively in unionized environments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a – not applicable</td>
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Draft. Revised 5/10/2011
### Fairview Change Assessment Tool (continued)

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<th>4 – strongly agree</th>
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<th>Importance to Incoming Organization:</th>
<th>H – High</th>
<th>M – Medium</th>
<th>L – Low</th>
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<th>Risk Factor to address:</th>
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<th>L – Low</th>
<th>n/a – not applicable</th>
<th>Effort to address:</th>
<th>H – High</th>
<th>M – Medium</th>
<th>L – Low</th>
<th>n/a – not applicable</th>
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<tbody>
<tr>
<td>13. Communication style is informal vs. hierarchical</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>n/a</td>
<td>H</td>
<td>M</td>
<td>L</td>
<td>n/a</td>
<td>H</td>
<td>L</td>
<td>M</td>
<td>L</td>
<td>n/a</td>
<td>H</td>
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<td></td>
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<tr>
<td>14. Employee’s suggestions are heard and valued</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
<td>H</td>
<td>M</td>
<td>L</td>
<td>n/a</td>
<td>H</td>
<td>L</td>
<td>M</td>
<td>L</td>
<td>n/a</td>
<td>H</td>
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</tr>
<tr>
<td>15. Communication vehicles are effective (i.e. information can be disseminated rapidly)</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
<td>H</td>
<td>M</td>
<td>L</td>
<td>n/a</td>
<td>H</td>
<td>L</td>
<td>M</td>
<td>L</td>
<td>n/a</td>
<td>H</td>
<td></td>
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</tbody>
</table>

| Leadership / Leadership Development                                           | 1 – do not agree | 2 – unclear/unknown | 3 – agree | 4 – strongly agree | n/a – not applicable | Importance to Incoming Organization: | H – High | M – Medium | L – Low | n/a – not applicable | Risk Factor to address: | H – High | M – Medium | L – Low | n/a – not applicable | Effort to address: | H – High | M – Medium | L – Low | n/a – not applicable |
|-------------------------------------------------------------------------------|------------------|---------------------|-----------|--------------------|----------------------|--------------------------------------|---------|------------|--------|----------------------|-----------------------|---------|------------|--------|----------------------|
| 16. Employee development is budgeted and supported                            | 1                | 2                   | 3         | 4                  | n/a                  | H                                   | M       | L          | n/a    | H                    | L                    | M       | L          | n/a    | H                    |
| 17. Succession plans exist and are operationalized                            | 1                | 2                   | 3         | 4                  | n/a                  | H                                   | M       | L          | n/a    | H                    | L                    | M       | L          | n/a    | H                    |
| 18. Leadership is collaborative vs. command and control                        | 1                | 2                   | 3         | 4                  | n/a                  | H                                   | M       | L          | n/a    | H                    | L                    | M       | L          | n/a    | H                    |
| 19. Leadership is accessible                                                   | 1                | 2                   | 3         | 4                  | n/a                  | H                                   | M       | L          | n/a    | H                    | L                    | M       | L          | n/a    | H                    |
| 20. Leadership is trusted and respected                                        | 1                | 2                   | 3         | 4                  | n/a                  | H                                   | M       | L          | n/a    | H                    | L                    | M       | L          | n/a    | H                    |
| 21. There is a strong and capable leadership team                              | 1                | 2                   | 3         | 4                  | n/a                  | H                                   | M       | L          | n/a    | H                    | L                    | M       | L          | n/a    | H                    |
| 22. Leaders get promoted based on a combination of performance and behaviors   | 1                | 2                   | 3         | 4                  | n/a                  | H                                   | M       | L          | n/a    | H                    | L                    | M       | L          | n/a    | H                    |
| 23. Formalized mentoring programs exist                                        | 1                | 2                   | 3         | 4                  | n/a                  | H                                   | M       | L          | n/a    | H                    | L                    | M       | L          | n/a    | H                    |
| 24. Commitment to leadership development is evident                            | 1                | 2                   | 3         | 4                  | n/a                  | H                                   | M       | L          | n/a    | H                    | L                    | M       | L          | n/a    | H                    |
| 25. Leadership demonstrates ability to adapt and lead change                   | 1                | 2                   | 3         | 4                  | n/a                  | H                                   | M       | L          | n/a    | H                    | L                    | M       | L          | n/a    | H                    |
| 26. Organization leadership is nurturing and supportive vs. aggressive and efficient | 1                | 2                   | 3         | 4                  | n/a                  | H                                   | M       | L          | n/a    | H                    | L                    | M       | L          | n/a    | H                    |
### Fairview Change Assessment Tool (continued)

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<th>Achievement</th>
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<th>Importance to Incoming Organization:</th>
<th>Risk Factor to address:</th>
<th>Effort to address:</th>
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<tbody>
<tr>
<td>27. Provider productivity is tracked and communicated</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
<td>H</td>
<td>M</td>
<td>L</td>
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<tr>
<td>28. Performance outcomes are tracked, communicated and recognized</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
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<th>3 – agree</th>
<th>4 – strongly agree</th>
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<th>Importance to Incoming Organization:</th>
<th>Risk Factor to address:</th>
<th>Effort to address:</th>
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<tbody>
<tr>
<td>29. There is an emphasis on computer literacy/technology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>30. Decision making is top down</td>
<td>1</td>
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<td>4</td>
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<td>H</td>
<td>M</td>
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<td>31. Authority and accountability are defined clearly across key roles</td>
<td>1</td>
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<td>32. Decision making is timely</td>
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<td>33. Decision making is transparent</td>
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<td>4</td>
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<td>34. Employees enjoy working here</td>
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<td>2</td>
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<td>4</td>
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<td>H</td>
<td>M</td>
<td>L</td>
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<tr>
<td>35. Employees have the tools and equipment to do their jobs</td>
<td>1</td>
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<td>3</td>
<td>4</td>
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<td>M</td>
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<td>36. Conflict is addressed directly and not avoided</td>
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<td>4</td>
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<td>37. Relationship management is considered important</td>
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<td>4</td>
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Source: Fairview Health Services, Minneapolis, MN.
### Fairview Change Assessment Tool (continued)

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<th>Risk Factor to address</th>
<th>Effort to address</th>
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<tr>
<td>38. Trends toward traditional vs. innovative thinking</td>
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<td>4</td>
<td>n/a</td>
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<tr>
<td>39. The broader organization exhibits a readiness for change</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<td>40. Risk is encouraged</td>
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<th>4 – strongly agree</th>
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<th>Importance to Incoming Organization</th>
<th>Risk Factor to address</th>
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</thead>
<tbody>
<tr>
<td>41. Customer satisfaction is a high priority and is measured</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
<td>H</td>
<td>M</td>
<td>L</td>
</tr>
<tr>
<td>42. Process standardization is a high priority and is measured</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
<td>H</td>
<td>M</td>
<td>L</td>
</tr>
<tr>
<td>43. Employee engagement is a high priority and is measured</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
<td>H</td>
<td>M</td>
<td>L</td>
</tr>
<tr>
<td>44. Improving clinical quality is a high priority and is measured</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
<td>H</td>
<td>M</td>
<td>L</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organizational Structure</th>
<th>1 – do not agree</th>
<th>2 – unclear/unknown</th>
<th>3 – agree</th>
<th>4 – strongly agree</th>
<th>n/a – not applicable</th>
<th>Importance to Incoming Organization</th>
<th>Risk Factor to address</th>
<th>Effort to address</th>
</tr>
</thead>
<tbody>
<tr>
<td>45. The structure is centralized vs. decentralized</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
<td>H</td>
<td>M</td>
<td>L</td>
</tr>
<tr>
<td>46. Teams vs. individual contributions are recognized and rewarded</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
<td>H</td>
<td>M</td>
<td>L</td>
</tr>
<tr>
<td>47. The structure is compatible with our current structure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>n/a</td>
<td>H</td>
<td>M</td>
<td>L</td>
</tr>
</tbody>
</table>

Source: Fairview Health Services, Minneapolis, MN.
Physician Onboarding Toolkit

Includes:

• Comprehensive Physician Onboarding Checklist
• Executive-New Physician Group Discussion Guide
• New Physician Check-In Guide
• Criteria for Physician Mentor Role
• Mercy Physician Mentorship Program Overview
• Mercy “What I Wish I Would Have Known” Panel Overview
• Mercy Spousal Support Program Overview
• Post-Onboarding Survey Tip Sheet
• Overlake Post-Onboarding Physician Survey
Comprehensive Physician Onboarding Checklist

Tool in Brief

The checklists across the following pages provide detailed guidance on the three critical periods of a new physician’s tenure: the period from signing to start date, from start date to the 90-day mark, and from the 90-day mark onward. At each state, different action items are suggested in order to sustain physician engagement and accelerate integration into the practice environment and community.

Ensuring Successful New Physician Integration

**Phase I: From Signing to Start Date**
- Hospital completes necessary onboarding preparations, maintains ongoing communication with recruit to facilitate smooth transition to community and practice through his or her day of arrival

**Key Objectives**
- Ensure all actions required for new physician to begin practice are completed before arrival
- Provide logistical assistance for smooth relocation
- Reassure new recruit that he or she made right practice decision
- Maintain new recruit’s enthusiasm about joining hospital, community

**Phase II: The First 90 Days**
- Hospital provides robust orientation to hospital operations and practice management basics to accelerate integration into the workplace and community

**Key Objectives**
- Introduce physician to all relevant physicians, support clinicians, practice administrators, hospital leaders
- Ensure physician understands important protocols and policies of hospital and/or practice
- Facilitate opportunities for referral development and social networking
- Provide training sessions that promote integration and acculturation within practice and hospital settings

**Phase III: 90 Days and Beyond**
- Hospital provides numerous and varied venues for ongoing communication with physician, ensuring feedback loops and response protocols are in place to facilitate productive hospital-physician relations

**Key Objectives**
- Ensure physician is contributing positively to hospital culture and work environment
- Create platform for deeper hospital-physician partnership on key initiatives over time
- Proactively identify areas for improving service to physician on an ongoing basis

Comprehensive Physician Onboarding Checklist (continued)

*Staving Off Buyer’s Remorse*

**Phase I: Signing to Start Date**

Active efforts to retain a new recruit must begin the moment the contract is signed. Too often, communication “dead zones” develop between signing and start dates—a period of time when candidates could well be second-guessing their decision to join the staff. Hospital and physician representatives must regularly reach out to the recruit to provide updates on the preparations for his/her arrival, ensure that the candidate has the resources necessary for the transition to the community (housing, day care, etc), reiterate excitement about the physician’s choice to accept the offer, and answer any remaining questions. In the background, all preparations must be made to allow the physician to begin practicing medicine the day he/she arrives.

**Comprehensive Practice Start-Up Planning**

- Assist physician in applying for licensure within the state, as needed
- Ensure that physician is credentialed with hospital and all payers prior to start date
- Enroll physician in Medicare claim system
- Order necessary practice collateral such as letterhead, business cards
- Set-up physician’s e-mail address
- Obtain photo of physician to be used in media and for badge
- Ensure physician is enrolled in necessary professional liability programs
- Add physician to the ED and call center referral distribution lists
- Modify, update physician office space, as needed
- Interview and hire additional support staff, as needed

**Affirmative Communication Strategy**

- Provide physician with resources to aid in relocation efforts
- Send monthly update e-mails and letters from CEO and/or practice partners providing pertinent information about practice and reaffirming local excitement about the recruit’s arrival
- Identify formal physician mentor and have mentor place initial introduction call to new hire
- Request that a member of the medical staff—the practice, if appropriate—call recruit the week prior to start date to reiterate excitement about him/her joining community
- Mail physician’s lab coat and temporary badge with congratulations letter in advance of matriculation
Comprehensive Physician Onboarding Checklist (continued)

Accelerating the Learning Curve

Phase II: The First 90 Days

A new recruit’s experience during the first 90 days on the job sets the tone for the longer-term working relationship between the physician and his/her peers, and between the physician and the hospital. This is a stressful time for physician and family, and the complexities of the new role can be overwhelming. Representatives of the organization must be ever-present to support the needs of the new physician across this period.

New Recruit Welcome Sessions

- Welcome physician with tour of hospital facility and practice location(s)
- Review organizational mission, goals, values, and governance structure for hospital and group
- Provide key contact information and ensure physician understands that he/she can follow up with any questions or concerns—related to the workplace or community—throughout tenure
- Introduce physician to staff at a regular or specially planned meeting

Comprehensive Hospital Acclimation

- Conduct informational sessions with relevant clinical and administrative leaders\(^1\) to orient physician to important policies/protocols and establish rapport with co-workers; include recruit in department and staff meetings as appropriate
- Hold meetings with hospital CEO or CMO at 30-60-90 days and one year to assess physician’s level of integration and performance against expectations to date
- Evaluate opportunities for soft-touch congratulatory communications from recruiter (e.g., acknowledging first baby delivered at hospital, etc.)

Formalized Practice Development Planning

- Establish initial productivity goals for new employed physicians, as well as understanding that targets will gradually increase with tenure
- Hold meetings with business development and marketing personnel, physician liaisons to design, discuss, and launch a practice promotion plan
- Publicize new physician’s arrival in local papers, hospital newsletters and affiliated websites, intranet, and other internal communication channels
- Reserve portion of physician’s time for clinical work in addition to hospital and practice orientation sessions
- Provide access to after-hours clinics, ED rotations, and other clinical service programs that will help the recruit build his/her patient base
- Train physician in effective coding tactics (these can raise immediate revenue potential of a new recruit by more than 20%)

\(^1\) For example, IT, HR, employee health, health records, quality improvement, pharmacy, medical library, diagnostic/ancillary services, medical executive and/or other physician leadership committees, relevant clinical department heads, clinical extenders, research and/or teaching leadership, and other specialty-specific leaders.

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Comprehensive Physician Onboarding Checklist (continued)

Physician “Start Classes”

- Create peer groups of physicians who start at roughly the same time (e.g., within the same quarter) to foster spirit of camaraderie and mutual support among new recruits
- Host regular events and forums for physicians in start class to socialize and discuss current challenges
- Schedule meetings at milestone points in start class tenure, and facilitate discussion of common challenges and concerns unique to those times in a new physician’s career
- Arrange informal social events for start class physicians and their families to build new social ties and accelerate integration into community

Physician Mentor Assignments

- Establish formal mentoring program that pairs new recruits with more experienced physicians
- Designate clear expectations for mentors and consider providing training to maximize benefit of program; ensure mentors are equipped to advance new physicians’ professional development
- Require regular meetings (minimum of twice monthly) between new physician and mentor
- Support mentors by scheduling regular meetings in which mentors can discuss common issues among mentees and share potential solutions

Physician Peer Support/ “Buddy” Program

- Structure more informal relationship-development program that provides each new physician with additional social support from an established colleague—ideally, a physician of same age, background, interests, specialty, and so on—during first 90 days
- Differentiate program focus from mentor relationship; physicians in support network serve as sounding board and are not directly responsible for recruit’s professional development
- Encourage peer relationships to continue after 90-day trial period at participants’ discretion

First-Year Experience Preview

- Discuss challenges common to transitioning/first-year physicians through session led by another recently hired peer physician (one to three years of tenure is ideal)
- Reassure physicians that they are not alone in confronting current difficulties and have support to overcome likely future difficulties
- Review available resources for physicians and their families during the transition to hospital, community; consider working with established physicians to develop tip sheets with recommendations on how to handle common issues—communicating with disgruntled patients, charting, refilling medications, etc.
**Phase III: 90 Days and Beyond**

While the support provided to new physicians past the 90-day mark may drop in intensity and frequency, it should be no less regimented. A liaison should serve as a standing resource and advocate for the physician, managing concerns related to work-life balance, compensation, and relationships with peers and practice administrators. Some institutions require recruiters to fill this role for several months—even years—after the new physician’s start date. In the short term, this approach ensures physicians who require counsel can reach out to a familiar face. In the long term, this approach ensures recruiters sign only those candidates they know they can support. Regular performance feedback and reviews, structured practice management advice, and executive-level check-ins are also critical to ensure that new physicians are receiving consistent guidance to help them adjust to the environment.

### Regular “Health and Wellness” Reports

- Conduct 90-day, 6-month, and 12-month surveys to determine basic satisfaction/engagement levels of new physicians, as well as any perceived root causes of dissatisfaction (where experienced)
- Ensure VPMA, practice manager, physician liaisons, and recruiters have well-defined roles and accountabilities for troubleshooting any service problems identified
- Encourage new physician participation in creating mutually agreeable solutions where onboarding problems are identified

### Practice Acceleration Team

- Dedicate a cross-disciplinary team—including a finance analyst, coding counselor, marketing liaison, HR representative, physician mentor, and others as desired—to continue assisting new physicians in maximizing business development opportunities, honing practice management skills, and ensuring financial success; works best when individuals on team target limited set of most common new physician performance challenges
- Schedule group meetings at 90 days and one year to review opportunities for further business development and improvement

### Hardwired Administrator Service Touches

- Develop program whereby administrator and/or nursing director conduct rounds on physicians in the hospital; avoid interactions while physician is on call (ED or trauma) or scheduled for surgery
- Require hospital and service line leaders to casually ask informal questions to identify opportunities for improving service, satisfaction
- Establish and observe rapid service recovery protocols for administrators to use when problems arise

### Anniversary Check-Ins

- Record goals of hospital and physician at time of recruitment to identify objectives for the relationship
- Schedule annual meetings with CEO to discuss progress against goals and how hospital can continue to serve physician in the future; reset goals or craft plans for remedial action if any measures are significantly off-target at the point of check-in
### Executive-New Physician Group Discussion Guide

#### Tool in Brief

The following tool provides discussion points and suggested scripting for a structured conversation between the executive team and new physicians. This discussion should focus on physicians’ expectations, potential challenges of the first year, and available resources.

<table>
<thead>
<tr>
<th>Main Discussion Points</th>
<th>Sample Scripting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td></td>
</tr>
<tr>
<td>• Clarify purpose of session:</td>
<td>• “Hello, I’m____, the [position title]. I want to welcome you to our hospital and thank you all sincerely for spending time with me today. The purpose of this session is to explore your expectations of the upcoming year and to think together about how to bridge the gap between your expectations and the often challenging reality of your first year on the job.”</td>
</tr>
<tr>
<td>o Introduce physicians to executive team</td>
<td></td>
</tr>
<tr>
<td>o Discuss challenges and highlights of first year of employment</td>
<td></td>
</tr>
<tr>
<td><strong>The Ideal First Year</strong></td>
<td>• “Imagine an ideal first year on the job. What are you looking forward to the most?”</td>
</tr>
<tr>
<td>• Ask participants to envision the ideal first year</td>
<td></td>
</tr>
<tr>
<td><strong>Potential Challenges</strong></td>
<td>• “No matter where you work, the first year in a job is naturally a challenging time. What are some of the reasons that the first year can be difficult? (Lack of social support? Unfamiliar environment? Steep learning curve?)”</td>
</tr>
<tr>
<td>• Encourage participants to imagine potential challenges they might face in the coming year</td>
<td>• “What do you expect to be the most difficult or challenging aspect of your first year? (Learning your way around? Learning hospital procedures?)”</td>
</tr>
<tr>
<td><strong>Hospital Resources</strong></td>
<td>• “We’re committed to making your experience here a positive one, and we recognize that the hospital has a large role to play in easing your transition.”</td>
</tr>
<tr>
<td>• Emphasize hospital commitment to retain and engage physicians</td>
<td>• “Let me tell you about some of the resources we’ll provide over the next several months…”</td>
</tr>
<tr>
<td>• Inform participants about resources provided by hospital to ease first-year transition</td>
<td>[If discussion facilitated by CEO]: “Finally, I want to let you know that I and the other senior leaders care about your experience as an employee, and my door is always open to hear your concerns. You also have a great resource in HR, who is always available if you need to talk.”</td>
</tr>
<tr>
<td>[If discussion facilitated by HR]: “Finally, I want to let you know that I am the designated point of contact for new hires—my door is always open for your concerns. I’m now passing around my business card. Please contact me if you ever need to talk.”</td>
<td></td>
</tr>
</tbody>
</table>
New Physician Hire Check-In Guide

Tool in Brief

The following tool provides guidance to physician leaders for one-on-one meetings with new physician hires, including recommended questions. The purpose of the discussion is to ensure new physicians are acclimating appropriately and are receiving necessary support.

Topics to Review

- Department News (including updates on future growth or initiatives)
- Recognition and Celebration Opportunities
- Content of the Onboarding Program
- Introductory Orientation and Competencies

Interview Questions:
- Describe your biggest frustration to date.
- Tell me about your interactions/communication with your manager.
- Do you feel you have the resources to do your job? What additional resources would be helpful?
- How would you describe your current level of job satisfaction?
- What can we do to improve your experience?
- Is there anything else I can do for you? I want to make sure you are supported in your work.
- What was the best part of your first week? First month?
- Is there anything you think we should change to help new physicians during their orientation?

Source: HR Investment Center interviews and analysis.
Criteria for Physician Mentor Role

Purpose:
The mentor is an experienced physician responsible for providing new physicians with a solid foundation for independent practice, improving integration into the organization, and assisting with personal and professional growth for the first three years.

Qualifications:
The minimum qualifications for consideration as a mentor are listed below. These qualifications should be reviewed and evaluated annually in a joint effort between the HR manager and the unit/department manager.

Mentor Candidates Must Exhibit the Following Characteristics:
1. Employed at the institution for a minimum of two years. However, the unit/department manager may determine that an employee is ready for this role sooner.
2. Job performance rated “good” (or above), with strong interpersonal skills and role modeling behaviors.
3. Interest in the mentor role.
4. Flexibility in his/her work schedule to meet mentor program needs and contact with new hires.

Once Selected the Mentor Must Meet the Following Expectations:
1. Participate in scheduled new physician support program activities to help promote program growth, as well as personal and professional growth for himself/herself and new physicians.
2. Plan mentor meetings; if group meetings not possible, mentor should check in frequently one-on-one with new physicians to ensure they feel supported in the transition into the organization.
3. Document mentor meetings and one-on-one mentoring moments.
4. Maintain good communication with the new physicians' managers, HR, and the new physicians; in addition, proactively bring issues forward for resolution.

Position Objectives:
1. Provide assistance for a designated period of time to physicians who are new to the organization.
2. Supplement the orientation program, helping new graduates and experienced physicians adjust to their role, with a focus on non-clinical issues that affect job adjustment and satisfaction.
3. Help improve retention of new physicians by identifying issues and concerns early that can cause physicians to leave, and by helping new physicians adjust to the organization.
4. Offer new physicians unconditional support and an opportunity to work in a culture of support.
5. Equip new physicians with a solid foundation for independent practice.
6. Serve as a role model for new physicians to help them develop positive traits such as leadership skills, discipline, hard work, job dedication, honesty, persistence, tactfulness, dignity, and respect.
7. Act as an exemplar of institutional mission and values while teaching service excellence skills.
8. Give additional support to the manager as an integral part of the unit “retention team.”
APPENDIX C
PHYSICIAN SPONSORSHIP PROGRAM AND EXPECTATIONS

Goal: To assist new physicians transition successfully into the work environment, organizational culture and maximize his/her engagement with Catholic Health Partners early in his/her career. The assigned sponsor will be a ready reference and provide feedback to the new physician on relationships, organizational structure and culture, job performance, technical information and role expectations. This program has benefits for both the sponsor and the new physician. The new physician benefits from access to an individual who is more experienced dealing with the dynamics and issues of a Physician within CHP. The sponsor passes on lessons learned throughout his/her career and as a result, feel they have had the opportunity to “make a difference” and have made a real contribution to their profession, organization and own life.

Length: Six to twelve months

Participants:
- VP of Employed Physicians
- Assigned Sponsor
- New Physician

Process:
- Within 7 days of signing the employment agreement, VP of Employed Physician begins to identify a sponsor. Selection of potential sponsor should be made on the basis of following:
  - having commitment to the organization;
  - someone who would be a good teacher, guide, counselor, sponsor or facilitator;
  - someone who has genuine interest in seeing this individual succeed;
  - is sensitive to others needs and development;
  - possesses good listening skills;
  - has available time;
  - is very confidential;
  - someone who avoids dominance, control or over-protection;
  - has good coaching and feedback skills.
- When determining the appropriate sponsor, consideration should also be given to:
  - Personality Styles and Preferences
  - Proximity to new physician’s physical location
  - Similarity to new physician’s personal life – i.e. single, married, children, etc
  - Business Issues
- Once a potential Sponsor is identified, the VP should contact the Sponsor to discuss their interest in this assignment. VP should discuss the role and expectations including:
  - Estimated amount of time required of sponsor approximately 12-15 hours over the course of 1 year.
  - Regular contact/meetings/phone calls – monthly through first 3 months and at 6 months; to develop and maintain the relationship

Source: Mercy Health Partners-Southwest Ohio, Cincinnati, OH.
Mercy Physician Mentorship Program Overview (continued)

- Attending the welcome breakfast
- Hosting new physician and spouse at minimum of three social events in first year.
- Helping the new physician through difficult situations
- Establishing clear, open, two-way communication
- Being a source of information and encouragement
- Providing clear guidance on professional issues
- Helping new physician navigate within the system
- Acting as advocate for new physician by connecting him/her with appropriate contacts
- Helps new physician set priorities for managing time and making wise decisions among options/opportunities
  - Within 21 days of signing the new Physician, the VP of Employed Physicians identifies Physician Sponsor and makes new Physician aware of whom their sponsor will be.
  - VP of Physicians sends the Sponsor a copy of new Physicians CV, notes on physician, spouse, family, start date, new address, hobbies, etc. along with overview of guidelines for being a Sponsor.
  - Prior to new physician’s first day, Physician Sponsor contacts new physician to welcome him/her.
  - Sponsor attends new physician’s first day welcome breakfast.
  - Sponsor meets with new physician in his/her first month – focus on developing a relationship/trust level. assisting the new physician with his/her transition into the organization, answering questions about who to go to, key things they should know.
  - During first month – Sponsor invites new physician and spouse (if applicable) to dinner/social event.
  - Sponsor makes contact with new physician in month two – focus on continuing to develop relationship/trust level. asks about their transition to date – how they are progressing, if they have met all those they feel they need to meet in the organization, if they have any questions on the clinical, quality and patient safety programs/expectations.
  - Sponsor makes contact with new physician in month three – focus on continuing to develop relationship/trust level; discuss how they are doing personally within the organization and community (if new to area) – what is their comfort level with the culture of organization, do they have questions on the faith based part of CHP, do they have questions on the organizational structure or key metrics.
  - Sponsor invites new physician and spouse (if applicable) to dinner/social event between months three and six.
  - Sponsor makes contact with new physician in month six – focus on seeing if there are outstanding issues/concerns that the new physician needs assistance with and getting those resolved.
  - Sponsor invites new physician and spouse (if applicable) to dinner/social event between months six and twelve.

Please note the above list is not meant to be exclusive and if the Sponsor and new physician desire to meet more than is outlined above it is completely acceptable and encouraged. This list is meant to serve as an outline of minimum requirements for contact.
APPENDIX G
WHAT I WISH I WOULD HAVE KNOWN
PHYSICIAN PANEL DISCUSSION

Goal: Panel presentation on the topic, “What I Wish I Would Have Known” is provided to all newly on-boarded physicians. The panel offers practical knowledge from peers related to practice in their region or facility. The informal atmosphere enhances peer collegiality and support. Additionally, it provides another touch point for interactions with members of the executive team. The Chief Medical Officer has over-all responsibility for coordinating the process.

Length: One hour, offered quarterly

Participants:
- Four physicians recruited within the prior 2 years prior (panel members)
- All newly recruited physicians since the previous offering
- CMO
- CEO and/or COO
- VP of Employed Physicians/Director

Process:
- Annually, the physician panel is selected and their role explained
- Arrangements for location, room set up, and refreshments are made in advance
- Invitations are sent out one month prior to the next panel presentation to the appropriate newly on-boarded physicians and the executives
- The panel fields questions from the newly on-boarded physicians, provides anecdotal information about their own on-boarding process and experience, and explains nuances specific to the local area.

Sample Key Messages:
- Welcoming comments by the CEO and/or COO
- Introduction of panel members by the CMO
- Each panel member relates anecdotal information about their own on-boarding process that includes:
  - What worked or was very helpful for them.
  - What they learned setting up their office practice.
  - How they went about assimilating into the culture.
  - How they found their way around the area.
  - How they integrated themselves into the community.
  - What did they encounter with their family assimilation to the area.
  - Answers the question “what I wish I would have known” and include what steps they took to solve any difficulty they encountered.
  - What they have found to be “unique” or better about joining a CHP facility.
  - Words of encouragement related to their successes since joining CHP.
  - How their personal philosophies are supported with CHP’s mission.
- Answering any questions from the audience.
- A wrap up and thank you by the VP of Employed Physicians/Director.
APPENDIX F
SPOUSAL SUPPORT PROGRAM

Goal: A spousal support program helps the family adjust personally to their new environment. The goal is to stay abreast of how the family is adapting and to anticipate any problems.

Length: One year

Participants:
- VP of Employed Physician Services
- Physician Recruiter or Assigned spousal support resource person

Process:
- The VP of Employed Physician Services introduces program and determines if the physician’s spouse is interested in participating in this optional program.
- If there is an interest in the Spousal Support Program, the VP of Employed Physician Services solicits the assistance of the Physician Recruiter to fulfill this role. As this program more fully develops, there is the flexibility to include a like-matched spouse of an employed physician as the spousal support resource person. Finding a spousal support resource person with similar interests, background, as well as living in close proximity to the spouse, ensures a more successful experience.
- The spousal support resource person is given information regarding the physician’s start date, address, and other helpful information such as hobbies.
- The VP of Employed Physician Services gives the spouse the name of the spousal support resource person who will be assisting in their transition.
- The spousal support resource person calls the spouse within one week of the physician’s start date to introduce themselves, welcome them, answer questions, and begin to develop a rapport with the spouse.
- The spousal support resource person calls within one month and offers to meet the spouse for lunch. They discuss any upcoming events that they would both be attending. The spousal support resource person ensures that the spouse is introduced and welcomed at these events.
- The spousal support resource person continues to call on the spouse quarterly to check in for the first year.
Post-Onboarding Survey Tip Sheet

Recommendation #1: Limit Survey Length

**Description:** Survey limited to minimum number of questions necessary to capture new physician engagement level and performance on key onboarding program elements. Surveys should be as brief as possible and not exceed 12 questions (including demographic questions)

**Rationale:**
- Decreases survey fatigue and increases response rate
- Shorter tools especially critical for surveys administered multiple times

Recommendation #2: Focus Primarily on Engagement Drivers

**Description:** Focus survey on diagnosing performance on key drivers of physician engagement

**Rationale:**
- Demonstrates whether onboarding program is succeeding in impacting specific drivers of new physician engagement
- Helps HR leaders develop targeted action steps to enhance engagement by refining onboarding program

Recommendation #3: Incorporate Limited Number of Questions on Onboarding Elements

**Description:** Include limited number of survey questions about effectiveness of key onboarding elements

**Rationale:**
- Provides specific new physician feedback on onboarding program elements
- Enables cross-check of efficacy of key program elements with overall new hire engagement

Recommendation #4: Include Strategic Respondent Demographics

**Description:** Ask survey respondents for demographic information of strategic interest to the institution, including tenure, job type, department

**Rationale:**
- Enables targeted HR intervention in departments or professions with greatest improvement need
- Provides operational leaders with unit/department-specific survey results

Recommendation #5: Capture Longitudinal Data

**Description:** Survey new hires multiple times across first year of employment

**Rationale:**
- Pinpoints time period in which new hires at greatest risk of becoming disengaged
- Facilitates ongoing refinement of onboarding program by enabling crosswalk of timing of onboarding program elements to new hire engagement
Overlake Post-Onboarding Physician Survey

Provider Onboarding Survey

Page 1 - Heading
Congratulations on your new job with Overlake Medical Clinics! We care deeply about our providers and want to make sure that as a new provider, you are receiving the help you need and the warm welcome you deserve. Please help us by letting us know how we are doing by completing this brief survey about your onboarding experience.

Page 1 - Question 1 - Choice - One Answer (Drop Down) [Mandatory]
Please select the month of your first day of work:
- January, February or March 2010
- April, May or June 2010
- July, August or September 2010
- October, November or December 2010

Page 1 - Question 2 - Choice - One Answer (Drop Down)
Please select your job title:
- Physician
- PA
- ARNP

Page 1 - Question 3 - Rating Scale - One Answer (Horizontal) [Mandatory]
The information I received before my start date adequately prepared me for my first day. For example, I knew where to go, what I would be doing, where to park, etc.

Strongly Agree Agree Tend to Agree Tend to Disagree Disagree Strongly Disagree

Page 1 - Question 4 - Open Ended - Comments Box
Comments:

Page 1 - Question 5 - Rating Scale - One Answer (Horizontal) [Mandatory]
How would you rate the overall hiring/recruiting process?
Excellent Good Fair Poor

Page 1 - Question 6 - Open Ended - Comments Box
Comments:

Overlake Post-Onboarding Physician Survey (continued)

Page 1 - Question 7 - Rating Scale - One Answer (Horizontal)
The employment and credentialing process was well organized and documents were easy to fill out.

Strongly Agree  Agree  Tend to Agree  Tend to Disagree  Disagree  Strongly Disagree

Page 1 - Question 8 - Open Ended - Comments Box
Comments:

Page 1 - Question 9 - Rating Scale - One Answer (Horizontal)
Within the first month of starting work in my clinic, I met one-on-one with my Practice Manager to discuss expectations for my role.

Agree  Disagree

Page 1 - Question 10 - Open Ended - Comments Box
Comments:

Page 1 - Question 11 - Rating Scale - One Answer (Horizontal)
Within the first month of starting work in my clinic, I met one-on-one with my Associate Medical Director to discuss expectations for my role.

Agree  Disagree

Page 1 - Question 12 - Open Ended - Comments Box
Comments:

Page 1 - Question 13 - Rating Scale - One Answer (Horizontal)
My Practice Manager

Strongly Agree  Agree  Tend to Agree  Tend to Disagree  Disagree  Strongly Disagree

The following team members have effectively demonstrated OHMC/OMC’s mission of medical excellence every day:
Overlake Post-Onboarding Physician Survey (continued)

Page 1 - Question 14 - Rating Scale - One Answer (Horizontal) [Mandatory]
My Associate Medical Director
Strongly Agree  Agree  Tend to Agree  Tend to Disagree  Disagree  Strongly Disagree

Page 1 - Question 15 - Rating Scale - One Answer (Horizontal) [Mandatory]
My Medical Director
Strongly Agree  Agree  Tend to Agree  Tend to Disagree  Disagree  Strongly Disagree

Page 1 - Question 16 - Open Ended - Comments Box
Comments:

Page 1 - Question 17 - Rating Scale - One Answer (Horizontal) [Mandatory]
My colleagues and I have established a good professional working relationship.
Strongly Agree  Agree  Tend to Agree  Tend to Disagree  Disagree  Strongly Disagree

Page 1 - Question 18 - Open Ended - Comments Box
Comments:

Page 1 - Question 19 - Rating Scale - One Answer (Horizontal) [Mandatory]
Onboarding events (orientations) gave me an opportunity to get answers to my questions and I felt the process was beneficial towards my success as a provider with OMC.
Strongly Agree  Agree  Tend to Agree  Tend to Disagree  Disagree  Strongly Disagree

Page 1 - Question 20 - Open Ended - Comments Box
Comments:

Thank You Page
Thank you for your time. Welcome to our community. We are glad you found your community here!