



WELLSPAN®

Medical Group

Mentoring
New Physician/APCs
Program

Mentor Handbook



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Foreword

Thank you for your willingness to be a clinical mentor. It helps our new Physician/APCs that integrate into WellSpan Medical Group understand our culture and make important personal connections. Your modeling will be essential to their successful membership in the WellSpan Medical Group and being personally satisfied with their practice here.

Being a mentor is a one-year commitment. Thank you for accepting this responsibility as a good citizen of the Medical Group. Acceptance of this role comes with specific expectations and timelines. If you are a new mentor the Regional Medical Director (or the Service Line Vice President of your service line, if you are a specialist), will review these with you before our new colleague arrives. If questions or concerns arise during the year, please let us know. Support is available to you if you need it.

As a mentor, it is especially important for you to be on top of any signs that our new colleague is not adjusting well in the WellSpan Medical Group. We want to intervene early and help him/her make a smooth transition to working here. Please pay special attention to any behaviors that might indicate he/she is not fitting in well with others or is unhappy with how his /her clinical experience is going.

There is no expectation that you be the only one to help support him/her. Let your Regional Medical Director or your Service Line Vice-President know what you are observing or need and we will make sure the appropriate resources are available.

Your role, as mentor, is to help our new colleague meet the WellSpan Medical Group's expectations. It is in everyone's best interest if expectations are clearly communicated, understood and supported early on. Your creativity and willingness to support the goals of the Group are essential. Please be mindful that personal clarity around why you practice in the WellSpan Medical Group will serve as a role model to help our new colleague as they acclimate to their new surroundings.

One year from their start date, the new Physician/APC's performance will be reviewed.

An orientation meeting will be scheduled with you and the Regional Medical Director for your region (or your Service Line Vice-President if you are a specialist) 4 weeks prior to the new Physician/APC's start date.

Thank you again!

If at any point I can be of assistance, please call or e-mail me.

Happy Mentoring!

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Mission Statements

WellSpan Health Mission Statement

Working as one, to improve health through exceptional care for all, lifelong wellness and healthy communities.

WellSpan Medical Group Mission statement

Improving the health of patients and our communities as a multi-specialty group, built on a foundation of primary care and prevention, and coordinated within a comprehensive system of care to deliver exceptional and affordable health services.

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WellSpan Medical Group Vision

Build partnerships with our patients to provide the best healthcare, which is defined by quality, service, and cost effectiveness.

Make a difference; improve health and wellbeing; and create an extraordinary experience.

Be fulfilled in our careers.

Medical Group Vision Metrics of Success

Enhance Access

- The care I want, when I want it
- Ease of making an appointment
- Availability of care
- Nights, weekends and holidays
- Ability to ask questions and receive a timely response
- Timely response to test results
- Short waiting time in the office

Enhance Quality

- Reduce variation in care
- Provide appropriate preventive care
- All needed chronic care provided
- Provide necessary appropriate care
- Safe and effective care

Improve Patient Experience

Patients trust their Physician/APC and believe they:

- Receive safe, effective and patient-centered care
- Are treated with honesty, dignity and respect
- Are appropriately involved in healthcare decisions
- Receive timely and appropriate responses to questions and concerns
- Receive clear, understandable information about their health and treatment

Improve Staff/Physician Satisfaction

Physicians and staff are proud of WMG, their practice, and their team and believe that:

- They are treated fairly, courteously and with respect
- Their work is meaningful and contributes to quality, effective care
- They have a manageable workload, with minimal hassles and can balance work-family responsibilities
- They work in a safe, healthy and secure environment
- They are respected for their knowledge, skills and experience and their contributions

WellSpan Medical Group Compact

The following is a compact of the value-based behaviors for physicians, advanced practice clinicians (APCs) and organizational leaders paramount in making the WellSpan Medical Group a world-class quality patient care organization. We believe that our success is rooted in our commitment to "Working as One" by consistently providing safe, timely, effective, efficient, equitable, and patient-centered care for our patients.



Administration's Pledge to Physicians and APCs	Physicians' and APCs' Pledge to Administration and One Another
Professionalism <ul style="list-style-type: none"> o Treat everyone with respect, dignity, and compassion o Reflect on mission, vision, and values when making decisions o Manage the organization with integrity, honesty and accountability o Create a working environment that is open, trusting, respectful, safe and fulfilling o Seek to understand the clinical perspective, assume good intent, and collaborate effectively 	Professionalism <ul style="list-style-type: none"> o Treat everyone with respect, dignity, and compassion o Reflect on mission, vision, and values when making decisions o Demonstrate the highest level of ethical and professional conduct o Be responsible for successful and timely completion of work o Seek to understand the organizational perspective, assume good intent, and collaborate effectively
Communication <ul style="list-style-type: none"> o Actively listen to, collaborate with, and support physicians/APCs o Be transparent and share information openly regarding business decisions, strategic intent, and organizational priorities o Provide regular, timely evaluation and feedback: <ul style="list-style-type: none"> - Quality - Patient experience - Compensation o Acknowledge physician/APC contributions to patient care, the organization, and the community o Promote effective communication in our practices 	Communication <ul style="list-style-type: none"> o Interact with everyone in a positive and cooperative manner o Engage, listen to and communicate with patients and colleagues in ways that exceed their expectations o Communicate with our patients in a way they can understand o Communicate accurate clinical information in a clear, professional, and timely fashion o Engage proactively, constructively and regularly with staff, other providers, and management to improve patient care o Accept and offer respectful feedback that promotes organizational and personal development
Excellence <ul style="list-style-type: none"> o Patient/Family Centeredness <ul style="list-style-type: none"> - Put patients first in all efforts - Promote awareness and sensitivity to privacy and respect for all diversity o Quality <ul style="list-style-type: none"> - Reward and recognize physician/APC efforts leading to service, operational, and quality excellence - Provide clinical decision support, technology and tools to achieve evidence-based quality care and service excellence for a population - Embrace quality measurement and continuous improvement - Create an environment of innovation and learning o Consistency <ul style="list-style-type: none"> - Provide an optimal complement of well-trained staff to create a highly functioning team 	Excellence <ul style="list-style-type: none"> o Patient/Family Centeredness <ul style="list-style-type: none"> - Put patients first in all efforts - Engage patients as active partners in their health at an appropriate health literacy level - Respect privacy and all diversity - Optimize access o Quality <ul style="list-style-type: none"> - Adhere to safety principles and protocols, including soliciting input from all members of the team - Practice evidence-based medicine - Use tools to improve care of populations - Embrace quality measurement and continuous improvement o Consistency <ul style="list-style-type: none"> - Commit to highly functioning team-based care - Reduce unnecessary variation in care to support quality, reliability, and customize care based on patient needs
Leadership/Stewardship/Development <ul style="list-style-type: none"> o Promote and foster an environment of continuous improvement o Work with physicians/APCs to align incentives focused on: <ul style="list-style-type: none"> - High quality, accessible, patient-centered healthcare - Organizational success o Maintain the WMG as a physician-led organization o Provide fair market compensation for each specialty with internal consistency, linked to organizational and practice goals o Recruit, retain and motivate superior physicians/APCs and staff who share the vision and values of the WMG o Recognize the importance of and support physician/APC work/life balance o Invest in physician/APC leadership training, a mentoring program for new physicians/APCs, and provide opportunities to lead o Support career development for physicians/APCs and staff o Develop and support healthcare that optimizes stewardship of resources 	Leadership/Stewardship/Development <ul style="list-style-type: none"> o Lead as a role model o Work with administration to align incentives focused on: <ul style="list-style-type: none"> - High quality, accessible, patient-centered healthcare - Organizational success o Accept dual role as leader/employee: <ul style="list-style-type: none"> - elect the governing body - abide by its decisions and policies o Support organizational and practice goals o Participate constructively in organizational change o Champion innovative and continuous improvement o Support healthcare delivery that optimizes stewardship of resources o Provide leadership to the care team and delegate effectively

Mentoring Overview

Timeline

- New Physician/APC signs contract
- Obtain the start date from the Practice Manager and put a reminder on your schedule.
- 4 weeks prior to start date
 - **If the mentor has never mentored before (all others can skip this step):** Please schedule an appointment with the Regional Medical Director, Site Director, and Practice Manager to discuss mentor expectations and time commitment.
 - Review “Mentoring Handbook”
- 3 weeks prior to start date
 - Obtain the new Physician/APC’s telephone number from the Practice Manager and make phone contact to establish an early connection
 - **Work with your Practice Manager to schedule the following:**
 - ☐ A “Get to Know You breakfast or lunch with the Mentee (within first week)
 - Distribute “Mentee Handbook”
 - ☐ A recurring mentor/mentee meeting time
 - First 2 months – Meet weekly
 - **Tip:** You may find it helpful to include your practice manager for the first couple of meetings.
 - Remaining 10 months – Meeting 1-2 times a month
 - This time will be to review the handbook, answer questions, stay connected, and make sure our new colleague is adjusting well.
 - Conduct documentation review/feedback as prompted after 1st and 6th month. (Refer to Checklist)

Key Points & Expectations

- One year minimum commitment to the mentoring curriculum counts toward Good Citizenship
- Teach how to work up to median production
- Teach how to refer to colleagues & subspecialties
- Highlight key policies and procedures
- Demonstrate how to access information and commonly used programs via the INET
- Check in with mentee on a regular basis
- Troubleshoot any “adjustment” problems
- Act as informal resource after first year.

Outcomes

- Clinical and behavioral expectations met
- Retention – meet organizational needs
- A happy, satisfied new Physician/APC who wants to stay and contribute
- Culture of continuous improvement and accountability.

If you have clinical or behavioral concerns, the following support teams are available to you:

- Site Director
- Associate Medical Director (AMD)
- Regional Medical Director (RMD)
- Service Line Vice President (SLVP)

Work with him/her to develop intervention/plan of action.

Tips for Mentoring

- Actively LISTEN
- Teach – by asking questions.
 - Be specific e.g. “How would you code for depression in a patient for whom you had also removed an ingrown nail?” or “How would you code for an initial inpatient consult?”
- Meet and work with your Practice Manager to schedule your recurring meetings in advance so you won’t have to worry about juggling scheduling and patients.
- Check in with other staff (clinicians, nurses, manager, etc.) – How is the new Physician/APC doing?”
- Be clear about mutual expectations.
 - Don’t forget! The new Physician/APC has a copy of the mentee handbook which outlines their expectations. Make sure there is a mutual level of understanding.
- What if the new Physician/APC doesn’t ask? Keep working the checklist.
- Either of you can terminate this relationship if needs are not being met by letting the RMD/SLVP know
- Mentoring happens outside of your normal patient schedule.
- Use of the electronic version of this document allows you to take advantage of the hyperlinks (direct links to the web documents) for the referenced policies and forms.

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Clinical Mentor/Mentee Accountabilities Checklist

Mentor Contact Information

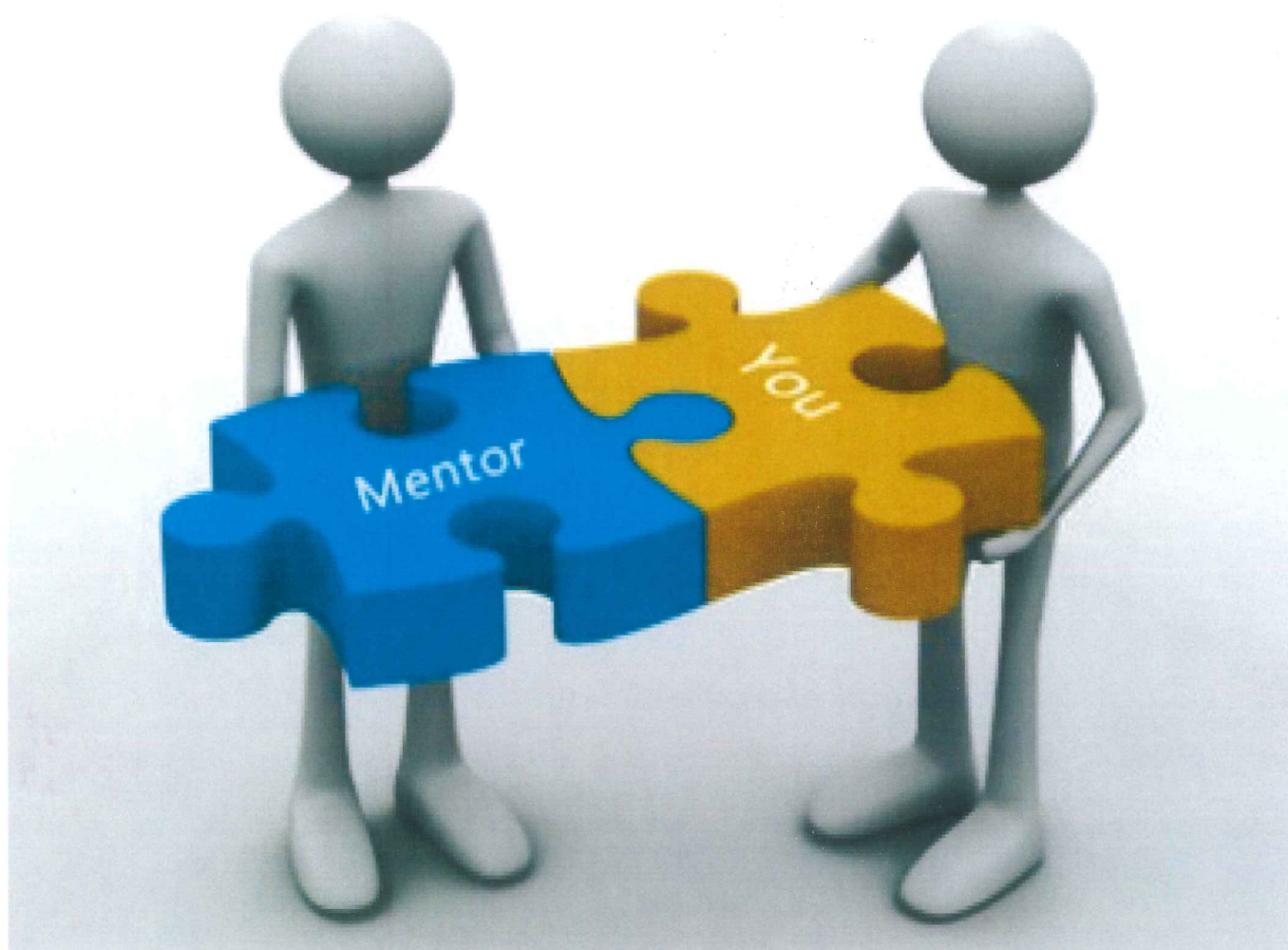
Mentor Name: _____

Phone Number: _____

Back Line: _____

Pager: _____

E-mail: _____



Month 1:

General Review/Training for Physicians/APCs

- General Office Review
 - Mission Statement/Medical Group Compact
 - Timeliness – Be on time
 - Leadership – Review the leadership role that is inherent with being a Physician/APC, both with staff & colleagues.
 - Organizational Structure of Office/Service Line/Program - Site Director, manager, supervisors, etc.
 - Meeting Overview:
 - Who, What, When, Where, & Why?
 - Office Meetings
 - Regular meetings with Administration
 - Tri-Annuals
 - State of the Medical Group
 - Annual Physician/APC Dinners
 - Importance of monitoring your WellSpan e-mail account (Microsoft Outlook) for receiving important updates and information
 - Use of your group's Portal(s): (Recommend saving to favorites)
 - [WellSpan Medical Group Knowledge Center](#)
 - Practice Specific Portal (if you have one)
 - Time Off/Holiday/Unscheduled Time Off ([ADMIN 141](#))
 - Access to schedules – Saturdays/Call/Holidays, etc.
 - Privacy
 - HIPAA
 - Computer screens need to be shielded/turned away to protect other patient information at times if sitting with patient/family
 - How to use emails securely – “SECURE” in the subject line
 - Preferred: Have patient use the [MyWellSpan](#) portal
 - Red Rules
 - [Hand Hygiene Expectations](#)
 - Two patient identifiers ([CLIN 144](#))
 - Provider to Provider Communication ([PROC 017](#)) – How to manage up
- General Training:

	<u>Done</u>
○ Coding for Providers	<input type="checkbox"/>
○ Dragon Dictation	<input type="checkbox"/>
○ EHR Training	<input type="checkbox"/>
○ WMG New Physician/APC Orientation Curriculum.....	<input type="checkbox"/>
○ Leader Rounding on Staff	<input type="checkbox"/>
○ Patient Experience Overview	<input type="checkbox"/>
- General Documentation Review:
 - How to bill for services
 - Proper completion of encounter forms/submission of inpatient charges/charging for procedures.
 - How to “state diagnosis” properly for reimbursement/problem list management.

- Timeliness of Medical Record Completion ([ADMIN 142](#)) ☐
 - [Inpatient Physician/APCs](#): H&P dictation within 23 hours of admission;
Discharge summary dictation within 24 hours of discharge.
- Practice Opioid Management Standards ☐
 - Controlled Substance Agreement for patients on narcotics
 - Policy on Controlled Medications ([CLIN 143](#))
 - [Chronic Pain CET Resources](#)
 - Pennsylvania Prescription Drug Monitoring Program ([PA-PDMP](#))
- [Standing Orders](#) ☐
- [Quality Note Review Process and Template](#) ☐
- Quality documentation for clinical communication/billing & coding/legal documents ☐
 - [ADMIN 102](#)
 - [ADMIN 108](#)
- How to complete electronic Charge Capture (E&M levels/diagnosis, etc.) ☐
- Communication of lab and other test results to other treating Physician/APC's for follow-up ☐
 - Limit carbon copied labs
 - Do not use e-mails for clinical issues (HIPPA)
 - EHR Tasking responsibilities
 - Read back of verbal orders/critical test results
 - Refer to INET for hospital specific policies
 - Lab/Imaging – P1 and critical values
 - Refer to INET for hospital specific policies
- Referring to Colleagues – Consultation Requests/Response ☐
 - Inside scoop of who to refer to in community
 - Value of intra-WellSpan referrals
- Review Medical Assistance HMO Plans/WPN/MSSP ☐
 - Authorization/Referral Process
- Pennsylvania State Mandatory Reporting ☐
 - Abuse Cases
 - Driving - [PA State Mandatory Medical Reporting Impaired Drivers](#)
 - Reportable Diseases – [PA State List of Reportable Diseases](#)
- [Horizon Planning \(Advanced Directives\)](#) ☐
- Informed Consent ☐
- [WellSpan Approved Patient Education Portal](#) ☐
- [Dictation Instructions](#) ☐
- [General Geographical Walk-Through](#) ☐
 - Office
 - Hospital Units

Outpatient Physicians/APCs (Specific – in addition to General)

- [Additional Outpatient Documentation Review](#):
 - Medication & Problem List Reconciliation ☐
 - [Clin 147 – Medication Reconciliation](#)
 - Every Physician/APC involved with the patient is responsible for

- maintaining /updating.
- Proper Ordering for laboratory/radiology studies ("rule out" is not acceptable as a diagnosis) ☐
 - [Medicare Advanced Beneficiary Form \(ABN\)](#)
 - Where to document key findings so that they are captured for reporting/quality tracking.
- Documentation of non-visit notes ☐
- Call coverage/phone call documentation ☐
 - Handovers and sign-out procedures
 - How admissions work
 - Consultation requests
 - Hospitalists
 - Hospital to Hospital Transfers
 - Direct Admissions
 - Transfer of Service
 - Policy on prescriptions when on call

Inpatient Physicians/APCs (Specific – in addition to General)

- **Additional Inpatient Documentation Review:**
 - Quality Documentation for clinical communication/billing and coding/legal documentation ☐
 - Current hospital bylaws and regulations
 - Length of Stay (LOS) – Obs & IP ☐
 - Provider to Provider communication expectations ☐
 - Transitions of Care
 - Consultations
 - Discharges
 - Call Coverage/phone call documentation
 - Call Group
 - Hand Overs/Sign-Out procedures
 - Policy on prescriptions when on call

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Month 2

- **Recurring Meeting Tasks**
 - Ask/Answer any questions from previous months
 - Mentor reviews with the mentee 5 of the mentee's notes
 - Outpatient Physician/APC's: use the [Quality Note Review Process and Template](#)
 - Review the results together to note opportunities for continuous quality improvement
- **General Items for Review**
 - Customer Relationship management (CRM) ☐
 - Creating a good impression with your patients and enhancing the patient experience (training videos for further reference)
 - SBAR Communication ☐
 - [SBAR Reference Card](#)
 - Computer Based Training in LMS available
 - Physician/APC to Physician/APC Communication ☐
 - Patient handover and communication
 - Reference the INET for your hospitals policy
 - [MA-51 Forms](#) ☐
 - [Clinical Resources](#) on INET; Up-To-Date, etc. ☐
 - [WellSpan Labs](#) ☐
 - Policies/Procedures ☐
 - Portals ☐
- **Additional Outpatient Physician/APC Items for review**
 - Accepting/Managing New Patients ☐
 - Handling complex patients with multiple problems, poor historians, or multiple social problems ☐
 - Agenda setting; Trying not to solve too much at one visit
 - No Show/Late Arrivals ☐
 - [ADMIN 104](#)
 - [ADMIN 105](#)
 - Evidence-based guidelines – Clinical Effectiveness Teams ([CET](#)) ☐
 - [Out-Patient CET](#)
 - Extended Care Facilities (ECF)/Personal Care Homes/Assisted Living ☐
 - How to Refer
 - ECF Rounding/Documentation/Expectations
- **Additional Inpatient Physician/APC Items for Review**
 - Handling complex patients with multiple problems, poor historians, or multiple social problems ☐
 - Prioritization of acute problems
 - Discharges to skilled nursing facilities ☐
 - Discharge summary dictate prior to discharge
 - Value-based purchasing from the Center for Medicare/Medicaid Service ☐
 - Core measures, Patient Experience, etc.
 - Publicly reported measures ☐

Month 3

- **Recurring Meeting Tasks**
 - Ask/Answer any questions from previous months
- **General Items for Review**
 - Social Work/Case Management/Care Coordination Team ☐
 - Supervisory/working expectations with physicians and physician extenders ☐
 - Physician Expectations
 - Advanced Practice Clinician (APC) expectations
 - Patient Satisfaction ☐
 - Importance of Customer Service to Patients and Families – let patients know not only what you’re doing but also, WHY you’re doing it
 - Patient Satisfaction Data – How is it collected/reported
 - Engaging patients across our system:
 - Patient Partners
 - Patient Advisory Council
 - Employee education (Re: Diversity, Safety, Compliance, etc.) ☐
 - Safety Reporting System ([SRS](#)) (York/Adams)
 - Meditech (Ephrata)
 -
 - Durable Medical Equipment (DME) ☐
 - PT/OT/Speech ☐
 - Explanation of the relationship between the Center for Aging/Palliative Care and WellSpan ☐
 - Area Agency on Aging ☐
 - Medication Assistance via drug companies/WellSpan Pharmacy ☐
 - Outpatient ☐
 - Formularies
 - Home Health
 - Children and Youth
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- **Additional Inpatient Physician/APC Items for Review**
 - Participation in Quality Initiatives (Core Measures – Sepsis, Acute MI, Stroke, Heart Failure, etc.) ☐
 - Customer Reporting System ([CRS](#)) ☐

Month 4

- **Recurring Meeting Tasks**
 - Ask/Answer any questions from previous months
- **General Items to Review**
 - Policy on Meeting Attendance - [Good Citizenship](#) ☐
 - Participation in committees is encouraged
 - Reimbursement guidelines for travel/meetings/mileage ([HR Travel Policy #M10](#)) ☐
 - Use of [Egencia](#) for travel
 - Medical Professional Association Memberships ([ADMIN 145 – Memberships](#)) ☐
 - Continuing Medical Education ([ADMIN 106](#)) ☐
 - Review Compensation Plan ☐
 - Productivity and Value-Based parameters
 - Staff issues/conflicts – refer to practice management (Manager/HR) ☐
- **Additional Outpatient Physician/APCs Items for Review**
 - Dismissal of patients ([ADMIN 111](#)) ☐
 - Discuss RVU budgeting. This can be moved to later in the year, depending on when projections are needed. ☐
 - Drug Rep policy- site specific. WMG policy: ([ADMIN 146](#)) ☐



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Month 5

- **Recurring Meeting Tasks**
 - Ask/Answer any questions from previous months
- **General Items to Review**
 - Participation in Quality Initiatives ☐
 - [Safety Reporting System](#) ☐
 - Meditech (Ephrata)
 - Venues for meeting other Physician/APCs including, but not limited to: ☐
 - Annual Dinner Meetings
 - Quarterly Physician/APC meetings
 - Grand Rounds
 - New Physician/APC Orientations
 - Medical Staff & Department Meetings
 - APC Annual meeting
- **Additional Outpatient Physician/APC Items for Review**
 - [WMG Blue Book Objectives](#) ☐
 - Office's Quality Improvement Team ☐
 - [WellSpan Medical Group Dashboard](#) ☐

Month 6

- **Recurring Meeting Tasks**
 - Ask/Answer any questions from previous months
 - Ask about/ discuss any other issues, concerns, or new developments
 - Review 5 of mentee's notes (outpatient Physician/APCs use [Quality Note Review Process and Template](#))
 - Review the results together to note opportunities for continuous quality improvement
- **General Items to Review**
 - Organizational structure: Medical Group/Services/Service Lines ☐
 - Patient activation and community engagement – ([AF4Q](#)) ☐
 - [Teachback](#) ☐
 - Patient Partners ☐
 - [MyWellSpan](#) ☐
 - WellSpan 2020 Vision ☐

Month's 7-12

- **Recurring Meeting Tasks**
 - Ask/Answer any questions from previous months
 - Ask about/discuss any other issues, concerns, or new developments