

INTRODUCTION TO THE TOOLKIT

WHAT IS THIS AND WHY IS IT VALUABLE?

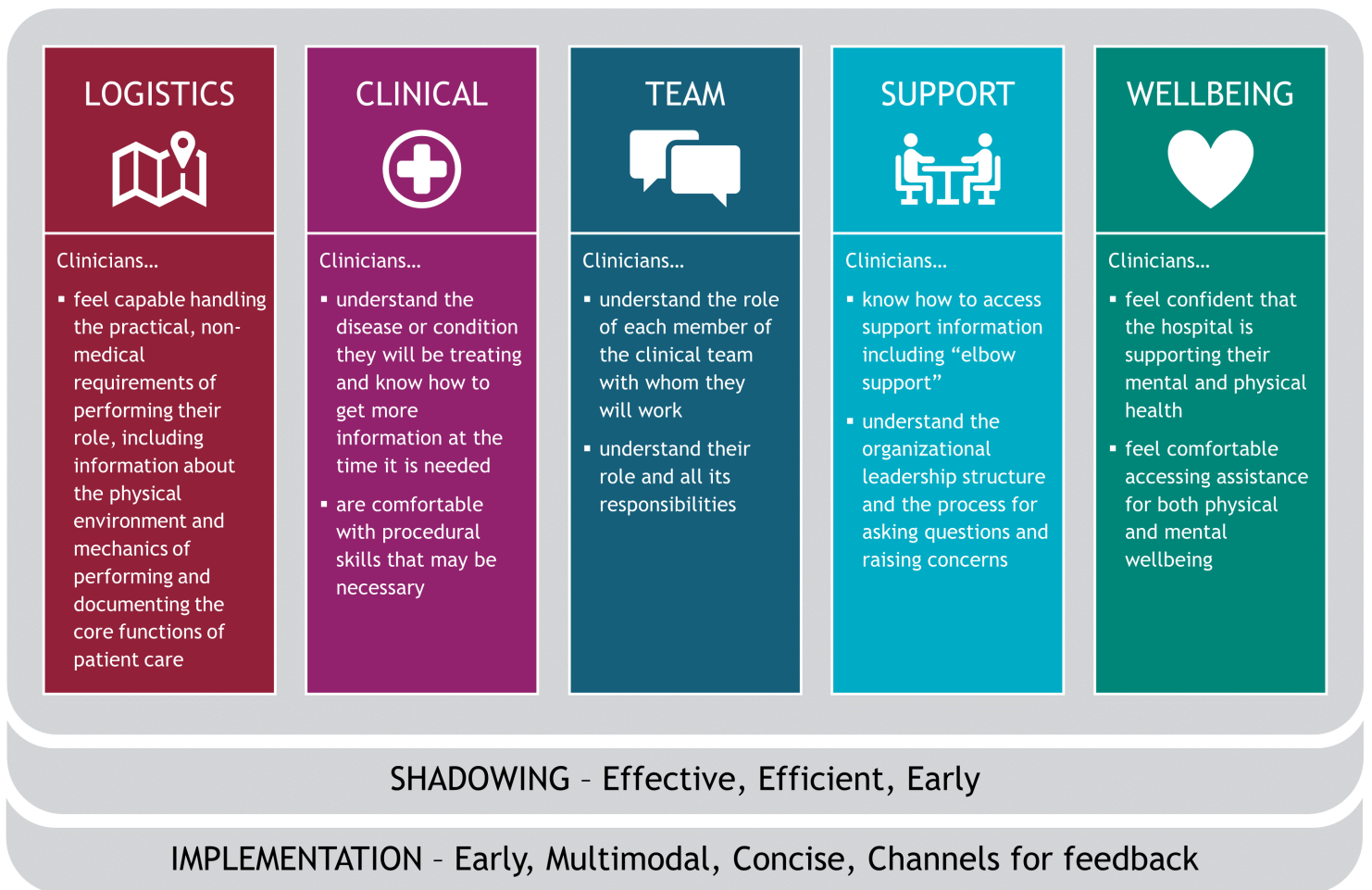
Clinicians who are rapidly redeployed to new roles or locations face unique challenges including adapting to the unfamiliar environment/role and developing working relationships with new team members, all in a climate of fear and uncertainty. Intentional and efficient onboarding is crucial to ensure these clinicians are prepared to deliver safe and effective care. This toolkit can assist you in developing or strengthening a rapid onboarding program for your department or hospital.

This toolkit includes:

- » **Rapid Onboarding Framework** to assist the implementation leader(s) in structuring their onboarding program.
- » **Leader Implementation Guide** which provides guidance to create an efficient and focused rapid onboarding program.
- » **Clinician Discussion Questions** for frontline clinicians and redeployees to facilitate conversations with their team and manager to help prepare for their new role.

It was developed through an iterative design process which relied on two rounds of qualitative interviews with redeployed clinicians. Our goal was to identify key needs of clinicians who are rapidly onboarded to a new role and the most pertinent questions that would enable effective rapid onboarding for clinicians to safely care for patients and themselves.

RAPID ONBOARDING FRAMEWORK



LEADER IMPLEMENTATION GUIDE

WHO IS THE INTENDED USER OF THIS GUIDE?

This guide is designed for the **implementation leader** who will take ownership of the process; this may be the hospital Chief Medical Officer, department administrator, or department chair. A **multidisciplinary** implementation team would be ideal if redeploying a large number of clinicians.

HOW DO WE USE THIS GUIDE?

Use this guide to create or strengthen a rapid onboarding program to support redeployed clinicians and ensure that their needs are met. Adapt these tools for your unique local context.

- » **Review the Rapid Onboarding Framework**, each component identifies key areas of the rapid onboarding process.
- » **Identify information and processes** that are necessary to achieve the goal in each pillar.
- » **Use the Clinician Discussion Questions** to aid in developing the task list. Once you have developed a comprehensive list, ask clinicians from the receiving unit to review the list to identify any gaps.
- » **Review the Clinician Discussion Questions** with clinicians who are being redeployed to help them **prepare and facilitate conversations**.

HOW DO WE IMPLEMENT A RAPID ONBOARDING PROGRAM?

Successful implementation requires a plan to **systemize the process and track progress** of the clinicians, and the **dissemination** of onboarding materials.

- » **Disseminate** using familiar local resources which may include a checklist, slide deck, the hospital intranet, or electronic document. Make them available on smartphones whenever possible. Embed links to resources for ease of access.
- » **Update information** regularly as protocols and clinical content evolves.

Optimal implementation is:

- » **Early** - Give clinicians the Rapid Onboarding Framework, Discussion Questions, and supplemental materials adapted for local context as early as possible, and then review closer to the time they begin redeployment.
- » **Multimodal** - Use multiple types of communication and training to accommodate different learning styles. For example, offer medical record (EMR) training as an online learning module, send out a “quick tips” sheet via email and include some time for hands on demonstration prior to the first day.
- » **Concise** - Communicate using concise emails or videos, and the quantity should be limited. Receiving too many emails or access to a long dynamic electronic document can be overwhelming, resulting in information overload.

- » **Contains Channels for feedback** - Have a system in place for feedback so the onboarding process can be continually updated and improved. Examples include designating one person as the primary contact for questions and suggestions, having regular town hall virtual meetings for onboarded clinicians and by “offboarding” clinicians to evaluate the process through an exit interview.

WHAT IS THE ROLE OF SHADOWING IN RAPID ONBOARDING?

A successful shadowing program for onboarding clinicians can accomplish, in whole or part, many of the goals in the pillars. The discussion questions can be used by both clinicians to focus the shadowing process.

- » **Address** each of the 5 pillars in the shadowing program: logistics, clinical, team, support, wellbeing.
- » If possible **set up** for a “warm handoff” so the new clinician can shadow the clinician they are replacing.
- » **Take into account** limited time, risk of transmission of COVID-19, and the conservation of PPE.

CLINICIAN DISCUSSION QUESTIONS

MODIFY THESE QUESTIONS TO FIT LOCAL CONTEXT.

LOGISTICS

The clinician feels capable to handle the practical, non-medical requirements of performing their role, including information about the physical environment and mechanics of performing and documenting the core functions of patient care.

- » Am I comfortable with the EMR, computer system, and other technology required for this new role?
- » Am I comfortable with admission and transfer processes, orders, the signout process, and other clinical logistics?
- » Do I know where the bathrooms, lockers, lounges, location of scrubs, and other facilities are? Do I know where I need to be and when to be there?

CLINICAL

The clinician understands the disease or condition s/he will be treating and knows how to get more information at the time it is needed. They are comfortable with procedural skills that may be necessary.

- » What additional knowledge (about clinical procedures or the patient population) do I need to treat Covid patients? How do I access that info?
- » Am I comfortable treating this new patient population? What additional knowledge or skills do I need to acquire to safely care for my patients? What clinical support do I need in this new role to practice safely?
- » Am I comfortable donning and doffing PPE?

TEAM

The clinician understands the role of each member of the clinical team with whom s/he will work. The clinician understands his/her role and all its responsibilities.

- » Do I understand my responsibilities in this new role? How will this differ from my primary role?
- » Do I understand my team members responsibilities and the scope of my role within the interdisciplinary team?
- » Do I understand the new team dynamics and culture?

SUPPORT

The clinician knows how to access support information including “elbow support” (i.e. someone in the unit who can answer management queries in real time), clinical and logistical updates. They understand the organizational leadership structure and the process for asking questions and raising concerns.

- » What support do I need in this new role? How can I access that support?
- » Do I understand the clinical chain of command and who I can approach with questions or concerns? What coverage will I have in this new role?
- » What channels for feedback are available?
- » What feedback have other clinicians provided? How has the hospital addressed these concerns?
- » Who is covering or assuming my previous clinical responsibilities while I’m redeployed?

WELLBEING

The clinician feels confident that the hospital is supporting their mental and physical health. The clinician feels comfortable accessing assistance for both physical and mental wellbeing.

- » How will I attend to biological needs (eating, drinking, toileting, rest) during my shift?
- » Do I know how to protect myself and my family from transmission of COVID-19? What will happen if I have symptoms that might be COVID?
- » What additional supports (including childcare, hotel housing) are available for me and/or my family and how will I access them?
- » How far in advance does the schedule come out and how many evenings or weekends am I expected to work?
- » When will my redeployment end? What will happen to my schedule afterwards (on-call, shifts, vacation, resuming my practice, etc.)

SHADOWING (FOUNDATION)

Information about opportunities to shadow and learn from fellow clinicians, including those who have previously been redeployed

- » What shadowing opportunities are available? Who do I want to shadow and how much shadowing do I need?
- » What elements of the new role am I unsure about? What opportunities are there to learn from fellow redeployed clinicians?