A new doc in town – Onboarding, technical skills, and assimilation into practice

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Abstract

Are your new doctors getting a great start? How do you keep the good ones? It’s not just money. Training and support is critical for new doctors to like their job. A welcoming community and a work schedule that allows doctors to be part of it is a big contribution to practice longevity.

Key words: practice management, personnel, mentoring, new grad

Résumé

Est-ce que vos nouveaux docteurs connaissent un bon départ? Comment gardez-vous les meilleurs? Ce n’est pas juste une question d’argent. La formation et le soutien sont essentiels pour que les nouveaux docteurs apprécient leur travail. Une communauté accueillante et un emploi du temps qui permet aux docteurs d’être de la partie contribuent beaucoup à la longévité de la pratique.

Introduction

Practice sustainability and growth are dependent on a stable, satisfied group of doctors providing services. Mentoring new doctors for success is central to their confidence, satisfaction, and performance. Success requires more than just skills training. It includes liking the people you work with, where you live, and what you do. It includes being well paid and having time off to recover from work and to enjoy life. Some situations require schedule adjustments to fit doctors’ jobs to their life.

Onboarding

The first few weeks in a new position have a huge amount of information to make a successful doctor. How well is this done sets the stage for the doctor’s future. We have a staff member prepare employment paperwork, boots, shirts, phone, and coveralls and tell them about procedures like lunch, parking, hours worked, and hours of operation. New grads spend 6 to 12 weeks paired with experienced doctors. More seasoned doctors new to our practice still spend 3 to 6 weeks in this process.

At first, the experienced doctor will drive and the new hire will work through their skills list until everything is discussed. Then the new doc will drive because you don’t learn where you are going unless you are driving. On call, is with another doctor until all are comfortable that the new doc can handle emergencies. New docs are on call twice a week and every other weekend until they are skilled and comfortable, then they drop back to 1 night a week and every sixth weekend. At first, the experienced doctor answers the phone and calls the new doc to join them on the emergency. After a level of comfort is achieved, usually 2 to 8 weeks, the new doc answers the phone and calls the experienced doctor to discuss the case or have them join in the treatment process. When the new doctor progresses to the point they are handling all emergencies on their own, their on-call responsibilities reduce and they are no longer paired with another doctor. They may still occasionally call for advice or for help with a C-section.

Technical Skills

Most new grads request mentoring and we have systematized how that happens. This training focuses on a list of skills attached in Table 1. This list is given to new hires for them to manage their training. The list is designed to record when each procedure is Discussed, Observed, and Completed to satisfaction. It is not about standardizing how procedures are performed, but some of that may happen. It is more about assuring that new doctors have a plan of how to handle a given situation rather than no plan at all. Not every procedure is observed or completed during the training period, but all are discussed. Experienced doctors are available by phone or in-person to discuss cases or situations that new doctors encounter. Our practice has routinely supported doctors developing advanced skills even to the point of paying an hourly wage during required practice time for those advanced skills. Continuing education opportunities are embraced and new value propositions are considered. Developing these value propositions brings greater earning opportunities.

We have hired a few doctors that have experience at another practice. As expected, they train faster than new graduates. A caution is their philosophy needs to be monitored to be sure it fits our culture. We let 1 doctor practice
Table 1. List of procedures to be completed or discussed during training period.

List for:
Technique to be initialed by staff/doctor observing procedure

<table>
<thead>
<tr>
<th>D-O-C System</th>
<th>Discussed</th>
<th>Observed</th>
<th>Completed to satisfaction</th>
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</thead>
<tbody>
<tr>
<td>Office skill</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Invoice on computer</td>
<td>Look up patient history</td>
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<tr>
<td></td>
<td>Find client phone # &amp; address</td>
<td>Logbooks for sx &amp; rads</td>
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<tr>
<td></td>
<td>Read kennel policy</td>
<td>Read kennel contract &amp; surgical go home</td>
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<tr>
<td></td>
<td>Be able to set up a new chart</td>
<td>Be able to charge out a farm call</td>
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<td></td>
<td>Rabies tag search by computer</td>
<td>Control drugs</td>
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<tr>
<td>Lab techniques</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Lab paper work ODA, WI, MN, MI, Cumberland</td>
<td>Use lab book</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reporting results to clients, Google Drive</td>
<td>Set up and read fecal small animal, calf, swine</td>
<td></td>
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<tr>
<td></td>
<td>Set up heartworm - OHWT and Microfilaria test</td>
<td>Set up skin scrape</td>
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<tr>
<td></td>
<td>Read fecal</td>
<td>Ear swab</td>
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<tr>
<td></td>
<td>UA refractometer &amp; dip stick</td>
<td>Vaginal swab</td>
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<tr>
<td></td>
<td>Saline fragility test</td>
<td>Blood smears</td>
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<tr>
<td></td>
<td>Aspirate lump</td>
<td>Chem machine</td>
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<tr>
<td>Necropsy</td>
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<tr>
<td></td>
<td>Formalin</td>
<td>Swabs</td>
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<tr>
<td></td>
<td>Remove tonsil</td>
<td>Remove brain</td>
<td></td>
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<tr>
<td></td>
<td>Rinse intestine</td>
<td>Post pig</td>
<td></td>
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<td></td>
<td>Post calf</td>
<td>Post adult cow</td>
<td></td>
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<tr>
<td>Small animal</td>
<td></td>
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<td></td>
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<tr>
<td>Office hours</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Complete PE</td>
<td>Ear cleaning</td>
<td></td>
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<td></td>
<td>Nail trim white &amp; black</td>
<td>Schirmer test &amp; stain eye</td>
<td></td>
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<tr>
<td></td>
<td>Discuss fleas w/ client</td>
<td>Discuss heartworms w/ client</td>
<td></td>
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<td></td>
<td>Discuss vaccinations w/ client</td>
<td>Discuss reasons for neutering w/ client</td>
<td></td>
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<tr>
<td></td>
<td>Discuss medical diagnosis w/ client</td>
<td>Discuss nutrition</td>
<td></td>
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<td></td>
<td>Behavior consultation</td>
<td></td>
<td></td>
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<tr>
<td>Animal restraint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>Muzzle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cat bag</td>
<td>Towel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use of drugs</td>
<td></td>
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</tr>
</tbody>
</table>
Treatments

- Collect milk sample for culture
- Cherry eye
- Inguinal hernia
- Tooth extraction
- Dental
- Apply Thomas splint
- Dewclaws on pups
- Cesarian section
- Dock dog tails
- Subconjunctival Injection
- Rectal prolapse cow
- Reduce uterine prolapse cow
- Clean cow
- Infuse cow rod & volume
- Pass stomach tube - cow
- Dock tails cows
- Collect milk sample for culture
- Collect blood - cow
- Collect blood - swine
- Place implants
- Brucella vaccination
- Electric dehorn
- Gouge dehorn
- Portasol dehorn

Diagnosis

- Emergency treatment for shock in HBC
- Place IV catheter dog
- Urinary catheter cat
- Collect blood - cat
- Collect blood - dog
- Vaccine reactions
- Blood transfusions
- FAD treatment
- FUS treatment
- UTI treatment
- Rat poison
- Dystocia in dog & cat

Anesthetic

- Cat
- Dogs
- Cattle
- Hogs
- Sheep & goats

Surgery

- Castrate cat
- Castrate dog
- Spay cat
- Spay dog
- Umbilical hernia
- Declaw cat
- Ear hematoma
- Lumpectomy
- Dock dog tails
- Cesarian section
- Dewclaws on pups
- Apply cast
- Apply Thomas splint
- Dental
- Tooth extraction
- Inguinal hernia
- Cherry eye
- Place endotracheal tube

Large animal

Routine procedures

- Collect blood - swine
- Collect blood - dog
- Collect blood - cow
- Collect blood - cat
- Collect blood - swine
- Place implants
- Brucella vaccination
- Electric dehorn
- Gouge dehorn
- Portasol dehorn
- TB test
- Bandage teat
- Open teat
- Place nose ring
- Understand use of chute
- Paste dehorn
Paste dehorn
Understand use of chute
Place nose ring
Open teat
Bandage teat
TB test
Tap & lance abscess & gauze drain
Toggle LDA
Castrate bulls, pigs, & lambs
Palpate 40-day pregnancy
Palpate ovaries
Reduce uterine prolapse cow ewe
Open sole abscess
Apply a cast block
Bandage foot
Hoisting cow foot
Vaginal prolapse sow & heifer
Amputate teat
Suture laceration w/ & w/o stents
Use and care of ultrasound
Pain management
Humane care
Nutrition

Diagnosis & treatment
Diagnose LDA & RDA
Milk fever
Down cow
Bloody milk
Bloat needle & tube
Foot rot
Grain overload
Polio/Listeria
Hardware
Indigestion
Ketosis/nervous ketosis
Toxic mastitis
Toxic metritis
Calf scours
Pneumonia
Clostridial infection
Discuss vaccination strategies
Discuss milking technique
Collect forage sample
APP swine
Salmonella swine
Illeitis
Hemorrhagic Bowel Syndrome
PRRS

Dystocias
Epidural - different types
Episiotomy
Torsion - detorsion rod, roll
Treatment of calf
Pulling pigs use of snare
Use of war bridle & snare
Correction of malposition
Use of OB chains & puller
Hemorrhage
Fetotomy

Surgery
LDA/RDA
as he always had, and later decided to have him discuss every case with 1 of our doctors. We rotated weeks.

Assimilation into Practice and Retention

Once doctors have achieved competence and confidence in daily practice, their interests turn to time off and activities to enjoy where they live. We provide lists of area recreation, churches, health clubs, and activities. One doctor has gravitated toward the 1830s canal system, another to home improvement, while another farms. Children activities become a focus for many, while another enjoys woodworking. Every doctor needs something to balance work. We encourage exploration of these possibilities. Most new doctors start in the summer and our area has many festivals every weekend that allow for casual enjoyment of the communities.

Our standard work schedule provides a 3-day weekend every other week. This encourages rest and recreation, but when doctors always leave the area on their days off, it doesn’t create ties to the community. It is easier for doctors in a committed relationship to find entertainment because they have someone to do it with. However, your practice will be challenged if that significant other doesn’t want to live in your town. It’s a curious concept for some that cows don’t live in cities. Involvement in activities outside of work are crucial for fulfillment. If life doesn’t provide fulfillment, your practice will be looking for another doctor.

All doctors are paid by a Pro-Sal method allowing for flexible scheduling without discussion if their wage should change with their schedule. Once a standard day was 7:30 to 6:30, but now some are working 3:30 to 2:30 or 5 to 3. The early risers pitch in if there is more to do, but can go home if there isn’t. Pro-Sal (MADC) makes it worth it if there is work to do.

Examples of schedules worked follow:

<table>
<thead>
<tr>
<th>Wk</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>R</th>
<th>F</th>
<th>St</th>
<th>Sn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doc 1 &amp; 2</td>
<td>W</td>
<td>W</td>
<td>OC</td>
<td>W</td>
<td>Off</td>
<td>Off</td>
<td>Off</td>
</tr>
<tr>
<td>Wk 1</td>
<td>W</td>
<td>W</td>
<td>OC</td>
<td>W</td>
<td>Off</td>
<td>W</td>
<td>OC1/6</td>
</tr>
<tr>
<td>Wk 2</td>
<td>W</td>
<td>W</td>
<td>OC</td>
<td>W</td>
<td>Off</td>
<td>W</td>
<td>OC1/6</td>
</tr>
<tr>
<td>Wk 3</td>
<td>W</td>
<td>W</td>
<td>Off</td>
<td>OC</td>
<td>W</td>
<td>Off</td>
<td>Off</td>
</tr>
<tr>
<td>Wk 4</td>
<td>OC</td>
<td>W</td>
<td>Off</td>
<td>W</td>
<td>Off</td>
<td>Off</td>
<td>Off</td>
</tr>
</tbody>
</table>

One caution as you put together flex schedules: allowing 1 doctor not to work may mean that other doctors need to. The doctor that needs to work may be the owner and that may not meet owner goals for time off. Creating these flex schedules may be critically important for experienced doctor retention. This is more important than money.

Some focus needs to be placed on doctor durability, both mental and physical. We can do all of the training, scheduling, and compensation right, but if doctors get injured or worn out, they will no longer be in practice. For many this requires a rest from arming cows. Small animal practice is a good break from cows for many in our practice. Others have found consulting, milk quality, training, or embryo transfer to be lower impact activities that can prolong their bovine practice career. Having an attitude of working smart in good facilities also helps to keep doctors on staff.

Conclusions

Training and retaining doctors is critical for practice sustainability and growth. Onboarding new doctors to make them comfortable with your practice and training new grads to give them skills for success are important parts of support. More experienced doctors look for fair compensation, flexible schedules, and the opportunity to interact with a welcoming community. Every practice is different, but examples from 1 practice seem to be working.

References