

Practice Management

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 this is 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

D-O-C System

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

Treatments

- _____ Take radiographs
- _____ View radiographs
- _____ Isolation procedures
- _____ Enema
- _____ Heartworm treatment
- _____ Emergency treatment for shock in HBC
- _____ Place IV catheter dog
- _____ Urinary catheter cat
- _____ Collect blood - cat
- _____ Collect blood - dog
- _____ Vaccine reactions
- _____ Blood transfusions

Diagnosis

- _____ 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

- _____ 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

_____	_____	_____	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
_____	_____	_____	Ileitis
_____	_____	_____	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

_____	_____	_____	Inguinal hernia pig
_____	_____	_____	Umbilical hernia calf
_____	_____	_____	Cesarian section cow
_____	_____	_____	Interdigital corn
_____	_____	_____	Rumenotomy/rumen fistula

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 week-end 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^{1,2} 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:

Doc 1 & 2	M	T	W	R	F	St	Sn
Wk 1	W	W	OC	W	Off	Off	Off
Wk 2	W	W	OC	W	W	W	OC1/6
Doc3							
Wk1	W	W	Off	OC	W	Off	Off
Wk 2	W	W	Off	OC	W	W	OC1/6
Doc4							
Wk1	OC	W	Off	W	Off	Off	Off
Wk2	OC	W	Off	W	Off	W	OC1/6

Doc5							
Wk1	W	W	W	Off	OC	Off	Off
Wk2	W	W	W	Off	OC	W	OC1/6

Doc6							
Wk1	W	W	W	W	W	W	OC 1/6
	W	W	W	W	W	W	Off1/2

Where W=Work OC= Work then on call

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

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2. Hardesty ME. Practice management: The real bull, in *Proceedings*. Western Veterinary Conference, 2011.