

NON-HOSPITALIST PROVIDER ON-BOARDING: Connect to Resources

Take what was identified in your Gap Analysis and connect your providers with the best available resources. Remember to use resources that already exist within your institution for on-boarding providers. Enlist HR and practice administrators to eliminate logistical barriers.

Choosing and Connecting to Resources

Using your [Gap Analysis](#) as a guide, direct your incoming providers to the appropriate resources. Though it can be tempting to give your providers a comprehensive training, this is likely not necessary. Following the gap analysis will allow you to identify what your providers need and avoid excess work on your part or overwhelming them with information.

Potential provider and service types with likely training/resource needs:

PROVIDER TYPES	LIKELY TRAINING NEED(S)		
	Clinical	Logisital	Other
Internal medicine and family medicine trained primary care physicians from your health system.	Inpatient medicine	Inpatient EHR training, Workflows, Billing	
Internal medicine trained sub-specialists from your health system.	General medicine	Billing	If they do not do inpatient consults, may need inpatient EHR training
Advanced practice providers from your health system.	General medicine	Billing	If they do not do inpatient consults, may need inpatient EHR training
Internal medicine and family medicine trained primary care physician for your local community.	Inpatient medicine	EHR general, Inpatient EHR, Workflows, Parking, Badging	
Recent graduates from your internal medicine residency and sub-specialty training programs.	General medicine (if sub-specialty)	If no longer working in your health system: credentialing, parking, badging, Billing.	
Current fellows and residents available for moonlighting.	General medicine (if sub-specialty)	Billing. Attending credentials so see patients independently.	If current residents -- may not have non-training license.

INPATIENT SERVICE TYPES	LIKELY TRAINING NEED(S)		
	Clinical	Logisital	Other
Non-COVID wards	Inpatient Medicine	Care Coordination Processes; Billing	Borrow from existing on-boarding.
COVID wards	Inpatient Medicine; COVID-specific	Care Coordination Processes; PPE	
Critical care	ICU care: ventilators, sedation, pressors	Role clarification with critical care teams/providers	
Direct care		Care Coordination processes; Maximizing efficiency; Interdisciplinary support structure	
Supervising APPs		Strategies to facilitate APP autonomy and role clarification. Billing/attestation practices.	Borrow from existing on-boarding.
Housestaff		Strategies to balance learner autonomy with supervision. Expecations for when learners have off-days. Education/didactic expectations. Billing/attestation practices.	Borrow from existing on-boarding.
Admitting shifts	Triage, Assessment	Calling consultants; Care pathways; EHR specific to medication reconciliation and admission orders; Call-back expectations	
Cross-Cover Shifts	Triage, Assessment	Call-back expectations; Calling consultants; MET/CODE processes	Are your providers ACLS certified? Is this required?

Suggested Clinical Resources

General Medicine

1. [Society of Hospital Medicine \(SHM\) Learning Portal](#)
Many useful modules with a broad spectrum of material including pure clinical and practice management.
2. [UCSF Hospitalist Handbook](#)
An easy to use handbook for the hospital at the bedside to troubleshoot issues.
Mobile
3. [Saint-Chopra](#) Guide
A practical and more updated version than UCSF, but also more comprehensive in its content. Allows for a more comfortable understanding of topics. Easy read.
4. [McMaster Textbook of Internal Medicine](#)
This is the most updated handbook of all – in reality is a mini-textbook, published in 2020, with all the EBM-supported data on all topics in IM right now.
Mobile
5. [NEJM Resident 360](#)
A comprehensive gathering of NEJM videos, landmark studies, fast facts, and clinical reviews. Best used as a comprehensive dive for specific topics.

Critical Care

1. [Society of Hospital Medicine Critical Care Modules](#)
A collection of modules specifically designed for generalists practicing critical care. These modules address high-yield topics such as ventilator management and shock.
2. [Internet Book of Critical Care](#)
A free resource that provides outstanding critical care teaching.
3. [ICU Training Videos](#)
This is the Quick ICU training videos by the University of Toronto. Great resource with free videos for airway management, mechanical ventilation and overall ICU care.

COVID-19 Clinical

1. [Society of Hospital Medicine COVID-19 Resource Page](#)
2. [Cleveland Clinic Journal of Medicine](#)
3. [Pub Med Articles on COVID](#)
This is a continuously updated web app, that collates and organizes ALL the articles in PubMed about COVID, and organizes them by Altimetric score.
4. [Mass General Coronavirus Treatment Guides](#)
This has recommendations to treat COVID per organ system including ICU, and also content for non-hospitalists/non-internists to care for medical patients.
5. [ACEP](#)
This is the American College of Emergency Physicians website with multiple resources for EM physicians.

6. [Yale Internal Medicine COVID-19 Protocols](#)

These are the current COVID-19 protocols that Yale made available for all to use – helpful for hospitals which do not have their own protocols.

7. [SPAQI Covid-19 Perioperative Resources](#)

The Society for Perioperative Assessment and Quality Improvement put together a collated list of resources for optimal perioperative care of patients with COVID19

8. [Core COVID-19 Calculators](#)

This is a free resource by MDCalc including all the different available risk stratification and clinical calculators for COVID19.

9. [COVID-19 Primer Virtual Patient Simulation](#)

This educational primer is meant to introduce new internal medicine interns and other providers to some of the basic concepts of managing floor patients suspected or confirmed of having COVID-19.

10. Virtual Reality links: These are VR cases created by the University of Colorado and the University of Ottawa to provide VR simulation of different COVID19 scenarios.

[Case 1: Patient in the ED](#)

[Case 2: Anesthesia in the ED](#)

[Case 3: Manage intubation](#)

[Case 4: Managing Cardiac Arrest](#)

Documentation and billing

1. <https://www.hospitalistx.com/billing-for-hospitalists-current-procedural-terminology-cpt-codes/>

This provides a quick reference guide for CPT codes and E&M requirements for the various types of encounters commonly encountered by inpatient providers, specifically Admission, Rounding, and Discharge.

Disseminating Resources

Using your gap analysis as a guide decide how you'll disseminate the appropriate resources, training, and materials to your incoming providers. Strive for a multifaceted approach to meet the needs/preferences of a diverse pool.

Potential options include:

1. Virtual group meetings: Skype, Zoom, Microsoft Teams
2. Pre-recorded video lectures
3. Digital document storage (local intranet site, shared drive, DropBox, Microsoft Teams, EHR)
4. Email with attachments (avoid using this as your only method as possible as these are difficult to reference later)
5. Locally stored paper guide(s)