



# Reimagining the New Employee On-Boarding Process at Massachusetts General Hospital Imaging

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### Purpose:

The Education Office (EO) at Massachusetts General Hospital Imaging has streamlined and improved the on-boarding process for new employees in our department. The improvements promote a greater quality of care throughout our institution. Mass General Imaging (located in Boston, MA) employs over 1500 staff in the greater Boston area, including locations in Boston, Charlestown, Chelmsford, Chelsea, Danvers, Revere, and Waltham.

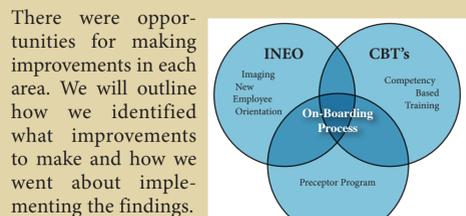
|                 |                                                         |
|-----------------|---------------------------------------------------------|
| Boston, MA      | • Main Campus                                           |
| Charlestown, MA | • Charlestown Health Center<br>• Charlestown Navy Yard  |
| Chelsea, MA     | • Chelsea Imaging<br>• Chelsea Health Center            |
| Waltham, MA     | • Waltham Imaging (Mass General West Imaging)           |
| Chelmsford, MA  | • Chelmsford Imaging                                    |
| Revere, MA      | • Revere Health Center                                  |
| Danvers, MA     | • Mass General / North Shore Center for Outpatient Care |



A key goal of the EO is to promote consistency and standardization of care across these locations through trainings offered, such that our staff are delivering uniformly high-quality care and meeting patient expectations.

### Our new employee on-boarding process contains three key components:

- Imaging New Employee Orientation (INEO)
- Competency Based Training tools (CBT's)
- Imaging Preceptor Program



There were opportunities for making improvements in each area. We will outline how we identified what improvements to make and how we went about implementing the findings.

### Method:

The first step to improving the new employee on-boarding process was performing a SWOT analysis of the existing process. SWOT stands for Strengths, Weaknesses, Opportunities, and Threats. The EO conducted a SWOT analysis of the on-boarding process in March 2009. By interviewing 25 managers and looking for common themes amongst their responses, we were able to document the existing process and identify areas for improvement. There were 6 specific improvements identified by the SWOT analysis.

- 1. Revise and Expand INEO Content**  
The existing INEO content contained outdated references which needed to be updated (for example, references to programs which no longer existed). In addition, managers determined there were sections of content that needed to be added. Suggestions included a high-level overview of departmental history, facts & figures, and leadership; our Patient Identification policy; a demonstration of our web-based Safety Reporting system; an introduction to our Preceptor Program and Competency-Based Training system; information about the Quality Management & Education team within the department; and general safety information, including radiation and contrast safety. Finally, survey data from past INEO attendees indicated preference for a hospital tour to conclude the day.
- 2. Increase Frequency of INEO**  
One issue uncovered with the existing orientation was that staff members often would not attend until long after their start date. Massachusetts General Hospital orientation is offered every week on a set schedule and coordinated through Human Resources, but Imaging orientation was offered once per month on a random schedule and coordinated through managers. The delay in attending departmental orientation was occurring due to the mismatch with the hospital schedule and infrequent offerings. Therefore, recommendations were made to double INEO offerings to twice per month and create a set schedule tied to the hospital orientation.
- 3. Standardize Common Training Elements and Revise All Existing CBT's**  
Each area had their own CBT documents to train new staff, but no one had inventoried common elements across the documents. In order to provide consistency in training across all areas of the department, a recommendation was made to outline what could be standardized and vet the resulting list with each area. Our analysis also showed that some training items listed as competencies were actually orientation items, not true competencies. A goal for the future was to devise a way to distinguish the two categories. In coordination with standardization, we recommended updating all existing CBT's.
- 4. Increase Access to CBT Documents**  
For the on-boarding process to work most effectively, all three key components must work in concert. Preceptors should be experts in the INEO content and CBT's for their area. Previously, CBT's were stored on a shared drive that most preceptors could not access. In order to encourage preceptors to become true training experts, we recommended posting all revised CBT's to the Education website. Greater access would enable more familiarity with the content, increased ability for comparison with other areas, and transparency around the progress of CBT updates.
- 5. Revise Preceptor Training Program**  
The current state of the preceptor program revealed some staff in the department working informally as preceptors without necessarily having been trained on the expectations and critical success factors for this role. An important recommendation of the SWOT analysis was to standardize the criteria for becoming a preceptor and then retrain all preceptors. Retraining was important due to the changes planned for INEO and CBT's. We needed to educate new and old preceptors on the scope of the changes and how they impacted preceptors. Retraining also would provide a great opportunity to teach or refresh staff on expectations and important theoretical concepts in adult teaching and learning.
- 6. Increase Ongoing Development Opportunities for Preceptors**  
To sustain the preceptor program, our SWOT analysis recommended ongoing rewards, recognition, and/or development opportunities for preceptors. This could include luncheons, educational lectures, networking with other preceptors, eligibility for continuing education units (CEUs), group photos and write-ups in departmental publications, etc. An important part of sustaining the program also would be asking the preceptors what they wanted and developing offerings in response.

To ensure consensus on these six SWOT recommendations, they were reviewed with departmental leadership at Directors' and Managers' meetings. After obtaining approval to proceed, the next step was to work with a representative group of members from across the department to implement the improvements. At Mass General Imaging, we have a strategic council called the Education Advisory Board (EAB) with representation from each area that is responsible for overseeing all educational programs, including new employee on-boarding. We leveraged the expertise in this council to review our plans each step of the way and build consensus on the best way to move forward. Working with the EAB, we instituted improvements over the course of a year.



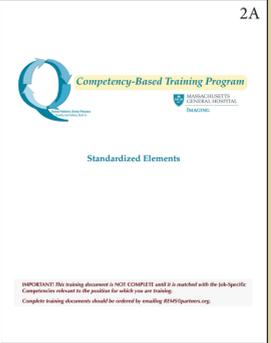
### Results:

#### The Outcomes of Working with the EAB were:

- INEO content was revised and updated by the EO with over 6 new topics added. The full day of presentation content was reviewed by the EAB, and council members provided additional suggestions.
- INEO was expanded from a half day to a full day session based on expanded content and the added hospital tour.
- INEO schedule was increased to twice monthly to enroll all new employees within their first two weeks of employment. INEO is offered on the 2nd and 4th Wednesday of each month to follow the Monday/Tuesday hospital orientation.
- INEO enrollment was automated by setting up a course code in the MGH PeopleSoft online system and using Human Resources to enroll all new Imaging employees at the time of hire **Figure 1**.
- All existing CBT's were reviewed to identify commonalities within the documents- "Standardized Elements" **Figure 2A**.
- Standardized Elements were separated into orientation "check-off's" and true "competencies" (i.e. skills new employees must perform/demonstrate) **Figure 2B**.
- Senior leadership signed off on the Standardized Elements, these were applied to the beginning of every CBT in the department to become the new common training foundation **Figure 2C**. CBT's end with job-specific competencies. **Figure 2D**.
- Training content and tools for preceptors were revised through conversation and research about the important elements of being a preceptor. Expectations were discussed and set for preceptors, preceptees, managers, and the EO.
- Preceptor application criteria were determined. Past and new preceptors reapplied under the new criteria to ensure understanding of new program expectations.
- Existing preceptors were re-educated to develop their skills in using the revised CBT documents and increase their knowledge of topics like adult learning, learner-focused pacing, and constructive feedback.
- A monthly schedule was set for ongoing preceptor development **Figure 3A-C**, and to recognize preceptors, the first event was a kickoff luncheon commemorating the relaunch of the program including remarks from senior leadership.
- All revised on-boarding materials (including CBT's, INEO content, and Preceptor content) were placed on the EO website to increase accessibility to all employees.



1. New employees attend the revised Imaging New Employee Orientation.



2A. CBT's begin with "Standardized Elements" common to the entire department to promote consistent training regardless of the employees operational area or geographic location.



2B. Complete CBT-Standard Elements + Job Specific  
2C. Selected Standard Elements  
2D. Selected Job Specific Competencies



3A. Preceptor monthly meeting



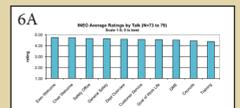
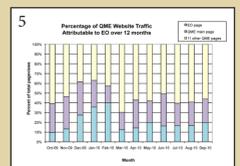
3B. Workshop breakout sessions



3C. Preceptors in attendance for monthly meeting

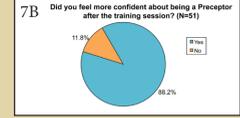
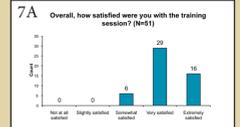
#### Metrics Demonstrating the Success of These Improvements:

- 176 Standardized Elements were identified and applied to all CBT's, including 124 competency items and 52 orientation items.
- 48 CBT's have been updated to date and posted to the EO website, **Figure 4**.
- EO website views totaled 2952 over the year long period from Oct. 2009 – Sept. 2010, for an average of 246 views per month. EO website traffic averaged 20% of total traffic to our group's website over the year, second only to the main page (average 29% of traffic) **Figure 5**.
- Compared to 60 attendees for the entire year of 2009, INEO had 90 attendees through September 2010.
- 79 of 90 INEO attendees completed feedback surveys (88% response rate). The average rating for every presentation in INEO is 4.38 – 4.73 on a 5 point scale where 5 is "excellent," **Figure 6A**. We received many positive remarks from attendees **Figure 6B**.
- 110 departmental preceptors reapplied and were retrained by the EO. The bulk of retraining occurred in May 2010: 51 of the 83 preceptors who attended training completed feedback surveys (61% response rate).
- Data showed that 88% were very or extremely satisfied with the preceptor training session **Figure 7A**. None of those surveyed were less than somewhat satisfied. Over 88% felt more confident in their role as a preceptor after attending training **Figure 7B and C**.
- Over 40 preceptors and managers attended the preceptor program relaunch luncheon.



**6B INEO Comments**

- "Bringing preceptors, smooth and efficient time usage, good information."
- "All material very good, welcoming and friendly, strong department values & expectations."
- "Good, well-rehearsed presentation. Very professional yet personable."
- "Great ORIENTATION! A Great Speaker!!"
- "Everything more smoothly, great speakers."
- "Good overview of everything Imaging related."
- "Easy to understand and very comprehensive."
- "Thank you for such a warm welcome."
- "I am very thankful for the orientation day. A lot of questions and initial confusion that both up during the first few days here at MGH was answered and resolved. Thank you!"
- "Most organized orientation I've attended!"
- "Well done, Great and informative!"
- "Everything was great!"



**7C**

- "I know where to find the tools I will need to do this job!"
- "I know what is expected of me now, also the new layout of competencies will structure the program."
- "Interesting contributions and questions from the other participants."
- "The only training session was 4 yrs ago!"
- "I have been a preceptor many times. Now I can realize the type of preceptors I have and how they learn."
- "There is now more structure and support for preceptors"
- "Refresher courses are always helpful"

### Conclusion:

These results show that the new employee on-boarding process is more standardized, accessible to a great number of employees and enjoyed by managers and staff. Based on the combination of these program revisions, we are ensuring not only that all employees receive the same message about the department during their orientation, but also that the message is reinforced during the course of the in-situ training by leveraging preceptors and the standard CBT documents. Although there is presently no mechanism for associating this consistency in new employee training with improvements in the quality of care we deliver, we recognize that this consistent training practice will be a foundation and platform by which we can realize future improvements in the quality of care.