Physician Associate Onboarding in Obstetrics and Gynecology

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Current Physician Assistant (PA) education is a well-rounded general education typically followed by clinical experience in hospital and office-based rotations. While some professional competencies are acquired during formal PA education, others will be developed and mastered as physician assistants progress through their careers.[1] Specific on the job training is necessary to learn the culture, practice setting, and expectations. While there are reputable PA residency programs available, less than 5% of the PA workforce participates.[2] Onboarding is the process of helping new hires adjust to the social and performance aspects of their new jobs quickly and smoothly.[3] Research shows that organizations that engage in formal onboarding by implementing step-by-step programs for new employees to teach them their roles are, what the company's norms are, and how they are to behave are more effective than those that do not.[7-8] As noted by Anglin et al., onboarding programs contribute to higher job satisfaction, improved continuity of care, and reduced employee turnover.[4-6] Thus, onboarding is beneficial to the new PA. In a hospital setting, an onboarding program can also improve patient care quality, decrease recruitment costs, ensure the quality of new hires, and help cover gaps left by new resident duty-hour restrictions. Even simple tasks such as understanding the devices utilized, such as intravenous catheters, blood and culture collection policies, formulary medications, and appropriate documentation and order sets, for example, can provide useful resources for a new PA to hit the ground running.

INTRODUCTION

In 2003 and 2010, the Accreditation Council for Graduate Medical Education (ACGME) restricted the number of hours a resident physician can work. This change in resident physician work hours has led to an increase in the utilization of non-physician medical providers in hospitals and the continued deficit of medical school graduates to meet the workforce shortage. [8-9] PAs have successfully filled this void by providing adequate medical care and improved patient experience.[10-11]

Addressing job satisfaction, retention rates, and provider burnout is necessary for any employment setting. Job satisfaction and retention are generally rated high for PAs, as they are well prepared to practice clinically upon graduation.[12] However, onboarding support can improve recruitment and retention of highly qualified staff, which is beneficial to both new hires and employers.[13] Additionally, provider burnout can occur when there is inadequate job satisfaction. It has been linked to lower quality of care, increased medical errors, poorer patient health outcomes, lower patient satisfaction, and overuse of resources leading to increased healthcare costs, providing another reason for improving the current process.[14] Onboarding professionals with the needed information, tips and tricks, and tools to succeed can help eliminate these adverse effects.

Furthermore, understanding team member roles and the communication expectations of the position are crucial. Several modalities can be utilized to appropriately orient a new hire, such as peer support, educational tools such as digital modules, simulations, team meetings, and assigned readings, and all can be used in combination to achieve the goal. Mentoring and evaluating the new hire's strengths, areas of improvement, assimilation, and experiences are also essential to cultivate their growth as a professional PA. With support and mentorship available, we can identify the best fit for a position, develop their skills to improve patient safety and healthcare productivity while reducing waste and inefficiencies. Ultimately, with a well-designed program, we can improve retention, create a safe culture at work, and get to our goals faster to provide the best care for our patients.

Focused professional practice evaluation (FPPE), a process whereby medical staff evaluates the practitioner's privilege-specific competence, can be improved by a rapid understanding of

expectations and role. Engagement and the first few months of employment influences an employee's plan to continue with an organization. Ensuring that new hires are integrated into the organization's culture, such as how healthcare is conducted and how the employee's performance contributes to organizational success, is thought to be the principal purpose of onboarding by two-thirds of survey respondents.[15] Orientation is not considered onboarding as it deals with the "new hire paperwork" and not integrating the new hire into their new environment.

BACKGROUND

For inpatient obstetrics and gynecology (OBGYN) PAs, we found that orienting them to the facility, culture, and standard policies and providing the appropriate and expected education and hands-on training and simulation, helped them achieve competency sooner. While PAs are perfectly suited to work in women's health due to their versatility and capability, a strong onboarding program can accelerate the time they feel comfortable and provide outstanding care. This article aims to illustrate an onboarding program utilized with a few PAs to acclimate them to a busy OBGYN service.

Previous literature on onboarding for PAs has suggested that the onboarding program should have a proctor assignment, 3-phased orientation process, remediation, and mentorship.[16] Additional studies further stratified mentorship into clinical, personal, and professional mentorship, and included meeting with other professionals, checking in by administrators, delivering didactic content, tailoring content or ramp-up, and assessing/ensuring competency.[4-6]

An onboarding program developed for Hospital Medicine[18] focused on patient care, clinical duties, systems-based learning tools (electronic), ongoing needs assessment, and a clinical curriculum (hands-on). As noted by M. Polansky, PAs found that active forms of learning most valuable, which is consistent with the principles of adult learning theory.[2]

ONBOARDING IN OBSTETRICS AND GYNECOLOGY

Based on the available research and guidance, a 6-week onboarding program was created for a busy Labor and Delivery unit in New York City. The program included the first day of hospital orientation followed by the routine procedures of obtaining security access, setting up scrub access, learning their way around the unit, and meeting the staff. An orientation schedule is provided on the first day to the new PA and the senior PAs. Ideally, within the first week of starting, the new hire would have the electronic medical record (EMR) system training. Within the two weeks, the new hire is paired with a senior PA and guided through the routine day-to-day responsibilities and a scheduled discussion of high-frequency topics and policies. The first two weeks' goal is to understand the workflow and culture, understand the daily tasks' standard processes, and manage emergencies. The following two weeks focus on patient care with guidance from their assigned senior PA. Guidance can include advice with vaginal deliveries, assessment of triage patients, and management of postpartum patients.

Additionally, surgical skills can be sharpened during this time with routine surgeries such as cesarean deliveries. Monthly meetings were scheduled in advance, and all PAs were encouraged to attend either in person or virtually. These meetings aimed to discuss new policies and possible concerns as well as provide an education component. The didactic portion was either through simulation of common obstetric emergencies, such as shoulder dystocia, postpartum hemorrhage, obstetric anal sphincter injury (OASIS), and digital presentations of high-frequency obstetric and gynecologic contents. The last two weeks of the orientation program started with a review and assessment of obstetrics and gynecology, remediation as necessary, and the final blessing of being scheduled as a fully functional PA instead of an orientee. The full structure can be seen in Table 1. This onboarding period led to a smooth transition for the new hire where the staff understood that the new hire was training. The new PA felt comfortable asking for help, discussing topics and management strategies, and understanding the practice culture. PAs make an excellent addition to obstetrics and gynecology as laborists due to their flexibility, versatility, and expertise.[18]

	Mentorship	Didactic	Clinical
Week 1-2	Senior PA- day shift	Role expectations EMR training Ultrasound course Fetal Heart Monitoring course Department policies	Routine tasks (postpartum, triage, labor-management) 2nd assist in vaginal and cesarean deliveries
Week 3-4	Senior PA- day shift	Preeclampsia, postpartum hemorrhage, vaginal deliveries, cesarean sections, preterm labor, term labor, preterm prelabor rupture of membranes, vaginal bleeding, decreased fetal movement	Assessing patients independently with available guidance as needed depending on the comfort level Participation in cesarean deliveries as a first assist
Week 5-6	Senior PA- day shift	Review topics discussed and any remaining obstetric conditions Participation in gynecology service with rounding, surgery, and consultations	Depending on comfort level and achievement Assess triage patients fully and present to the covering attending physician 1st assists in surgeries Perform vaginal deliveries Manage laboring patients Adhere to department policies and recommendations

DISCUSSION

With the development of an onboarding program for inpatient OBGYN PAs, we found that pairing the new hire with a senior PA proficient in teaching and willing to be resourceful is essential. Additionally, while there is an assigned PA, the new hire should feel comfortable approaching any team member for assistance. In teaching hospitals, providers and staff are accustomed to helping newcomers. Still, a simple reminder from leadership on the new provider and an invitation to help with the orientation process may be all that is needed. Regarding didactic education, having an established monthly program aided our ability to provide this structure for the onboarding program. Our program emphasized education on preeclampsia, postpartum hemorrhage, and venous thromboembolism, understanding the high-risk nature of the labor and delivery unit and the most common causes for maternal mortality. Didactic education was enhanced with the utilization of simulation for high-risk birth outcomes such as shoulder dystocia, OASIS, and postpartum hemorrhage management. Clinically, a tiered approach was utilized based on the new hires' experience and comfort level. Initially, management of routine triage, labor, and postpartum patients are emphasized and gradually advanced depending on comfort level and achievement. Therefore, continually checking in and assessing progress is crucial. All providers function as a team, and while we can manage emergencies and routine matters, we are not alone. This onboarding program's limitations were the small size of participants, the relatively informal assessment of clinical achievement, and lack of standardization for all newly hired PAs. However, it does address the importance of mentorship with PAs of different skills and interests, didactic education, and advancement in the clinical care of women.

CONCLUSION

This model will be useful to others who plan on implementing an onboarding program for inpatient OBGYN PAs. More research is needed to standardize the onboarding process and evaluate the training outcomes with objective data.

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