

## Locum Tenens Physician Orientation: Worth the Time and Effort

### Do You Offer Orientation for Locum Tenens Physicians?

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“Yes, we always provide orientation. The administrator’s secretary takes new doctors around to the different units and introduces them to everyone.”

“Our department is small, so we don’t need to do a formal orientation. The doctors figure out what they need to know within the first few days.”

“When we bring in a locums, it’s because we’re slammed with work. Orientation would be nice, but we don’t have that kind of time. They just need to be ready to hit the ground running.”

Sound familiar? If so, you’re not alone. Many hospitals and clinics provide little or no orientation for locum tenens physicians. At CompHealth, we believe that’s a mistake, and we encourage our clients to take orientation seriously. Whether the locum tenens physician you engage will be in your facility for a week, a month, or a year, providing proper initial direction is essential for a mutually rewarding experience. Taking the time to set the stage for success when you use locum tenens doctors will improve patient outcomes and satisfaction, reduce liability risk, make your staff more comfortable, and instill confidence in the doctor himself.

In this article, we present the essential elements of a good orientation. Because each hospital or clinic is unique, some of the points may not apply in your situation. Likewise, there may be policies, procedures, and protocols specific to your organization that you will add to what we cover here. To drive home the points we’re making, we’ve sprinkled the article with actual quotes pulled from evaluation forms by

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“Due to the lack of proper orientation given by this facility, I was continuously unprepared in dealing with hospital procedures.”

“The first day was overwhelming, especially since I was supposed to be getting my ‘orientation’ while on duty. They should have had me do the orientation the day before I started working.”

“Giving a locums a computer password and dictation numbers and pointing them to the examining rooms is not orientation.”

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CompHealth locum tenens physicians who have had both positive and negative experiences with orientation. We’ve kept the quotes anonymous and, in some cases, made minor edits to protect the identity of an organization. We think you’ll find what the doctors have to say quite enlightening.

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*I’ve never felt so professionally isolated, unsupported, and unappreciated.  
—Locum Tenens Physician*

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### Planning Ahead

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Before your locum tenens provider arrives on the scene, there are several steps you can take that will make for a smooth start. Begin by alerting the entire hospital staff and the medical staff via email, memo, and/or in the employee newsletter that a

locum tenens practitioner will be on site beginning on “x” day for a total of “x” days, weeks, or months. Include a photo and a short bio on the doctor so that everyone knows who to expect.

If time allows, send out (via email or snail mail) copies of key policies and procedures that might be helpful for the doctor to review ahead of time, along with a job description for the position he is filling. Be careful, however, not to send too much material—just the most pertinent information. Include a map of your facility, clearly marked to indicate where the doctor should park and which entrance to use on the first day of work. Showing up at a new location is stressful enough without having to fret over small details.

Well in advance, make sure someone is designated to greet the doctor on his or her first day, and that the doctor knows who to ask for upon arrival. One of our locum tenens physicians had this experience when he showed up for work: “The first morning I arrived at the site, I was made to sit in an office alone for an hour. I then walked out and introduced myself to the medical director. He kindly asked someone to orient me. No one showed up for some more time.” This is definitely not the kind of first impression you want to make on a new locum tenens doctor.

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“I received no orientation, no tour of the hospital, no access to computer programs for four days, and no key to the call room.”

“Still not exactly sure where the physician parking is.”

“I was very impressed with the thorough orientation process provided by this facility, and the welcoming nature of all those involved in the process, from the doctors to the housekeepers. Quite a pleasant surprise.”

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The person assigned to welcome the physician could be your medical staff coordinator, medical director’s

assistant, another physician working in the same department as the locum tenens provider, or a nurse manager. This individual should also serve as the “go-to” person for the new doctor during the first crucial days and weeks when questions are sure to arise.

## Basic Orientation

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Depending on the size and complexity of your organization, physician orientation may be easily accomplished in a couple of hours, or over the course of a morning. If, however, a full day (or more) is needed to ensure that the new arrival is prepared to see patients without compromising quality of care—or your bottom line—then it’s wise to invest that time.

Welcoming a new physician into your organization can start casually and progress to a more formal process. A tour of the facility conducted by your designated “go-to” person, while simultaneously taking care of a few housekeeping items, is a nice way to begin. On the way to security to get a photo badge, for example, stop along the way to introduce the doctor to a few employees. Swing by the medical staff lounge for a cup of coffee or pop into the cafeteria for a bite to eat during the tour.

For the first hour or so, simply be gracious and focus on putting the new doctor at ease. After this initial get acquainted time, depending on the size of your facility, you may turn the doctor over to a series of individuals to accomplish the remainder of the orientation.

**Department.** “I was expected to get into patient care with a totally inadequate introduction to how the clinic functioned,” said one doctor. Now, this physician most likely figured out, probably by trial and error, what he needed to know to deliver quality care, but why put anyone through this level of frustration?

A detailed tour of the department where your locum tenens doctor will spend the majority of his shifts will

save everyone time in the long run. Orient the new physician about where to find supplies, equipment, forms, and sample meds. If keys are needed to access certain supply cabinets, make sure he knows where those are located.

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"I didn't get an ID badge and got a little tired of responding to 'who are you?'"

"Orientation should not focus on meeting admin at the hospital, but rather on the actual worksite and flow."

"There should be a couple of hours of orientation for any doc who is not familiar with the new EMR."

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**Information.** Provide the new doctor with a hospital telephone directory and a medical staff roster (preferably one with photos). Other helpful information might include a list of area pharmacies, social service agencies in the community, insurance plan information, and a local phonebook.

**Staff.** The employees and other physicians a locum tenens provider needs to meet right away will vary, depending on the doctor's specialty and the structure of the organization. For example, a Hospitalist would need to meet the director of social services, while a Radiologist would probably have little need to connect with that individual. If in doubt, ask the locum tenens physician who they feel they need to meet as part of their orientation.

**Computer system.** "I could not access the patient schedule through the computer system. I asked one of the IT technicians to help out, yet he likewise could not access the schedule," was the experience one locum tenens physician had to contend with on day one at a new location. Not exactly what you'd call getting off to a stellar start, not to mention the resulting delay in providing patient care.

A session on how to use the electronic health record, prescriptions, scheduling, and order entry systems should be included in the orientation process. If passwords need to be assigned, have the IT department take care of that in advance. Be sure to leave the locum tenens physician with names and numbers for several employees who can troubleshoot and answer tech questions as they arise.

**Phone system.** Even if your temporary doctor will only be around for a few days, he's going to need to know how to place and transfer calls, how to put someone on hold, and how to retrieve voice messages.

**Medical records.** Make sure that the locum tenens physician understands your requirements for completing and signing off on medical records, as well as who to contact to retrieve patient records if the department is closed after hours and on weekends.

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"There was no orientation of any kind and they simply assumed that I knew what to do and what forms to use."

"The entire staff went out of their way to see that my wife and I were well taken care of and knew the best spots to eat, visit, and explore."

"I was warmly received and integrated into the practice."

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**Safety and infection control.** By and large, physicians are familiar with hospital safety and infection control procedures, but it can't hurt to spend a few minutes reviewing policies and standards that may be unique to your organization. Instruct the doctor to immediately ask questions of staff if a situation arises and it's not crystal clear what to do (e.g., a fire drill is announced or a hazardous material is spilled).

**Billing and coding.** Failure to show a new physician the basics about how charges are captured can negatively impact your bottom line. Make sure the locum tenens physician understands your billing and coding philosophy and procedures. Provide a “cheat sheet” for commonly used codes and charges if needed.

## Check in Periodically

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The completion of the formal orientation process is not the end of orientation. Your original “go-to” person should take responsibility for checking in with the doctor once a day for the first several days, and then periodically for the next couple of weeks after that. Even if you have the most comprehensive orientation procedure in four counties, there will always be follow-up questions. And after all of the critical questions are answered, it’s nice to offer a simple, “How are you doing?” inquiry once in a while. At some point, the locum tenens doctor is going to want to know where to get a good haircut, take a yoga class, or find a nice restaurant. Make your temporary physician feel at home by cluing him or her in on the local attractions.

## Worth the Effort

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If all of this sounds a bit daunting, know that once you work through the process a couple of times it becomes quite efficient. Doctors who are comfortable in their surroundings are more relaxed with patients and staff, save themselves (and everyone around them) time, deliver high quality care, preserve the reputation of your organization, ensure that you get paid for the services they render, and are more likely to steer clear of liability issues. In addition, the positive impression that a thorough orientation makes on a locum tenens physician, coupled with how much easier it makes his or her job, pays off when you want that individual to come back to your facility the next time you have a need for short-term help. Here’s what one of our doctors said about an early locum tenens experience: “I was very impressed with the thorough orientation process...and the welcoming nature of all those involved...from the doctors to the housekeepers who wanted to make sure my sleeping quarters were perfect. Quite a pleasant surprise.” So, take the time to do orientation right. You won’t regret it, and you’ll find that it’s worth the effort to pleasantly surprise someone.

Use our attached Orientation Checklist with each locum tenens physician you engage so that you won’t miss any important details.

## Orientation Checklist

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We share in your mission to provide quality patient care. CompHealth has created this checklist to aid you in orienting every locums physician we place with your facility. This checklist should provide these physicians with a better understanding of your policies, procedures, and protocols, and as a result, generate a mutually beneficial experience for everyone involved.

Physician Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Facility: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

Orientation Contact: \_\_\_\_\_ Title/Specialty: \_\_\_\_\_

### Prior to Locum Tenens' Arrival

- Let CompHealth know timeframe for orientation:
  - Does physician need to wear/bring anything specific?
  - When will first patient be scheduled for this assignment?
- Let CompHealth know who will perform orientation (i.e., physician or nurse/administrator)
- First day parking: Where should physician park?
- Inform facility staff that locums physician is scheduled

### Department Orientation/Introductions

- ID/Security badge (if applicable)
- Introduction to management, medical, and supervisory staff
- Introduction to appropriate contact/manager for physician to notify in case he/she could not be at work due to an emergency
- Introduction to appropriate contact for physician to notify in case of any problem or issue arising

### Facility/Department Tour

- Facility tour (to include locations of employee restrooms, break room, cafeteria, etc., if applicable)
- Equipment orientation and location
- List of access codes for the computer, etc.
- Computer orientation (including introduction to a "buddy" the first week to assist with any computer issues)
- Medical record documentation system
- Dictation system, if applicable
- Location of employee parking lot
- Telephone directory
- Orientation to telephone system, beepers, and/or paging system (if applicable)

## Facility/Department Policies and Procedures

- Workflow process
- Process for ordering labs, including timeframes for returned results
- Protocol when cases present to Emergency Department
- Inpatient coverage process—what patients are being transitioned to locums physician, who follows up with inpatients when physician leaves, etc.
- Availability of consultants—with whom will the physician consult?
- Emergency management (to include fire safety procedures, evacuation routes, fire extinguisher locations, etc.)
- Infection control manual/procedures
- Hazardous Waste Material (HAZCOM) manual/procedures
- Hazardous Material List (MSDS) manual
- Dress code
- Telephone/cell phone/fax/Internet policy
- Meals policy (e.g., cafeteria discount for locums physician?)
- Attendance, sickness, and tardiness policy
- Billing process (to include third-party billing and Medicare—is enrollment required?)
- Payroll procedures (to include introduction to person responsible for signing time sheets)
- Facility/Department documentation policies and procedures
- Expectation of special documentation requirements, if any
- Other facility/department policies and procedures

## Other

- Community information, including places of interest and restaurants