

Editorial

A Pilot Physician Mentoring Program in a Large Hospital System

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Abstract

Description

This article summarizes the development and implementation of a mentoring program designed to support and educate physicians new to practice in a large, outpatient hospital system. The program addresses organizational, operational, and financial elements of medical practice. Topics include efficiency and time management, coding education, leadership, and burnout. These topics are often not directly addressed in medical education, yet are crucial to physician well-being. The article describes the program structure, initial feedback, and recommendations for program replication and expansion.

Keywords

pilot program; mentor; mentorship; physician mentor; medical staff; program development; program evaluation; business of medicine; clinical process improvement

Background

Health care providers often struggle early in their employment with the operational and financial aspects of medical practice. Dr Crista Keller, an internal medicine physician in Denver, Colorado, has developed a mentoring program to support and guide newly employed physicians through these challenges. The program provides one-on-one coaching as well as resources and education. The program serves as a clinically-oriented supplement to existing support and resources offered by our large hospital system. This program has been designed in a structured manner to allow for replication and expansion and for tracking the outcomes. At the same time, the program is designed to be flexible to meet the individual needs of participants. This approach of a clinician-led, structured, one-on-one mentoring program appears to be unique within the organization.

Program Structure

Specific topics covered by this program include organization and time management, creation

of clinical workflows, coding education, leadership and team building, and burnout prevention. Dr Keller has developed a curriculum, outlined below, and resources for the program with the intent that it can be replicated in other divisions within the larger organization.

Newly employed primary care physicians are introduced to the mentoring program by the local onboarding team. Then the mentor contacts the physician to describe the program in more detail and schedule an introductory meeting. Over the course of the first 1-2 years of employment, the mentor meets with physicians every few months, typically 4-6 times in total. These meetings occur both in practice settings and outside the office. Informal support is also offered through emails, phone calls, and by working with the new physicians and their practice managers to implement action plans and address practice-related issues. Specific support and offered guidance are tailored to the individual needs of the providers. The program elements and structure are outlined below.

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Introductory Meeting

The mentor meets with the mentee about 1 month after onboarding, typically in an informal setting outside the office. Topics discussed include the mentee's initial experience with their practice and the organization, any needs for support and resources, and professional goals.

Shadowing

The mentor spends about 2 hours with the mentee in their clinic, observing 1 to 2 patient visits as well as administrative work. The mentor offers recommendations and strategies to improve organization and time management, documentation efficiency, processing of the inbox, and coding education. The mentee is also encouraged to shadow the mentor in their clinic as an opportunity to see different practice styles and workflow processes.

Business Education

Dr Keller has written a business guide that is provided to each mentee at the start of the program and is referenced throughout the course. Topics covered include coding education (work relative value units, Medicare coding rules), understanding clinically-relevant financial reports, value-based care (quality measures, risk adjustment factor scoring), improving efficiency and organization during patient visits, working effectively with support staff, building a successful practice, and communication and collaboration with leadership. Each of these topics is separated into brief reference guides or "cheat sheets."

Optional Practice Group Discussions

Strengths and Leadership: Participants complete the CliftonStrengths assessment (<https://www.gallup.com/cliftonstrengths/en/253676/how-cliftonstrengths-works.aspx>). Resources from the assessment and from HCA Healthcare's Leadership Institute Academy are used to discuss individual strengths, team dynamics, and leadership skills.

Burnout

Dr Keller has created a presentation and handout on burnout to present to practice groups. The discussion outlines the problem of burnout, including its causes and scope. Specific solutions are discussed, including strategies to increase resilience, streamline processes,

improve organizational systems, and build a supportive culture to buffer against burnout.

Program Feedback

Eight program participants were interviewed at the start of mentoring and upon completion of the program. Initial interview questions addressed the initial onboarding process and goals. As this program was a pilot, specific goals and objectives were not explicitly stated. The feedback outlined below is being utilized to create more specific learning objectives for future participants.

Clinic shadowing was identified as the most crucial element of mentoring. It offers practical, clinically-oriented strategies and skills to improve efficiency, organization, and workflows. These skills help physicians complete work more effectively during the clinic day, leading to less work done from home and a lower risk for burnout. Mentoring offers the unique perspective of an experienced physician who is familiar with the organization's processes and goals but not directly affiliated with their practice. Many commented that these skills are seldom taught in medical training. Written summaries and recommendations provided after each shadowing session helped the provider to develop action plans for process improvement.

Coding education was also seen as a crucial element of the program. One physician commented that this education "made all the difference" in helping her meet enterprise productivity expectations while still maintaining a manageable workload. Multiple physicians noted this supplement to formalized coding training teaches providers how to translate coding rules into clinical practice, allowing them to reach productivity targets more quickly and with less stress.

The peer support offered by this program was cited as another key element to its success. The mentor provides a safe place, a sympathetic ear, and constructive feedback. Physicians described a sense of relief in knowing they are not alone in the challenges of starting in a new practice. They described the value of increased connections within the organization. Physicians described a feeling of empowerment brought

on by the mentor's advocacy and investment in their success. Mentees expressed appreciation for the individualized approach to addressing their needs and concerns as well as a big-picture perspective of the organization. Mentees also noted the program helped them identify their own needs and goals.

Challenges and opportunities for improvement centered around the integration of the one-on-one mentoring work with the goals and priorities of the organization. The mentor must collaborate with the practice and organizational leadership while maintaining the integrity of the individual relationship with the mentee. There were several physicians who participated in the program but ultimately left the organization. The role of the mentor in those situations was a challenging balance of support for the individual physicians while supporting the larger aims of the organization.

Themes and Issues Identified

Many physicians struggle with elements of organization, time management, and boundary setting. Specific challenges include covering too many topics in a single visit, scheduling appointments too infrequently, managing problems by phone/web encounters rather than with office visits, underutilization of support staff for administrative work, and excessive documentation. Each of the program participants was able to identify areas for improvement and adopt individualized strategies to improve their processes and workflows.

Program Expansion

The mentoring program has recently been expanded to advanced practice providers (APPs) using the template outlined above to address clinical efficiency and coding education. A unique aspect of this arm of the program is the need to help APPs understand their roles within their practices and to facilitate communication between APPs, supervising physicians, and managers about responsibilities and expectations. The program also fosters a sense of community among APPs across the organization.

Mentoring and process-improvement support is being developed for obstetrics and gynecol-

ogy physicians employed by the organization. A collaborative working committee comprised of physicians, APPs, practice managers, and mentors is being developed to address process improvements in various areas, such as streamlining documentation, sharing clinical templates, acute access scheduling, working with APPs, and coding education.

Personal Observations and Recommendations

1. The mentor-mentee relationship must be formed early, with formal meetings and informal contact every few weeks through the first year of the mentee's employment.
2. Mentors need to work with practice management to facilitate the scheduling of meetings, implement action plans, and address practice-wide issues.
3. Some elements of mentoring—especially shadowing—can be intimidating for mentees. It is the responsibility of the mentor to take a supportive and non-judgmental approach and convey that the program is not an assessment of clinical competence or a means for grading/rating new providers. Rather, it is a tool to improve work processes and, thereby, improve work satisfaction.
4. The fact that the mentor is neither an authority figure nor a practice partner allows for the development of a unique professional relationship and degree of support that is not commonly offered to new physicians in the organization. This relationship does require the mentor to have a keen awareness of professional boundaries and roles.
5. Mentoring takes time. It cannot be rushed or squeezed in between patients. Blocking 1-2 hours for each session allows time for productive discussion and coaching. When done early in the course of employment, there is minimal impact on productivity.
6. Generational shifts are influencing the delivery of care and practice culture. Younger health care providers desire and often expect mentoring. Experienced physicians have an opportunity to shape the future of medicine through mentoring. Working as a mentor can provide an opportunity for professional growth and development.

7. A positive practice culture makes a significant difference in physician well-being. A formalized mentoring program offers an opportunity for the organization to support new physicians and care teams.
8. Mentors are in a unique position to identify systemic issues, bring them to the attention of leadership, and help to formulate and implement practical solutions.
9. Mentors should be compensated for their time. Effective mentoring offers the opportunity to increase physician productivity, job satisfaction, and retention. This program was developed with a 4-5-hour weekly commitment from a single physician and required minimal additional financial support from the organization.

Conclusion

The primary care mentoring program offers a structured yet individualized approach to facilitate the successful integration of new physicians into a large hospital system. This program has the potential to increase physician productivity and efficiency, strengthen practice teams, and improve the satisfaction and retention of providers. Mentoring resources were created using existing organization-wide training programs which have been condensed into practical, immediately applicable, and clinically relevant guides and cheat sheets. The program can be adapted by individual mentors to meet unique needs. It creates an opportunity for experienced and successful providers to pass knowledge on to the next generation of health care professionals while experiencing personal satisfaction and professional growth.

Conflicts of Interest

Dr Keller declares fees from HCA Healthcare Physician Services Group's mentoring program.

Dr Keller is associated with the Board of Directors of Colorado Care Partners.

Dr Keller is associated with the Rose Medical Center Medical Executive Committee.
Dr Keller is an employee of Rose Medical Center, a hospital affiliated with the journal's publisher.

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare-affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

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