CONSULTANT SPECIALIST
TEAM CARE

Consultant Specialist Team Care Toolkit

SSC
SPECIALIST SERVICES
COMMITTEE

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Consultant Specialist Team Care Toolkit here

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INTRODUCTION

Team care has been identified as essential for the delivery of high value health care. *A team is a bounded and stable set of individuals interdependently working for a common purpose.*[1]

Physician-led team care engages a greater number of staff in patient care and affords physicians the time they need to listen, think deeply and develop relationships with patients. It has been associated with decreased workloads, increased efficiency, improved quality of care, improved patient outcomes and decreased clinician burnout and turnover.[2,3]

TEAM PRACTICE

INCREASE

| Efficiency | Quality of Care | Positive Patient Outcomes | Workloads | Clinical Burnout |

DECREASE

Adapted from: American College of Physicians
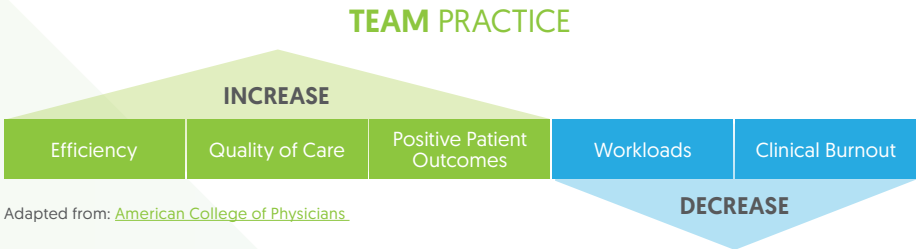
The information found in this toolkit is intended to provide specific site-level activities that will support specialists and their teams to successfully transition to a team model of care. It was created using a literature review of clinical evidence and best practices, along with an environmental scan of team care activities across British Columbia. It was further reviewed by the CSTC Faculty of Experts who include specialists, family physicians, Ministry of Health representatives, academics and patients who provided input and expertise on the various components.

The toolkit is themed around a series of drivers that are important when transitioning to a team care model.

PRIMARY DRIVERS

TEAM FUNDAMENTALS (TF)
How the specialist and team interact with each other and with patients

ROLE CLARITY (RC)
Team members understand their role and operate at full scope of practice.

COLLABORATIVE ENVIRONMENT (CE)
Optimize clinical space to support team practice.

EFFICIENCY (E)
Analyze workflow to integrate a team approach to patient care.

SUSTAINABILITY (S)
Team care solidified through financial and human resource requirements.

Each driver does not work in isolation, nor is one more important than another. Each specialists' practice is different and so are their teams. Therefore, the focus for one specialist may be different from another. A specialist may start with one driver, or multiple drivers together. As a result, the toolkit is broken down into sections rather than by chapters since each driver links together to help inform any team care model. The emphasis, however, should be on getting started with small changes, evaluating those changes, and building on each experience until you have a highly functioning team that results in optimal patient care.

The toolkit offers ideas and suggestions that may prove useful for specialists and their teams to consider when implementing a team care model. Specialists and teams are encouraged to use the resources at their own discretion based on the best interest of their individual model and patient population. The change ideas are highlighted throughout the toolkit using a:

Light Bulb
An idea/tip/strategy that may be useful.

The toolkit is an iterative document and will continue to evolve and be updated as more is learned about applying team care in the specialist outpatient setting in the BC context and as such, any feedback is welcome and can be directed to CSTC@doctorsofbc.ca

DRIVER DIAGRAM

PRIMARY DRIVERS

TEAM FUNDAMENTALS

ROLE CLARITY

AIM

By Februrary 28, 2025, 90% of participating sites will implement a team model of care to improve the patient and provider experience.

COLLABORATIVE ENVIRONMENT

EFFICIENCY

SUSTAINABILITY

The following **driver diagram** is a summary between the overall **aim** of the program, the **primary drivers** (i.e., 'key drivers') that contribute directly to achieving the aim, the **secondary drivers** (i.e., 'the steps') that are components of the primary drivers, and specific **change ideas** to test for each secondary driver.[4]

SECONDARY DRIVERS

- Communication
- Psychological Safety
- Leadership

- Scope of Practice
- Roles and Responsibilities
- Knowledge Transfer

- Information Sharing
- Culture
- Integration of Team Members

- Physical Workspace
- Coordination
- Documentation
- Scheduling

- Financial Stability
- Planning for the Unexpected
- Quality Assurance

CHANGE IDEAS

- ☐ Hold regular all team member check-ins
- ☐ Complete the DOPE BIRD 4 Personality Type Test
- ☐ Use whiteboards for shared communication
- ☐ Promote opportunity to share how changes will impact team member's work
- ☐ Create meeting log where actions/accountabilities are tracked
- ☐ Use patient stories to ground team meetings
- ☐ Team building activities
- ☐ Celebrate wins with reward system

- ☐ Use role matrix to outline roles/responsibilities
- ☐ Orientation log
- ☐ Delegate tasks throughout the team
- ☐ Design a training schedule for new team members
- ☐ Use case studies, observation periods and feedback loops to create learning opportunities

- ☐ Team attend professional development opportunities and report back
- ☐ Post shared vision in visible area for team and patients to see
- ☐ Reorganize patient rooms for clear line of sight
- ☐ Team selects problems to address together as well as metrics to track improvement
- ☐ Track and report out on positive patient/team member feedback

- ☐ Add notification system when provider required
- ☐ Make physical layout alterations to reduce redundancy
- ☐ Streamline documentation with help of staff and EMR software features
- ☐ Process map workflow to highlight inefficiencies
- ☐ Utilize patient reminder systems and alternatives to physical appointments like virtual care options
- ☐ Design a clinic website to share information with patients/providers
- ☐ Identify and correct inefficiencies with EMR use

- ☐ Utilize financial sustainability calculator
- ☐ Place data from changes in visual place
- ☐ Conduct annual performance reviews and document
- ☐ Create cross learning opportunities so team members can cover during absences
- ☐ Use 'stay interviews' to understand team member perspective

PRACTICE READINESS

Practice readiness is about changing and adapting your practice for the future. One way to think about practice readiness is through frameworks for change, since getting ready for the future will involve doing things differently than you do them today.

Change Frameworks

There are many frameworks for change available, however this toolkit is going to highlight two classic framework from management theory.
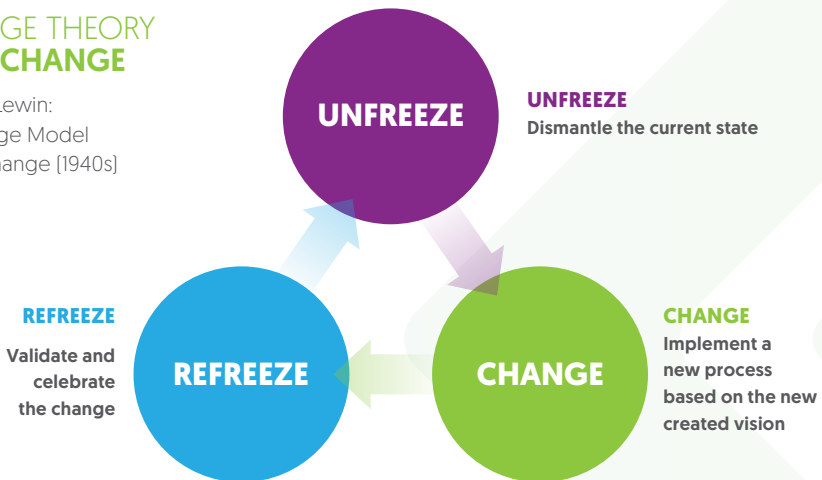
*Change
is not an event
it's a process*

Lewin's 3-Stage Theory of Change

An early model of change developed by Lewin described change as a three-stage process. The first stage he called "unfreezing". It involved overcoming inertia and dismantling the existing "mind set" and the old ways of doing things must be bypassed. In the second stage the change occurs. This is typically a period of confusion and transition. We are aware that the old ways are being challenged but we do not have a clear picture as to what we are replacing them with yet. The third and final stage he called "freezing". The new mindset is crystallizing and one's comfort level is returning to previous levels. This is often misquoted as "refreezing". Lewin's three-step process is regarded as a foundational model for making change in organizations.[5,6]

STAGE THEORY
OF CHANGE

Kurt Lewin:
3 Stage Model
of Change (1940s)

UNFREEZE

UNFREEZE
Dismantle the current state

CHANGE

CHANGE
**Implement a
new process
based on the new
created vision**

REFREEZE

REFREEZE
**Validate and
celebrate
the change**

Adapted from: Theory of Change

Kotter's Eight Stages of Change

Kotter's, "Leading Change: Why Transformation Efforts Fail," provides an 8-step framework for organizational change.[7] Eight steps can be tough to remember, so we will discuss how to collapse Kotter's framework into three categories using Lewin's framework.

Create a sense of urgency: All involved need to feel the urgency for the change and understand its importance to the organization.

Use a patient story to help others understand the importance for change.

Form a powerful guiding coalition: Simply stated, put a team together to lead the change effort and influence stakeholders.

Hold all-team staff meetings that allow for time for connection and team building and start every meeting with a two-word check in sharing how each team member feels that day.

> *Example: Each team member gets to share two words that describe how they are feeling that day. Today I am feeling excited and focused.*

Create a vision: This will motivate and guide the team's actions; it should provide a clear aim and achievable goal(s).

Develop and post the vision in shared space like a staff room for all to see and quick reference. When developing a vision statement, ultimately, the leader needs to be accountable for it and open to revisit and revise as needed.

Communicate the vision: You can never communicate too much about a change! This helps keep people informed, motivated, and included in the change process.

Empowering others to act on the vision: The guiding coalition or senior management team should be aware of obstacles that come up that get in the way of the change and remove them.

> Hang a whiteboard and regularly update it to allow team members to communicate, post topics, and discuss at team meetings.

Planning for and creating short-term wins: Because change can take time to achieve, it is important to create short-term goals on route to the larger goal and celebrate them to help create momentum.

> Celebrate and track your wins as a team. This can be as simple as an acknowledgement or more formal like a team lunch.

Consolidating improvements and producing more change: This step is about keeping the momentum going, and sharing what has gone well and what has gone wrong.

Institutionalizing new approaches: This is about sustaining the change, or making it stick. This may involve adjusting organizational norms and values to align with the change or "new normal."

> Place data from your changes in a visual place. For example, use a whiteboard to illustrate priorities for the day or week, key changes, celebrations and team progress.

KOTTER'S 8 STAGES OF CHANGE

1. **Establishing a Sense of Urgency**
2. **Forming a Powerful Guiding Coalition**
3. **Creating a Vision**
4. **Communicating a Vision**
5. **Empowering Others to Act on the Vision**
6. **Planning for and Creating Short-Term Wins**
7. **Consolidating Improvements and Producing Still More Changes**
8. **Institutionalizing New Approaches**

Adapted from: Eight Stages of Change [7]

In an ideal world, you would follow Kotter's eight steps from start to finish, but that's not how organizations work. Sometimes steps happen at the same time, and sometimes a step gets skipped. Keep in mind that organizations are complex with imperfect people and processes. Even if you cannot execute a theoretical Kotter plan perfectly, you can use these stages to mark your progress.

Kotter and Lewin's Theories of Change

Remembering Kotter's eight steps may be a challenge, and some may find it easier to just remember Lewin's three phases. It is possible to overlap Lewin's phases with Kotter's steps, which allows you to see how they align, and possibly increase your ability to recall both frameworks.

KOTTER SIMPLIFIED WITH LEWIN

1. **Establishing a Sense of Urgency**
2. **Forming a Powerful Guiding Coalition** — **UNFREEZE**
3. **Creating a Vision**
4. **Communicating a Vision**
5. **Empowering Others to Act on the Vision** — **CHANGE**
6. **Planning for and Creating Short-Term Wins**
7. **Consolidating Improvements and Producing Still More Changes** — **REFREEZE**
8. **Institutionalizing New Approaches**

Adapted from: Erin Sullivan lecture notes from 'Leadership, Ethics, and Organizational Change' MHA course

The Leader's Role

Making Sense of Change

Leaders add value by helping to make the work and the organization meaningful to organization members. The more meaningful work is to employees (in positive ways,) the more engaged they are likely to be. And employees need to have a shared, accurate, and useful understanding of what is going on within the organization, in order to be effective in their work.

When leaders are serving as meaning makers, they are attempting to influence how people think. How people think will, in turn, affect their behaviour.

Leading Culture Change

Before talking about culture change, which is relevant in organizational transformations, let's start by asking the question, "What is culture?"

The classic definition of culture is:

> *"A pattern of shared basic assumptions that a group learned as it solved its problem of external adaptation and integration, that has worked well enough to be considered valid and therefore to be taught to new members as the correct way to perceive, think, and feel in relation to those problems."[8]*

More simply stated: Culture provides the superglue that bonds an organization, its people and helps to accomplish desired goals.

Culture is ingrained in the way people work, and if you change the way people work, you are going to want to look at the big picture, which includes culture, and see if adjustments need to be made there. Organizational culture is notoriously difficult to change, and nearly impossible to change quickly.[9] Important ways for leaders to approach culture change:

1. Build on the existing culture by highlighting its strengths and treating it as an organizational asset, rather than viewing it as a weakness or barrier.

   Example: The number of labs/documents/patient emails can become overwhelming for the nurse responsible for following up on these tasks. Nurses rotate through this role on a weekly basis. Much of the work from the previous week would carry onto the next week. The team agreed to a goal for the documents/labs/emails to be at the end of the week, and posted daily updates at the end of the day.

2. Approach organizational culture improvement as an everyday, ongoing part of a leader's work.

Create informal opportunities to have conversations between team members outside of the work process to strengthen work relationships.

3. Measure and monitor culture change.

Developing Buy-In

When innovations and changes are seen as clashing with longstanding patient care values, staff are less likely to adopt new behaviours and practices. However, because health care providers are generally motivated to help or heal patients, make sure you provide the data and evidence for how a change benefits patient care.

 "Three Steps for Engaging Health Care Providers in Organizational Change," highlights how healthcare leaders can align health care professionals with new processes and behaviours.[10] The steps are as follows:

- **Seek to Understand:** Seek to Understand: Seek to understand why staff think innovations or changes do not align with the existing culture and mission.

How are you feeling about the latest change idea?
Tell me more about that?

- **Engage Employees:** Engage employees with data to explain the problem, its urgency, and how to address it.

Team selects a problem to address together as well as a metric to track over time. Data is then shared back with the group to help aid team members see how they have improved together.

- **Pay Attention:** Pay attention to the behaviours you reward and tolerate. How you respond to the change effort sends a message back to the team.

The team will have moments of frustration, especially when a change is not successful. Frame experiences as lessons learned and how the team will become better as a result.

Communicating About Change

Tips for communicating about change:

- **Communicate, communicate, communicate again!**

The team decides how best to communicate with each other. Use different strategies as individuals have different preferences.

Examples include team huddles, white boards, and case studies. The team can decide if it wants to visually track metrics associated with changes in a common space within the practice (i.e. a white board).

- **Understand your listeners.** Tailor your message by thinking about your team.
  - What do they know about the current status of a change project or strategy?
  - What might they be expecting?
  - How might they be feeling about the organization?
  - What might they challenge or make them resistant to the change?

- **Communicate the why.** Help the team create meaning about the change because if they don't know the reason, they're never going to buy into the vision for the future direction. What's the one thing you want everyone to walk away with to be able to make a change?

Challenge - Can team members summarize the 'why' in one sentence and be able to repeat it from memory?

Use a patient story to illustrate the problem you are trying to solve.

- **After you've presented the vision for change and where you're headed, you have to convert the vision into action.** Suggest the ultimate goal and have the team brainstorm the steps to get there.

Let the team members come up with the suggestions for change to help address the problem the team is trying to solve. To solicit ideas from your team you might consider using "brain writing." One way to do this is to use post-it notes and ask team members to take a few minutes to write their suggestions on a post-it. Then take turns letting everyone share their ideas, and build a discussion from there. This practice benefits team members who may be introverted, and also keeps the team from "anchoring" to the first solution that might be made in a traditional brainstorming session.

Provide a reason to believe or engage the emotions of team members. Emotions are what drive us to act.

> Personalize the problem! Team members share how they, or their family members, have been negatively impacted by the problem you are addressing.

Leading Teams

A team is a bounded and stable set of individuals interdependently working for a common purpose.[1]

Let's break down the key words in this definition:

- **Bounded:** You need to know who is in the team and who is not.
- **Stable:** Your work occurs together over time (which also means that your team can learn together over time).
- **Interdependently:** Work cannot be performed as individuals.
- **Common purpose:** Goals are shared.

Trust

The foundation of any high-performing team is trust. You will need to build trust amongst your team members over time, it does not happen quickly; many have noted that trust is hard to build, but easy to lose.

Trust: Choosing to risk making something you value vulnerable to another person's actions.[11]

Distrust: What is important to me is not safe with this person in this situation or in any situation.[11]

Assessing trust at work involves learning to distinguish between "I don't trust this" and "I don't trust you." Trust is not a product, and a person can have trustworthy and untrustworthy behaviours and still demonstrate value.

Frameworks can help you understand that mistrust is not the whole person, and understand that actions may seem untrustworthy through our personal lenses. The focus here is on untrustworthy behaviours or actions, not people.

Team Formation

It takes time to build teams, trust, and for a team to "gel" or find the rhythm that makes them a high performing team. Great teams are not built overnight, and often move through distinct phases of team development.[11,12]

Watch the Stages of Team Development here:

Five Dysfunctions of a Team

Another important consideration when building a team is to avoid barriers to productive teamwork which include[13]:

RESULT

ACCOUNTABILITY

COMMITMENT

CONFLICT

TRUST

Adapted from: The five dysfunctions of a team: a Leadership Fable [13]

As a leader, you need to model these points for your team:

Absence of Trust: The fear of showing vulnerability to team members prevents trust building within a team. Role of a leader is to go first and pave the way.

Fear of Conflict: Preserving artificial harmony stifles opportunities for productive, ideological conflict. Role of a leader is to mine for conflict.

Lack of Commitment: Lack of clarity or buy-in prevents team members from making decisions they will stick to. Role of a leader is to force clarity and closure.

Avoidance of Accountability: Avoiding interpersonal discomfort prevents team members from holding each other accountable for their behaviours and performance. Role of a leader is to confront difficult issues.

Inattention to Results: Focusing on individual goals and personal status detracts from collective success. Role of a leader is to focus on collective outcomes.

Conversely, here is how functional teams look:

- **They trust one another.**

Watch for signs of trust like team members talking about non-work related topics, having agreed up nicknames or sharing lunch together.

- **They engage in unfiltered conflict around ideas.**

Ensure people discuss ideas, not people. This is a sign of respect among team members.

- **They commit to decisions and plans of actions.**

Actions are assigned at a meeting, tracked and revisited at subsequent meetings to follow up on progress.

- **They focus on the achievement of collective results.**

Connecting Forming/Mobilizing Teams to Performance

A leader ensures:

- **Clear and compelling tasks**

Minimize redundancy with clear understanding who is doing what. Use team exercises like process mapping to identify and eliminate/minimize repeated steps.

- **Designing the team so that they naturally lead to the desired outcomes**

Be aware of individual team members scope of practice and do check ins to ensure each feels supported and clear on their role.

- **Share tasks with clear boundaries**

Develop a role matrix and review at team meetings to ask team members if roles and responsibilities are consistent with daily clinic workflow.

- **Define and create engaging goal**

Check in to ensure team has agreed to shared vision.

- **Availability of team coaching**

Seek intent - if a team member is consistently underperforming, state your observations and ask why the behaviour is occurring to open the lines of communication.

- **A sound structure that uses member knowledge/skills**

> Create space during 1-on-1 check ins between team members to ask if they see opportunities to improve upon the team care model.

Team Leadership Principles

- **Emphasize purpose:** why this team exists, what work they need to do
- **Build psychological safety:** Part of the leader's role is to foster a psychologically safe environment where people can "fail and learn.

> A basic way to create such a climate is to model the behaviours on which teaming depends: asking thoughtful questions, acknowledging ignorance about a topic or area of expertise, and conveying awareness of one's own fallibility. Leaders who act this way make it safer for everyone else to do so

- **Embrace failure:** Failures provide essential information that guides the next steps, creating an imperative to learn from them. See them as lessons learned that allowed each team member to become wiser, and the team itself more experienced.
- **Put conflict to work:** When teams are formed across diverse cultures, priorities, or values, progress-thwarting conflicts are common—even when leaders have done all the right things. Trust allows us to learn from conflict; it does not guarantee constant agreement, a "calm veneer" or "everything is okay" can indicate a culture of mistrust.

> A useful discipline for leaders is to force moments of reflection, asking themselves and then others, "Is this the only way to see the situation? What might I be missing?" Such exploration—even in the face of deadlines—is critical to successful teaming.

Lessons from Research

In medicine, often there is a lot of emphasis on the patient-doctor relationship. However, paying attention to relationships within your practice and empowering your team members is a way to strengthen your practice. All high performing practices had an organizational culture characterized by 1) trusting, long-term relationships with patients and colleagues; and 2) power, responsibility, and authority redistribution to employees and patients.[14]

Addressing Learning Opportunities

Mistakes and shortcomings will inevitably occur. These experiences can be seen as learning opportunities to improve and be used to bring the team together to work closely with one another to improve patient and staff experience.[15]

For mistakes that occur repeatedly, the team may need to enlist external help. As mistakes can invoke emotions of frustration and irritation, it is important that all team members be respectful and empathetic as they collaboratively work together to manage it.

The success of team care is contingent on the clarity and transparency of team members in regularly articulating concerns. Effective communication skills by all team members are essential to properly addressing adversity and obstacles.

Effective Communication

We typically spend a lot of time at work interacting with others. We may often wonder why people behave as they do and how to respond to others' behaviour. The skills of understanding and handling interpersonal relationships are essential for good management, powerful leadership, and effective organizations.

If emotional intelligence, simply stated, is the ability to manage ourselves and our relationships effectively, a major component is *effective communication*. The communication method we use to convey our message involves words, tone, and body language.

We also need to acknowledge that the methods of communication in organizations have shifted, and it is the leader's responsibility to manage the flow of information.

Daily Communication in a Clinical Setting

Teamwork and communication are critical to ensure safe and quality care for patients. A huddle offers the team a daily dedicated time to connect with each other. Huddles are short, regular meetings where care team members can connect to review the patient list for the day and discuss or resolve existing or emerging issues.

Establish frequent huddles.

Research has demonstrated that the design and layout of team spaces influences the way that team members work together. As a result, many teams co-locate in the same space to improve teamwork; this may mean that providers are moved out of their individual offices to share space with nurses and medical assistants. Co-location makes frequent face-to-face communication easier. Proximity to team members and having direct visibility to others on the team supports mutual awareness of what others are doing; this is critical for those who are sharing care for the same group of patients.

As a team, re-organize the clinic space to enable new workflows.

Feedback v. Coaching

While feedback is about statements or stories, coaching is characterized by questions.

Feedback

- Focused on previous behaviour either good or bad
- Evaluative in nature
- Direct often in person
- Best used to improve motivation issues that may be leading to undesired behaviour
- Appropriate behaviour

Coaching

- Focused on behaviour for the future
- Developmental in nature
- Tends to be question oriented to promote self-discovery
- Best used to develop skill deficiencies
- Optimal performance

FEEDBACK VS COACHING

"Ready? Here comes feedback"

"I'll help you get better!"
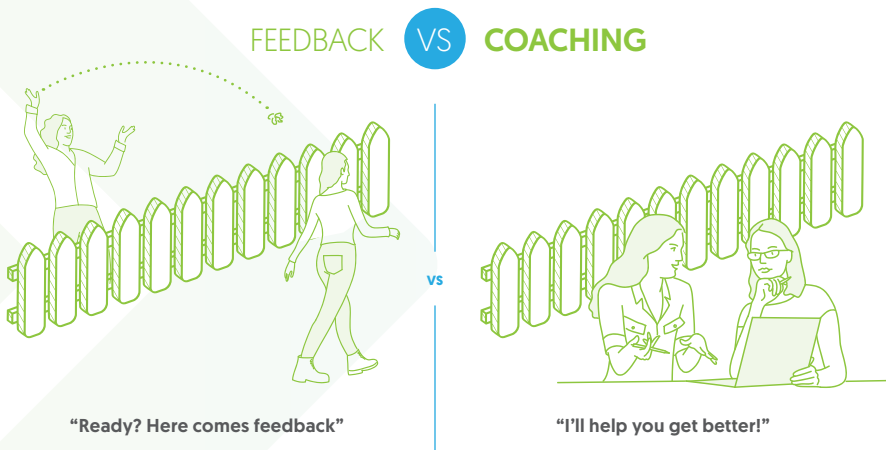
Adapted from: Feedback and Coaching

You produce value as a coach when you provide observations that, first and foremost, address goals that are a real priority for the individual being coached, not for you.

Workplace coaching focuses on professional development, skill-building, and career learning. It has the benefit of building more meaningful workplace relationships, too.

Fostering Productive Disagreement on Your Team

Productive conflict, or disagreement, can be valuable to the team and result in better decision-making and innovation. It is good to have different ideas and opinions in a meeting or discussion! Research demonstrates that the outcome will be better and richer, and your relationships as a team will be stronger. A few quick rules for fostering productive disagreement:

- Remember that you're all on the same team, trying to steer in the same direction.
- Keep conflicts about facts and logics, not interpretations or exaggerated "fishing stories."
- Depersonalize the argument so people don't feel personally attacked.
- Be humble and respect every viewpoint.

New Staff Checklist

Hiring

- [ ] I have determined what health professional can augment the clinic.

- [ ] I understand the medicolegal implications of delegating clinical tasks by:
  - assessing team needs
  - considering the clinical competencies of different health professionals
  - using the role matrix tool to help develop job descriptions of new roles and how they fit with other team members and responsibilities

- [ ] I have evaluated the financial sustainability of expanding the team expansion using the financial calculator.

- [ ] I have determined a competitive compensation package for new team members.

- [ ] I have created a job advertisement based on the new role's job description.

- [ ] I have interviewed and rated candidates.

- [ ] I have provided a Letter of Employment to the new team member.

Onboarding

- [ ] I have provided the new team member with onboarding documentation outlining expectations.

- [ ] I have set up payroll, taxes and registrations.

- [ ] I have developed and provided training for new team members including:
  - A training plan on clinic processes and systems (i.e. EMR)
  - Training on workplace health and safety policies
  - Set up quality assurance checks during the probationary period (and beyond)

Beyond

- [ ] I have developed contingency planning in case of:
  - Leave of absence
  - Dealing with performance issues and administering necessary support/discipline
  - Ending employment

HIRING

Business Pathways offers all templates identified in this section in the HR Toolkit. Just click on the QR code. Any questions about managing employment can be directed to: **businesspathways@doctorsofbc.ca**

Delegation

One of the primary goals in implementing team care is to allow the specialist to increase capacity to maximize their knowledge and expertise. By delegating some of the specialists' day-to-day clinical and administrative tasks to team members, specialists' will be able to see more patients and focus on pursuing core activities unique to their specialty.

Medico-legal Considerations

*Note: All information included in this section at the time the toolkit was developed was received from CMPA. However, it is recommended to confirm with the CMPA for the most current information as it is subject to change.

- According to the CMPA [17] you can delegate anything within your own scope of practice in medicine to another individual, provided that:
  - You provide them with the necessary training and supervision to ensure that they are competent and have sufficient confidence in their skills to meet the standard of care that would be expected of you.
  - You implement a quality assurance process to ensure that their work is consistently up to that standard.
  - You clearly state their roles in a written document, and you update this document as needed.

Resources offered by CMPA

- Whether or not they are part of a regulated profession, this individual must have professional liability insurance.[18]

> Nurses are eligible for professional liability protection offered by the Canadian Nurses Protective Society [CNPS] provided that they are a beneficiary.[19]

- In the case of a lawsuit, as long as this individual does not have the ability to see and treat patients independently, CMPA will most likely extend legal assistance to them.
  - See here for details on CMPAs criteria for extending assistance.
  - In the uncommon scenario where these criteria are not fully met, physicians are advised to consider commercial liability insurance.
- If this individual has appropriate training but is not registered with a regulated profession [e.g., international medical graduates], they should clearly identify their situation to patients at the start of interactions.

Even though your newly hired health professional may be performing tasks that they could do independently in other settings [hospitals, private practices, etc.], you are responsible for ensuring that they have the skills and competence to meet the unique requirements of your clinic. Moreover, since they are seeing patients on your behalf, you are ultimately responsible for the quality of care your patients receive from them.[17]

- Design a training schedule that includes:
  - teaching of specialist to team member [i.e., knowledge exchange]
  - observation of specialist by team member
  - team member observed by specialist with real time feedback
  - periodic case study reviews

Deciding What to Delegate, and to Whom

According to the CMPA, the specialist can delegate as long as the aforementioned criteria are met. The task should still be consistent with the health professionals training, for otherwise it would be inefficient.[17]

Some clinical competencies are shared among nearly all health care professionals. These competencies encompass many time-consuming tasks which, if delegated, can help you focus more on the tasks that only you could do – making diagnoses, creating treatment plans, and performing specialized procedures.

Tasks to consider delegating include:

- Communicating with patients, either in person or virtually
- Coordinating care services for patients as needed
- Counselling patients on medications, medical equipment use, lifestyle modifications, etc.
- Documenting timely, accurate reports; including history-taking
- Monitoring, precepting, and teaching more junior team members
- Performing certain focused physical exams (varies by profession)

Use process maps to identify other areas of redundancy that can be delegated to various team members. This should be performed as a team so that all members can identify where they fit into the processes of care and add value.

Other competencies are more specialized and reflect the training and expertise that can be unique to a health care profession. These competencies can help you decide which types of healthcare professionals would best fit the needs of your speciality practice. A comparison of competencies across different nursing, allied health, and administrative professions is listed below.

It should be emphasized that your newly hired nurses or allied health professionals likely have experience with various clinical tasks in contexts very different from that of your clinic. It is the leader's responsibility to support their training and transition into the clinic.

Click here for a full list of
Types of Nurses and Scope of Practice

Medical Office Assistant

REGULATED
No

DEFINED SCOPE OF PRACTICE
No

EXAMPLES OF SCOPE OF PRACTICE

Communicating with patients via phone or email (mostly to schedule and confirm medical appointments).

Preparing and sending off reports, invoices, financial statements, letters, case histories, medical records, and insurance claim forms.

Processing payments, bank documents, and accounts receivable.

Transcribing electronic dictation or oral instructions.

Setting up and maintaining records management systems. This includes classifying and coding electronic and hardcopy files.

Ordering and maintaining an inventory of supplies.

Conducting height and weight measurements

Distributing screening questionnaires and entering data into EMR, if applicable

Providing urine dipstick (and other self-administered tests) to patients

Social Worker

REGULATED
Yes

DEFINED SCOPE OF PRACTICE
No

EXAMPLES OF SCOPE OF PRACTICE

Helping patients access and navigate health care system resources

Ensuring patient/provider accountability and follow-through of care

Supporting continuity of care

Completing biopsychosocial assessments

Taking personal and social histories

Kinesiologist

REGULATED
No

DEFINED SCOPE OF PRACTICE
Yes

EXAMPLES OF SCOPE OF PRACTICE

Evaluating a patient's fitness

Providing patient counselling in the following areas: general nutrition, ergonomic advice, and exercise prescriptions

Performing mobilization, manual therapy, manipulation, and soft tissue release

Completing insurance assessment forms, such as ICBC extension requests (subject to form-specific limitations)

Physiotherapist

REGULATED
No

DEFINED SCOPE OF PRACTICE
Yes

EXAMPLES OF SCOPE OF PRACTICE

Providing enhanced MSK assessment, triage, and diagnosis (note that PTs are unable to diagnose cardiovascular or neuromuscular diseases)

Helping patients prevent further injuries through progressive functional training and strengthening

Designing return to work programs for injured workers re-entering the workforce .

Occupational Therapist

REGULATED
Yes

DEFINED SCOPE OF PRACTICE
No

EXAMPLES OF SCOPE OF PRACTICE

Assessing occupational performance

Conducting MSK and functional assessments

Modifying human and environmental factors to maintain, restore, or enhance occupational performance

Assigning physical and social tasks to address physical and psychological factors affecting day-to-day activities (compared to PTs, OTs focus on psychological and functional factors)

Respiratory Therapist

REGULATED
Yes

DEFINED SCOPE OF PRACTICE
Yes

EXAMPLES OF SCOPE OF PRACTICE

Providing respiratory rehabilitation services

Counselling patients on managing respiratory medical conditions (e.g., asthma)

Providing education on smoking cessation

Dietitian

REGULATED
Yes

DEFINED SCOPE OF PRACTICE
Yes

EXAMPLES OF SCOPE OF PRACTICE

Assessing a patient's nutrition in relation to health status

Providing patients with general information about foods, nutrients, supplements, food safety, and food security

Developing individualized nutrition care plans to help with chronic health conditions like diabetes, heart disease, kidney disease, cancer, gastrointestinal conditions, and food allergies

Pharmacist

REGULATED
Yes

DEFINED SCOPE OF PRACTICE
Yes

EXAMPLES OF SCOPE OF PRACTICE

Helping patients implement their personalized pharmacological treatment plans

Completing Special Authority documents

Providing counselling on drug interactions

Providing smoking cessation counselling and obesity counselling

Producing and dispensing drug preparations

Administering drugs to the patient using the necessary technical skills (e.g., injection)

Examples how different health professionals can be incorporated into clinic practice.

Example: Dr. Simpson is an orthopedic surgeon who employs a physiotherapist to help her collect histories and perform systematic MSK assessments during patient intake. The physiotherapist also facilitates group education sessions in which Dr. Simpson briefly partakes each time. Even though the physiotherapist previously worked at a private practice where he independently took histories, performed physical exams, and provided patient education, Dr. Simpson trained him to do these tasks in a manner that would assist with her diagnosing and surgical planning.

Example: Dr. Tran, a rheumatologist, employs two nurses on her team. During a patient appointment, a nurse sees the patient first, collects the history and performs a physical exam. Dr. Tran then comes into the examination room and is presented with the patient summary. She asks the patient clarifying questions as needed. Next, as Dr. Tran and the patient discuss the treatment plan, the nurse prepares the appropriate information related to investigations and treatments. After Dr. Tran leaves the room, the nurse stays behind to counsel the patient on the plan. Administrative work is protected time shared between the two nurses, consisting mainly of responding to patient emails containing questions in between visits. They relay medically important information to Dr. Tran, who sends her recommendations to the patient indirectly through the nurse.

*Example: Dr. Jennings, a psychiatrist, employs a **social worker** to complete the patient intake process, which consists mainly of administering questionnaires and collecting the psychiatric history. The social worker then prepares a report, which Dr. Jennings reads before asking the patient clarifying questions and devising a treatment plan. She also employs in-house therapists to deliver psychotherapies such as cognitive behavioural therapy. While Dr. Jennings is still at the center of patient care and oversees all aspects of it, having a social worker and a therapist join the team, enables her to focus on the irreplaceable service of prescribing and adjusting medications.*

Writing a Job Description

Role Clarity

The CMPA requires that the roles of your staff be clearly described in a written document.[17] Role clarity is also crucial for effective collaboration in team health care, as role ambiguity is often a source of conflict in clinical teams and results in a reduction in the quality of care delivered.[20,21]

In addition to clearly defining an employee's roles in their job description, your employees should understand how their position aligns with that of fellow team members to achieve team goals.[21]

Complete the role matrix tool (see below) with your team members to maximize role clarity and transparency. The role matrix enables team members to clarify their scope of work and helps specify areas of overlap. This allows the team to identify competent substitutes for filling in roles during brief periods of understaffing.

Example: Role Matrix Tool[22]

Legend: "P" = Principal; "A" = Alternate; "X" = Out of scope (not permitted). Note: clinic nurse and admin nurse alternate between roles every week

Activity	Physician	Clinic Nurse	Admin Nurse	MOA
Order supplies				P
Ensure clinic is properly stocked with supplies		A		P
Paybills				P
Ensure clinic maintenance up to date				P
Before and in-between visits				
Answer phone calls and direct as appropriate		A	P	P
Reply to patient emails		A	P	
Schedule patients				P
Send appointment reminders				P
Add patient updates to internal working document to be reviewed by nurse and MD prior to the patient appointment			A	P
During and immediately after visits				
Administer screening questionnaires and enter responses into EMR		A	A	P
Take initial patient history		P	A	X
Perform focused physical exam		P	A	X
Provide evaluation summary, with investigation results		P	A	X
Assess patient, discuss treatment plan, and order new investigations	P	X	X	X
Provide patient counsel on medication use or lifestyle management		P	A	X
Dictate impression and plan notes	P	X	X	X
Book follow-up appointment based on MD direction			A	P
Create consult note and fax to referring physician			A	P
Add copy of the consult note to internal working document			A	P

Adapted from: https://racichart.org/

Financial Sustainability

To be financially sustainable in a fee-for-service model, you need to cover your recurring costs by increasing your billings.

As you start to implement team care, you will likely find that your initial billings are lower than expected, since you will spend time training new staff instead of seeing patients. However, after time, you will find that you exceed your historical billing amount.

Hiring new staff will not only lead to recurring costs, but also one-time start-up costs (i.e., costs from training or infrastructure expansion).

When in doubt – CHECK!

If you are introducing a new model of service delivery such as group visits as part of your team care model and are unsure about billing procedures, it is best practice to seek guidance from the Tariff committee through written format. Requests can be sent to: economics@doctorsofbc.ca

Recruitment

Recruitment Strategies

To attract the best health professionals, ensure that you are offering incentives to your prospective team members.

Compensation

Offering a competitive salary means that pay is equal to or more than similar positions in the area. Compensation encompasses both base salary and benefits, which can include vacation days, sick leave, extended health and dental insurance, fitness memberships, retirement saving plans, relocation assistance, etc.

Benefits have been estimated to cost Canadian employers between 15% (for smaller companies) and 30% of payroll (for larger companies).[23] Since you will likely be competing against local health authorities in your recruitment process, it is recommended that you place your estimates at the higher end of this range. See next section on recruitment strategies below for more resources to help you decide base pay rates and benefits.

EXAMPLE: Dr. Garcia is a rheumatologist. She decides to hire a nurse to help with giving injections, providing medication counselling, and corresponding electronically with patients between their appointments. Since the nurse is expected to see almost all of Dr. Garcia's patients, she will work full, 8-hour days. After researching base pay rates for nurses at Vancouver Coastal Health and consulting with colleagues, Dr. Garcia decides to pay the nurse $60 per hour plus 25% benefits (or $75) – that's $6000 per day.

Health Match BC, a free health care professional recruitment website, also provides information about compensation and benefits for some job postings.

It is similarly always helpful to consult with local colleagues about how they are paying their staff

Costs to the Employee

Compensation offered should reflect the costs that prospective team members would pay to work for you. Examples include the costs of traveling to work, parking, relocation costs.

Lifestyle

Work-life balance has been shown to be a major contributor to both successful recruitment and retention.[24] In addition, special consideration is required for recruiting for a rural outpatient clinic; advertise appealing aspects of the community's rural lifestyle.[25]

Professional Development

Quality candidates are often motivated by opportunities to develop their careers. Advertising clinic opportunities for professional growth will help attract qualified health professionals.

Offer team members opportunities to attend conferences or other educational sessions to build their knowledge and confidence in the specialty area.

Retention Strategies

A healthy workplace environment is more likely to retain loyal employees and attract more qualified health professionals. Refer to the "Workplace Culture" section for more details.

Advertising for Job Openings

The job advertisement is a concise summary of a position's full description. It is used to advertise the vacancy on hiring websites, such as Health Match BC.

Prior to the interview process, it is recommended that the full version of the job description:

1. Be distributed to the candidate to ensure they are fully aware of the full scope of the position.

2. Be included in the employment contract.

Interviewing and Rating Candidates

- Find interview questions on **Business Pathways** to help you decide on your preferred candidate.
- Compare potential candidates consistently and fairly by asking each candidate an established set of questions
- Check references for the preferred candidates using the **Business Pathways** Reference Check Form

After identifying a suitable candidate, consider having the individual observe you working in the clinic to ensure they are aware of the current workflow and process. It is a small added cost to pay for this time (no more than 1-3 hours needed), but it will provide further clarity if the potential candidate will be a good fit for the team. Better to see this now rather than after the onboarding process!

ONBOARDING

Offering Employment

- Sign written contracts with all employees and include a probationary period in those contracts (typically three months)
- Consider consulting a legal professional to help with the contract process

Additional Onboarding Documents

Give the following onboarding documentation to the new employee for their review and signature. Keep a record of signed copies in their employee file.

- Confidentiality Agreement
- Conflict of Interest Declaration
- BP Direct Deposit form
- Emergency contact information
- Benefits enrollment form, if applicable
- Implement a remote work policy for those who may work from home
- Criminal Records Clearance information, if applicable

Setting Up Payroll, Taxes, and Registrations

- Complete the steps required for the **payroll program** with Canada Revenue Agency (CRA) to open a Payroll Deductions account under your existing Business Number (BN) or to obtain a BN if you don't already have one.
  - Find more information about payroll requirements here
  - Learn more about payroll services and support offered from ClubMD from Doctors of BC

- As an employer, you must [register](#) with WorkSafeBC and contribute to the workers compensation system, which provides income and care for workers who are injured on the job.
- Employers with [BC remuneration](#) greater than a total of $500,000 (exemption amount) in a calendar year must [register](#) for the employer health tax.

Training and Quality Assurance

Implement the following onboarding strategy for new team members:

- Shadowing: the team member observes the physician perform the task correctly and asks clarifying questions during the process
- Directly observed work: the team member performs the task but with the physician supervising directly. As the team member becomes more competent, the physician may implement a buddy system where a more senior, non-MD team member provides the supervision and support
- Unobserved work with quality assurance checks: the team member performs the task independently, but the work is subjected to regular quality assurance checks. For example, the physician may observe the occasional history-taking session and audit physical exam findings by repeating the exam by themselves.

Include training on your [emergency](#) and [IT privacy and security](#) plans, as well as your workplace health and safety policies (see below).

If you know of colleagues who also use nurses or other health professionals in their clinic, consider asking your team member to shadow the other nurse or health professional to have a better understanding of how to function in an interprofessional model, and to learn helpful tips to make your clinic better!

Example: Training Plan

Activity	Status	Supervisor Comments
Week 1		
General orientation, which includes health and safety policies, as well as security training		
Receive daily one hour teaching on diagnoses health professional will see in clinic		
Observe stable follow-up patient appointments; start seeing 1-3 per day under supervision when comfortable		
Learn how to input patient data into EMR		
Week 2		
Receive daily one hour teaching on medications and treatments		
See 4-6 stable follow-up patients independently per day		
Continue to learn EMR patient data input		
Week 3		
See 4-6 stable follow-up patients independently per day		
Learn to counsel patients on [insert medication names]		
Learn how to fill out and fax investigation requisitions		
Week 4		
See 6-8 stable follow-up patients independently per day		
Continue with Week 3 learning activities		

Occupational Health and Safety

WorkSafeBC requires all employers to ensure a healthy and safe workplace for their employees. A health and safety orientation should be part of all employees' onboarding and training plans.

Ensure that all required policies are in place:

- Bullying and Harassment Policy as required by WorkSafeBC use the template found on Business Pathways. It is critical that you ask your new team members to read, ask questions about, and formally acknowledge this policy prior to commencing any work.
- More templates are available from WorkSafeBC on developing a policy statement, reporting structure, and investigation procedures.
- Privacy Policy as required by regulations using the template found on Business Pathways.
- Having other office policies in place can help set clear expectations for employees. Examples of sample office policies can be found on Business Pathways.

Additionally,

- Reviewing the Occupational Health and Safety info sheet will help with understanding employer responsibilities.
- The following templates found on Business Pathways can help you plan for a safe workplace:
  - First aid record
  - BP Hazard report
  - BP Workplace incident report
  - BP Workplace inspection checklist
- More information about creating a culturally sensitive, respectful, and safe workplace can be found in *Words Matter: Guide on using inclusive language in the workplace*, developed by the BC Government.

Quality Assurance and Performance Review

Providing your employees with regular feedback is critical to ensuring the quality of care your clinic delivers. Proactively identifying and addressing performance issues will help prevent issues from escalating.

Implement a strategy to track positive comments/feedback and report out at team meetings how well you are achieving this goal.

A sample performance evaluation template is provided below.
It can be adapted for any of the following purposes:

- Periodic quality assurance checks (Section 1 only)
  - The frequency of these checks should be higher during the probationary period, which typically lasts three months

Thank team members each day for their efforts and document check ins.

- Performance reviews (all sections)
  - Typically done once per year. Consider having new team members complete their performance review to see the differences between how they rate themselves and how you rate them. This can be an opportunity for more constructive conversations.

Celebrate anniversaries and team wins.

- Performance improvement plans (all sections)
  - For team members whose performance warrants concern
  - See section on performance issues below for additional resources on navigating disciplinary action and termination

Performance evaluations should be based on the tasks and competencies outlined in the team member's job description. Doing so will allow you to have a firm point of reference and discourage any misunderstanding that the feedback is personal. To customize the performance evaluation template to your needs, simply replace the sample items under the "major tasks" column with those from your team members detailed job description.

For tips on giving effective feedback, consult the effective communication section above.

Consider conducting performance reviews regularly (i.e., monthly) for the first 6-12 months, especially while your new team member is on the steep part of the learning curve. These are the opportunities to provide feedback (both positive and constructive) that will help your new team member meet the needs of your clinic.

Don't save the teaching and feedback for formal interactions. Informal teachable moments during the clinic are immensely important to ensure the team member continues to build and grow their knowledge and experience.

Example: Team Member Performance Development Plan

Team Member Information	
Name:	Review date:

Section 1: Performance Review
Roles and responsibilities outlined in job description

Major tasks (modify according to job description)	Performance rating n/a = not applicable 1 = needs development 2 = satisfactory 3 = above average 4 = outstanding					Comments
	n/a	1	2	3	4	
Arrives to clinic on team and wears appropriate attire	☐	☐	☐	☐	☐	
Interacts with patients and team members in a respectful and professional manner	☐	☐	☐	☐	☐	
Has a good understanding of the medical conditions and treatments discussed with patients in the clinic. If there are gaps in knowledge, is willing to ask questions and is self-directed to learn	☐	☐	☐	☐	☐	
Comfortable and competent with patient counselling	☐	☐	☐	☐	☐	
Competent with using the EMR to input patient related information and to complete/send patient related requisitions/forms	☐	☐	☐	☐	☐	
Competent with administrative responsibilities (triaging, reviewing investigations, completing paperwork)	☐	☐	☐	☐	☐	
Correctly follows the instructions for tasks that have been assigned by Dr. X (i.e., calling patient to advise on abnormal blood work)	☐	☐	☐	☐	☐	
Ensures patient confidentiality.	☐	☐	☐	☐	☐	

Section 2: Performance Review
General skills needed for success in a clinical environment

Performance rating
n/a = not applicable | 1 = needs development | 2 = satisfactory | 3 = above average | 4 = outstanding

Skills	n/a	1	2	3	4
Work quality (including accuracy)	☐	☐	☐	☐	☐
Work efficiency	☐	☐	☐	☐	☐
Demonstrates community health perspective in work	☐	☐	☐	☐	☐
Communicating with other staff	☐	☐	☐	☐	☐
Communicating with patients and families	☐	☐	☐	☐	☐
Writing	☐	☐	☐	☐	☐
Is a team player	☐	☐	☐	☐	☐
Solves problems	☐	☐	☐	☐	☐
Demonstrates cost awareness	☐	☐	☐	☐	☐
Demonstrates good judgment and decision making	☐	☐	☐	☐	☐
Shows initiative	☐	☐	☐	☐	☐
Organized	☐	☐	☐	☐	☐
Understands when to refer questions to a doctor or others	☐	☐	☐	☐	☐

Employer's comments: Highlight what the team member does well, and where the team member has room for improvement? Provide constructive feedback in addition to the numerical ratings above, especially for categories where the employee is rewarded "1" or "4".

Section 3: Team Member Development Plan

Team Member _____ For period _____ to _____

Team Member Aspirations and Goals (to be provided by team member)
How can the employer support you in improving your performance and achieve your aspirations?

Team Member Development and Education Plan (to be provided by employer)

Approval

_____ _____ _____
Team Member Signature   Date   Clinic Director Signature

Professional Development

Professional development improves a team member's knowledge, skillset, and job satisfaction, resulting in higher retention. Using the Sample Professional Development Policy template offered by **Business Pathways** as a guide, draft a clinic policy. Keep in mind budget allocation for funding team member professional development. As seen in the template above, professional development plans can often be combined with annual performance reviews.

LEAVE OF ABSENCE, PERFORMANCE ISSUES, ENDING EMPLOYMENT

Planning for Vacancies

Team member absences occur from time to time and are an inevitable part of any team care model. Having a contingency plan in place helps ensure that the clinic can continue to run smoothly in case of an absence, be it anticipated or not. Vacancies fall into one of four categories, each of which requires a different set of contingencies:

	Unplanned	Planned
Short-term	*Examples: sick days, bereavement leave, personal emergencies.* **Strategies include:** • Cross-train team members so that they can fill in for parts of their co-workers' roles from time to time • Maintain a written list of "mains" and "alternates" for various clinical duties so that team members know when they are expected to fill in on tasks that fall outside of their normal job description.	*Examples: unpaid or paid time off (requested in advance).* **Strategies include:** • Schedule fewer patients on anticipated short-staffed days • If it is not feasible to reduce workload, follow the same strategies as those for short-term, unplanned absences. • Articulate change in policies/procedures for planned absence at team meetings.

> Use the Role Matrix above to facilitate this.

• Offering incentives for team members who are called in to work on days when they are not scheduled

	Unplanned	Planned
Long-term	***Examples:*** *termination of team members for performance issues, suspension, unplanned leaves of absence (e.g., due to workplace injuries), resignation with short notice.* **Strategies include:** • If possible, address team member performance issues in the early stages and provide support to team members who have significant room for improvement • Maintain a healthy workplace environment where your team members feel comfortable communicating with you openly about changes in their plans and about prospects of continued employment • Keep your hiring-related materials and resources in an easily accessible place so that they can be readily mobilized when an unexpected long-term vacancy arises	***Examples:*** *planned leaves of absence, change of job description (e.g., promotion), resignation with ample notice.* **Strategies include:** • As soon as you learn about the impending vacancy, start succession planning. • When appropriate, the departing team member could help assess job applications and train the incoming team member

The Succession Planning template offered by **Business Pathways** helps you assess the impact of short- and long-term vacancies in your clinic and plan for a smooth transition.

Leave of Absence

For various reasons, team members may request a leave of absence from time to time. Here are several resources to help you navigate a leave of absence request:

• Under the Employment Standards Act, employers cannot prevent employees from accessing their entitled leaves.

• Team members on leave are still considered employed and remain eligible for vacation, wage increases, and benefits.

• The following templates on **Business Pathways** can help manage team members leave of absence:

– Leave of absence checklist

– Leave of absence form

– Confirmation letter

– Medical duty to accommodate letter

– Return to work plan

Stay interviews can help you to understand how your team feels about the work environment and supports retaining valuable team members. The **Business Pathways** Stay Interview Guide can be used to gather valuable information from your current team members. This process will show that you view knowledgeable team members with insight into organizational context as valuable assets.

Performance Issues

	Roles and responsibilities

Employer
- A team member's direct manager should advise the team member of any unacceptable conduct/performance and give the team member an opportunity to explain their actions before any disciplinary action is taken.
- Discuss all misconduct in a timely manner.
- Investigate misconduct and document findings. If applicable, have someone take notes during the debrief and include the date, the parties present, and the key points of the conversation. The notes should reflect the perspectives of all parties involved and include next steps and agreed outcomes.

> Document! Document! Document!
> This provides a history in case of any dispute.

- Ensure all disciplinary conversations are held confidentially and objectively documented.

> Consider having a witness of equal gender attend any disciplinary meetings.

- Ensure all letters or documents related to the disciplinary process are included in the team member's personnel file.
- Ensure any terminations are done in accordance with the Employment Standards Act.

Team Member
- Be aware of job expectations and responsibilities.
- Identify gaps in their understanding and seek the training and/or assistance they need to be successful in their role.
- Listen and respond to feedback provided by management.

Applying Progressive Discipline

Progressive discipline is used to increase the team member's awareness of a problem and of the expectation of improvement based on an escalation of consequences for failure to comply. Consequences may include the following steps:

Step 1: Verbal warning

Step 2: Written warning

Step 3: Suspension

Step 4: Termination

Depending on the nature of the misconduct and other factors, the consequences for the offending team member are left to the careful discretion of the specialist.

Step 1: Verbal warning

- Verbal warnings are used for minor unacceptable conduct and/or performance.
- Discuss the unacceptable conduct/performance with the team member. This is done so that the team member understands:
  – Expected standards of performance
  – Reason for warning
  – Any required remedial action
  – Consequences if unacceptable conduct and/or performance continues.
- Objectively document the discussion that occurred and place the notes in the team member's personnel file.
- Follow-up any verbal warning with an email to record what was discussed, and to emphasize a need for a change in behaviour. Use this email chain to document the discussion and save it in the team member's file.

Step 2: Written warning

- Written warnings are used for the occasion of repeated minor unacceptable conduct and/or performance after verbal warning, or for conduct/performance which is more serious in nature.

- Complete a Written Warning Letter outlining the details of the infraction. Describe the unacceptable conduct and/or performance to ensure the team member understands the expected standards of performance, reason for warning, any remedial required remedial action, and consequences if unacceptable conduct/performance continues.

- Review the content of the Written Warning Letter with the team member.

- Objectively document the discussion that occurred and save the notes, along with a copy of the written warning, in the team member's personnel file.

- Consider having a neutral third-party present at the meeting when presenting a team member with any kind of disciplinary action.

- Consider creating a Performance Improvement Plan for the employee to accompany the written warning.

Step 3: Suspension

- In rare circumstances, suspension may be used during an investigation, especially if the investigation involves a sensitive matter (e.g., an allegation of sexual harassment).

- The employee must be notified of the reason for the suspension and of its expected duration. This must be objectively documented, and a copy of the notice must be included in the employee's personnel file.

- Suspension may be a period of paid or unpaid leave. Suspensions during investigations will be paid except in rare circumstances.

- Consult a lawyer and/or human resources professional before proceeding with a possible suspension.

- Consider seeking legal advice if considering paid or unpaid suspensions and, in particular, if an investigation process is required.

Step 4: Termination

- This means ending the employment of a team member. There are several factors to keep in mind when terminating a team member for cause or other reasons. See the termination section of this toolkit for important information you need to know when considering the termination of a team member.
- Depending on the nature of the misconduct and other factors, the appropriate step to initiate may vary. Read more about the steps involved in progressive discipline **Business Pathways** Progressive Discipline Requirements.

Ending Employment

1. Determining reasons for ending employment

Reasons for ending employment include:

- Resignation or retirement – team members must submit a **Business Pathways** Employee Resignation & Retirement Confirmation Letter
- Funding no longer available or role no longer needed – see termination not for cause.
- Termination with or without cause

Understanding the administrative and operational requirements when ending employment is critical.

- The **Business Pathways** Ending Employment Checklist and **Business Pathways** Internal Ending Employment Checklist can help guide this process.
- Learn more about how to provide a Record of Employment (ROE) **here**.

Ensuring a successful knowledge transfer.

- In advance of their departure, request that the team member prepare a transition document that outlines key information that will support the next person in the role.
- Reviewing the document with your team member before their departure allows the opportunity to ask questions and seek further clarification.

Conducting exit interviews:

The main objectives of an exit interview include uncovering HR-related issues, understanding the team member's perception of the work, gaining insight into clinic leadership styles and effectiveness, and to foster innovation by asking about areas for improvement.

- When conducting an exit interview, ask if the team member would prefer to participate in person, over the phone, or by email.
- Whenever possible, the interviewer should be someone who is neutral in the employee/employer relationship to create a safe environment for honest feedback. Using the [Business Pathways](#) Exit Interview Guide can help keep questions consistent and objective.
- Reviewing the responses, identifying key themes in the larger context, and following up on any significant matters that may require investigation will help strengthen the work environment and culture.

2. Understanding types of termination

With cause (or "for" cause) - Team member not entitled to a notice period.

- After other disciplinary measures have been unsuccessful in correcting unacceptable conduct/performance, or when a first-time incident occurs that is illegal or very serious in nature. (For example: theft, failure to comply with safety/office policies, intentional harassment, etc.)
- In cases of terminations with cause, the burden of proof for just cause rests with the employer.
- Always consult a legal or HR professional for terminations with cause.

Without cause - Team members are entitled to a notice period.

- Termination without cause means ending a team member's employment not for workplace misconduct. Possible reasons for termination without cause include restructuring, cost-cutting, realignment or poor work performance.
- A notice period is a length of time from the date on which notice of termination is given to a team member to the date on which employment will terminate.
- Minimum notice requirements are informed by the [Employment Standards Act](#) and any applicable contractual notice or severance entitlements that are articulated in company policy or the team member's employment agreement.

3. Initiating the termination process

- Preparing the proper documentation prior to terminating an employee can be done by using the [Business Pathways](#) Ending Employment checklist
- To reduce chances of physical or verbal violence, conducting the termination in the team member's office or a neutral, confidential location can help. Have at least one other person present.
- Important steps to consider following the termination are:
  - Making notes for future reference
  - Meeting with remaining team members to answer any non-confidential questions
  - Confirming all final paperwork is prepared and submitted
- Reviewing the [Business Pathways](#) Termination Process information sheet can help guide you through the termination process in greater detail

4. Understanding notification requirements and severance entitlements

An employer ***does not*** need to issue a notice of termination or severance in the following circumstances, when the team member:

- voluntarily resigned
- is in their probationary period
- is retiring
- was dismissed for just cause
- was employed on contract and the term has expired
- worked on a casual basis doing temporary assignments which they could accept or reject

An employer must issue a notice of termination or severance in all other cases

- Determining notice requirements
  - Seek advice in advance from a lawyer or HR professional to assess any situations based on whether termination is with or without cause.
  - Ensure alignment with the **Employment Standards Act** and terms of any employment contract.
  - Provide written notice and/or compensation based on length of service for terminations without cause.
- Providing working notice
  - Is an option when the position has a defined end date and all parties are clear on the parameters and expectations of the role.
  - Is not appropriate in situations where employment is ending for unexpected reasons where a team member is working through their notice could have a negative impact.
- Issuing severance and release
  - Follow the **Employment Standards Act** and consider consulting a lawyer or HR professional.
  - When there is pay in addition to the minimum required by the **Employment Standards Act**, the team member is required to sign a release outlining the terms of severance only. A **Business Pathways** Severance form can help with the process.

WORKPLACE CLIMATE AND CULTURE

Team Member Retention

The following list identifies when team members will be at their best encouraging job satisfaction and retention.[25-35]

1. fairness, job security, competency, reasonable workload, flexibility, good orientation, facilities, clear job description, pension
2. control
3. interest, lifestyle, community connectedness, quality of supervision
4. advancement opportunities, good communication with manager, caseload diversity, social support
5. recognition, feelings of accomplishment
6. profession autonomy

Conversely, the following list summarizes the top factors found to decrease retention.[34-44]

1. violence and bullying, alienation, unfairness, lack of voice in decision-making, excessive workload, inflexible hours, inability to give good care
2. professional isolation, poor management, burnout, understaffing
3. inferior wages, lack of recognition
4. insufficient managerial support
5. Poor access to professional development

MAXIMIZING EFFICIENCY

To maximize clinic efficiency, start by focusing on the desired outcomes and ensure all team members who touch the process are involved. The desired outcomes need to be measured with metrics/data, and track them over time so that you can continually modify the process as needed.

Ask the team, "What are we trying to achieve?"

Examples could include:

1. Increase efficiencies of work flow for MD so that more patients can be seen (and pay for cost of additional team members)

2. Increase patient experience

3. Increase efficiencies of MOA

4. See more new consults to decrease waitlist

5. Decrease patient appointment time

6. Increase patient support in between appointments

7. Decrease time between follow up appointment

8. Decrease administration burden for MD

9. Improve patient education (medication counselling related to medical condition)

Many strategies exist to maximize efficiency in clinic practice which are highlighted below and include:

1. **Delegation:** Identifying tasks that can be delegated (see previous section on Delegation)

2. **Process Mapping:** Reducing the number of steps required to complete a process and minimizing any unnecessary delays

3. **Physical Workspace:** Optimizing physical space to facilitate patient interactions and minimize redundant movements

4. **Documentation:** Streamlining document completion with the help of staff and EMR software features

5. **Variation:** Minimizing variation to optimize workflow

6. **Scheduling:** Effective scheduling of various in patient and virtual appointments and the role of the scheduler and patient

Process Mapping

Process mapping is particularly useful in visualizing and improving the processes within the clinic. It is a strategy designed to identify inefficiencies in workflow such as bottlenecks, starving or blocking.[36]

To create a process map, line up the events of a typical visit in sequential order and identify how long it takes to complete each one. The following example shows a process map before (left) and after (right) being optimized. Strategies for reducing steps and trimming unnecessary delays are discussed next.

MD ALONE

MD COMPLETES BILLING ← 1

MD INFORMS MOA OF F/U PLANS ← 1

MD INFORMED BY MOA PATIENT IS ROOMED?
- NO → WAIT
- YES → MD GREETS PATIENT [1]

MD GREETS PATIENT → **DOES MD HAVE RELEVANT LABS OR INVESTIGATIONS?**
- NO → MD REVIEWS CHART [2]
- YES → MD TAKES HISTORY [10]

MD RETURNS TO ROOM [1] ← MD LEAVES ROOM [1] ← NO ← **IS PATIENT GOWNED** ← MD TAKES HISTORY [10]

IS PATIENT GOWNED — YES → MD DOES PHYSICAL EXAMINATION

MD RETURNS TO ROOM → MD DOES PHYSICAL EXAMINATION [3]

MD DOES DICTATION/ CHARTING [5]

MD DOES PHYSICAL EXAMINATION → **IS ASSESSMENT COMPLETE?**
- NO → MD GATHERS MORE PATIENT INFORMATION [3]
- YES → MD REVIEWS ASSESSMENT WITH PATIENTS [3]

MD LEAVES ROOM [1]

MD REVIEWS ASSESSMENT WITH PATIENTS → MD DISCUSSES TREATMENT / MANAGEMENT PLAN [4]

MD GIVES PATIENT FOLLOW-UP PLAN [1]

MD DISCUSSES TREATMENT / MANAGEMENT PLAN → **ANY PATIENT QUESTIONS?**
- NO → **ANY FORMS OR RX TO COMPLETE?**
- YES → MD ANSWERS QUESTIONS [5]

ANY FORMS OR RX TO COMPLETE?
- NO → **ANY HANDOUTS TO PRINT?**
- YES → MD COMPLETES FORMS/RX [4]

ANY HANDOUTS TO PRINT?
- NO → MD GIVES PATIENT FOLLOW-UP PLAN
- YES → MD LEAVES TO GET PRINTOUTS [1]

MD RETURNS TO EXAM ROOM [1]

MD LEAVES TO GET PRINTOUTS → MD RETURNS TO EXAM ROOM

48 MIN

MD & AHP

```
MD NOTIFIED          →    MD ENTERS       →    NURSE PROVIDES      →    NURSE
PATIENT IS READY          EXAM ROOM            EVALUATION               PROVIDES RECENT
   [1]                      [2]                SUMMARY TO MD            INVESTIGATION
                                                  [2]                   RESULTS TO MD
                                                                          [2]
```

```
NURSE RETRIEVES   ← YES ← ANY ADDITIONAL  ← NO ← ANY ADDITIONAL  ← NO ← ANY ADDITIONAL
RELEVANT RESULTS          RESULTS MD             PHYSICAL EXAM            HISTORY MD
                          REQUIRES?              MD REQUIRES?             REQUIRES?
     │                       │ NO                   │ YES                   │ YES
     ▼                       ▼                      ▼                       ▼
NURSE ORDERS             MD & PATIENT           MD PERFORMS            MD ASKS FURTHER
FURTHER                  DISCUSS TREATMENT      RELEVANT              PATIENT HISTORY
INVESTIGATIONS           PLAN                   PHYSICAL EXAM             [2]
(if required)              [4]                     [2]
```

```
                         MD PROVIDES      →    RX          → NO →    MD DICTATES
                         FOLLOW-UP PLAN        REQUIRED?                [3]
                           [1]                    │
                                                  │ YES
                                                  ▼
NURSE                                          MD SIGNS              MD LEAVES EXAM ROOM
PREPARES RX          →                         OFF RX
(if required)                                    [1]
```

```
                         NURSE PREPARES   →    NURSE PROVIDES
                         EDUCATION             F/U APPT PLAN
                         MATERIALS             TO MOA
```

17 MIN

Ideas to Optimize Patient Flow

See "Physical Workspace" below for a visual representation of these steps

1. Scheduling appointment

- If applicable, patients can schedule a follow-up appointment at the end of a visit
- Consider allowing patients to book follow-up appointments over a patient portal
- See section on effective Scheduling below for additional helpful tips

2. Pre-visit planning

- Patient provides appropriate history electronically or on paper prior to the appointment
- Arrange for results of labs and investigations to be received at least one week prior to the appointment so that they can be reviewed at the appointment

3. Arrival and check-in

- Consider asking patients to electronically confirm their appointment via phone, text, email, or an online portal
- Maximize communication between front- and back-office staff

4. Patient-related measurements and data

- Have protocols in place for patients according to the medical condition or type of appointment (i.e., new consult, follow-up visit, patient education, special tests, procedures, etc.)
- A team member rooms the patient and checks vital signs
- Ensure there is space to conduct history and physical exam in same room
- The patient and the team member stay in the same room during the entire visit, while the doctor moves room to room to see different patients

5. History

- Patients can provide their history directly into the EMR via a patient portal or electronic questionnaires, which can be completed at home or upon arrival at the clinic
- History taking process is standardized according to medical condition and appointment type; it can be delegated in part to a team member

6. Medication reconciliation

- One team member is designated to perform medication reconciliation
- The need for refills is brought to the attention of the physician via standardized systems (i.e., via EMR or verbal summary when the physician enters the room)

7. Physical exam and clinical assessment

- Patient chart is kept up to date and accurate. The team member adjusts the problem list depending on the history and physical assessment while with the patient
- If possible, the team member creates a dashboard display of relevant patient info in EMR
- Take expected delays into consideration (i.e., if patient needs to change into a gown, ask patient to dress in a gown when placed in exam room prior to staff entering)

8. Diagnosis

- The physician enters the room and hears a verbal summary of history and exam findings from the team member
- The physician should be able to access relevant information in the EMR quickly and efficiently, which aids in making accurate clinical decisions
- The patient is actively engaged in decision-making regarding their medical condition and treatment options when the physician is present in the exam room

💡 Ideas to Optimize Patient Flow CONTINUED

8. DIAGNOSIS CONTINUED

- The team member provides patient education and counselling.
  This may lengthen an appointment, but it may also reduce how frequently the patient seeks follow-up care. While the team member is counselling the patient, the physician is seeing other patients.
- Visual aids (websites, brochures, pamphlets) can support patient education

9. Treatment or procedure

- For complex treatments, consider scheduling patient education and consent as a separate appointment to minimally impact the clinical flow

10. Document

- For maximal efficiency, the documentation process occurs not only after the physician's assessments, but at various points before, during, and after the patient's scheduled visit
- See section on documentation tips below for details

11. Check-out

- Booking follow-up appointments can be completed in the exam room (i.e., team member schedules before patient leaves room)
- At the end of the appointment, consider providing patients with a form of written communication to the MOA so that it is clear what type of appointment the MOA needs to book for the follow-up appointment
- Email answers to frequently asked questions to patients and keep a few printed copies for patients who prefer them

Physical Workspace

Creating a physical workspace that supports effective communication improves the satisfaction of both patients and team members.

Optimizing Layout of Exam Rooms

For established clinics and spaces, there is often no need to restructure or renovate. There are simple techniques that can help you optimize and decrease patient wait and visit time, thereby improving your workflow.

The workspace should prioritize physician-patient interactions and allow for the establishment of trust and collaboration.[39,40] Technology can be incorporated to serve the interaction.

For instance, you can consider having monitors mounted by swivel arms onto the wall, so that information such as investigation results or educational materials could be presented before them.[41]

All necessary equipment required for patient care, such as medical instruments, EMR technology, and printers should be readily accessible in the exam room.[40]

The exam room can also serve a secondary purpose as workstation for your nurses and other allied health professionals for administrative responsibilities. Team members may benefit from a computer with dual screens to complete their clinical and administrative duties most efficiently.

Patient Movement Through the Clinic

The physical layout of your office determines how the team, and patients move through the clinic. A well-optimized space can reduce redundant movement

throughout the clinic. Current and future state Spaghetti diagrams can be powerful when planning changes to your clinic's space. These diagrams compare what current processes look like and what outcomes they provide, as compared to future processes after a change has been implemented.[39]

Use a spaghetti diagram in collaboration with your team to identify potential inefficiencies in your clinic layout

Consider the two diagrams below, which illustrate the changes in patient flow through the clinic when physical spaces and processes are optimized.
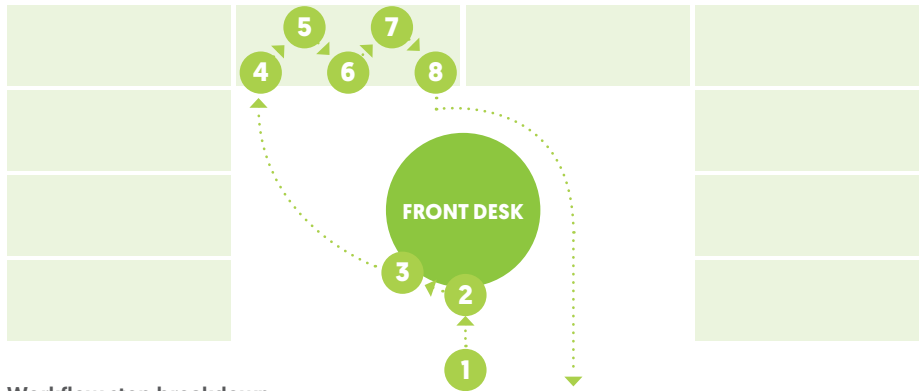
Current State [the "before"]
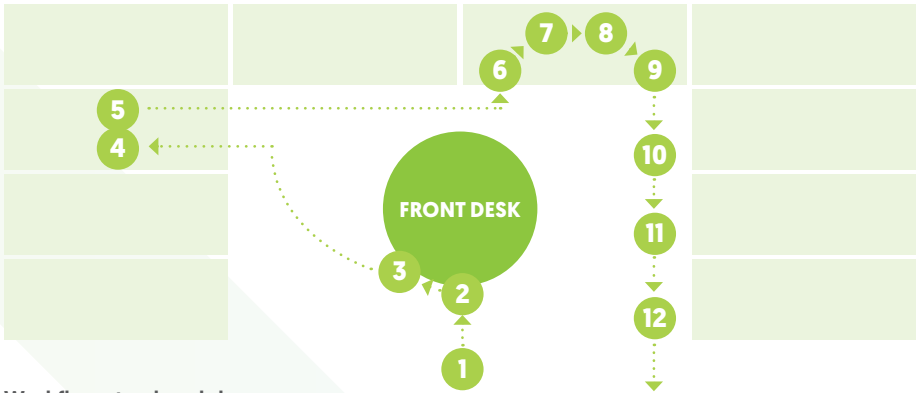
Workflow step breakdown

1. Patient arrives

2. Patient checks in at the front desk and completes intake questionnaires

3. Patient waits

4. Patient walks to an exam room where initial measurements and data are collected (written history, height, weight, vitals)

5. Patient gives chief complaint to team member

6. Patient walks to a second exam room and puts on a gown

7. Patient waits

8. Patient provides complete history to physician; the physician performs physical exam

9. Physician discusses diagnosis and treatment options with patient

10. Patient waits while physician prepares paperwork and retrieves educational materials

11. Patient and physician review treatment plan and next steps, and patient gets referred to clinic support staff

12. Patient walks to check-out

Future State (the "after")

Workflow step breakdown

1. Patient arrives
2. Patient checks in at the front desk
3. Patient completes intake questionnaires at the kiosk. If the patient prefers to complete it on paper, the information is entered into the EMR by the MOA. In some cases, patients will already have completed the questionnaires through an online portal before the visit.
4. Patient walks to exam room and puts on gown (if applicable)
5. Patient reviews history with team member
6. Patient receives a physical exam by team member
7. Physician enters and hears a verbal case summary from the team member. Physician then discusses diagnosis and treatment with the patient
8. Patient reviews treatment and next steps with team member, gets referred to clinical support staff, and checks out

Documentation Tips

Streamlining Document Completion

- Minimize the number of times incoming documents are processed
  - When the clinic receives relevant information about a patient (i.e., referral letter, investigation results, completed questionnaires, patient reports of changes to health status between visits, etc.) it is included in the patient's file, in addition to a working document.

The working document is reviewed by team members involved in the patient's care and serves as a template for the clinical letter associated with the subsequent appointment.

- Delegate parts of the EMR note-taking process to specific team members.[42]
  - A team member performs the initial history-taking and physical exam. Findings are entered into the EMR.
  - The physician dictates "impression and plan." The notes are entered into the EMR by a scribe or transcription software.
  - Once the clinical letter has been sent to the referring physician, it serves as the template for a working document for the clinical letter associated with the subsequent follow-up appointment. All electronic interactions between the patient and the clinic between visits are documented in the new working document.

EMR Optimization

- Minimize typing with the help of...
  - Dictation software, medical transcriptionists, or scribes. Scribes can assist with documentation, but also with aspects of providing care like completing requisitions and forms as directed by the physician.[43]
  - Templates and macros
  - EMR features that automatically populate forms (i.e., laboratory or imaging requisitions)
- Prior to their visit, involve patients in the process of documenting history and self-reported outcome measures by asking them to fill out forms through an online portal that integrates with the EMR.[42]
  - Consider creating a designated area in the waiting room where patients can fill out forms electronically while waiting for their appointment
  - If paper forms are more suitable, the responses can be entered into the EMR by clerical staff right before the visit
- Consider hardware additions or upgrades[42]
  - Minimize the number of clicks by acquiring larger or dual computer screens
  - Have networked printers in every room to avoid leaving the room to retrieve paperwork

To identify inefficiencies with EMR use, here are several metrics to consider tracking [42]:

- Work-after-work: this measurement counts the hours the physician is logged into the EMR on nights, weekends, and while on vacation. The lower the better.

- Click counts: tracking click data can help identify opportunities for improvement in EMR set-up, workflows, user training, or accessibility. The fewer the better.

- Teamwork: this metric shows the percentage of total keystrokes for a patient visit that the physician performs. A lower score here is generally optimal, as it shows that the physician has delegated more tasks to staff.

While not all EMR software provide these metrics directly, there are alternative ways to obtain them. For instance, click counts can be tracked with external software, while work-after-work and teamwork can sometimes be obtained by processing audit log data.

Minimizing Variation

Bottlenecks contribute to long waitlists, prolonged patient visits and increased stress levels among staff.[38] An important way to reduce bottlenecks is to reduce variation by standardizing processes, where appropriate.

Make your clinic as predictable as possible.

Here are consistent, high-volume processes that could benefit from having standard protocols:

- Patient communication between visits. For example, patients who contact the clinic by email receive an automated email reply with an estimated response time and answers to frequently asked questions.

- Appointment booking. Take advantage of automated reminders prompting patients to schedule or confirm appointments.

- Rooming. Team members receive training on effective rooming practices and prepare a list of tasks they can perform when waiting for patients to put on a gown.
- Patient assessment. Team members receive training on standard history-taking and physical exam protocols for common conditions, so that these portions of a patient's visit can be delegated.
- Miscellaneous administrative tasks.

Effective Scheduling

Effective scheduling is essential to reducing variation. The tips below are organized according to scheduling behaviours, or what can be done to schedule efficiently, and the scheduler, which focuses on EMR systems or templates for scheduling.

Scheduling Tips

- The provider's schedule is timed according to the ebb and flow of patient demand during the week
- Minimize variability in appointment types and lengths so that it is easier to schedule and reschedule patients
  - Allocate set time slots for homogeneous patient groups.[15]
  - Patients can be grouped by the reason for referral, level of complexity in care needs, age group, or other criteria depending on the clinic
- Allocate time during the appointment for the team member to conduct history and physical exams. This allows the physician to move quickly and efficiently among patients. Patients should be seen in order of appointment.[38,44,45]
- Consider scheduling in a minimum number of stable patients per day
  - A "stable" patient is defined by the physician. These are patients whose medical conditions are stable and do not require significant change in management.
  - To avoid burnout, try to have an equal distribution of stable and unstable patients. Ensure that the person scheduling patient appointments is aware of parameters that define a stable patient.

The Scheduler

1. Appointment types and lengths can be standardized. For example, new and complex patients have longer appointment times, while stable follow-up appointments are shorter.[38,44]

2. Optimizing the dashboard and tools on the scheduler can be an effective way to communicate with other staff at the clinic. Different EMRs will have specific ways to achieve this. A "legend" can include shapes and color-coding to emphasize specific patient needs, history, and alerts. The schedule should be made available and easily accessible to all staff at the clinic.

3. Shifting lower-complexity or follow-up visits to telehealth appointments and employing patient activation strategies could result in greater availability in the physician's schedule, as well as seeing more patients who really need support.[38]

4. Buffers can be included throughout the schedule in case appointments go for longer than expected, or if any delay or challenge occurs in the clinic. Buffers can also be used for check-ins among team members to address any issues, prepare for a complex patient, or fit in a patient who needs to be urgently seen.

Example: How to schedule patients with only one nurse.

Description: The schedule has two columns of patients, one for the nurse, the other for the specialist. The appointments are staggered. While the nurse is collecting patient history, the specialist is attending to a patient appointment in another room, from start to finish. When done, the specialist will join the nurse's room, synthesize the information provided by the nurse, and spend time discussing the treatment plan with the patient. With two or more nurses, the specialist would not need to attend any appointment from start to finish.

On the scheduling dashboard, symbols can be used to communicate important information to the physician and staff. Here is the legend to accompany the sample schedule below:

INDICATORS
FOR AHP
AND PHYSICIAN

Legend:
- ▲ Patient is checked in
- New patient
- Follow-up appointment
- Phone call appointment
- Video telemedicine appointment
- Patient activation, administered by RN

Time	RN	MD
800	Admin	Admin
815		
820		
825		
830	RN	MD
835		
840	RN + MD	
845	RN	MD
850		
855	RN + MD	
900	RN	MD
905		
910	RN + MD	
915	RN	MD
920		
925	RN + MD	
930	RN	MD
935		
940	RN + MD	
945	RN	MD
950		
955	RN + MD	
1000	RN	MD
1005		
1010	RN + MD	
1015	RN	MD
1020		
1025	RN + MD	
1030	RN	MD
1035		
1040		
1045		MD
1050		
1055		
1100	RN + MD	
1105	RN Counselling	MD
1110		
1115	RN	MD
1120		
1125		
1130		MD
1135		
1140		
1145	RN + MD	
1150	RN Counselling	MD
1155		

Time	RN	MD
1200	Lunch & Admin	Lunch & Admin
1205		
1210		
1215		
1220		
1225		
1230		
1235		
1240		
1245		
1250		
1255		
100		
105		
110		
115		
120		
125		
130	RN	MD
135		
140		
145		MD
150		
155		
200	RN + MD	
205	RN Counselling	MD
210		
215	RN	MD
220		
225		
230		MD
235		
240		
245	RN + MD	
250	RN Counselling	MD
255		
300	Admin	Admin
305		
310		
315		
320		
325		
330		
335		
340		
345		
400		

Expanding Capacity

Establish your own balance and what works for you and your team. When experimenting with scheduling, it is important to consider the goals, capacities, and individualities of your team members.[38] To expand capacity efficiently, you can:

- Add team members, such as MOAs, nurses, allied health professional or scribes
- Delegate tasks to other professionals and provide training accordingly
- Identify technological tools that can streamline workflow (patient electronic forms)
- Identify team members and appointment types for specific types of patients (counselling, patient education, etc.)
- Consider integrating tools and techniques for patient-activation

Virtual Health Appointments

Virtual health can help increase efficiency, as well as access to patients who may not otherwise be seen. Efficient ways to integrate them into your schedule can include scheduling a block of virtual health appointments in your preferred time of day or integrating them into the "buffers" specified above. It is important to note that virtual health appointments should not disrupt clinical flow.

Patient Activation and Self-Management

Patient activation includes the knowledge, skills, and confidence that patients need to manage their own health. Empowering patients and actively involving them in their care can reduce the need for follow-up care.[38]

It is valuable to have patient education materials (pamphlets, brochures, online resources) for the most common illnesses or procedures on hand to make patient education more standardized.[38]

Clinic websites can also be used effectively to provide information, whether it is through written FAQs, pre-recorded videos, infographics, or other resources.

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