





Medical Staff Orientation

Medical Staff Onboarding project "Creating Connections" supported through the Facilities Engagement and Island Health partnership.

MS Orientation Third Check-in - Recommended 1 Month

Check-ins provide time for you to connect as colleagues and address any questions the new medical staff member may have. It also provides an opportunity to discuss what has gone well during onboarding and what improvements you may suggest for the onboarding program. At the one-month check-in we suggest you discuss how much time will be spent together for ongoing support.

Please submit completed form to medstaffdevelopment@islandhealth.ca. Form may be printed and scanned or completed digitally. Medical and Academic Affairs may contact you to offer additional support and request your permission to share feedback.

| Date: | Site: | |
|--|--|----------------------|
| New Medical Staff Name: | | |
| Medical Staff Orientation C | Champion Name: | |
| What are you most enjoying | about your role so far? Have you felt welcomed and connected to your new facility | / and department? |
| Comments: | | |
| How well do you understand on the job description and w | d your role, including the responsibilities and scope? How does your role match you what has surprised you? | r expectations based |
| Comments: | | |
| What additional coaching an | nd/or mentoring support would you find helpful? | |
| Comments: | | |







Do you feel the hospital and health authority take effective action to promote a safe and healthy workplace? Yes □ No □ Neutral □ Share with us any comments on what you think the hospital and health authority can do to improve the workplace environment. Comments: Are there outstanding challenges or questions you would like Medical and Academic Affairs to provide support with? Comments: Would you like to schedule a dditional check-ins? If yes, a member from MAA Communications, Education & Development team will reach out to offer guidance on how to arrange additional meetings. Yes □ No □ Maybe □ Next steps for Orientation Champion: Comments: Next steps for New Medical Staff member: Comments:

Please indicate how many hours you met during this session.

3 □

Please rate your check-in experience, 1 being the lowest and 5 being the highest.

5 \square

4 🗆

2 🗆

1 \square







| WEST COAST GENERAL HOSPITAL | |
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| Overall Feedback Thank you for participating in this pilot project. This is just the beginning of your journey with Island Health. We are so pleased you chose the Island Health region as your home. Please use this section to provide any additional feedback so we can develop and grothis program. | |
| Please rate your feedback of your experience in the orientation, 1 being the lowest and 10 being the highest. 1 | |
| Is there anything you would change about your experience with your champion? | |
| Comments: How did you feel about the number of meetings? | |
| Comments: | |
| Is there any additional feedback you would like to provide? | |
| Comments: | |