

Updated Sep 19, 2025 • Completeness 87% • Confidence High • Emergency Department Northeast Emergency Medicine

Alignment Profile — Emergency Medicine · Metro General Hospital

Emergency Department Emergency Medicine Academic Medical Center Northeast

Source: Survey

Key Performance Indicators

Pace (qualitative)

Efficient

Peers: med Busy, IQR Steady-Busy

Q2 Fresh Survey

After-hours charting

2.3 hr/wk

Target: <1.5

Peers: med 2.1, IQR 1.5–3.2

Q2 Fresh EMR

In-basket messages/day

42

Peers: med 38, IQR 28–52

Q2 Fresh EMR

Staffing reliability

94%

Target: 90%

Peers: med 89%, IQR 82–95%

Q1 Fresh HR

Admin time (non-billable)

3.2 hr/wk

Target: <3.0

Peers: med 2.8, IQR 2–4.1

Q3 Fresh Survey

Leader ↔ Team gaps (Top 3) Δ = Team – Leader

After-hours perception

+0.6 hr/wk High

Team reports higher burden

View details → #p3

Leadership visibility

+1.8 Med

Team seeks more connection

View details → #p4

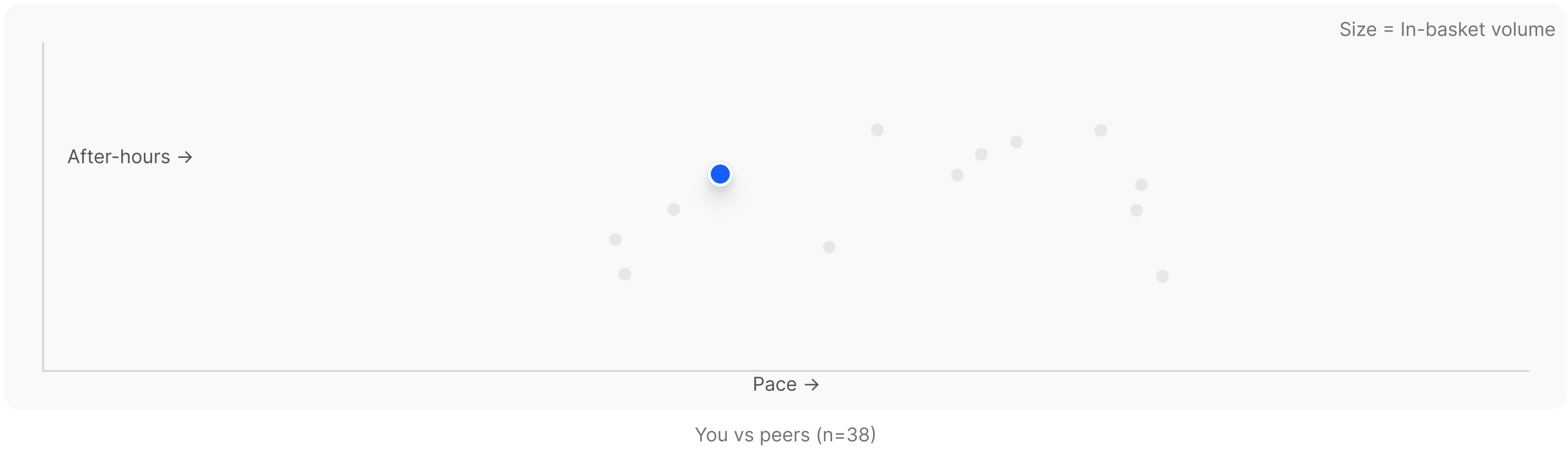
Call burden assessment

+1.2 Low

Team reports heavier load

View details → #p2

Performance Positioning



Who thrives here

- Self-directed learners who adapt quickly to evolving protocols
- Collaborative team players comfortable with high-acuity environments
- Strong clinical decision-makers who thrive under time pressure
- Physicians who value autonomy and evidence-based practice

Who may struggle

- Providers preferring highly structured mentorship and guidance
- Those seeking predictable, routine schedule patterns
- Physicians uncomfortable with rapid decision-making in uncertainty
- Clinicians who prefer lower-acuity, relationship-based practice

Next 3 moves

Implement structured peer feedback system

Because team Δ +2 on leadership visibility

Owner: Unit Chief • Target: Q2 2026

Impact: High Effort: Low

Enhance after-hours documentation support

Because 2.3 hr/wk above target of 1.5

Owner: Unit Chief • Target: Q2 2026

Impact: High Effort: Med

Develop advanced simulation training program

Because pace efficiency in Q2 with growth potential

Owner: Unit Chief • Target: Q2 2026

Impact: Med Effort: High

Behavioral insights Source: High confidence

- Data completeness 87% (lowest: compensation details at 72%)
- Consistency flag: All admin supports marked 'Yes' but 2.3 hr/wk after-hours persists
- Outlier: Call pool MD 8 / APP 4 appears small for Level 1 trauma ED
- Fresh data across all clinical metrics; compensation data 45d old

Benchmarks applied: Survey Dept=Emergency; Region=Northeast; Specialty=EM; Peer n=38 Edit cohort

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Schedule & Call

Regular Schedule

Schedule Structure

Rotation: Block Schedule

Weekdays: 7:00 AM – 7:00 PM

Nights: 7:00 PM – 7:00 AM

Weekends: Rotating coverage

Holidays: Shared rotation

Urgent consults: 24/7 available

Flexibility

Release SLA: 4 weeks

Compliance: 94%

Self-swap: 72h window

Approver: Chief

Exception rate: 8%

Control: Unit-managed

Release SLA trend (6 snaps):

Peers: Release SLA med 1.8 wks, IQR 1.2–2.4 wks

Additional Details

Shift structure: 12-hour shifts, 7 on / 7 off rotation

Notes: Holiday coverage rotates quarterly; summer vacation priority by seniority

Schedule variability: Q3

Call Schedule

Call Structure

Frequency: 1 shift/4wk · 1:4 nights/weekend

Nights/Weekends: 25%

Type: In-house

Pool: 8 MD · 4 APP

Response: ≤15 min

Backup: Senior available

Call Performance Metrics (90d)

94%
Coverage fill rate

12min
Avg response time

2.5
Fail per 100 shifts
3 failures ÷ 120 shifts

Assignment & Compensation

Extra pay: Yes (Hourly + differential)

Escalation Ladder

Resident (9) → Fellow (4) → Attending (12) → Chief (1)

Additional Details

Cross-coverage:Backup on-call system with float pool

Notes:Weekend call includes trauma response; backup required for Level 1 cases

Coverage fail rate (90d): 2.1%

Team reports higher call burden

Δ +1.2 vs leader

Team n = 11

Survey

Onboarding Timeline

Offer→Day1: 14d • Month 3: 75% • Month 6: Full capacity → [View Mentorship & Onboarding](#)

Domain completeness 92% • Verified Dec 2024 • Source Unit Chief + HR + Survey

Updated Sep 19, 2025

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Completeness 89%

•

Confidence High

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Emergency Department

•

Northeast

•


Emergency Medicine

Workload & Support

After-hours charting

2.3 hr/wk

Target: <1.5



Peers: med 2.1, IQR 1.5–3.2


Q2

Fresh

EMR

In-basket/day (post-triage)

42



Peers: med 38, IQR 28–52


Q2

Fresh

EMR

Admin time (hrs/wk)

3.2



Peers: med 2.8, IQR 2–4.1

Q3

Fresh

Survey

Visit & Charting

Appointment Structure

Most common: 20-min

Other: 15-min urgent

Other: 30-min procedures

Other: 10-min follow-up

Visit slot distribution

20min: 60%

15min: 25%

30min: 10%

10min: 5%

Chart Closure

24h

SLA target

94%

Within 24h

98%

Within 7d

2%

>72h

Real-time preferred

Same-day required

After-hours discouraged

In-basket Composition

Patient 40%

Rx 18%

Labs 28%

Other 14%

Time to first action: 2.4h

Support Systems

Documentation Support

Ambient doc: Pilot (Nuance Dragon)

Coverage: 60%

Scribes: 60%

Peak hours 10a–8p

Administrative Support

Dedicated support: Yes

Protected admin: 2h/week

Normalize by census: Off

Support Coverage Schedule

Mon

Tue

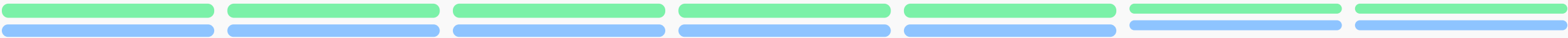
Wed

Thu

Fri

Sat

Sun



Ambient coverage

Scribe coverage

In-basket Triage Distribution

45%

RN

35%

MA

20%

Provider

Operational Note: Prior auth delays noted in Q4; streamlined process implementation planned for Q2

[Work ticket](#)

Domain completeness 89%

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Verified Sep 2025

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Source Survey

Internal • Confidential

p3/p6

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Emergency Department

Northeast

Emergency Medicine

Mentorship & Onboarding

Mentorship Program

Program Structure

Model: Structured 1:1

Cadence: Weekly first 3mo, biweekly after

Eligibility: All new hires + requesting veterans

Duration: 12 months standard, 18mo if requested

Mentor:mentee 1:3

Participation 89%

Recognition & Incentives

CME credits

Annual mentor award

\$500 quarterly stipend

Content Focus Areas

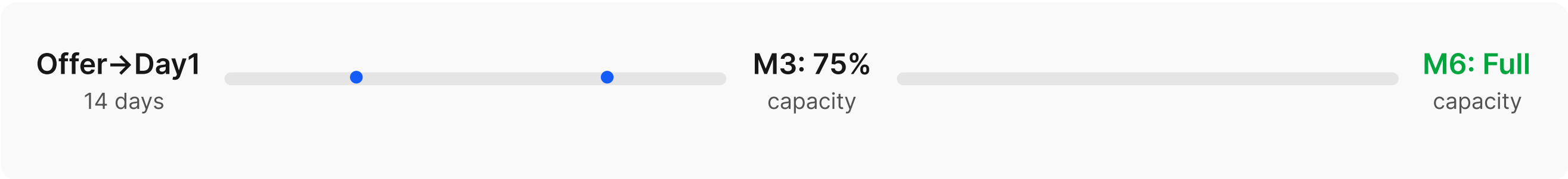
Clinical decision-making

EMR efficiency

Quality metrics

Team integration

Onboarding Timeline



Key Milestones

Day 1	Orientation & EMR training
Week 2	Supervised patient care begins
Month 1	Independent low-acuity cases
Month 3	75% capacity, all acuity levels
Month 6	Full capacity, mentor transitions to quarterly

Growth Enablement

Teaching

Resident supervision opportunities

Leadership Development

Committee participation encouraged

Research Opportunities


QI project requirement + research time

QI Time

Protected 2h/month for improvement projects

What predicts success (first 6 months)

- Proactive communication with mentors and team during complex cases
- Consistent documentation habits established within first 30 days
- Active participation in quality improvement and safety initiatives
- Strong collaboration with nursing staff and ancillary services

 Leader-Team Alignment Gap

Team reports wanting more structured mentorship; current model may be too flexible

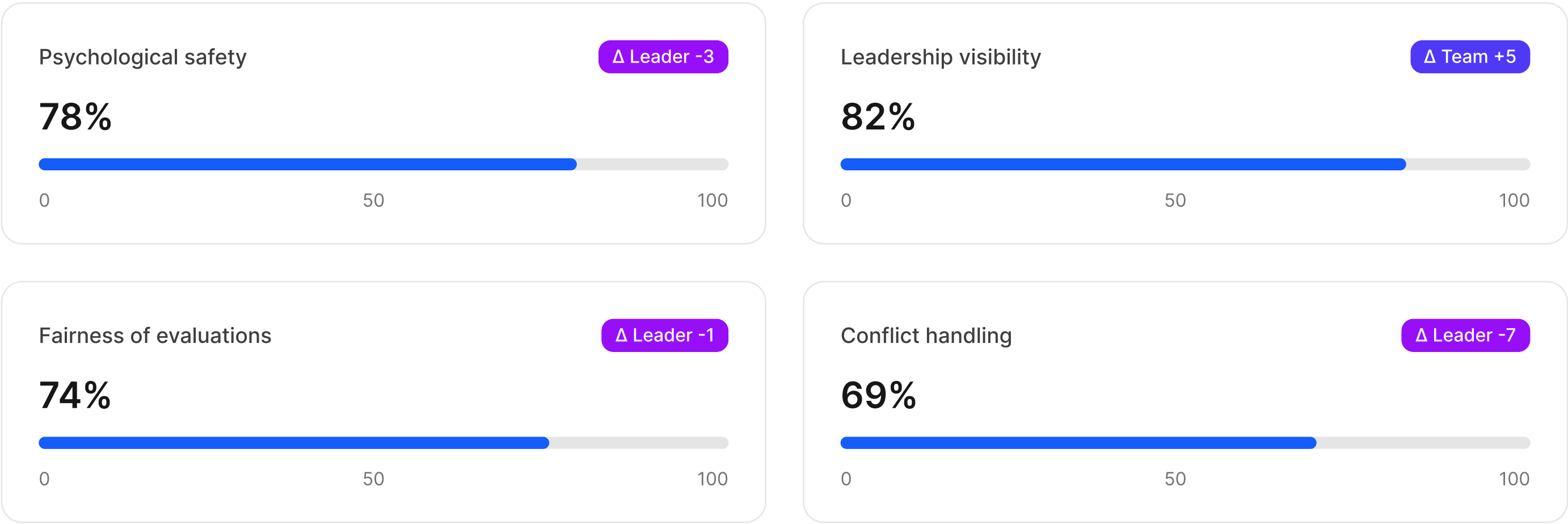
Recommendation: Consider implementing bi-weekly group mentorship sessions

Publish cadence + duration in Candidate Brief

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Culture & Fit

Culture Metrics



Communication & Voice

Communication Norms

Weekly huddles Open door policy Real-time safety debriefs

Frontline proposals → changes: Quarterly

Proposal success rate: 65%

Burnout & Leadership Actions

Burnout Signals

Increased sick days (+15%) Decreased engagement scores Higher after-hours charting

Leadership Actions

Flexible scheduling pilot Wellness initiatives Peer support groups Protected admin time

Team Strengths

Clinical excellence Team collaboration
Crisis management Adaptability

Growth Areas

Work-life balance Documentation efficiency
Burnout prevention

Team Net Promoter (Workplace)



Retention & Why Physicians Stay

Voluntary turnover: Q3

Why physicians stay

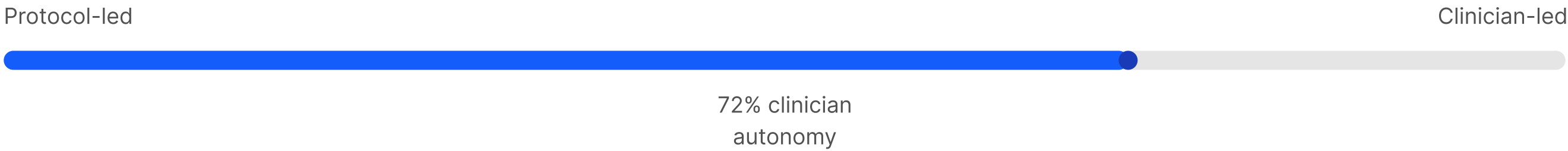
- Strong clinical autonomy and decision-making authority
- Collaborative team environment with excellent peer support
- Opportunities for professional growth and specialization
- Leadership that listens and implements frontline feedback

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Systems, Policies, & Compensation

Autonomy & Governance

Clinical Autonomy



Governance Structure

Committee: Clinical Standards Board

Updates: Quarterly

Deviation: Allowed

Approver: Department Chief

Approval time: 24-48h

Guideline mode: Evidence-based with local adaptation

Constraints:

Quality metrics

Budget parameters

Payer requirements

Policies

NCA: 12 mo / 50 mi

Outside income: Approved activities only

Multi-site: Yes (3 sites, Local metro area)

Moonlighting: Restricted to approved facilities

Visa: H1B/J1 sponsored

APP supervision: Required without relief

Parental leave: 12 weeks

CME: 7 days / \$3500

Licenses/DEA paid: Yes

Dues reimbursed: Up to \$2500

Systems & Resources

EMR: Epic (3 years)

Ambient: Nuance (Pilot)

Scribe platform: Epic integrated

On-site Services

Lab: On-site

Imaging: 24/7

Procedures: Available

Instrument processing: Reliable

Malpractice

Type: Institution-provided occurrence

Tail coverage: Paid by organization

Compensation

Calc check

Structure & Transparency

Transparency: Salary bands published annually

Type: Hospital employee

Model: Base + productivity + quality

Base salary: \$280,000–\$320,000

Guarantee: 24 months

RVU target: 6,500 at \$45/RVU

Quality incentive: 10%

Call stipend: \$800/\$1200

Extra shifts: 1.5x hourly premium

Top compensation drivers:

Clinical productivity

Quality metrics

Call participation

Incentives & Benefits

Sign-on: \$25,000

Relocation: \$15,000

Resident stipend: \$2000

Quarterly productivity bonus

Annual quality bonus

Loan assistance program

No partnership track

Change Horizon

• EMR upgrade to Epic v2024 (Q3)

• New outpatient clinic opening (Q4)

• Telehealth platform expansion

• Leadership transition (Chief retiring Q2)

Note: Compensation details and NCA terms marked as "Internal only" for Candidate Unit Brief export

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Candidate Unit Brief

Export-safe summary for candidate sharing

At-a-glance

- Emergency Department
- Emergency Medicine
- Northeast
- Shifts: 12-hour blocks, 7 on/7 off
- Call: 1 shift/4wk, In-house
- Release: 4 weeks
- Model: MD/APP collaborative

Workload Snapshot

2.3 hr/wk

After-hours charting

42/day

In-basket messages

24h

Chart closure SLA

Available Support

- Ambient: 60% coverage (Nuance pilot)
- Scribes: 60% peak hours
- Admin time: 2h/week

Culture & Team Dynamics

Team Orientation

High - collaborative decision-making

Clinical Ownership

Strong clinical autonomy with shared accountability

Emotional Intelligence

Advanced - high-stress environment requires strong EQ

Why physicians stay

- Strong clinical autonomy with evidence-based protocols
- Excellent team collaboration and peer support system
- Opportunities for teaching, research, and leadership development

Honest trade-offs

- High-acuity, fast-paced environment requires quick decision-making
- After-hours documentation currently above target (improvement planned)

Good fit if you...

- You thrive in collaborative, high-acuity clinical environments
- You value clinical autonomy balanced with strong team support

Probably not a fit if...

- You prefer highly structured, routine-based practice patterns
- You're uncomfortable with rapid decision-making under uncertainty

- Download Unit Brief (PDF)
- Copy candidate snippet

No PHI • Leader verified on Sep 19, 2025 • Cohort benchmarks used

Zero PHI • Anonymous team responses • Benchmarks shown only with sufficient cohort N