

ROLE CLARITY

Role:

Primary Purpose of Role:

**Top 3
Responsibilities**
*(List in order of
importance)*

- 1.
- 2.
- 3.

**Who is
dependent on
them?**

- 1.

**Measurable
Success
Indicators**

- 1.
- 2.
- 3.

ONBOARDING CHECKLIST

| | | | | | |
|------------------|--|--------------------|--|-------------------|--|
| Employee: | | Start Date: | | Supervisor | |
|------------------|--|--------------------|--|-------------------|--|

Purpose: Provide a structured first 30 days to set new hires up for success

| 1. PRE-DAY 1 | 2. DAY 1 |
|--|---|
| <input type="checkbox"/> Prepare workspace: computer, EMR login, phone, supplies | <input type="checkbox"/> Tour facility, introduce to team |
| <input type="checkbox"/> Assign "buddy" or mentor | <input type="checkbox"/> Review mission, values, policies |
| <input type="checkbox"/> Send welcome email with Day 1 schedule | <input type="checkbox"/> Review job description & Role Clarity Worksheet |
| 3. WEEK 1 | 4. WEEK 2-3 |
| <input type="checkbox"/> Shadow team members in key workflows | <input type="checkbox"/> Daily check-in with supervisor (10 minutes) |
| <input type="checkbox"/> Begin training on EMR, scheduling, billing | <input type="checkbox"/> Independent work on simple tasks |
| 5. WEEK 4-5 | 6. CHALLENGE & PUPIL PROGRESS |
| <input type="checkbox"/> Review performance expectations & metrics | <input type="checkbox"/> Midpoint feedback session |
| <input type="checkbox"/> Set 60-day goals | <input type="checkbox"/> Final check-in: discuss progress, answer questions |
| <input type="checkbox"/> | <input type="checkbox"/> |

PERFORMANCE EXPECTATIONS WORKSHEET

Purpose: Convert vague “do better” feedback into measurable, actionable expectations.

CURRENT ISSUE:

Describe what’s happening now (*be objective*):

DESIRED OUTCOME:

WHAT SHOULD SUCCESS
LOOK LIKE:

SMART EXPECTATION:

SPECIFIC

MEASURABLE

ACHIEVABLE

RELEVANT:

TIME-BOUND

EXAMPLE:

Current: Team needs to be more efficient.

SMART: Each MA will have patient roomed within 10 minutes of check-in, measured daily for 4 weeks.

LOGO

| Policy Name: | | | |
|----------------|--|-----------------|--|
| Revision Date: | | Effective Date: | |
| Revised By: | | Approved By: | |
| | | | |

Purpose

Explain why this policy exists. Link it to organizational values and the outcome you want to achieve. This section helps staff and residents understand the “why.”

Example: “This policy ensures a safe and supportive environment for residents by establishing a fair process for handling grievances.”

Objectives

List 3–5 clear goals for this policy. These should describe what the policy is designed to accomplish.

- Objective 1
 - Objective 2
 - Objective 3
-

Scope

Define exactly who and what this policy applies to — residents, staff, volunteers, programs, locations.

Definitions

List any key terms that need clarification. Define them simply and clearly.

- **Term 1:** Definition
 - **Term 2:** Definition
-

Responsibilities

LOGO

Clearly list who is responsible for what under this policy (e.g., Residents, Staff, Managers, Directors, HR).

- **Residents:** _____
 - **Staff:** _____
 - **Supervisors/Managers:** _____
 - **Director/Leadership:** _____
-

Process / Procedure

Step-by-step description of what happens when this policy is triggered. Include:

- **Step 1:** _____
 - **Step 2:** _____
 - **Step 3:** _____
-

Timelines

Define time expectations clearly (acknowledgement, response, completion).

- Acknowledgement within: ____ business days
 - Investigation completed within: ____ business days
 - Written resolution delivered within: ____ business days
-

Escalation / Appeals

Explain how and to whom issues are escalated if the first resolution is unsatisfactory.

- First escalation point: _____
 - Final escalation point: _____
-

Documentation & Reporting

Describe what should be recorded, where, and who is responsible for maintaining logs or records.

LOGO

Confidentiality

Describe how confidentiality will be maintained and who will have access to information.

Training & Communication

Describe how staff and residents will be educated about this policy and how updates will be communicated.

Review & Continuous Improvement

State how often this policy will be reviewed, who reviews it, and how updates will be implemented.

- Review frequency: _____
 - Reviewed by: _____
-

Contact Information

Provide the specific people, titles, and contact methods for questions or appeals.

This template makes every SOP:

- **Consistent:** Every policy follows the same structure, easy for staff/residents to follow.
- **Clear:** Includes “who, what, when, how” so there are no grey areas.
- **Auditable:** Meets compliance and risk management needs by showing timelines and responsibilities.
- **Actionable:** Gives staff step-by-step guidance, not just policy language.