

It's hard to change hats: Orienting new CDI specialists



By Angela Maxfield, RN, CCDS

Steve Jobs once said that “the only way to do great work is to love what you do. If you haven’t found it yet, keep looking. Don’t settle.” How appropriate. But how often do we really think of how scary it is to change jobs? People change for different reasons—burnout, family obligations, or financial pressures—but no matter the reason, it’s still scary to “change hats,” especially for new CDI specialists.

Think about what it means to be “new” to CDI. New staffers probably left a job they were familiar with, even comfortable with, after being intrigued by the CDI job description. Maybe they don’t have any experience in the building blocks of CDI, yet they applied and were accepted. Now they’re confronting that very real fear of the unknown and asking themselves, “Now what?”

This fear should be considered when managers, mentors, preceptors, or educators orient new CDI specialists. If they’re coming from a nursing background, for example, bedside practice has become a part of their daily routine, as has discussing patients with providers. Now, in CDI, they are expected to discuss diagnoses with providers instead. Spending years thinking one way and then suddenly being asked to think differently can be a bit overwhelming.

Education for brand-new staff

In the orientation period, CDI educators (whether it’s their formal job title or not) should have an assessment tool that will allow them to evaluate the depth of new professionals’ clinical knowledge and areas of expertise. Doing so can serve two purposes: using new employees’ knowledge to advance the team, and encouraging growth in areas where they have less experience. This allows new CDI specialists to work within their wheelhouse and begin their transition from a comfortable place. It also allows them to immediately contribute to the team, providing them with a sense of inclusion and pride, especially if their talents fill a knowledge gap within the group.

Tailor expectations accordingly when orienting a brand-new CDI specialist versus someone who has CDI experience but is new to the facility or particular team. The time period for orientation and the educational resources used should both be different. Staff that are new to CDI will require longer to adjust to the CDI way of thinking. Brand-new CDI specialists will need extensive education in “the CDI way”—after all, they’re now wearing a totally different “hat” than the one they wore as clinical practitioners or coding professionals.

A brand new CDI specialist will need extensive education in “the CDI way,” realizing that this is a totally different “hat” than the one they wore as a clinical practitioners or coding professionals.

Start with the basics by giving an introduction of what CDI is. Explain how a CDI professional looks at a chart in comparison to how a nurse, coder, or physician might.

“And suddenly you know...it’s time to start something new and trust the magic of beginnings.”

Author unknown

Explore the CDI program’s compliance obligations and ethical constraints. Review the standards the team is expected to adhere to. All of this will give new CDI professionals a better base to build their practice on.

Next, the CDI educator will need to explain coding rules and guidelines as they pertain to CDI practices, including what should be documented to capture diagnoses in codes. Understanding how to use the Official Guidelines for Coding and Reporting will provide new CDI specialists with another resource to feel more confident in their unfamiliar world. Once they understand the basics of CDI, including coding rules, compliant query writing, and other guidelines, then you can help build on that knowledge.

Of course, all this takes time, and no brand-new CDI professional should be expected to jump into medical

record reviews the first day on the job. Make sure you segment this training and augment it with on-the-job shadowing and record reviews to provide real-world examples of the lessons being taught.

Education for experienced staff

Let us not forget CDI specialists with only a year or less of experience. Are they considered “experienced,” or are they still considered new? Your program must decide and tailor its orientation and education accordingly. In doing so, answer these questions:

- What training did this CDI specialist get at previous programs?
- How does that training compare to your program’s expectations?

Some programs are financially based, with a focus on shifting the MS-DRG and capturing additional diagnoses that will change the reimbursement for a patient’s care. Other programs are more robust and innovative, focusing on quality reported data, mortality reporting, Hierarchical Condition Categories, Patient Safety Indicators, and overall chart completeness. A CDI specialist who is transitioning from the former environment to the latter may need additional education and mentoring.

Don’t assume that all CDI specialists come from the same type of program and have the same expectations. When onboarding staff, CDI educators should consider all CDI specialists as “new” in that they are new to the facility’s particular program. For the most success, orient new staff to your program’s way of doing CDI, as outlined in the mission and vision statements.

So, how do you approach training brand-new CDI specialists? First, recognize they are tasked with learning both a new approach to clinical thinking and a new way of communication with physicians and providers. Help them to realize they still impact patient care, just in a different way. This will keep their clinical interest alive and maintain their passion for helping patients. It’s hard to change hats in the professional world, but recognizing each CDI specialist’s individual contribution to your program and helping the person develop to the next level will facilitate a successful transition.

The goal of orienting clinical professionals should be developing them into successful and passionate CDI professionals. 🌱

Editor’s note: Maxfield is a CDI consultant with MAXIM HIM, based in Stanford, California. In her role, she is responsible for reestablishing programs, conducting provider education, and providing staff development. She has been in the medical field for more than 35 years, beginning her nursing career with an ED/trauma focus. Maxfield is on the leadership for the ACDIS CDI Educator Networking Group. Contact her at amaxfield@stanford-healthcare.org. Opinions expressed are that of the author and do not necessarily represent HCPro, ACDIS, or any of its subsidiaries.

