

## Residency Strategy Planning Meeting

**Thursday, April 28, 2005, 11:30-4:30**

**Cherry Room, 8100 Bldg**

**Recorded by: Pat Anderson & Lori Barrett**

x if present

|   |               |   |                 |   |               |  |  |
|---|---------------|---|-----------------|---|---------------|--|--|
| x | Ankel, Felix  |   | Gunnarson, Teri | x | Barrett, Lori |  |  |
| x | AsplinBrent   | x | Hegarty, Cullen | x | Anderson, Pat |  |  |
| x | Colletti, Jim | x | Henry, Keith    |   |               |  |  |
| x | Gordon, Brad  |   | Knopp, Robert   |   |               |  |  |

| Person   | Item                    | Action Plan/Key Points  |
|----------|-------------------------|---|
| Ankel    | SWOT                    | As a group a SWOT table was made identifying our residency's Strengths, Weakness, Opportunities and Threats. We then further identified ST (Threats to our Strengths) and WO (Opportunities for our Weaknesses). SWOT table attached.   |
| Colletti | Conferences             | <p>Jim has put together an 18-month curriculum conference schedule. Each faculty will be responsible for a content area and are expected to have a cutting edge lecture prepared when scheduled.</p> <p>Some of the conference areas discussed included:</p> <ul style="list-style-type: none"> <li>- Increase faculty presence at conference.</li> <li>- Establish ongoing grand rounds with visiting professors lecturing.</li> <li>- Bring in more multidisciplinary staff.</li> <li>- Move all conferences except the noon conference to the amphitheater.</li> <li>- Make the noon conference a more interactive /integrated conference. Each resident class will have a different focus assigned ahead of time and come prepared to discuss.</li> <li>- Back pocket lectures to fill in for lecture cancellations – ethics, conflict management, and board review.</li> <li>- Neurology has agreed to give lectures regarding seizures, delirium, headaches, and weakness.</li> <li>- Cardiology - lectures to be matched with EKG. Pull back from cath conf a little.</li> <li>- Jim is talking to Internal Medicine regarding starting an IM/ED conference</li> <li>- Resident involvement in core content. Ok for G3 to lecture, but not interns.</li> </ul> |
|          | Administration Rotation | <p>Admin Experience– drip approach. Work on a project throughout the year. Areas identified and suggested contact/facilitators are:</p> <ul style="list-style-type: none"> <li>- Peer Reviews – McBeth</li> <li>- Quality Committee – Chung, Poor</li> <li>- Facility Redesign – Fritz,</li> <li>- ED Business Selective (St Croix Falls Contract, Hudson) –</li> <li>- EMS Administration – Kaye, Frascone</li> <li>- GME - Canaan, Ankel</li> <li>- BEST Work Groups - Chung,</li> <li>- Trauma Committee - Carr</li> <li>- COS – Elect - Quaday</li> <li>- Med Executive Committee</li> <li>- Epic Team – Gordon</li> <li>- Hospital Quality - Valusek, Ankel</li> </ul>   |

| Person | Item                  | Action Plan/Key Points  |
|--------|-----------------------|---|
| Cullen | Residency Recruitment | <p>Discussed our current residency recruitment process and alternative options. Areas of discussion included:</p> <ul style="list-style-type: none"> <li>- Materials that are given to applicants. Do we give too much information? Should we continue to give the minutes of the resident retreat, which contains negative information as well as positive?</li> <li>- Interview days – look at interviewing 2 days per week instead of 3 with one of the days being Wednesday.</li> <li>- Include tour of Sim Center</li> <li>- Tailor interview more to applicant. If applicants have a specific interest area, have them interview with coordinating appropriate staff.</li> <li>- Focus on knowing applicant information (read application before interview).</li> <li>- Post interview wrap up meeting at end of interview day with all who had contact with the applicants.</li> <li>- Contact all applicants by letter after interview.</li> <li>- Add applicants’ names to EMRes list.</li> <li>- Increase applicants from the coasts by being a national presence through CORD, sending annual reports, presenting at national meeting, etc.</li> <li>- Suggestion to give all applicants the Quality Chasm book</li> </ul> <p>There will be an opportunity to discuss these ideas at our annual Pre-interview meeting in the fall.</p> |
| Ankel  | RRC Resident survey   | <p>Seventy-four percent of our residents completed this survey. It was felt that it is a correct reflection of the residency. Suggested including it in the applicants’ packet.</p>   |
| Ankel  | IOM/ACGME Matrix      | <p>Would like this to be a paradigm for our program</p>   |
| JC     | Evals                 | <p>Talked about spreading out evals throughout the year for both residents and staff – doing 4 or 5 per month.</p>  |
| Ankel  | IS                    | <p>Information library – not a lot of resources behind it.</p> <p>Video – still has some issues. Questioned if we should continue to do at the same level? Planning on continuing what we are doing now. If it is taken to next level, Brad Gordon does not have the time to support it. Would like to move it up to IME and hospital.</p> <p>New Innovations will be replacing E-Value as of July 1.</p>   |
| Ankel  | Program - 2010        | <p>Strive for:<br/>         Becoming a nationally known residency program.<br/>         Focus on excellence</p>   |

# SWOT

| Strengths   | Weaknesses   | Opportunities  | Threats      |
|---|--|--|--------------|
| <b>Resident focus</b><br>ST-pt care v. pt flow<br>ST-ops focus v. res focus               | <b>Full academic maturity</b><br>WO-UM, SAEM, Research, fac development  | National involvement   | Pediatrics   |
| <b>Conference</b><br>ST-idle curriculum, no lecture QI, time focused, faculty involvement | <b>Faculty engagement</b><br>WO-Integration, core faculty definition, faculty-centered, areas of expertise                         | Integration  | Complacency  |
| <b>Guest lecturers</b><br>ST-no \$\$\$  | <b>Integration of simulation</b><br>WO-communication, teamwork, leadership, improve outcomes                                       | Outreach   | Inefficiency |
| <b>Energy</b><br>ST-burnout   | <b>Cohesiveness</b><br>WO-social functions, integration of education   | Technology   | Resources    |
| <b>Agility</b><br>ST-rigidity   | <b>Focus</b><br>WO-strategic planning, formalize "colleges", core faculty v. clinical faculty, interest v. need                    | Research (trauma, psych, education, flow)  |              |
| <b>Visionary</b><br>ST-resources  | <b>Execution ratio</b><br>WO-bite off smaller chunks, organized plan, focused direction  | Procedural competency  |              |
| <b>Open</b>   | <b>Disorganization</b>   | Evaluating core competencies   |              |
| <b>Reputation</b><br>ST-parent organization   | <b>Rural experience</b><br>WO-develop experience   | UM engagement  |              |
| <b>Leadership</b><br>ST-turnover  | <b>Faculty conference attendance</b><br>WO-cutting edge grand rounds, visiting professors, incentives, get community MDs to attend | Administrative involvement   |              |
| <b>ED Resources</b>   |  | Ultrasound<br>Residency Advisory Group<br>Resident Advisors<br>Portfolio<br>Resident core experts<br>"College" |              |