

Residency Planning Meeting September 30, 2009

✓	Felix Ankel, MD	✓	Rachel Dahms, MD	✓	Eric Roth, MD
✓	Pat Anderson	✓	Katie Davidson, MD	✓	Stephanie Taft, MD
✓	Lori Barrett	✓	Kara Kim, MD	✓	Drew Zinkel, MD
		✓	Cullen Hegarty, MD		

Item	Key Points/Action Plan
Agenda	Felix reviewed agenda and touched on previous meetings. He also gave some historical perspective on topics for discussion.
Admin/Quality	Drew reported on his progress for integrating admin and quality longitudinally and using the resident-of-the-day (ROD.) He will use both Admin and Quality wikis for dissemination of information and has developed a Google calendar for residents to access for ROD activities.
ACGME Survey	<p>Chief residents surveyed residents on issues identified on the ACGME survey. Discussed possible action items based on resident comments:</p> <ul style="list-style-type: none"> • Comment box for residents – anonymous – kept in resident room. • Critical case conference – more diverse & more fac involvement • 5-min mini lecture in AM; can we do in eve, as well? 5pm might work • Hi-yield topics (assigned or pre-defined) • Eval push to residents – also delinquent eval tracking system. LB & PA to investigate how this can be accomplished through NI. • Look into system to hound off-service evaluators to complete delinquent evals • Anonymous vs non-anonymous evals – make all evals done by residents anonymous. This will eliminate the ability to act on a written evals, so residents will need to communicate rotation issues directly to PD & APDs. • Procedural competition – no action – share comments with residents. Clarify what we want on Ortho. • Resident liaison – chiefs to clarify with residents what this is. • 10-hrs off between Wed/Thur eves – maybe more need to publish schedule out for 12 months (templated). Then residents can switch as desired. Need to identify the number of required clinical hours for each resident.
Program Review	Program review discussed. Discussed changing format of next fall's retreat (dot holiday, i.e., no dots), having chief residents take more of a leadership role.