

Barrett, Lori J

From: Ankel, Felix K
Sent: Tuesday, March 20, 2007 12:31 PM
To: Dahms, Rachel A; Hegarty, Cullen B; Morgan, Matthew W; 'Stephanie Witt'; Zwank, Michael D
Cc: 'jamesecolletti@gmail.com'; 'Teri.M.Gunnarson@HealthPartners.com'; Knopp, Robert K; Asplin, Brent R; Chung, Won G; Anderson, Patricia K - ER; Barrett, Lori J
Subject: Residency transition
Attachments: 2006.02.27 GAANT Chart.xls; 2006.2.23 core curriculum.xls; Society for Academic Emergency Medicine.htm



2006.02.27 GAANT
Chart.xls (40...



2006.2.23 core
curriculum.xls ...



Society for
Academic Emergency

Greetings Fellow Educators,

Thanks for all your help and support during this transition time. I've had many discussions with you as individuals, but wanted to share a few things and get input on a few others as a group. With the number of individual conversations and the rate of recent change, some miscommunication may have occurred. If this has happened, I apologize and hope this e-mail will clarify any possible misunderstanding.

First of all, thanks to Rachel, Cullen, Matt, Stephanie and Mike who have agreed to take on a larger role in educational leadership. I appreciate all your recent energy and ideas. I wanted to paint a few broad strokes for the residency and distribute the GAANT and residency core curriculum faculty responsibility list to get input.

I also want to thank Teri, Jim and Jehan. Their contributions to the residency and teaching program have been immense, and I will miss them tremendously. Their fingerprints will be on the residency for a long time.

I see major delineations in the residency along the concepts of class liaisons and the concepts of knowledge, skills and attitudes. In the past, Jim was advisor to the EM-1 class, Teri advised EM-2, Cullen was the EM-3 advisor, and Brian McBeth was off-service rotator coordinator. Officially, our knowledge manager was Jim, skills manager was Rachel, and attitude "manager" was Teri (advisor coordinator, promotions committee chair.) In reality, most people cross-covered these areas.

For now, I see Mike being off-service rotator coordinator, Matt taking over conference and knowledge management from Jim. Rachel will continue as skills manager. I see Stephanie as attitude "manager." I would like to have Stephanie be first year rotation liaison, Rachel be liaison for 2nd years and Cullen continue as 3rd year liaison. I have asked Rachel to help out with first year things, such as orientation and "attitude things" i.e, advisor selection, and promotions committee chair until Stephanie joins us. The reality is that most of us will have other responsibilities (Matt with Tox, Rachel as residency operations rep., Cullen as med student and sim director).

I would like to match people's interests with responsibilities and balance this with the residency's needs. I would like to update the GAANT chart, delineating authority/accountability, responsibility, support, and inform. Please look at the GAANT chart and give me your feedback by April 15. I have also attached the residency core curriculum faculty responsibility list. Please give me, Matt and Jim any feedback by April 15.

The following themes have come up in discussions that I would like to get your thoughts on.

1. Setting aside assigned office days, for example, residency committee meets the 2nd Wed of the month. With the majority of residency directorship in attendance, residency committee meeting would be followed by residency director development meeting to discuss best practice in residency directorship (e.g., recruitment, budget, PIFmanship, feedback and evaluation, bedside teaching, mentorship, procedural competency, core competencies, etc.)
2. Consider melding student and residency program and assigning an educator of the day (just like doc-o-day). This person would then be the go-to person for things like student orientation, mid-term & final evals, off-service orientation, workshops, etc.

3. Develop "colleges" in our residency (EMS, tox, public policy, informatics, education). Work towards "cradle-to-grave" continuum of education (tailor interview day to applicant interest, assign resident advisor to interest, work towards aligning resident project and elective to interest, recruit "college" grads to serve as mentors for residents.)

4. Recruitment - consider updating web page, video, tailor interviews (see 3. above). Consider producing med student rotation brochure and sending to ACEP medical student section mailing list.

5. Presence - I would urge you to have as big a presence as possible. Things like attendance at orientation picnic, holiday and match party, graduation dinner, critical case conference, and interviews often have big long-term effects. The reality is that we all have time limitations, but even a brief presence sends a strong message. Presence outside of the department is also helpful to the residency. Consider contributing to the EMRes list (over 160 members) and joining national committees.

6. Balance - one of the challenges of being in residency direction is balancing administrative workload with professional growth and production of materials useful for academic promotion and balancing personal and work activities. I have attached a piece by Carey Chisholm that I feel is a good read. Ultimately, I expect that all faculty involved in residency direction are core faculty members as defined by the RRC. This allows for a clinical commitment limit, but also requires at least one piece of scholarly activity per year. Please let me know if there are ways we can help you in this area.

It is an honor to work with you. I'm looking forward to exciting times.

Felix