

Residency Blueprint - 5

Wednesday, June 9, 2010

Agenda

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|----------|--|
| 10:00 am | Introduction of Themes
GME & Quality Integration
Content Experts
ROD
ACGME Annual Survey
Program Review
Residency Retreat Agenda |
| 10:30 am | Services Group 1 |
| 11:30 am | Services Group 2 |
| 12:30 pm | Lunch |
| | Discussion of Themes |
| 3:00 pm | End of Day |

Residency Strategy Planning Meeting

Thursday, April 21, 2010 8:00-1:30

St Croix Room, 8170 Bldg

Recorded by: Pat Anderson

Present			
Pat Anderson	Cullen Hegarty, MD	Pete Tanghe, MD	Jeff Fritz
Gary Gosewisch, MD	Eric Roth, MD	Katie Davidson, MD	Tim Lindquist
Jessie Nelson, MD	Eugenia Canaan	Richelle Jader	Drew Zinkel, MD
Felix Ankel, MD	Jon Henkel, RN	Susan Walls, RN	Elie Gertner, MD
Kate Graham, MD	Jennifer Schiffler, RN	Marcella de la Torre	Manu Madhok, MD
Carl Patow, MD, MPH	Maddy Cohen, MSW	Kara Kim, MD	Mike Zwank, MD
Lori Barrett	Keith Henry, MD	Steve Wandersee, PA-C	Brad Gordon, MD
Mary Healy, RN	Stephanie Taft, MD	Scott Donner, MD	Marc Martel, MD
Karen Quaday, MD	Rachel Dahms, MD	Gretchen Leiterman	
Aaron Burnett, MD	Brad Hernandez, MD	Mary Wittenbreer	

Item	Action Plan/Key Points
SWOT	As a group a SWOT table was made identifying our residency's strength, weakness, opportunities, and treats. Table is attached.
Review or Other Strategic Plans	How can we strategically integrate the residency into the plans of the department hospital, IME, and healthplans?
Outcomes:	<p>What characteristics of knowledge, skills and attitudes in a graduating resident are sought after by employees?</p> <p>Employers are looking not only for smart ED physicians, but for physicians with the following qualities:</p> <ul style="list-style-type: none"> - team players - good communication skills - humanistic characteristics - empathy - patient advocate - documentation competency - leadership ability - good follow through - effective teachers - adaptable to new culture - creative - good management/organization skill - <p>What are the things Regions is doing to graduate residents with these qualities and what can we do to influence our grads for the future.</p> <p>Regions has done the following:</p> <ul style="list-style-type: none"> - Robert Knopp Humanism Award - Shift card evaluations which include patient care compassion to promote culture of kindness. - IME sponsors a Core Competency Conference each year. This year the theme is "Communication as a Driver of Quality" with workshops on Interpreters' Observation on Medical Communication. Afternoon session with be a trip to MN Institute of Art for an exercise in visual thinking strategies.

<p>Knowledge Translation</p>	<p>How do we translate best knowledge into best practice?</p> <p>Discussion and thoughts:</p> <ul style="list-style-type: none"> - In the future there will be more expectation of obtaining information on the go through smart phones, Twitter, etc. - More interactive websites - CME courses to keep staff skills up - Core lectures to teach core competency with most up to date literature. Need to have ongoing renewing library for education. - Resident QI projects for best practices. - Develop a depository of up to date educational data. Integration of quality into the didactics - Disseminating knowledge through QI initiatives - Introduction of critical appraisal of conference lectures - Incorporate EBM into practice and look at outcomes - EKG curriculum. Look at teach class specific level of training, experiential training, smaller group sessions. - Resident one on one sessions with faculty
<p>Procedural Competency</p>	<p>How do we ensure procedural competency?</p> <p>Discussion and thoughts:</p> <ul style="list-style-type: none"> - New grads have it. - Sim labs for maintaining skills - CME courses - Teaching each other - Hospital are moving toward requiring staff to show that they are competent in procedures by documenting a required numbers of procedures - Education day with a combination of teaching and stations. - Resident procedural competency verification by staff - Feedback to resident - Regional resource for rarely performed procedures – have residents teach community physicians. - Class-specific ultrasound training
<p>Non-Clinical Training</p>	<p>How do we train future leaders of the healthcare delivery system?</p> <p>Discussion and thoughts:</p> <ul style="list-style-type: none"> - Encourage more community involvement - Patient satisfaction data included in 6 month evals. - Conferences focused on communication and scripting - Teach by role modeling - Constructive feedback - Resident comparison with RVU per hour. - 360 evaluation
<p>Benchmarks & Scorecards</p>	<p>How do we measure our outcomes to our goals?</p> <p>Discussion and thoughts:</p> <ul style="list-style-type: none"> - Push on trying to get Picker to adopt a point of service mechanism. - Smart, kind, fast – report card - Report card with patient complaints, speed, tract utilization, peer evals, team player
<p>Resources</p>	<p>What resources will we need to ensure success?</p>

SWOT

Strengths	Weaknesses	Opportunities	Threats
Leadership/Faculty	Few other Regions' residents	Educational synergy	Increasing number of residencies, recruitment challenges
Resident Applicants – interests, geographic, Intelligence	Lack of integrated admin experience	Integration of quality	Decreased funding for educational offerings
Collaboration	Diversity	Collaboration with local programs	Academic suprastructure funding
Organization	Research execution	Fellowship development	UMN funding challenges
Vitality	Documentation time	Integrating IHI triple aims (performance, experience, stewardship)	Lack of team connection in ED pods
Educational Quality	Communication across Pods	Simulation vision – develop faculty	Becoming in-bred, lack of diversity
Support	Educational space	Community selective sites - collaboration	Decreasing leaders/admin support “depth of bench”
Prominence and National Recognition	Coding and billing education	Improve documentation model	GAMC funding impact
Hospital Integration	Simulation infrastructure	Use library resources for customized information push through web 2.0 means	Academic time
Community Resource	Underutilization of knowledge based resources	Leadership development – Systems – Bedside	Lack of outcomes data to support value of education
Quality of Residents	Integration of inpatient peds	Develop research	Research support
Teaching	Ortho reduction skills	RN mentorship	Balancing service vs resident needs
Systems-based	Patient satisfaction	Mutidisciplinary sim	Autonomy vs integration
Reputation	Psychiatric curriculum	Regional UME-GME-CME collaboration	Bedside teaching experience & support
Quality of graduates	Minimal educational offerings to other ED providers	Collaboration with other disciplines Integrated education	Running a pod – clinical leadership
Innovative	Geographic location	Clinical learning center	Competing priorities - complexity

Strengths	Weaknesses	Opportunities	Threats
Stable	Minimal dissemination of education to regional community hospitals. Lack of educational marketing.	Healthcare advocacy	Maintaining clinical/educational quality
Responsive	Clinical research infrastructure	Unique rural experience (WI)	Maintining quality simulation
Flexible	Sub-optimal use of Epic	Relationship with UMN	New chair (unknown)
Resilient	Admin load	Expanded role of patient education	Community support (selective)
Critical Care Exposure	Increasing reporting demands without admin support	Publishing our work	Lack of consistent ownership of dept.
Quality of fellowships		Faculty development	Faculty retention – faculty development
Humanistic		Highlight critical care experience	Caregiver well-being
		EMIG involvement	Disruptive forces in healthcare delivery systems, e.g., freestanding EDs.
		UMN resources	Stability of academic EM department at UMN
		Medico-legal and media training	
		Real-time resident feedback: patient satisfaction, quality markers, performance, stewardship	
		Evolving technology	
		Definition of procedural competency standards	
		Regional center for procedural competency training	

Residency Planning Meeting September 30, 2009

✓	Felix Ankel, MD	✓	Aaron Burnett, MD	✓	Keith Henry, MD
✓	Pat Anderson	✓	Rachel Dahms, MD	✓	Kara Kim, MD
✓	Lori Barrett	✓	Marcella de la Torre	✓	Stephanie Taft, MD
✓	Kelly Barringer	✓	Leah Gapinski, MD	✓	Brent Walters, MD

Item	Key Points/Action Plan
Agenda	Felix reviewed today's agenda and touched on previous meetings. He also gave some historical perspective on topics for discussion.
Retreat	Discussed how to run residency retreat. Identify strengths and weakness as in the past. Kara Kim, and chiefs agreed to be small group facilitators.
	Review past planning meeting history
Quality theme	<p>How to implement, sustainable and graduated responsibility (outside staff, G3, G2 & G1). NCS duties transform to NCS/Quality shift.</p> <p>9 themes ongoing – most high impact area, neuro, cardiac, trauma, ID, mental health, peds, GI, ortho. Clarify areas at retreat. Timeline with end date presented at conference.</p> <p>Incorporate into conference time as small groups to work on quality areas.</p> <p>Core content areas. EMRAP has 1,2,3 core curriculum (online?) Noon-1 time to do more small group and/or using EMRAP. Or Quality groups (2) give updates.</p> <p>Converse with hospital quality, and come up with our own. Areas of time, diagnostic, treatment basis. Violence again staff, documentation. Time to antipsychotic, time to sedation , time to see psychiatrist.</p> <p>Does this replace scholarly project? Use as scholarly project if it goes above and beyond.</p> <p>Phases, define, (PDSA cycle) implement, review and keep going.</p> <p>Set up a conference day devoted to quality to get things started.</p> <p>KK and MDT recommended “the Team Handbook.</p>

	<p>Quality measures don't become cookbook medicine. Put into EPIC with options and standard of care when evidenced based.</p> <p>Time to do quality time – possibly schedule b/4 SICU & Peds blocking these rotation as 6 weeks not 40 days.</p>
	<p>Streamline – anything to take off of plate to make room for quality? Suggestions: Cord tests, noon to lunch conference more productive, procedure logs entry, duty hour entry, Build something into epic to pull out procedures. Get procedures billed under your name – need to be mindful of RRC required reporting by residents. Build into epic at sign out tied to logging – check out with brad G</p> <p>Think about whether to change any rotations – EMS? Tox? Plastics? SICU. Think about use a bolus vs a drip approach similar to EMS for other rotations.</p>
<p>ED Changes</p>	<p>Should we go from 9 to 10 residents: Will quality of residency be affected? Losing presence in all parts of ED. 3rd years on C, Junior fac or C shift – res specific. Jfac work in C?</p> <p>Regions ED now looks like 2 separate EDs, academic and community.</p> <p>Integrate into Pod C in 3rd year. 2nd half of 3rd year?</p> <p>Retreat discussion – more push or exposure for residents – how to operationalize? Pod C.</p>
	<p>PA/res relationship issues. Procedures/staffing model issues. Scope of practice issues. How to show appreciation for PA? Offer procedures to PA when no G1 available vs safeguarding procedures for residents. Need resident/PA summit suggested separate from retreat. Discuss with Kurt b/4</p>

Residency Admin
Wednesday, August 20, 2008

X	Pat Anderson	X	Rachel Dahms, MD	X	Adina Miller
X	Felix Ankel, MD	X	Cullen Hegarty, MD		Tara O'Connell
X	Lori Barrett	X	Matt Morgan, MD	X	Scott Thielen
X	Kelly Barringer, MD		Mike Zwank, MD		

Person	Item	Action Plan/Key Points
	Agenda	Felix reviewed the Residency Blueprint 2008-3 agenda.
	Faculty Teaching/Shift Card	Faculty teaching shift card discussed. Pat will draft two models, one based on the "Five Microskills", and one based on the "Effective Teaching in the ED" table.
	Residency Retreat	Residency retreat is scheduled for October 23. Will invite an alumni to speak. Small groups will be lead by chief residents and alumni. Pat will check into the following location: MN History Center; U of MN St. Paul Campus; U of MN Conference Center.
	Resident Recruitment	Interview planning meeting is scheduled for Sept 18 during conference.
	Conferences	Community cases - Discussed bringing this conference back on an ongoing basis. This presents a good opportunity in keeping us connected with alumni. Critical Case Conference: Would like to get the chiefs more involved in selection of cases.
	Alumni Day	Alumni day is September 25 at the Paul and Sheila Wellstone Center. Guest speakers are: David Sklar , MD, Associate Dean, Graduate Medical Education, University of New Mexico and member of ACEP Board of Directors; and Karry Broderick, MD, Denver Health Medical Center, Associate Professor, University of Colorado An alumni reception/book club will be on September 25 from 5-7. Book will be on "La Clinica: A Doctor's Journey Across Borders" written by Dr. Sklar.
	Core Content	The faculty core content lecture areas were reviewed and updated.
	Core Content Expertise Areas	Core content areas of expertise and staff for each area were identified. Each content area will eventually have a staff, resident and nurse to work on quality projects to improve the quality of care in ED. Felix will bring this to the next EMDEC meeting for discussion.

Emergency Medicine Residency Program

DRAFT

	Lori	Pat	Ankel	Hegarty	Dahms	Taft	Zwank	Knopp	Other Respons.
APPLICANTS									
Web site update	S	S	A	R					S = BDG
Recruitment	S	S	R	A					
Information packets	S	R	I	A					
ERAS installation/updates	S	R	I						IS
Retrieve applicant files	S	R	I	A					
Track requests/applications	S	R	I	A					
Review/score applications	S	S	R	A					
INTERVIEWS									
Invite for interviews	S	S	A	R					
Develop interview schedule	S	R	A	I					
Schedule applicant	S	R	I	A					
Schedule faculty/residents	S	R	A	I					
Itineraries/feedback sheets	S	R	A	I					
Interview/rate applicants	S	S	R	A	S	S	S	S	S = other faculty
Enter feedback scores	S	R	A	I					
Rank applicants	S	S	A/R	I					
Send rank list to NRMP	S	R	A	I					
Contact matched residents	R	R	A						
Match party	S	S	A/R						
ORIENTATION									
Develop schedule for week	S	S	A			R			
ACLS	R	S	A			I			A = CRH
ATLS	S	R				A			
EHS	A	R	I			I			
ED Orientation	S	S	A			R			
Develop rotation schedule	S	S	A		R				S = chief residents
Manual	R	S	A			I			
Resident picnic	S	R	I			A			
MEDICAL STUDENTS									
Yearly schedule - U of M	R		I	A					
Outstate students	R		I	A					
Student schedule	R		I	A					
Orientation	R		I	A					
Pre-test	S		I	A					S=KPK
Ride-alongs	R		I	A					
Shift report cards	R		I	A					S=KH, KPK
Mid-rotation eval	S		I	A/R					S=KH, KPK
Final test	S	R	I	A					S=KH, KPK
Final evaluation	S		I	A/R					S=KH, KPK
Letter to Dean	S		I	A/R					
Workshops	S	S	i	A/R					
ROTATING RESIDENTS									

A=Authority/Accountability
R=Responsibility
S=Support
I=Inform

Emergency Medicine Residency Program

DRAFT

	Lori	Pat	Ankel	Hegarty	Dahms	Taft	Zwank	Knopp	Other Respons.
Yearly schedule	S	R	I				A/I		
Resident work schedule	S	S	I				A/I		R=chief residents
Orientation	S	S	I				A/I		R=chief residents
ADMINISTRATION COORD									
Resident contract	S	R	I						A=GME
Payroll	A/R	S	I						
Resident permit	A	R	I						
University of MN paperwork	A	R	I						
Scrubs/labcoats	A	R	I						
Beepers/Mailboxes/Lockers	A	R	I						
Off service notifications	A	R	I				I		
Scheduling	S	S	I		A				R=chief residents
Maintain dictations	S	R	I		A				
Society dues	A	R	I						
Chart completion	S	S	I		A				R=compliance chief
Monthly reports (proc. f/u, conf. attend)	S	A/R	I	I	I	I		I	
Mealcards	A	R							
Vacation tracking	A	S	I/R		I				
Supplies	A/R	S							
CONFERENCES									
Schedule Development	S	R	I			A			
Resident Assignments	S	R	I			A			
Staff Assignments	S	S	I			A			
Outside speaker contacts	S	S	I			A			
Case selection	S	S	I			A			R=Ed Chief Resident
Schedule updates	S	R	I			A			
Room arrangements	S	A/R	I			A			
CME requirements	S	A/R	I			A			
Evaluations	S	R	I			A			
Taping	S	S	I						A/R=BDG
Journal Club articles	S	S	I						A/R=JSH
PROGRAM APPLICATION ROTATION LIAISON									
Faculty information	S	S	A						R=KMI
Facility information	R	S	A						
Curriculum	S	S	A		R	R			
Resident information/stats	R	S	I		A				
Site visit	R	S	A						
LOU's	S	S	A						
Anesthesia	S	S	A			R			
Cardiology	S	S	A			R			
Orthopedics	S	S	A			R			

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Emergency Medicine Residency Program

DRAFT

	Lori	Pat	Ankel	Hegarty	Dahms	Taft	Zwank	Knopp	Other Respons.
Peds Anesthesia (AAPA)	S	S	A/R						
St. Paul Children's	S	S	A		R				
Minneapolis Children's	S	S	A			R			
Toxicology	S	S	A						R=CRH
OB	S	S	A			R			
Plastics	S	S	A			R			
SICU	S	S	A		R				
MICU	S	S	A		R				
EMS	S	S	A						R=RJF
Electives	S	S	A	R					
Selectives	S	S	A/R						
SEXUAL ASSAULT									
Protocol development	S	S	I						A/R=MEC
Resident training	S	S	I						A/R=MEC
Record review	S	S	I						A/R=MEC
ULTRASOUND									
Protocol development	S	S	I				A/R		I=PK
Training	S	S	I				A/R		I=PK
Review	S	S	I				A/R		I=PK
PROVIDER TRAINING									
ACLS	R	S	I						A=CRH
ATLS	R	S	I						
PALS/NRP	R	S	I						
TUTORIALS									
Development		S	I			A			
Schedule		A/R	I						
Track		R	I			A			
PROCEDURE LAB-1ST YEAR									
Development	I	S	I		A/R				
Schedule lab	I	A/R	I		I				I=RAD
Schedule resident	I	A/R	I		I				I=RAD
Funding	S		A/R						
PROCEDURE LAB-2ND YEAR									
Development	I		S		A/R				S=PGK/KB/KH
Schedule lab	I	A/R	I		I				
Schedule resident	I	A/R	I		I				
Funding	I		A/R						
PROCEDURE LAB-3RD YEAR									
Development	S		I		A/R				
Schedule lab	A/R		I						I=RAD
Schedule residents	A/R		I						I=RAD
Funding			A/R						
QUALITY IMPROVEMENT									

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Emergency Medicine Residency Program

DRAFT

	Lori	Pat	Ankel	Hegarty	Dahms	Taft	Zwank	Knopp	Other Respons.
QI Meetings		S	I			I			A/R=RCL
Chart reviews		R	A	I		I			A=RCL
BUDGET									
Development	S		A/R						
Monitoring	R		A						
Foundation Acct	R		A						
ORAL EXAMS									
Development	S	S	I	S	S	A/R	S		S=KI, MEC, EB
Schedule	A/R		I			I			
Notify residents/services	A/R		I			I			
Maintain record	A/R		I			I			
PROCEDURE LOG									
Development/Maintenance	A/R		A						
Resource/training	A/R	S	I						
Monthly reports		A/R	I						
INSERVICE EXAM									
Contact with ABEM	R	S	A						
Schedule Room	A/R	S	I						
Notify residents/services	A/R	S	I						
Proctor exam	A/R	S	I						
EVALUATIONS									
Gen fac evals of res q.6mo	A/R	S	I						
Composite resident evals	S	S	A	R (G3)	R (G2)	R (G1)			
Promotions committee rev	S		I	I	A/R				
Schedule resident evals	A/R		I						
Gen res evals of fac q.yr	A/R		I						
Composite faculty evals	S		A/R	I					I=KMI
Yearly program evals to residents	R		A/R						
Yearly program evals to faculty	R		A/R						
Composite program eval	S		A/R	I					
Summarize program evals	S		A/R	I					
Gen rotation evals		A/R	I						
Ann composite evals to rotations		A/R	I	I					
EKG test		S						A/R	
COMMITTEES									
Residency Committee			S	S					
Meetings/agenda/minutes	R	S	A						
Library Committee									
Meetings/agenda/minutes	S	R	I	A					
Res/Fac Meetings									
Agenda/minutes/scheduling	R	S	A						
PGY-1 Class									
Agenda/minutes/scheduling	S	R	I	I		A/R			

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Emergency Medicine Residency Program

DRAFT

	Lori	Pat	Ankel	Hegarty	Dahms	Taft	Zwank	Knopp	Other Respons.
PGY-2 Class									
Agenda/minutes/scheduling	R	S	I	I	A/R				
PGY-3 Class									
Agenda/minutes/scheduling	R	S	I	A/R					
GRADUATION									
Criteria	S		A/R		S				
Certificates	A/R	S	A/R						
Ceremony	R	S	A/R						
Summary letter	S		A/R						
Graduate Survey	S		A		R				
DEPARTMENTAL OPERATIONS									
Departmental policies & proced			I		A/R				R=WGC
ED Ops Liaison			I		A/R				
OTHER EDUCATION									
Simulation	S	S	I	A/R					S=JGN, EB
Faculty development			R						A=KMI, S=LM
Resident projects	S		I				A/R	A/R	
Admin Education	S		I						A/R=DZ
Resident Wellness	S		I		A/R				
Resident Remediation	S		I		A/R				
Resident Mentorship									
Advisor Selection		S	I			A/R			
Residency Retreat		S	A/R						
Annual Report	S		A/R						
International Rotations	S		A/R						

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