Residency Blueprint 2008 – 3
Wednesday, August 20, 2008

8:00 am	Meet at Calla Lily
8:15 am	Introduction of Themes - Resident Recruitment - GME and Quality Integration - Procedure Lab/Peds Anesthesia - Advising and Mentoring - Faculty Teaching Cards - Fundraising and Resource Development - Content Experts - Program Review/Residency Retreat Agenda
9:00 am	Services Group 1
10:15 am	Services Group 2
11:30 am	Lunch
12:00 Noon	Discussion of Themes
3:30 pm	End of Day

Residency Blueprint 2007 – 2
Wednesday, October 17, 2007

8:00am	Meet at The Calla Lily
8:15am	Introduction of Themes - Bedside Teaching/Microskills Faculty Assessment Cards - Merging Quality and Residency - Merging Patient Satisfaction and Residency - Residency Retreat Agenda - GANTT Update
9:00 am	Services Group 1
10:15 am	Services Group 2
11:30 am	Lunch
12:00 Noon	Discussion of Themes
3:30 pm	End of Day

Residency Blueprint 2007
Friday, June 8, 2007

8:00am Meet at The Calla Lily

8:15am Introduction of Themes

- Resident Recruitment (video, web page, branding, med student brochure, etc.)
- Clinical Presence (ED, hospital, regional)
- Conferences (content, day, AV, marketing w/outreach)
- GME and Quality Integration
- Procedural Competency including Ultrasound
- Advising, Mentoring, Alumni Engagement
- Residency and Teaching Faculty Governance and Structure
- Competency Measurements (chief complaint, core competency, procedural competency, off-service rotation competency)
- Fundraising

9:00 am Services Group 1

10:15 am Services Group 2

11:30 am Lunch

12:00 Noon Discussion of Themes

3:30 pm End of Day

Emergency Medicine Residency
Strategic Planning Meeting
April 28, 2005

- Mission
- SWOT (Strengths, Weaknesses, opportunities, Threats)
- GANTT Chart
- Didactics
- Procedural Competency
- Core Competencies
- Faculty Development
- Resident Development
- Outcomes Assessment
- Integration
- Fellowship Development
  - Ultrasound
  - Simulation
- Residency Info Systems
- Recruitment/Interviewing
- Residency Advisory Group
- Portfolios
- Policies
- Goals ;& Objectives
  - LOUs
- Survey of Graduates
- Integration of ACGME & IOM

Felix Ankel

From: Felix Ankel [ankel001@tc.umn.edu]
ent: Friday, March 11, 2005 11:00 AM
o: 'robert knopp'; 'Brent.R.Asplin@HealthPartners.com'
Cc: 'Won.G.Chung@HealthPartners.com'
Subject: RE: clinical variation among staff

This is an area close to my heart and one that Brad G and I have been discussing from time to time. Brad calls this nodes of expertise. To get on my soapbox

"My vision is to increase the amount of medical knowledge that is effectively translated from what is known and what is practiced. My goal is to develop curricula and lead educational systems that are learner centered, multi-disciplinary, web based, "open source", continuously available and accessible, experientially focused, and outcomes based. I believe creating innovative curricula, continuously mentoring students, residents, and faculty, and systematically capturing the wisdom of learners and teachers for dissemination best achieve this."

I think this translation piece is the rate limiting factor for quality care and have been setting the groundwork for a Regions EM defined best practice in care (rather than relying on interpretation of former clinician of external proprietary guidelines)

This is what is set so far.
1. EMREL library to archive and search residency wisdom (e.g. can search Knopp + UTI) 2. Emres listserve that facilitates dialogue between practitioners inside and outside the department 3. 18 month curriculum that addresses breadth of EM content 4. 20+ faculty with defined core content "expert" designation

This is what we have but haven't tapped into for this
Education volunteer willing to focus speakers to ensure didactics are of appropriate eadth AND depth and facilitate wisdom posted on emrel in organized manner 2. EMR implementation with ability to link potential diagnosis to Regions defined best practices

These are thoughts I've considered
1. Each resident (27) is a core content expert when they start the residency and is paired with the core content expert faculty. One of their administrative projects is to develop one best practice guideline/per year with their faculty expert. They also review the other guidelines with their faculty on a yearly basis. This will allow each graduating resident to have the breadth of EM knowledge with and area of specified depth plus the experience of writing clinical guidelines 2. The clinical guidelines are living documents where proposed updates are presented on the emres list. Residents and faculty can be instructed to use JADE for this (journal articles delivered electronically) in a push me method. 3. The regions clinical guidelines are cross referenced and linked to our EMR 4. All 27 areas are reviewed in conference as a state of the art panel with the resident and faculty. E.g. we would have a state of the art panel every two weeks (state of the art panels would be 10-15% of all conference time, this will still allow for "core" board type material)

I think great discussion piece for strategic plan. This is one way of reducing MD variation and falls in nicely within the IOM, IHI, Leapfrog, ?Partners for health indicatives (the GE leapfrog equivalent). I think it would be more robust than milliman or Interqual, it addresses acgme issues such as systems based practice and practice based learning, it ultimately will help patient acre and health care education, and can serve as the foundation of our academic research, educational, and operational initiatives for our department.

Thoughts??

lix

-----Original Message-----
From: robert knopp [mailto:knopp003@umn.edu]
Sent: Tuesday, March 08, 2005 11:43 AM

To: Brent.R.Asplin@HealthPartners.com
Cc: Felix Ankel; Won.G.Chung@HealthPartners.com
Subject: clinical variation among staff

Over the past six months, a recurring question has been posed to me: a resident or staff indicates that they recently reviewed a state of the art paper or attended a conference that reviewed best practices in a certain area and that there is substantial variation in how we do things in our ED regarding clinical condition X such that we are not achieving what we should be doing. Most recently the issue raised was management of CHF. But examples of other issues include aspects of trauma care, mesenteric ischemia, appropriate use of heparin for PE, airway management, antibiotic use.

I know that there are other issues consuming a lot of time. However, I do think for the more common clinical problems we need a strategy to narrow the variability and increase the frequency with which patients are treated with the latest information.

Bob

Emergency Medicine Residency Program

DRAFT

	Lori	Pat	Ankel	Colletti	Gunnarson	Hegarty	Knopp	Asplin	Other Respons.	N AS PD
APPLICANTS										
Web site update	S	S	A						R = BDG	
Recruitment	S	S	R	A						
Information packets	S	R	I	A						
ERAS installation/updates	S	R	A	I						
Retrieve applicant files	S	R	I	A						
Track requests/applications	S	R	A	I						
Review/score applications	S	S	R	A	R					
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	s
Enter feedback scores	S	R	A	I						
Rank applicants	S	S	R	I	S					
Send rank list to NRMP	S	R	I	A						
Contact matched residents	R	R	I	A						
Match party	S	S	I	I	A/R					
ORIENTATION										
Develop schedule for week	S	S	R	A						
ACLS	S	S	A	I					R = CRH	
EHS	A	R	I	I						
ED Orientation	S	S	R	A						
EMS Orientation	S	S	I	A	I				R = KLK	
Develop rotation schedule	S	S	R	A					S = chief residents	
Manual	R	S	A	I						
Resident picnic	S	R	I	A						
MEDICAL STUDENTS										
Yearly schedule - U of M	R		I	I		A				
Outstate students	R		I	I		A				
Student schedule	R		I	I		A				
Orientation	R		I	I		A				
Pre-test	S		I	I		A			S=KPK, BSH	
Ride-alongs	R		I	I		A				
Shift report cards	S		I	I		A			S=Jeannie	
Mid-rotation eval	S		I	I		A/R			S=KPK, BSH	
Final test	S		I	I		A/R			S=KPK, BSH	
Final evaluation	S		I	I		A/R				
Letter to Dean	S		I	I		A/R				
Workshops	S	S	i			A			R=BSH	
ROTATING RESIDENTS										

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

4/2/2010

Emergency Medicine Residency Program

DRAFT

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

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	Lori	Pat	Ankel	Colletti	Gunnarson	Hegarty	Knopp	Asplin	Other Respons.	N AS PD
St. Paul Children's	S		R	A						I/R
Minneapolis Children's	S		R	A						I/R
Toxicology	S		R						R=CRH	I/R
North Memorial	S		R		R					I/R
OB	S		R	A						I/R
Plastics	S		R	A						I/R/I/R
SICU	S		R				R			I/R
MICU	S		R		R					I/R
EMS	S		R						R=KLK	I/R
Electives	S		R							I/R
Selectives	S		A/R							
SEXUAL ASSAULT										
Protocol development	S		I	I					A/R=MEC	
Resident training	S		I	I					A/R=MEC	
Record review	S		I						A/R=MEC	
ULTRASOUND										
Protocol development	S		I						A/R=KMI	R
Training	S		I						A/R=KMI	R
Review	S		I						A/R=KMI	
PROVIDER TRAINING										
ACLS	R	S	I	I					A=CRH	
ATLS	R	S	I	I			A			
PALS/NRP	R	S	I	A						
TUTORIALS										
Development		S	I	I						A/R
Schedule		A/R	I	I						
Track		A/R	I	I						
PROCEDURE LAB-1ST YEAR										
Development	S		I	I			S		A=RAD, R=RDD	A
Schedule lab	A/R		I	I					I=RAD	A
Schedule resident	A/R		I	I					I=RAD	A
PROCEDURE LAB-2ND YEAR										
Development			S	S					A=RAD, S=SMS/PGK	A
Schedule lab		A/R	I		I				I=RAD	A
Schedule resident		A/R	I		I				I=RAD	
PROCEDURE LAB-3RD YEAR										
Development	S		I	I			S		A=RAD, R=RDD	A
Schedule lab	A/R		I	I					I=RAD	A
Schedule residents	A/R		I	I					I=RAD	A
QUALITY IMPROVEMENT										
QI Meetings		S	I	I					A/R=BDM	
Chart reviews		R	A							
BUDGET										

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Emergency Medicine Residency Program

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Development	S		A/R	I						
Monitoring	R		A	I						
Foundation Acct	R		A	I				I		
ORAL EXAMS										
Development	S		I	S	S	S	A/R			
Schedule	A/R		I	I			I			
Notify residents/services	A/R		I	I			I			
Maintain record	A/R		I	I			I			
PROCEDURE LOG										
Development/Maintenance			A	I					R=BDG	
Resource/training	A/R	S	I	I						
Monthly reports		A/R	I	I						
INSERVICE EXAM										
Contact with ABEM	R	S	I	A						
Schedule Room	A/R	S	I	I						
Notify residents/services	A/R	S	I	I						
Proctor exam	A/R	S	I	I						
EVALUATIONS										
Gen fac evals of res q.6mo	A/R	S	I	I						
Composite resident evals	S	S	R(1st yrs)	A	R (2nd yrs)		I	I		R (3rd yr)
Promotions committee rev	S		I	I	A/R	I	I			
Schedule resident evals	A/R		I	I						
Gen res evals of fac q.yr	A/R		I							
Composite faculty evals	S		A/R	I	I	I	I	I		
Yearly program evals to residents	A/R		I	I						
Composite program eval	S		R	A/R	I	I	I	I		
Summarize program evals	S		R	A/R	I	I	I	I		
Gen rotation evals		A/R	I							
Ann composite evals to rotations		A/R	I	I	I	I	I			
EKG test		S					A/R			
COMMITTEES			S	A	S	S		S		
Residency Committee Meetings/agenda/minutes	R	S	I	A	I	I	I			
Library Committee Meetings/agenda/minutes	S	R	I	A	I	I	I			
Res/Fac Meetings Agenda/minutes/scheduling	R	S	I	A	I	I	I			
PGY-1 Class Agenda/minutes/scheduling	S	R	A	A	I	I	I			R
PGY-2 Class Agenda/minutes/scheduling	R	S	I	I	A	I	I			
PGY-3 Class Agenda/minutes/scheduling	R	S	I	I	I	A	I			

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Emergency Medicine Residency Program

DRAFT

	Lori	Pat	Ankel	Colletti	Gunnarson	Hegarty	Knopp	Asplin	Other Respons.	N AS PD
GRADUATION										
Criteria	S		A/R	A						
Certificates	A/R	S	I							
Ceremony	R	S	R	A						
Summary letter	S		R	A/R						
DEPARTMENTAL OPERATIONS										
Departmental policies & proced			I					A	R=WGC	
ED Ops Liaison			I		A/R					
Direct report liaison			I		A/R					
OTHER EDUCATION										
Simulation			I	I		A/R			S=JGN	
Faculty development			I				R	A	S=LM	
Resident projects	S		I	I			A/R			
Admin Education	S		I					A/R	S-Obetz	
Anatomy Lab		S	I	I					A/R=BDM	
Resident Wellness	S		I	I	A/R					
Resident Remediation	S		I	I	A/R					
Resident Mentorship Advisor Selection		S	I	I	A/R					
Residency Retreat	S		R	A/R						
Annual Report	S		A/R							
Newsletter	R		A							
Residency Advisory Group	R		A							

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