

Residency Planning Meeting

April 29, 2013 – 12:00

✓	Felix Ankel, MD	✓	Zabrina Evens, MD	✓	Karen Quaday, MD
✓	Pat Anderson		Cullen Hegarty, MD		Stephanie Taft, MD
✓	Lori Barrett	✓	Kurt Isenberger, MD	✓	Jason Van Valkenburg, MD
✓	Mike Bond, MD	✓	Kara Kim, MD	✓	Joe Walter, MD
✓	Rachel Dahms, MD	✓	Jenna LeRoy, MD	✓	Wendy Woster, MD

Item	Key Points/Action Plan
Outgoing chiefs	<p>Outgoing chiefs reported on previous year. Challenges presented were:</p> <p>Ops chief – schedule was challenging to create, but once out, maintenance went fairly smoothly. Meetings were difficult to attend on a regular basis. Suggest building committee attendance quarterly into schedule.</p> <p>Educ chief – selection of critical cases vs not-critical-but-educational cases. Suggest incorporating operational changes into case discussions. Also suggested incorporation of short, interesting cases.</p> <p>Quality/Social chief – need more well-defined quality curriculum built into small group day (preferably). Rotator expectations and numbers assigned were unclear. We need to push technology.</p>
Schedule	<p>J. Van Valkenburg reported on upcoming schedule. Block schedules are done. Requests for ED schedule are due this week. Templates are ready to populate once requests are in. Discussed flex shifts – 2.5 days/week, every Tues 5p-1a on Pod C. Discussed back-up/pull from community rotation. Also discussed back-up for SICU.</p>
Rotators	<p>Discussed approach to multiple requests and schedule “comparing.” Of note, rotators do not work overnights. Clinical target 40-45 hours/week.</p>
Operations	<p>Discussed how best to communicate operational changes. Suggest formalized, monthly mock multidisciplinary scenarios in the ED (one per shift) spearheaded by chiefs – topics decided based on previous month’s education. Faculty buy-in is key.</p>
Education	<p>The current Hand rotation will probably become a surgical 1st call rotation for Hand, ENT, Ophthalmology. Discussed importance of formal consultant role. May become important to prioritize multiple calls.</p> <p>Discussed current critical case format. Suggest expanding cases and incorporating “spotlight” cases.</p> <p>Discussed conference format, last-minute vacancies, “guided” podcasts, video lectures. J. LeRoy will pilot a critical case with an assignment to view a podcast ahead of conference day.</p>
Quality	<p>What works best - align with departmental goals, work with other members of dept. Discussed how best to get residents involved/assigned. There are five current projects following the PDSA cycle. Could use more faculty involvement in process. Discussed incorporating into conference (small-group?) day.</p>
NAS	<p>How residents are being evaluated will change. Discussed implementation of shift cards addressing milestones. Will be working on “hot-spotting” and more engagement.</p>
Policies	<p>Chart review – what are expectations? ROD expectations, anesthesia, shadowing process and reporting, moonlighting. Policies will be reviewed and updated.</p> <p>Shadow once per year, have reports sent to PD for competency committee review. Are 1st year tutorials helpful?</p>

Budget	What do we spend \$\$ on that doesn't add value? Discussion deferred.
Recruitment	What can we do to engage medical students? To be discussed at a later date.
Retreat	Discussed experience with past retreats. Where should we have it? Discussed format. Follow-up is important – could use quarterly reports. Will probably combine with the faculty retreat this year and add a development piece.
Wellness	Mid-winter retreat – should we move it to February? Will discuss at future Education Committee meeting.