HOW TO ENSURE SUCCESS IN YOUR COMMUNITY-BASED PEDIATRIC RESIDENCY (WITH OR WITHOUT AN ACADEMIC AFFILIATION)

Table Work - modified SWOT/SLOT analysis

**Topic:** People Management

**Programs/Institutions Represented:** Morehouse School of Medicine, Navicent Health - Georgia, University of Florida - Pensacola, Baylor University San Antonio

**Strengths:**

*In your program, or in community programs in general, what are the strengths in this area?*

Established relationship with most people, rarely meeting people for the first time. Easy access to people and collaborators. Residents and faculty perceive this as a strength.

Less hierarchy, more lateral collaboration and direct access.

Overlapping roles which allow for more input and control

A lot of residents tend to remain in communities they train in and they can form the necessary relationships early in the medical training pipeline. Pushing service and advocacy can help resident wellness, address specific community needs, etc.

Can teach skills that may be applicable to differing communities. Community programs do a better job at exposing trainees to multiple communities. Service to multiple populations.

Mentoring - relationships are more personal. Academic centers tend to have expectations that "communities will come to them" instead of the opposite. CBPs tend to send trainees out into the community so they see people in the environment they come from.

RELATIONSHIP-BASED - among provider (specialists vs. general), collaboration in general, implications for people management.

**Weaknesses/Limitations:**

*In your program, or in community programs in general, what are the weaknesses or limitations in this area?*

Overaccessibility - takes a lot of energy to engage in the "people management" that community collaboration involves.

A lot of people involved requires MULTIPLE contact points and a lot of "people management"

Communication is big challenge - getting everybody at the same table is a big challenge.

Getting buy-in and agreement.

**Opportunities and Outcomes:**
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What strategies would this table recommend to other programs? What strategies have succeeded or failed at your home institution?

Personality/temperament/communication style assessments - in terms of managing people it can be very helpful to know how individuals communicate and help people recognize differences

Finding strategies to engage those in particular who might be missing the bigger picture. Invite people to resident events, make the connections and contacts in person, intentional feedback about positive interactions

Delegating management processes to those who are good at/like certain aspects of management. Relying on your team. Knowing when to reach out for assistance. Don't "spin your wheels".

What innovative approach can this table create to offer to other colleagues at this workshop, that may also meet needs of other areas of the program?

Workshop on communication/management styles that would be a specific tool. PACES Color assessment, etc. How do you train and empower people to do this effective communication and management?

What outcomes would measure your impact?

Community-service requirements - tracking hours on individual and group-aggregated basis and IMPACT of these services. It is necessary also to track improvements back to financial improvements.

Self-study visits and reporting of Unique Aims to ACGME

Resident wellness

Recruitment - seeing the diversity of your applicant pool and your matches.

What leadership team or process would have to be in place?

Effort / Impact Grid for Opportunities

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<th>Effort / Impact Grid for Opportunities</th>
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<tbody>
<tr>
<td>Low Effort</td>
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<td>High Impact</td>
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**Threats:**

*What could threaten your success?*

*Discuss ways to maintain sustainability of initiatives; discuss sustaining and/or spreading strategies.*