APPD Forum for Directors of Small Programs and Affiliate Chairs

Joe Zenel - University of South Dakota, Sanford Pediatric Residency Program

Kris Rooney – Lehigh Valley Reilly Children's Hospital, LVHN Pediatric Residency

Brian Youth - Maine Medical Center

Keith Mather - University of Oklahoma-Tulsa

Stacy McConkey – Advent Health Orlando

March 27th, 2019

APPD Spring Meeting, New Orleans, LA

Finding the Resident who is a Best Fit for Your Program...

Joe Zenel – University of South Dakota Kris Rooney – Lehigh Valley Reilly Children's Brian Youth – Maine Medical Center

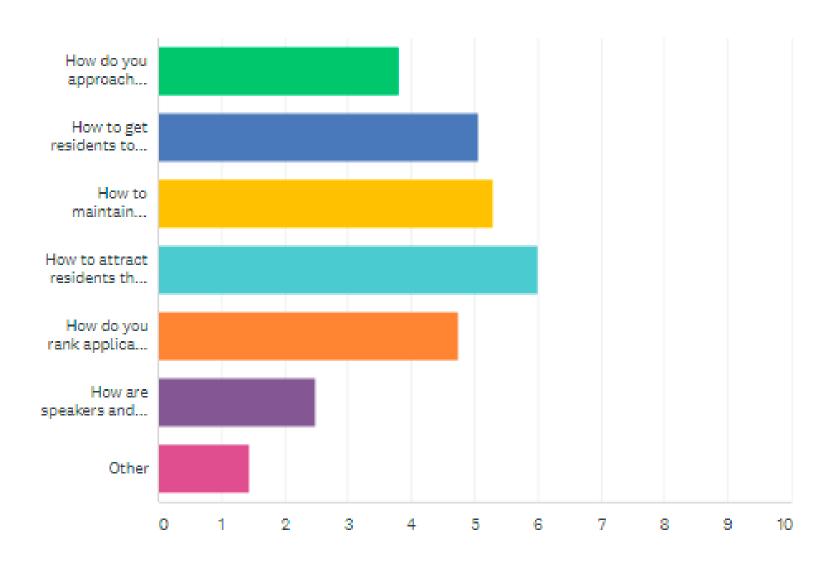


Joe Zenel, MD Sanford Children's Hospital University of South Dakota Sanford School of Medicine

SurveyMonkey:

- How do you approach recruiting IMG applicants?
- How do residents raise concerns without fear?
- How to maintain confidentiality and manage gossip amongst faculty and residents?
- How to attract residents that are a best fit for the program?
- How do you rank applicants for the Match?
- How are speakers and facilitators selected to present to this forum?

SurveyMonkey: 18 Respondents



Top Two Topics

Ranking the "Best Fit" resident

 How to manage confidentiality and gossip amongst and faculty and residents "Best Fit"

"Best Fit"

"Fit" essentially refers to how an individual fits into a company's culture

Company culture is expressed in the values and behaviors of the work group

DUMMIES.com

Most important attributes are *lack of entitlement* and *emotional intelligence*

- Strongest indicators of human success

Top ranking criteria:

Interactions with faculty and residents during interview

Interpersonal skills

USMLE/COMLEX scores

MSPE (Dean's letter)

HCA Physician Services Group

Most important factors when ranking applicants:

Residency interview

Interactions with residents during interview day

Feedback from current residents

Evidence of professionalism and ethics

Perceived commitment to the specialty

Letters of reference

Grades in clerkship and subject exam in desired specialty

Barr. AAFP National Conference

Programs must distinguish between attributes that residents must have initially and those that the program is willing to teach.

Miyares. Hospital Pharmacy 2013

A great fit is one in which the strengths, passions, and personality of the trainee align well with the strength, passions, and personality of the training program.

Train academicians, subspecialists?

- Research, peer-review pub, test scores

Train advocates?

- Public health, community service

Train for patient care?

- Gold Humanism, exemplary care

Prober. Academic Medicine 2019



Finding the Resident who is a Best Fit: Our Recruitment Season Model



Summary

Background

- First class started in 2012
- 6 residents per year
- Graduates:
 - 50% general peds
 - 50% fellowship:
 - 100% match rate into fellowships:
 - Heme-Onc
 - Pulmonary
 - Sports Medicine
 - Emergency Medicine
 - Critical Care
 - Neonatology
 - Adolescent Medicine
 - Gastroenterology
 - Cardiology
 - Infectious Disease

About our Program





Behavior-Based MMI Questions

- Looking for the following qualities:
 - Resiliency
 - Problem-solving skills
 - Time-management skills
 - Internal drive
 - Emotional intelligence
 - Leadership/Team-Player qualities

Key Attributes

Heavy Weight

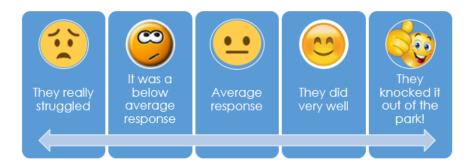
- Known commodity
- Interview performance
- "Gut feel" faculty and residents
- Local ties
- Board scores
- School score

Lighter Weight

- MSPE
- Transcript
- Letters of Recommendation

APPLICANT EVALUATION FORM

 How well did you think the applicant answered your specific question? (Please place a mark somewhere along the scale)



2. What is your overall "gut feeling" after briefly meeting this applicant? (Please place a mark somewhere along the scale)



D	E	F	G	Н	I	J	K	L
Al	Interview	Gut	Ties	Boards	MSPE	School	LORs	Total
2.0	1.7	2	1.5	1.8	1.6	1.7	1.5	74.91
2.0	1.8	2	1.8	1.1	1.4	1.7	1.5	50.89
2.0	1.3	1.6	1.9	1.8	1.4	1.7	1.4	47.41
2.0	2	2	1	1.4	1.2	1.7	1.5	34.27
1.0	1.6	1.8	1.8	1.6	1.4	1.7	1.5	29.61
1.0	1.9	1.8	1.1	1.7	1.4	1.7	1.4	21.31
1.0	1.6	1.7	1.9	1.2	1.5	1.7	1.2	18.98
1.2	1.5	1.6	1.7	1.7	1.6	1	1.3	17.31
1.0	1.5	2	1	1.3	1.5	1.7	1.3	12.93



Questions

Kris Rooney kris.rooney@lvhn.org



Pediatric Residency

at The Barbara Bush Children's Hospital

at Maine Medical Center







MMC Pediatrics Residency- About Us

- Accredited 1959
 - Currently 6 residents per year (+ 4 med/peds)
- Graduates:

- Primary Care 52% (rural and urban)

Hospitalist
 15% (tertiary and

community)

- Fellowship 33%*





The Barbara Bush Children's Hospital

Maine's only Children's Hospital

- •Tertiary referral center for all kids in Maine (pop 1.3 million)
- Community hospital for Portland
- Networks with rural practices for rotations
- •Diverse Population (myth-dispelling):
- Refugees and new immigrant clinic
- Top languages after English: Arabic,
 Somali, French, and Spanish
- Reiche Elementary- 42 languages









Engaging Residents in recruiting best fit candidates- Prior to Interview

- All residents participate in attending dinner with candidates the evening before each interview day
- Residents give Program Manager their preferences for which dates would work best for them
- Schedule created to ensure each residents attends 2-3 dinners each
- Residents meet candidates at hotel or hospital, drive to restaurant or someone's home, brief downtown tour





Engaging Residents in recruiting best fit candidates- Day of Interview

- Program Manager meets candidates in hospital lobby
- Escorts to morning report
- Chief Resident introduces them with some slides- where they are from and their picture and school
- Candidates do interviews, program overview session
- Residents attend lunch with candidates on each interview day
- Tour of facilities- Chief Resident and/or senior level residents





Engaging Residents in recruiting best fit candidates- Day of Interview

- At the end of each interview day Program Manager asks residents to complete a quick survey via Survey Monkey
- Survey results are tallied to get an average score from 0-3 for each candidate (candidate names inserted).
- Residents can free text comments per candidate and these are included in candidate's application folder for review by recruitment committee at end of season





igspace* 2. Based on your interactions with each of the candidates below, please choose the statement that best matches your opinion.

#4

e the	We should not rank this candidate to come to our program.	I have some reservations about this candidate.	I would be pleased to have this candidate as part of our team.	of the best candidates I have ever seen. I REALLY hope he/she matches here.
Candiate #1	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Candidate #2	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Candidate #3	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Candidate				



This is one

Engaging Residents in recruiting best fit candidates- End of Season

- Program Manager makes "cards" with each candidates' name, medical school, date of interview, and photo
- Candidates with the same score are grouped together (0-3) on a table to review
- Program Manager meets with the residents over lunch and discusses each group of candidates with the goal to ensure that there is a consensus that each candidate belongs in the group they have been placed in
- Residents share their experiences with candidates with their peers to help guide the discussion
- At the end of this meeting, each candidate has been given a final score by the residents as a whole. These scores are then shared with the recruitment committee as part of the whole picture













Audience Discussion...

Discussion Leads:

Jen DiRocco: University of Hawaii

Stephen Thacker: Memorial Health – Savannah

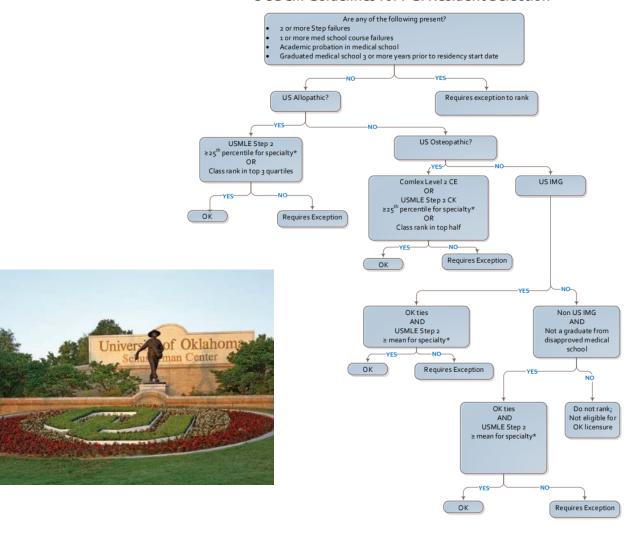
OUSCM Guidelines for Resident Selection

Keith Mather, MD Pediatric Residency Program Director





OUSCM Guidelines for PGI Resident Selection



Interquartile Range, from NRMP Charting Outcomes in the Match, 2018						
2018	Allopathic USMI	_E Step 2 CK	Osteopathic COMLEX Level 2-CE			
	Lower limit		Lower limit			
	of IQR*	Mean	of IQR*	Mean		
EM	238	247	560	621		
FM	226	237	475	537		
IM	236	246	525	588		
MP	241	250	525	598		
OBG	238	247	555	621		
Peds	233	243	495	564		
Psych	230	239	480	543		
Surg	240	248	620	666		
Vasc	234	244				

Peds Selection Criteria Without Need for GMEC Exception Request

• US MD:

- Allowed 1 board failure
- No medical school class failure
- USMLE Step 2 score minimum of 233 OR Class Rank of Top 3 Quartiles

• US DO:

- Allowed 1 board failure
- No medical school class failure
- COMLEX 2-CE score minimum of 510 OR Class Rank of Top 2 Quartiles

• IMG:

- Allowed 1 board failure
- No medical school class failure
- USMLE Step 2 score minimum of 243 AND "Oklahoma Ties"

GMEC Exceptions

- All applicants must have graduated from medical school within 3 years prior to the residency start date
- Exceptions for applicants not meeting the criteria are presented by each program director to the GMEC
- Exceptions granted or denied are based on the finding of additional factors that suggest ability of applicant to pass boards and waiver of Oklahoma ties (if IMG)





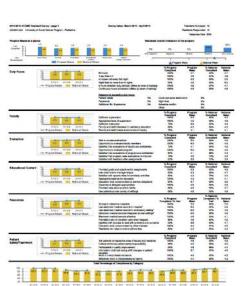
How to Maintain Confidentiality and Manage Gossip Among Faculty and Residents at Your Program

Joe Zenel – University of South Dakota Stacy McConkey – Advent Health Orlando How to manage confidentiality and gossip amongst and faculty and residents?

How to manage confidentiality and gossip amongst and faculty and residents?

Satisfied with process to deal with problems and concerns

Residents can raise concerns without fear



SPECIALTY UPDATES	These sessions include an update on recent Review Committee and ACGME act time for Q&A. Target Audience: DIOs, Program Directors, Coordinators, Faculty	2019 ACGME ANNUAL EDUCATIONAL
1:30 p.m. – 3:00 p.m.	SES005: Specialty Update: Internal Medicine - Christian Cable, MD, MHPE; Jerry Vasilias, PhD	ACCME Antenderson Consont to Confidence Modella Polyacina
1:30 p.m. – 3:00 p.m.	SES006: Specialty Update: Pediatrics - Susie Buchter, MD; Caroline Fischer, MBA	Rediscovering Meaning
1:30 p.m. – 3:00 p.m.	SES007: Specialty Update: Emergency Medicine - Douglas McGee, DO; Felicia Davis, MHA	in Medicine March 7-10, 2019 Rosen Shingle Creek, Orlando, Florida

Pediatrics Subspecialty Frequent Areas for Improvement

- Satisfied with process to deal with problems and concerns
- Residents can raise concerns without fear

Satisfied with process to deal with problems and concerns Residents can raise concerns without fear



At Sanford Children's Hospital

2012: 6 Residents (PGY1)

	% Compliant / % Yes*	Mean	National
Access to reference materials	100%	5.0	5.0
Electronic medical record in hospital*	100%	5.0	4.6
Electronic medical record in ambulatory*	100%	5.0	4.5
Electronic medical records integrated*	100%	5.0	4.7
Electronic medical record effective in daily clinical work	100%	4.3	4.1
Way to transition care when fatigued	83%	4.3	4.2
Satisfied with process to deal with problems and concerns	100%	4.7	4.2
Education (not) compromised by other trainees	83%	4.5	4.5
Residents can raise concerns without fear	100%	4.8	4.2

*Responses options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses.

- Satisfied with process to deal with problems and concerns
 - % Compliant 100%

Mean 4.7

National 4.2

- Residents can raise concerns without fear
 - % Compliant 100%

Mean 4.8

National 4.2

2013: 13 Residents (PGY1,2)

	% Compliant / % Yes*	Mean	National
Access to reference materials	100%	5.0	5.0
Use electronic medical records in hospital*	100%	5.0	4.8
Use electronic medical records in ambulatory setting*	100%	5.0	4.7
Electronic medical records integrated across settings*	100%	5.0	4.6
Electronic medical records effective	100%	4.5	4.1
Provided a way to transition care when fatigued	38%	2.5	4.2
Satisfied with process to deal with problems and concerns	54%	3.5	4.2
Education (not) compromised by other trainees	92%	4.2	4.5
Residents can raise concerns without fear	92%	4.3	4.2

*Responses options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses.

- Satisfied with process to deal with problems and concerns
 - % Compliant 54% Mean 3.5 National 4.2
- Residents can raise concerns without fear
 - % Compliant 92% Mean 4.3 National 4.2





	Sufficient Supervision	RESIDENT	Survey ACGME %-	100	
EXTERNAL	Climate of Inquiry	RESIDENT	Survey ACGME %- COMPLIANT	85/77	
EXTE	Climate Where Residents Can Raise Concerns w/o Fear	RESIDENT	Survey ACGME %- COMPLIANT	92	
	Satisfied w/ Process for Problems and Concerns	RESIDENT	Survey ACGME %- COMPLIANT	54	•
	Education Not Compromised by Service	RESIDENT	Survey ACGME %- COMPLIANT	85	

2014: 19 Residents (PGY1,2,3)

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	% Program	Program	Compliant / %	National
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Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	96%	4.9
Use electronic medical records in ambulatory setting*	100%	5.0	95%	4.8
Electronic medical records integrated across settings*	100%	5.0	81%	4.5
Electronic medical records effective	100%	4.5	94%	4.0
Provided a way to transition care when fatigued	100%	5.0	80%	4.2
Satisfied with process to deal with problems and concerns	60%	3.6	80%	4.1
Education (not) compromised by other trainees	87%	4.3	91%	4.5
Residents can raise concerns without fear	93%	4.3	80%	4.2

- Satisfied with process to deal with problems and concerns
 - % Compliant 60%
- Mean 3.6 National 80%

- Residents can raise concerns without fear
 - % Compliant 93% Mean 4.3 National 80%



	Sufficient Supervision	RESIDENT	Survey	93	
			ACGME %-		
			COMPLIANT		
¥	Climate of Inquiry	RESIDENT	Survey	87	
Ž			ACGME %-		
EXTERNAL			COMPLIANT		
×	Climate Where Residents Can Raise	RESIDENT	Survey	93	
ш	Concerns w/o Fear		ACGME %-		
			COMPLIANT		
	Satisfied w/ Process for Problems and	RESIDENT	Survey	60	
	Concerns	4	ACGME %-		
			COMPLIANT)
	Education Not Compromised by Service	RESIDENT	Survey	73	
			ACGME %-		
		19	COMPLIANT		

2015: 19 Residents (PGY1,2,3)

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			% National	
	% Program	Program	Compliant / %	National
	Compliant / % Yes*	Mean	Yes*	Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	97%	4.9
Use electronic medical records in ambulatory setting*	100%	5.0	97%	4.9
Electronic medical records integrated across settings*	100%	5.0	82%	4.5
Electronic medical records effective	100%	4.5	94%	4.1
Provided a way to transition care when fatigued	89%	4.6	80%	4.2
Satisfied with process to deal with problems and concerns	56%	3.8	80%	4.1
Education (not) compromised by other trainees	100%	4.4	91%	4.5
Residents can raise concerns without fear	89%	4.2	80%	4.2

- Satisfied with process to deal with problems and concerns
 - % Compliant 56% Mean 3.8 National 80% 4.3
- Residents can raise concerns without fear
 - % Compliant 89% Mean 4.2 National 80% 4.2



	Sufficient Supervision	RESIDENT	Survey	100	
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			COMPLIANT		
AL.	Climate of Inquiry	RESIDENT	Survey	78	
Ž			ACGME %-		
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EXTERNAL	Climate Where Residents Can Raise	RESIDENT	Survey	89	
ш	Concerns w/o Fear		ACGME %-		
			COMPLIANT		
	Satisfied w/ Process for Problems and	RESIDENT	Survey	56	
	Concerns	4	ACGME %-		
			COMPLIANT		
	Education Not Compromised by Service	RESIDENT	Survey	61	
			ACGME %-		
			COMPLIANT		

Action Plan: 2015-16

- Residency Committee discussion
 - Led by PD
- Develop "Resident Concerns" Committee
 - Associate PD
 - Resident from each year
 - Subspecialist, general pediatrician
- Presentation to faculty at departmental and divisional meetings
 - Department Chair facilitates

2016: 18 Residents (PGY1,2,3)

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	% Program	Program	Compliant / %	National
	Compliant / % Yes*	Mean	Yes*	Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	98%	4.9
Use electronic medical records in ambulatory setting*	100%	5.0	98%	4.9
Electronic medical records integrated across settings*	100%	5.0	84%	4.5
Electronic medical records effective	100%	4.6	94%	4.1
Provided a way to transition care when fatigued	72%	3.9	80%	4.2
Satisfied with process to deal with problems and concerns	39%	3.3	80%	4.2
Education (not) compromised by other trainees	83%	4.1	91%	4.5
Residents can raise concerns without fear	78%	4.1	81%	4.2

- Satisfied with process to deal with problems and concerns
 - % Compliant 39%
- Mean 3.3 National 80%

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- Residents can raise concerns without fear
 - % Compliant 78% Mean 4.1 National 81%

- 4.2



	Sufficient Supervision	RESIDENT	Survey	100	
			ACGME %-		
			COMPLIANT		
AL.	Climate of Inquiry	RESIDENT	Survey	83	
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EXTERNAL	Climate Where Residents Can Raise	RESIDENT	Survey	78	
ш	Concerns w/o Fear		ACGME %-		
			COMPLIANT		
	Satisfied w/ Process for Problems and	RESIDENT	Survey	39	
	Concerns	4	ACGME %-		4
			COMPLIANT		
	Education Not Compromised by Service	RESIDENT	Survey	50	
			ACGME %-		
			COMPLIANT		

NEW Action Plan: 2016-17

- Rename "Resident Concerns" Committee to "Wellness Committee!"
- Resident Program Retreat
 - Residents and faculty
 - Review program accomplishments (3 years of graduates)
 - Define what what we are doing
 - Develop new mission/vision statements
- Residency recruitment workshop prior to recruiting season
 - Residents and faculty

2017: 18 Residents (PGY1,2,3)

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Access to reference materials	100%	5.0	99%	5.0		
Use electronic medical records in hospital*	100%	5.0	99%	5.0		
Use electronic medical records in ambulatory setting*	100%	5.0	98%	4.9		
Electronic medical records integrated across settings*	100%	5.0	85%	4.5		
Electronic medical records effective	100%	4.6	95%	4.1		
Provided a way to transition care when fatigued	83%	4.3	81%	4.2		
Satisfied with process to deal with problems and concerns	72%	4.0	81%	4.2		
Education (not) compromised by other trainees	78%	4.0	91%	4.5		
Residents can raise concerns without fear	78%	4.3	82%	4.2		

- Satisfied with process to deal with problems and concerns
 - % Compliant 72% Mean 4.0 National 81%

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- Residents can raise concerns without fear
 - % Compliant 78% Mean 4.3 National 82%

4.2



	Climate of Inquiry	RESIDENT	Survey ACGME %- COMPLIANT	94/72	83
Clima	te Where Residents Can Raise Concerns w/o Fear	RESIDENT	Survey ACGME %- COMPLIANT	78	78
Satisfie	d w/ Process for Problems and Concerns	RESIDENT	Survey ACGME %- COMPLIANT	72	39
Education	on Not Compromised by Service	RESIDENT	Survey ACGME %- COMPLIANT	61	50



Action Plan: 2017-18

Graduate alumni invited to graduate dinner

- Residency recruitment workshop prior to recruiting season
 - Residents and faculty
 - Define "Best Fit" resident

2018: 18 Residents (PGY1,2,3)

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	% Program	Program	Compliant / %	National		
	Compliant / % Yes*	Mean	Yes*	Mean		
Access to reference materials	100%	5.0	99%	5.0		
Use electronic medical records in hospital*	100%	5.0	99%	5.0		
Use electronic medical records in ambulatory setting*	100%	5.0	99%	4.9		
Electronic medical records integrated across settings*	100%	5.0	87%	4.5		
Electronic medical records effective	100%	4.7	95%	4.2		
Provided a way to transition care when fatigued	83%	4.3	81%	4.2		
Satisfied with process to deal with problems and concerns	78%	4.0	81%	4.2		
Education (not) compromised by other trainees	83%	4.2	90%	4.5		
Residents can raise concerns without fear	89%	4.3	82%	4.2		

- Satisfied with process to deal with problems and concerns
 - % Compliant 78%
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- Residents can raise concerns without fear
 - % Compliant 89% Mean 4.3 National 82% 4.2



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Climate of Inquiry	RESIDENT	Survey ACGME %- COMPLIANT	100/94	
Climate Where Residents Can Raise Concerns w/o Fear	RESIDENT	Survey ACGME %- COMPLIANT	89	
Satisfied w/ Process for Problems and Concerns	RESIDENT	Survey ACGME %- COMPLIANT	78	
Education Not Compromised by Service	RESIDENT	Survey ACGME %- COMPLIANT	78	



Lessons Learned

- Promote collegiality between faculty and residents
 - Seek opportunities for collaboration

- Develop mission statement that matches the program
 - Or develop program that matches your mission statement

Rank applicants who are a best fit

CONFIDENTIAL OR NOT?

DEALING WITH THE GOSSIP AND CONFIDENTIALITY



THE MILLENNIAL

- PGY3
- GOOD KNOWLEDGE BASE
- GOOD COMMUNICATION SKILLS
- NO PATIENT COMPLAINTS
- GETS ASSIGNED WORK FINISHED
- GETS GREAT EVALUATIONS ON ONE ON ONE ROTATIONS

THE MILLENNIAL

- LOW LEVEL UNPROFESSIONALISM
- COMPLAINS THAT OTHERS ARE THREATENING HIM
- TELLS A JUNIOR RESIDENT TO STOP CALLING HIM
- RESPONDS TO PROBATION WHILE ON IT
- NO "EGREGIOUS " PROFESSIONALISM ISSUES

THE MILLENNIAL

- WHAT TO DO ?
- OTHER RESIDENTS WANT HIM "DEALT WITH"
- ABP PROFESSIONALISM OPTION

SQUIRREL

- PGY1
- GOOD KNOWLEDGE BASE ON PAPER
- ENTHUSIASTIC AND ENERGETIC
- LIKEABLE
- GOOD WITH PATIENTS

SQUIRREL

- HISTORY OF ADHD
- ANXIETY
- PREGNANCY SURPRISE
- OFF MEDS
- LOTS OF COMPLAINTS

SQUIRREL

- WHAT TO DO?
- THE RESIDENTS ARE TALKING....
- THE FACULTY ARE WORRIED....

Audience Discussion...

Thank you!

Dude, I'm telling you, size doesn't matter!

That to Pluto.

Mercury Venus Earth Mars Jupiter Saturn Uranus Neptune