

APPD Small Program Forum

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March 22nd, 2018

APPD Fall Meeting, Atlanta, Georgia

APPD Small Program Forum

Goals:

To share the unique features of our small programs and present ways to capitalize on these strengths to....

1. develop/refine your mission statement
2. promote faculty engagement
3. Recruit “best-fit” residents

APPD Small Program Forum

Revising your Mission Statement as a new Program Leader

Kaiser Permanente

Revisiting your mission statement and engaging your faculty to capture best fit residents during recruitment

USD and MMC

Evaluating your recruitment and changing course after evaluating “best” and “worse” fit residents

Univ. Oklahoma- Tulsa

APPD Small Program Forum

Closing

Importance of Mission Statement Development with the new ACGME Common Requirements

Questions/Discussion/Future Session Ideas



KAISER PERMANENTE®

Northern California Pediatric Residency



New Program Director



Old Mission Statement

Our mission is to train and support superb clinicians and compassionate child advocates. We aim to cultivate future leaders in our field who are dedicated to exceptional integrated care delivery for pediatric patients and populations. We strive to offer our learners a platform to further develop and sharpen skills in all clinical venues, engage in inquiry and scholarly endeavors, participate in and lead through innovation, and strengthen our contributions to our communities. We are committed to offering an experience that is challenging and nurturing, a curriculum that is balanced overall and focused on teamwork through individual pursuits, and the tools for a broad skill set that prepares the graduate for providing outstanding health care and life-long professional growth.

Journey to a new mission...



Our New Mission & Values

To train leaders who have a meaningful impact on the health and wellbeing of all children and their families, and to support our residents in maintaining lifelong personal and professional fulfillment.

In line with this mission, our core values as a program:

- Exceptional Patient Care
- Teaching
- Integrated Care
- Wellness

Honing our vision...





A New Mission?
To train pediatricians who we trust to care for
our children and who we want on our teams.



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE



SANFORD[®]
Children's



USD SSOM Pediatrics Residency- About Us

- Accredited 2010
 - 6 residents per year
- First intern class 2011
 - Introduced single PGY1 class each consecutive year
- Full complement residents in 2013
 - PGY1, PGY2, PGY3
- Four graduate classes (2014, 2015, 2016, 2017)
- 24 graduates

2010 Vision & Mission Statements

- Vision
 - We invest in children and their families by improving local, national, and global pediatric healthcare.
- Mission
 - The Sanford Pediatric Residency Program is a unique and vibrant educational community dedicated to developing the finest pediatric leaders in the world.



2016 – Redefine Ourselves?

Now that we have graduated 3 classes...

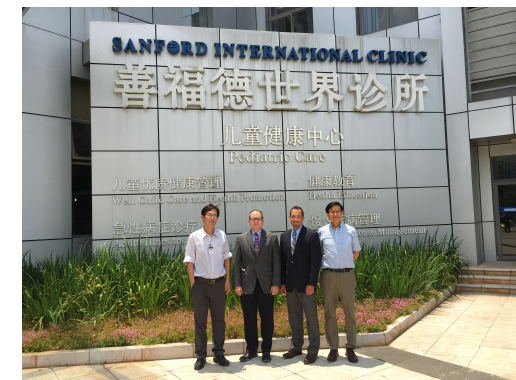
- What are we doing as a program?
- Do we know what type of resident we want?
- Who is a best fit for our program?
- How do we attract the best resident for our program?

2016 – Redefining Ourselves

- USD GME office invites ACGME speaker: “Attracting best resident for your program”
 - What are your mission/vision statements?
 - Short? Memorable?
 - (Do faculty know it?)
 - Are you achieving your mission/vision?
 - Assess program successes, strengths, weaknesses
 - Survey residents and graduates
 - Why choose our program?
 - Prepared for real world?
 - Revise Mission and Vision statements?

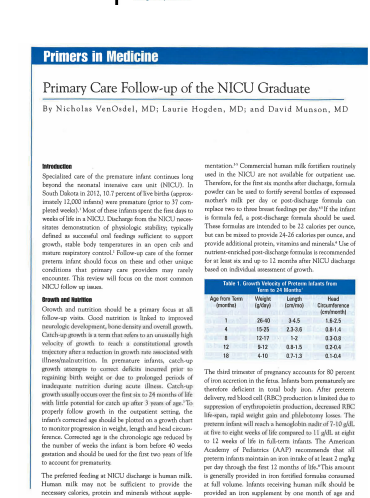
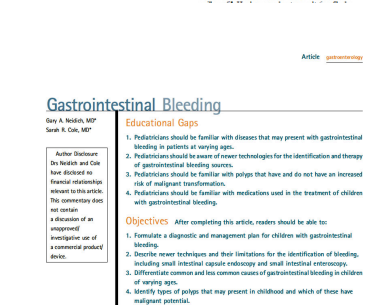
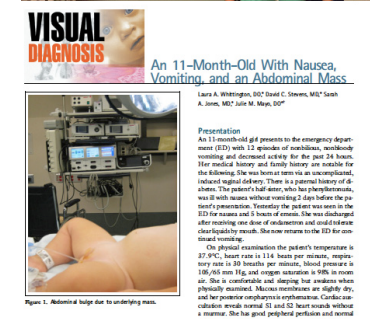
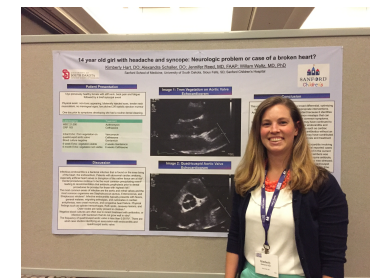
“Program Highlights”

- Continued accreditation since 2010
- 2014 “Substantial Compliance”
- 2017 “Substantial Compliance”
- 2016 No citations
- 2017 No citations
- Procedures rotation
 - Plus “Boot Camp, mock codes”
- Resident weekend retreat
- China rotation elective, Research elective
- Successful match 7 years running
 - July 2017: 26 MDs; 18 DOs



“Program Highlights”

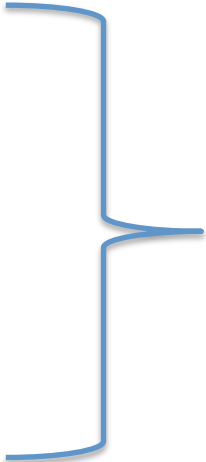
- 2 national studies: I-PASS, ABP EPA
- 2 AAP CATCH, 3 Visiting Professor Grants
- 5 Abstract presentations at national meetings
 - 1 PAS, 1 MWSPR, 1 SCCM, 1 PHM
 - 1 award: 1 MWSPR
- 18 Posters at national meetings
 - AAP NCE, SPR (PAS), WSPR, SCCM
 - 1 award: 1 SPR (PAS)
- 17 Peer-reviewed articles
 - 14 SD Medicine, 2 Pediatrics in Review, 1 JAAPOS



Highlights: Graduates

Overall 100% Pass Rate

- 2014: 100% Board Pass Rate
- 2015: 84% Board Pass Rate
- 2016: 100% Board Pass Rate
- 2017: Pending



Overall *initial*
board pass rate
95%

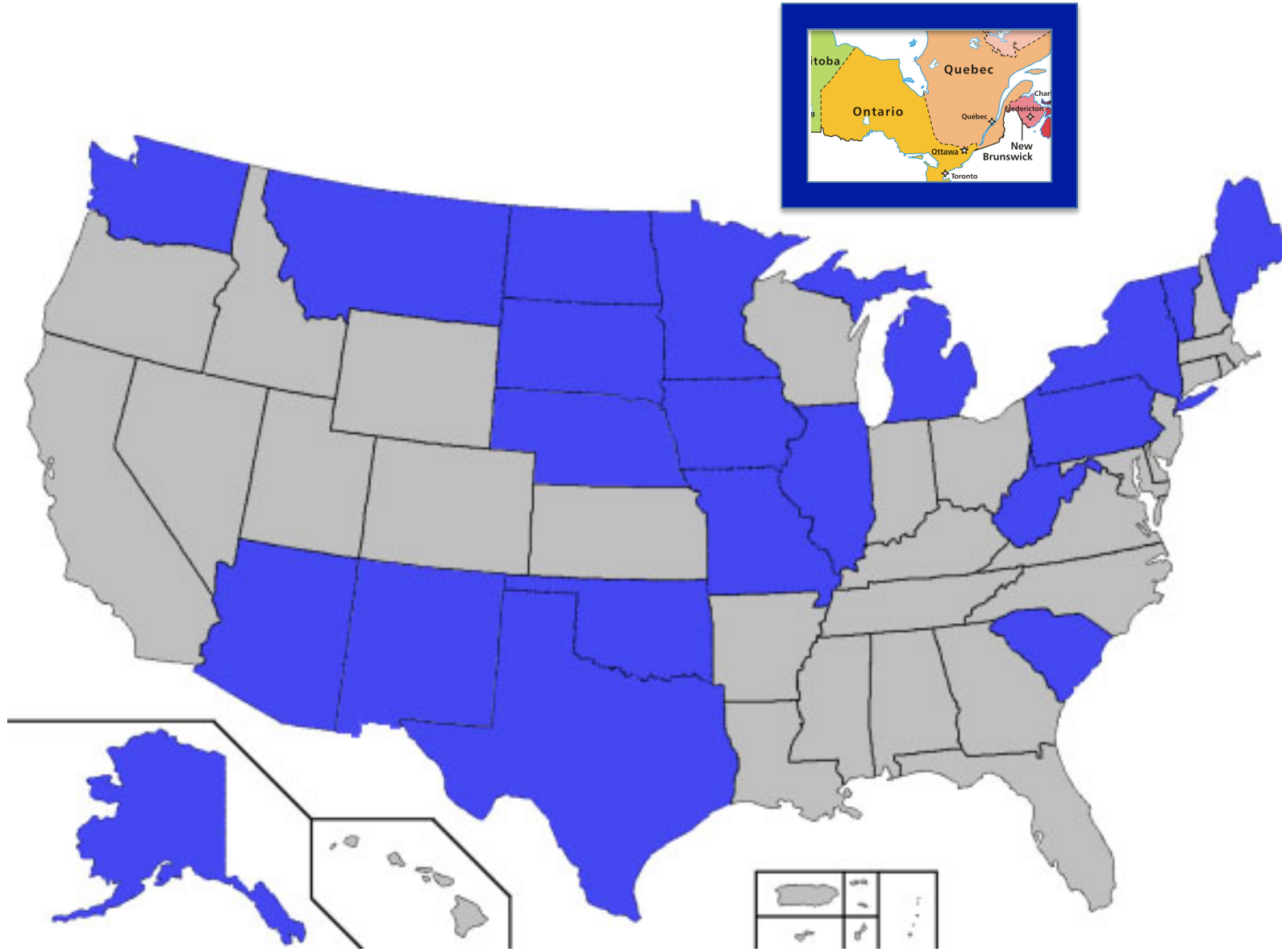
Board Preparation:

- 2-day “Test-taking” Workshop for PL-3s
- All PL-3 residents excused & expected to attend

Highlights: Careers

- 2014:
 - 5 Sanford general pediatricians – Sioux Falls
 - 1 Air Force general pediatrician → Sanford
 - 1 Missouri general pediatrician
- 2015:
 - 4 Fellows: Heme Onc, Behav/Developmental, GI, NICU
 - 1 Avera general pediatrician → Sanford
 - 1 Chief Resident → Fellow: Adolescent
- 2016:
 - 2 fellows: PICU
 - 1 Sanford general pediatrician – Klamath Falls, OR
 - 1 General pediatrician – Fargo, ND
 - 1 Chief Resident → Private practice MN
- 2017:
 - 1 fellow: Child Abuse
 - 3 Sanford general pediatricians – Watertown SD, Fargo ND, Moorhead MN
 - 1 General pediatrician – General pediatrician Austin TX
 - 1 Chief Resident → Sanford general pediatrician

Where residents are from:



Survey Results: Strengths; Why choose the program?

- Graduates

- Prepared very well
- Small size
- Residents have say in the program
- Endless opportunities for patient care, research, procedures, autonomy
- Faculty have genuine interest in teaching
- Balanced curriculum
- Family friendly program
- The community

- Residents

- Small size
- Residents have a say in the program
- Program flexibility
- Faculty have genuine interest in teaching
- Residents & faculty appear to be happy
- Midwest
- Patient population

Our Vision

Personalized education in Pediatrics.

Our Mission

Training pediatricians to be successful!

2017-18 Recruiting Season:

Based on new vision/mission statements

- Recruiting retreat with faculty & residents prior to interview season
 - Reviewed and revised invitation criteria
 - Reviewed and revised interview schedule
 - Reviewed and revised interview script
 - Overall rejection of standardized questions
 - Developed peer-reviewed (faculty & resident) PowerPoint presentation on program highlights



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%*
- *dispel the myth of “all primary care”

The Barbara Bush Children's Hospital

Maine's only Children's Hospital

- Tertiary referral center for all kids in Maine (pop 1.3 million)
- And the 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



Mission Statement

The Pediatric Residency Program at MMC trains pediatricians to be:

- Expert in the acute and chronic medical and psychosocial care of children and adolescents
- Advocates for patients and families by utilizing the medical home model of care
- Leaders and innovators through practicing evidence based medicine and implementing quality care practices to their patients

“We value a strong foundation in general pediatrics and strive to provide our graduates with the core pediatric knowledge, skills and foundation for life-long learning necessary to be successful in their future career as general or sub-specialty pediatricians”

Faculty “identification of core strengths”

- **Recruitment Retreat: 2012 and 2015 to identify unique attributes to share during recruitment**
 - Post-graduate successes (primary care, fellowship)
 - Flexibility of curriculum
 - Board pass rate and board preparation program
 - Wellness efforts, retreat, monthly activities
 - Autonomy in patient care with appropriate support as senior residents

Survey Results: Residents past and current identify strengths (look familiar?)

- Graduates

- Well prepared for practice
- Small size
- Residents have input
- opportunities for procedures, autonomy
- Faculty want to teach
- Individualized curriculum based on future plans
- Family friendly program
- The community

- Residents

- We get to know our faculty
- Our voice is heard
- “resident driven”
- Curriculum flexibility
- Faculty care about teaching us
- Residents & faculty are happy
- Location
- Patient population is diverse





*Some practical
information on ways to
market your program
to get the best fit
resident*

Marketing the program...

Faculty Interviewers- Need to know

- “Engaged” faculty are the best interviewers
- Remember that even the most engaged faculty *usually only know about their role and rotation in the program*
- Development of “Talking Points” - required reading prior to interviewing
 - Highlights of curriculum as a whole
 - Individualized experiences
 - Jobs and board pass rate
 - Unique rotation opportunities



Marketing the program: *We (collectively) offer MORE Ambulatory Clinical experiences than many larger programs*

Continuity Clinics- Residents are PCPs
(panels ~ 120)

Primary Care= 10 months

Acute Care Pediatrics/Newborn (6);
Community Pediatrics (1); Rural
Pediatrics (2 mo) and Advocacy
(1 mo)



RURAL PEDIATRICS



INDIVIDUALIZED CURRICULUM- *we all do this, but what is unique about our small programs worth sharing*

Faculty feel this is a highlight of the program

Residents feel this is a highlight of the program

Differs from some larger programs in flexibility and lack of tracks (not uncommon in smaller programs)

Opportunities

- Additional experiences in existing rotations
- *Unique Program Rotation opportunities*



UNIQUE PROGRAM EXPERIENCES

*Developed by our Residents and Faculty**

Chronic Care Management/Medical Home

Continuing Care Nursery (CCNSY)- step down NICU

Pediatric Hospitalist Elective- Inpatient or NICU

Integrative Medicine

Neonatal Neurology

Simulation and Teaching/Leadership

Global Health Local Immersion Rotation

***great way to showcase “resident input” into program**



Highlight your successes

Scholarly Activity- Local, Regional and National Conf. opportunities

- 5 publications; 25 poster presentations; 7 oral presentations

ABP Certification Exam first time pass rate- 97%

Competitive Fellowship placements across the US

Preparation for careers in General Pediatrics, Pediatric Subspecialties, and Hospitalist medicine- highlight your graduates

What are you doing for resident wellness- dinners/retreats/team building/social activities/psychological support- share it



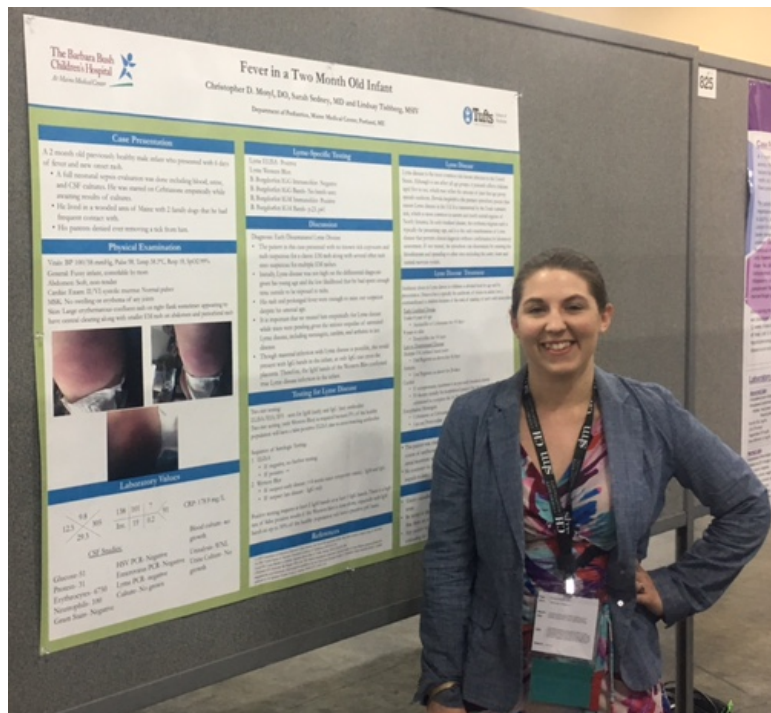
Scholarly Activity- share conference photos!



Bryden M. Lord M. Improving the Pediatric Medication Discharge Process: a multidisciplinary approach. Oral Presentation, Children's Hospital Association Quality & Safety Conference, Orlando, FL. March 22, 2017



Burns, D. Longitudinal Tracking of Overweight and obese patients in a primary care pediatric practice. Poster Presentation. Maine AAP Fall Conference. October 2016.



Sedney S. Two Month Old with Fever and a Rash. Poster Presentation; vignettes. Society of Hospital Medicine Annual Meeting. Las Vegas, NM. May 2017.

Clinical Observations

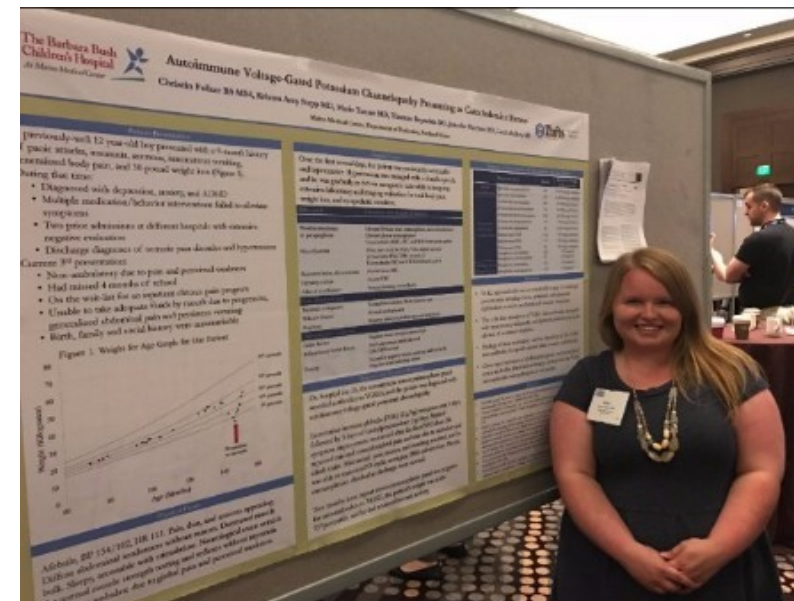
Autoimmune Voltage-Gated Potassium Channelopathy Presenting With Catecholamine Excess

K. Amy Stepp MD^{a,*}, Christin Folker^a, Marie Tanzer MD^b, Jennifer Hayman MD^a, Thomas Reynolds DO^c, Leah Mallory MD^a

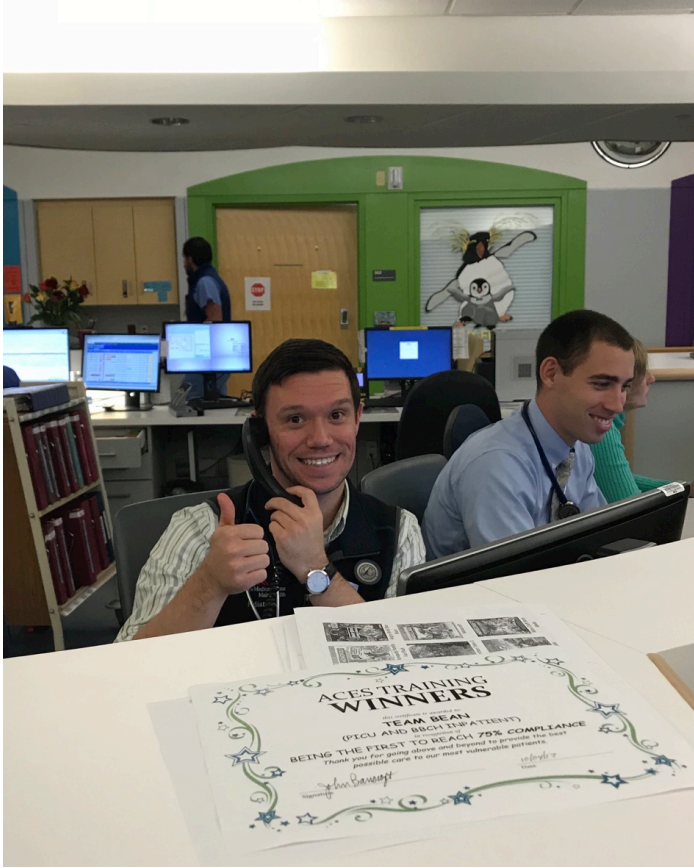
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^cDepartment of Pediatric Neurology, Maine Medical Center's Barbara Bush Children's Hospital, Portland, Maine



Pediatric Hospital Medicine conference in Nashville, TN. July 20, 2017



Highlight your unique environment

Portland, Maine

City life without city hassles

Four distinct seasons

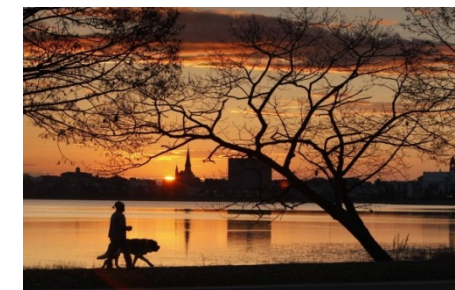
Foodie paradise

Ocean and beaches

Mountains and lakes

Sailing, surfing, hiking, biking, skiing....

“I can’t believe we get to live here”





Take Home Points:

- Identify your strengths/unique offerings
- Be sure your faculty is aware
- Market your strengths during recruitment to get the best fit candidates- sell your program on your strengths and differences

“Maine, the way life should be”



Changing by 3's

Keith Mather, MD



About us

- Tulsa, Oklahoma
- Part of the University of Oklahoma School of Community Medicine
- The Children's Hospital at Saint Francis
- 8 residents per year
- Up to 3 Med-Peds Residents per year
- Over 35 OU faculty members PLUS adjunct faculty at Saint Francis
 - Ambulatory Clinic, Newborn Nursery, and Hospitalist Attendings
 - Subspecialists: ID, Cardiology, Peds GI, Adolescent, Endocrinology, CAN
 - Adjunct Faculty: PICU, NICU, Pulmonology, PHO, Ophtho, ENT, Ortho, Surgery



About us

- What makes us unique?
- What is our niche?
- What comes natural to us?



In the Last 3 Years:

- Who have been the 3 (minimum) “Best-Fit” Residents in your program?



In the Last 3 Years:

- Who have been the 3 (minimum) “Best-Fit” Residents in your program?

- 2016:
- 2017:
- 2018:



In the Last 3 Years:

- What are 3 (minimum) common characteristics of your “Best-Fit” Residents?



In the Last 3 Years:

- What are 3 (minimum) common characteristics of your “Best-Fit” Residents?
 - 5 out of 6 were living in the Tulsa area.
 - All did a Wards Sub-Intern rotation as students and were entrusted to the level of an intern early in the month.
 - All are Self-Directed Learners



In the Last 3 Years:

- Who have been the 3 (minimum) “Worst-Fit” Residents in your program?



In the Last 3 Years:

- Who have been the 3 (minimum)
“Worst-Fit” Residents in your program?

- 2016:
- 2017:
- 2018:



In the Last 3 Years:



- What are 3 (minimum) common characteristics of your “Worst-Fit” Residents?

In the Last 3 Years:

- What are 3 (minimum) common characteristics of your “Worst-Fit” Residents?
 - Professional/Entrustment concerns (two had to be on RIP’s)
 - Two of Three had medical knowledge gaps (the other one had significant improvement after neuro-psych testing that led to medication use and testing accommodations).
 - At the time of graduation, none had career plans after residency for Eastern Oklahoma region. Connectivity during residency
 - None had done a Wards Sub-Intern month with us as a student, and two of the three are not Self-Directed Learners



Your Program's Mission

- What are the unique components of your Mission statement?
- How will the “Changing By 3’s” alter your Mission Statement?



Your Program's Mission

- What are the unique components of your Mission statement?
 - Community Medicine
- How will the “Changing By 3’s” alter your Mission Statement?
 - “Undeniable Pediatricians”. Motto: Don’t just be the best....BE **UNDENIABLE!**
 - Take Pleasure in Hard Work
 - Actively Seek Out Knowledge
 - Lifestyle of Resiliency
 - Advocate for Children in a Community Medicine Setting
 - Knowledgeable and empathetic Life-long Self-Directed Learners



Your Program's Recruitment

- Not just Residents.....Faculty, too!
- What are 3 (minimum) changes that you will incorporate into Resident Recruitment?



Your Program's Recruitment

- What are 3 (minimum) changes that you will incorporate into Resident Recruitment?
 - We have recruited to 4 Characteristics: Resiliency, Flexibility, Problem Solving, and Team Player
 - Now we have a higher emphasis on:
 - Medical Knowledge/Board Exam Results
 - Self-Directed Learning Success
 - Emphasis on those who were successfully entrusted to a higher level during the Wards Sub-Intern student experience





Accreditation Council for
Graduate Medical Education

The major revision to Sections I-V of the Common Program Requirements is currently open for comment. [Click here for more information.](#) »

FAQs



Common Program Requirement FAQs

Read a [summary of changes to Section VI of the Common Program Requirements](#)

Requirement #: II.A.4.a).(2)

- ◆ [The program director must] design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)

Requirement #: II.A.4.a).(2): Rationale

- ◆ This new requirement recognizes that the mission of institutions participating in graduate medical education is to improve the health of the public.
- ◆ Each community has health needs that vary based upon location and demographics.
- ◆ Programs must understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities.

Requirement #: IV.A-IV.A.1.b)

- ♦ IV.A. The curriculum must contain the following educational components: (Core)
- ♦ IV.A.1. a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates; (Core)

Requirement #: IV.A-IV.A.1.b): Rationale

- ◆ The Task Force recognizes that programs vary in terms of mission and that some programs seek to prepare residents for careers in academic medicine, while others focus primarily on educating physicians who will work in community settings.
- ◆ It is important that the program curriculum be designed to adequately prepare residents for their future practice.
- ◆ This requirement formalized the concept that not all programs in the same specialty look the same, that program directors should be conscious of the program's mission(s) in designing the curriculum, and that, as long as they are satisfying the Program Requirements, they have the opportunity to innovate to achieve their specific aims.

APPD Small Program Forum

Closing

Importance of Mission Statement Development with the new ACGME Common Requirements

Questions/Discussion/Future Session Ideas