This Should Be Easy

Starting a New Family Medicine Residency

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A Choose Your Own Adventure



Goal

Achieve successful initial accreditation for a new Family Medicine Residency

(This should be easy, right?)

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Objectives

- Prepare timeline that is flexible
- Expect the best/prepare for the worst
- Recruit a first class

Our Story Begins

Chapter 1



POLL

How do you increase the number of physicians within a community?

- A. Recruit them
- B. Grown Your Own
- C. Beg older docs to not retire
- D. Some combination of A and B
- E. Call Dr. Oz.

Timeline

- 2010
- · Strategic Plan Developed
- Medical staff age >54
- Need for more physicians
 - Caps set at 2 of 3 hospitals in system
- 2012
- Feasibility study
 - ACGME FM
 - AOA ER and ENT

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Timeline

- 2013
- Senior Leadership gives go-ahead to start programs at St. Elizabeth Boardman Hospital campus
 - New tower to open in 2014
 - 205 beds + nursery
 - Unique TIN
- VP Medical Education to direct program creation
- Agree to 4-4-4 FM residency
- 16,000 ft² Family Health Center constructed
 - On campus of hospital
- Targeting AY 2016-17 to open with first class

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Somebody's Gotta Do It

Chapter 2



What Kind of Program Director Would You Want to Hire to Start a New Program?

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- A. Experienced PD from outside system
- B. Move an established PD from within the system
- C. Qualified external Associate PD but no PD experience
- D. Qualified internal Associate PD but no PD experience

Who runs the program?





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Qualified Internal Associate PD



Leadership Timeline

- 2013 Unofficially have Associate PD from existing program direct organization and construction aspects of FMR
- 4/2014 Posted position for PD
 - Hired Associate PD from existing program
- 8/2014
 Site DIO hired
 - Experienced PD from an AOA ER program

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Critical Staff Timeline

- 8/2014 Program Coordinator Hired, part time
 - Became Full time January 2015
 - Med Ed Department Created

Core Faculty Timeline

- 9/2014 Associate PD #1
 - OB/GYN with reproductive endo fellowship
 - FM residency
 - Experienced teacher, researcher
 - Part time teaching in existing community residency

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Core Faculty Timeline

- 2/2015 Associate PD #2
 - Recent graduate who had 3+ years experience in private practice
 - Part time teaching in existing community residency
 - Oozing potential
 - Completed Academic Medicine Fellowship 2012

Core Faculty Timeline

- Fall2014
- · Core Faculty #3
 - Hired to start September 2015
 - Experienced teacher
 - · Faculty in a program out of state
 - · CAQ in Sports Med
- Winter 2014
- · Advertise for Behavioral Health faculty

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This is the Easy Part

Chapter 3



POLL

When starting a new residency program, what would be your preferred resource?

- A. Hiring a consultant
- B. Supportive and experienced DIO
- C. Having a successful program's PIF
- D. "Flexible" ethics and morals
- E. AFMRD and STFM toolkits/resources

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Program Development Timeline

- Fall 2014
- Application began
 - Reviewed PIF's from other successful programs
 - Institutional LOA's were being used
 - Policy manual developed
 - Each required item on application had policy created to reflect implementation, monitoring, and compliance
- Curriculum Development
 - Key administrative and physician stakeholders

Program Development Timeline

- Dec
- Application submitted
- 2014
- · Site Visit date given
- Feb2015
- · Site Visit

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Core Faculty Timeline

- July 2015
- Director Behavioral Health hired
 - Ph.D. in Psychology
 - Prior teaching in pediatrics residency
- Fall 2015
- · Clinical faculty in community commit to precept

Program Culture

- Focused
- Hard working
- Complimentary pieces
- Supportive

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Mistakes Were Made

Chapter 4



POLL

How do you handle unexpected obstacles?

- A. Denial
- B. Anger
- C. Bargaining
- D. Depression
- E. Acceptance

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Program Development Timeline

- Feb 2015
- Site Visit
 - Told to expect decision in Spring 2015
- Spring 2015
- · Practice continues to grow
 - 1000 visit/month
- · Registered with ERAS and NRMP
 - Plan to interview starting October 2015
- Recruitment strategy

Program Development Timeline

- May 2015
- Decision on program delayed until October 2015
 - Start considering impact on recruiting
- July 2015
- · Ad-hoc RRC Meeting announced
 - Program decision would be rendered
 - Anticipate results in August
- August 2015
- Really bad couple of weeks

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Accreditation Withheld

- Citations
 - PLA ≠ LOA
 - Not enough scholarly activity
 - Location and time commitments of faculty
 - Faculty development lacking
 - Not enough plans for ECF
 - Not enough cardiology

The following week...

- Faculty #3 withdraws his commitment
 - Stated will not come to an unaccredited program

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Critical Juncture

Program's fate in balance

Rebound

Chapter 5



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POLL

What would be the first thing you would do if failed to get initial accreditation?

- A. Make sure CV was updated
- B. Use a consultant to trouble shoot and regroup
- C. Step back and slowly reconsider options
- D. Try again next year

Program Re-Development Timeline

- August
 2015
- · Open dialogue with ACGME
- Internal review of application and program
- Decision made to target October 2015 application deadline
- Sept 2015
- RPS Consultations obtained

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Program Culture

- Critical to weathering the storm
 - Saved us
 - Regrouped together
 - Supportive environment
 - Divided tasks
- People are most important asset
 - Work short with the right people

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Repeat Application

- Citations
 - PLA ≠ LOA
 - Not enough scholarly activity
 - Time commitments
 - Faculty development lacking
 - Not enough ECF
 - Not enough cardiology

- Responses
 - PLA's in place
 - More activity had naturally occurred and plan in place
 - Miscommunication corrected
 - Scheduled Faculty
 Development sessions
 - ECF plans in place
 - New data showed ample cardiology

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Program Re-Development Timeline

- Sept 2015
- Resubmitted application
- October site visit granted
- Oct 2015
- Site visit #2
- · Advised would know decisions by January 2016

Limbo

- Professional Purgatory
 - Move forward?
 - Hold tight?
 - Delay 1st class?
 - Alternative careers?

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Program Re-Development Timeline

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Onward and Upward

Chapter 6



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POLL

How would you recruit an incoming class in a short recruiting season?

- A. Truncated interview season
- B. SOAP it
- C. Wait until after the match and then sign outside
- D. Accept cash bribes

Recruitment Timeline

- Build robust list of potential candidates Summer • 2015
 - AAFP Resident and Student meeting
 - Medical school residency fairs
 - Contacting regional medical schools
 - FMIG
- 2015-16 Keep all informed throughout process
 - Updates on timeline changes

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Recruitment Timeline

- Jan 29, 2016
- Accreditation granted
 - Effective date July 1, 2016
- Jan 30, 2016
 - ERAS and NRMP contacted
 - Would not activate until July 1, 2016
 - Contacted ACGME
 - Moved effective date retroactive to September 2015
 - Opened to interviews

Recruitment Timeline

- Feb2016
- Interviews
 - 49 interviews in 3 weeks
 - Rank list completed and submitted

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Recruitment Timeline

- March 2016
- Match Week
 - All faculty pulled for week
 - Plans to immediately act in SOAP
 - · Everyone had an assigned duty
 - Filled in match, all out of top 10!
 - Faculty finally could relax
- July 1, 2016
- Inaugural class begins

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Epilogue



What Did I Learn from This?

- · Timeline can be manipulated
 - Need at least 3 years
- Failure is not fatal
 - Earlier use of consultant
- · Culture saved us
- Flexibility allowed success
- Recruitment begins at least 1 AY before 1st class

What Did I Learn from This?

Opportunity for personal and professional development

- Groundwork
- Setbacks = Process ≠ Failure
- Power of being resilient, mindful, patient, and humble
- Who said leadership (or this) would be easy?

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Group Activity

· Pick your favorite...

"Motivation Station"

Great things never came from comfort zones.

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

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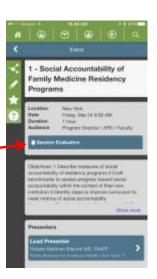
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Please...

Complete the session evaluation.

Thank you.



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