

REAL Solutions: Resident Engagement and Leadership

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AMERICAN ACADEMY OF
FAMILY PHYSICIANS

STRATEGIC PLAN



MISSION: PROVIDE SAFE, HIGH QUALITY, PATIENT-CENTERED CARE TO ALL THOSE ENTRUSTED TO US THROUGH READINESS, OPERATIONAL SUPPORT, HEALTH PROMOTION AND PROFESSIONAL DEVELOPMENT

VISION: EXCEED EXPECTATIONS EVERYDAY



READINESS

SAVE LIVES WHEREVER OUR FORCES OPERATE – AT AND FROM THE SEA

1. ENSURE READY MEDICAL CAPABILITIES OF OUR OPERATIONAL UNITS AND PLATFORMS
2. ACHIEVE MAXIMUM FUTURE LIFE-SAVING CAPABILITIES AND SURVIVABILITY
3. PROVIDE A ROBUST, RELEVANT CLINICAL EXPERIENCE TO PRESERVE CLINICAL AND LIFE-SAVING SKILLS AND COMPETENCIES



HEALTH

PROVIDE THE BEST CARE OUR NATION CAN OFFER TO SAILORS, MARINES, AND THEIR FAMILIES TO KEEP THEM HEALTHY, READY, AND ON THE JOB

1. PROVIDE THE PATIENT WITH A FAMILY EXPERIENCE AND ENHANCE ACCESS
2. ELIMINATE PATIENT HARM
3. IMPROVE ACTIVE MANAGEMENT OF LIMITED DUTY POPULATION



PARTNERSHIPS

EXPAND AND STRENGTHEN OUR PARTNERSHIPS TO MAXIMIZE READINESS AND HEALTH

1. IDENTIFY AND REMOVE BARRIERS TO DEVELOPING PARTNERSHIPS
2. ENSURE PARTNERSHIPS ALIGN WITH OUR STRATEGIC PLAN

ACHIEVE HEALTHCARE EXCELLENCE • ENABLE READINESS, HEALTH, PARTNERSHIP • BE PROFESSIONAL IN EVERYTHING WE DO!



MISSION: TRAIN NAVY FAMILY PHYSICIANS TO PROVIDE EXCELLENT, FULL SPECTRUM CARE IN ANY ENVIRONMENT

VISION: TO BE THE PREMIERE FAMILY MEDICINE TRAINING PROGRAM RECOGNIZED FOR PATIENT CARE, LEADERSHIP, AND SCHOLARSHIP

ADAPTABILITY

- TEAM-BASED CARE
- ROBUST PROCESS IMPROVEMENT
- RESILIENCE
- OPERATIONAL READINESS

INNOVATION

- PRIMARY CARE
- ADVANCED CLINICAL TECHNOLOGY
- LoT PILOT
- CIVILIAN PARTNERSHIPS

Resident Engagement and Leadership

MENTORSHIP

- ADVISING
- RESIDENTS AS TEACHERS
- PHYSICIAN LEADERS

SCHOLARSHIP

- ACADEMICS
- RESEARCH
- ACHIEVE CLINICAL EXCELLENCE

ACHIEVE HEALTHCARE EXCELLENCE • ENABLE READINESS, HEALTH, PARTNERSHIP • BE PROFESSIONAL IN EVERYTHING WE DO!

Disclaimer

- *The views expressed in this article are those of the author(s) and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense or the United States Government.*
- *We have no financial conflicts of interest*

Resident Engagement and Leadership

At the end of the workshop you will be able to:

1. Create an “audible environment” for residents
2. Assign residents to high-level quality improvement and patient safety processes
3. Implement a resident leader who engages residents in scholarly activity

Outline of our time

- Why Bother?
- Learner Needs Assessment Review
- Overcoming Barriers
- Pro-Tips
- Gallery Walk of Best Practices

Why bother?

- Self-actualization
- Common Program requirements
- Clinical Learning Environment (Review)

Self-actualization

a continual process of becoming rather than a perfect state

- Embrace the unknown
- Accept flaws
- Prioritize; enjoy the journey and the destination
- Unconventional but not seeking to shock
- Motivated by growth
- Benevolence
- Humble
- Deliberate and make their own decisions
- Have a purpose
- Grateful



“The final test of their efforts will be not what they know but what they do. The purpose of medical education is to transmit the knowledge impart the skills and inculcate the values of the profession in an appropriately **balanced and integrated** manner.”

Cooke et al. American Education 100 years after the Flexner Report. *N Engl J. Med* 2006; 355 1339-1344

“...if you could just get through people’s heads that you don’t just treat the patient in front of you, you also **treat the system.**”

Wong et al Sustaining Quality Improvement and Patient Safety Training in Graduate Medical Educations: Lessons From Social Theory. *Acad. Med.* 2013;88 1149-1156

Common program requirements

- Practice-based Learning and Improvement
- (IV.A.5.c).(4) Systematically analyze practice using **quality improvement** methods, and **implement changes** with the goal of **practice improvement**. (Outcome)

Common program requirements

- Systems-based Practice
- IV.A.5.f).(4) **Advocate** for quality patient care and optimal patient care systems. (Outcome)
- IV.A.5.f).(5) Work in interprofessional teams to **enhance patient safety** and improve patient care quality. (Outcome)
- IV.A.5.f).(6) Participate in **identifying system errors and implementing potential systems solutions**. (Outcome)

Family Medicine Program Requirements

- IV.B. Residents' Scholarly Activities
- IV.B.2. Residents **should** participate in scholarly activity. (Core)
- IV.B.2.a) Residents **should** complete two scholarly activities, at least one of which should be a quality improvement project. (Outcome)
- IV.B.3. The sponsoring institution and program **should** allocate adequate educational resources to facilitate resident involvement in scholarly activities. (Detail)

AES Poll question: Did the CLER process increase your interest in this workshop

- A. Yes
- B. No
- C. What is CLER?
- D. Should it?

“Is it possible that residents, who are positioned near the bottom of the hierarchy in medicine hold the key to culture change in the teaching hospitals”

Myers J, Nash D, Graduate Medical Educations New Focus on Resident Engagement in Quality and Safety: Will it Transform the culture of Teaching Hospitals *Acad Med.* 2014;89:1328-1330

What is a High Reliability Organization? Defining the Buzzwords.

In terms of healthcare, the purpose of a hospital or clinic seeking to achieve HRO status is to make healthcare as safe for patients as possible

- Constantly improve patient safety and outcomes
- Monitor and measure performance on several different levels
- Put a positive spin on failure
- Encourage employees at all levels to participate in the process

<http://www.readinessrounds.com/blog/2014/09/16/defining-buzzwords-high-reliability-organization/>

Clinical Learning Environments Vary In:

- Approach and capacity to address patient safety
 - Resident engagement also varies greatly
- Implementation of GME relative to the organization's strategic plan
- Invest in training faculty in healthcare quality, safety and system wide initiatives

Journal of Graduate Medical Education Supplement, May 2016

CLER and Patient Safety

- Didactics occurred often
 - Experiential Learning and Participation was rare
- Residents and fellows:
 - lacked clarity on conditions/events that comprise patient safety events
 - How to actually report a patient safety event
 - Rarely participated in system based improvement or patient safety event reviews

Journal of Graduate Medical Education Supplement, May 2016

CLER and Healthcare Quality

- Most residents fellows and faculty were aware of organizational priorities
- Many interviewed residents had limited knowledge of quality improvement concepts, methods and approaches used at their CLE
- Limited participation
- QI deemed as implementing what they were told

Journal of Graduate Medical Education Supplement, May 2016

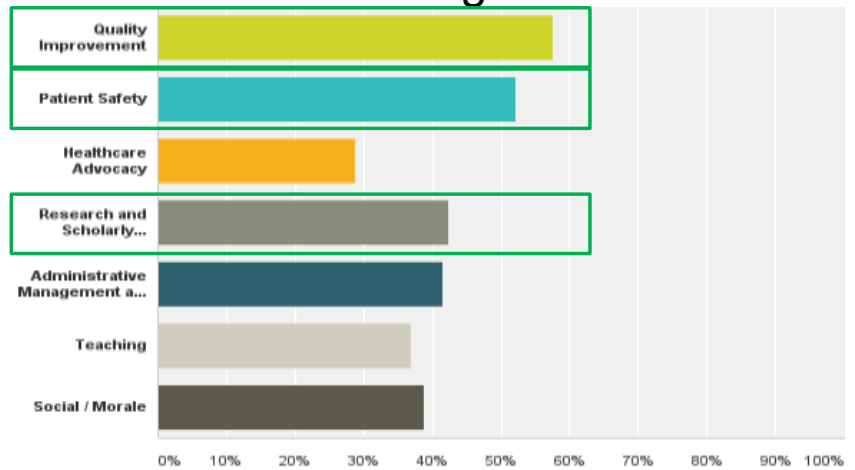
Learner Needs Assessment

- 116 responses
- Thank you!



What areas of resident engagement and leadership are you most interested in hearing about?

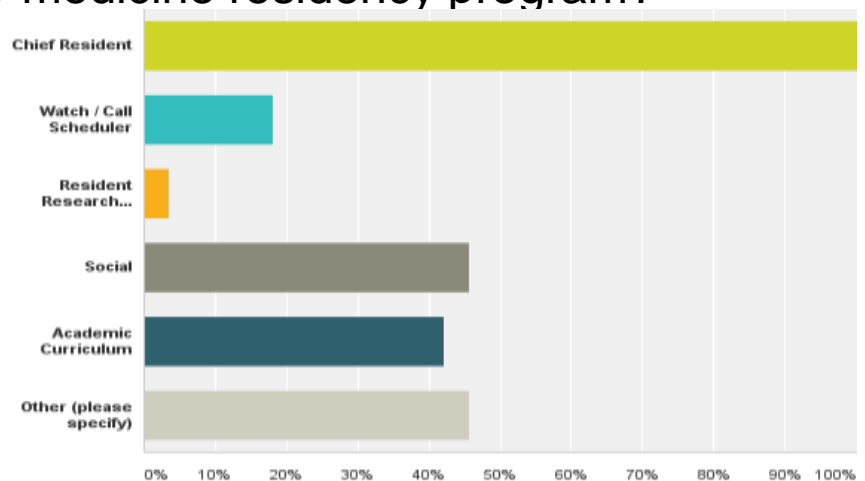
• Answered: 111 Skipped: 5



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What leadership positions exist for residents within your family medicine residency program?

• Answered: 116 Skipped: 0



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Responses (53) | Text Analysis | My Categories (0)

Showing 14 words and phrases

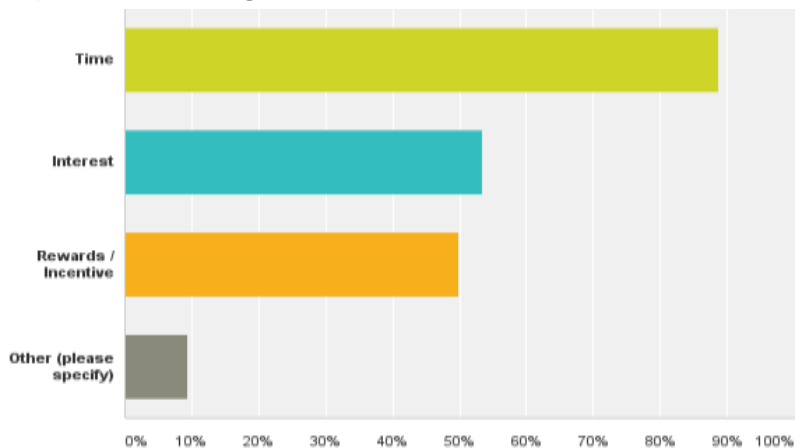
GMEC QI Project Leader Chief Lead
 Hospital Committees
 Program Evaluation Committee Recruitment
 Board Resident Wellness
 Representative Leadership Coordinator
 PEC

Total Respondents: 116

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What barriers to resident engagement exist at your program?

• Answered: 116 Skipped: 0



The screenshot shows a web interface for text analysis. At the top, there are tabs for 'Responses (11)', 'Text Analysis', and 'My Categories (0)'. Below the tabs is a search bar labeled 'Search responses'. The main content area displays the word 'Competing' in a large blue font, with 'Focus' written in smaller text to its left. A quote is enclosed in an orange-bordered box: "None - my residents rock ... and rule the world :) (Surgeon General of State, State Academy grad was recently President, Grad is slated to be Med Staff president of the largest Medicare System in the US)". To the right of the quote, the word 'Rockstar!' is written in red, slanted text. At the bottom of the interface, it says 'Total Responses: 116'.

25

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AES Poll Question: How does your program overcome REAL barriers ?

- A. Scheduled Time
- B. Mentor the process
- C. Active Didactics
- D. Financial Incentives
- E. Resident Representation

26

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Time

- It takes money to make money
- Commit to scheduling time for residents and faculty
 - Subsidize Faculty via sharing a quality faculty FTE
- The Parable of the Downstreamers by Donald Ardell

– <https://www.linkedin.com/pulse/parable-downstreamers-leadership-mindfulness-megan-mcintyre>

Interests

- Match the interests to the personality and capability
- Mentor and Guide

Lead by example: Our faculty engage in state leadership - they also invite residents and grads into this environment.

Our faculty lead with national and regional presentations - residents/grads feel empowered to pursue fellowships and academic positions.

Our faculty personally created a community medicine clinic. One of our grads is now the Medical Director and our residents rotate there.

We do more but that's enough for the survey!

Rockstar!

Rewards

- Recognition
- More Time!
- Conferences
- Financial
 - Daniel Pink [“Drive”](#)
 - Rudimentary Cognitive Skill
 - Autonomy, Mastery & Purpose

"A soldier will fight long and hard for a bit of colored *ribbon*." - *Napoleon Bonaparte*

“Pro Tips”



“Pro Tips”



Resident Voice

- Resident Action Committee
 - Generally includes at least 1 elected resident per year group
 - PD or APD should attend their meetings
 - Can be used to address ACGME and Internal Surveys
- GMEC
- PEC
- Hospital Committees
 - Build into schedule for Strategic Committees
- Rotation Liaisons

Resident Voice Pitfall

- **Failure to act** on ANY of the resident based suggestions / recommendations / requests, you will have made things worse
- “**Close the loop** on issues brought forward by the group to inform how the issues was addressed” - (LNA response)

Quality Improvement and Patient Safety

- Key People on Key Committees
 - (Schedule time: Repetition is the key to adult learning)
 - Better no one than the wrong one (LNA response)
- Faculty Mentors for QI projects
 - Healthcare Leadership engagement
 - Subsidize cost?
- Population health curriculum
 - Resident Liaisons

Quality Improvement and Patient Safety

- Mandatory Patient Safety Reports
 - Helps as a milestone for CCC as well
 - Ensure some form of feedback on PS reports periodically
- Ensure a resident representative on all Patient Safety Investigations
 - Experiential Learning
- Group Practice Improvement Modules via Didactics
- Year Group initiated CPI projects

Cycling alone is hard!
Teamwork makes it much easier!



Scholarly Activity

- Resident Research Coordinator
 - Someone that will be persistent and well organized
- Case Report Workshop
- Team-based Projects
 - Start small: Case reports / posters
 - Build: Chapters, Review articles, IRBs, Grant
 - Success breeds more success!
- Scholarly Points System (Competition)

Table 2: Scholarly Point System

	Points
Completion of an IRB-approved research project or a publishable well-conducted process improvement project journal	10
Acceptance of a manuscript describing a case report, clinical review, or research project in a peer-reviewed medical journal	8
Acceptance for publication of an FPIN Clinical Inquiry	7
Submission, acceptance, and presentation of a podium or poster presentation at a regional, national, or international medical conference for a case report or original research	6
Acceptance for publication of an FPIN Help Desk Answer or EMedRef	5
Submission without acceptance of a manuscript describing a case report, clinical review, or research project in a peer-reviewed medical journal	5
Acceptance for publication of a letter to the editor in a peer-reviewed journal	3
Being recognized at a local, regional, national, or international conference	3
Publications for lay public such as newspaper or magazine articles on medical topics	2
Presentation of scholarly activity at the JFMRP Annual Academic Scholarship Day	2
Presentation of a Grand Rounds/TIMM conference to the hospital staff	1
Submission without acceptance of a presentation at a regional, national, or international conference	1
Presentation of case at Tumor Board	1
Completion of CITI/IRB training	1

Figure 1: Research Per Resident

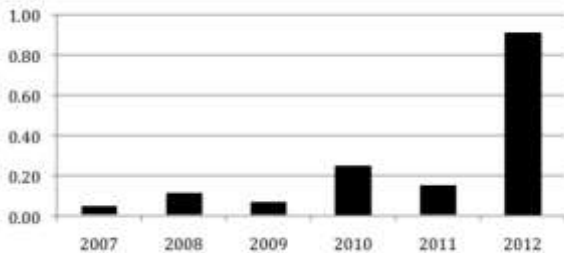
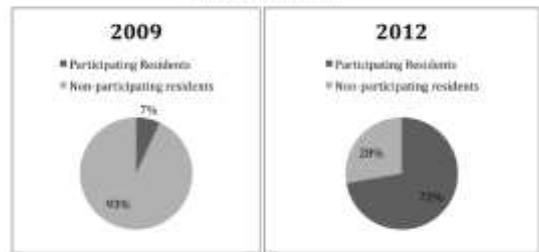


Figure 2: Participation Changes



Lennon RP, Oberhofer AL, McNair V, Keck JW. Curriculum changes to increase research in a family medicine residency program. *Fam Med*. 2014 Apr;46(4):294-8.

Just do something...

“Now, practically even better news than that of short assignments is the idea of shitty first drafts. All good writers write them. This is how they end up with good second drafts and terrific third drafts.”

Lamott, Anne. "Shitty First Drafts." *Language Awareness: Readings for College Writers*. Ed. by Paul Eschholz, Alfred Rosa, and Virginia Clark. 9th ed. Boston: Bedford/St. Martin's, 2005: 93-96.

Gallery Walk

- What best practices have you observed
- 3 easels each with a topic!
- Post your best ideas and rotate every 5 min.

- Be prepared to share!

Poll Question:

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



Social Q & A

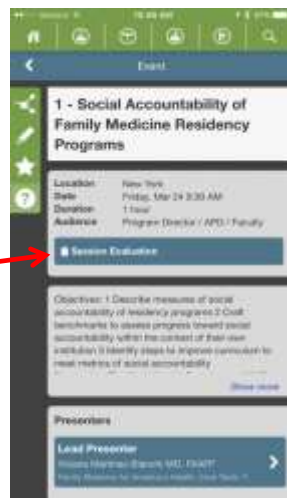
4
3

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Please...

Complete the
session evaluation.

Thank you.



44

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THANK YOU!

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GET CONNECTED!

www.med.navy.mil/sites/NavalHospitalJax



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