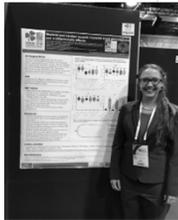




Best Practices in University Residency Programs



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Association of Residency
Administrators in Surgery
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Characteristics of University Programs

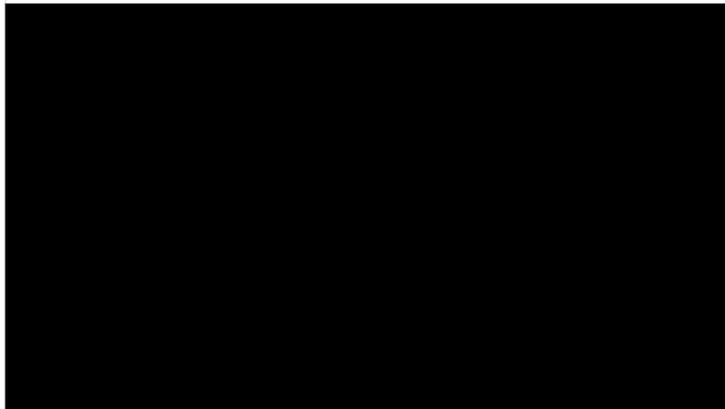
- University-based
- Often large programs
- Opportunities for research
- Research resident requirements
- Teaching faculty with protected time
- High percentage of care is tertiary care
- Level I Trauma, Level 1A (VA)
- More fellowship programs
- Centers of Excellence, ACS Cancer Center, Pedi, Burn, Transplant

Why Colorado?

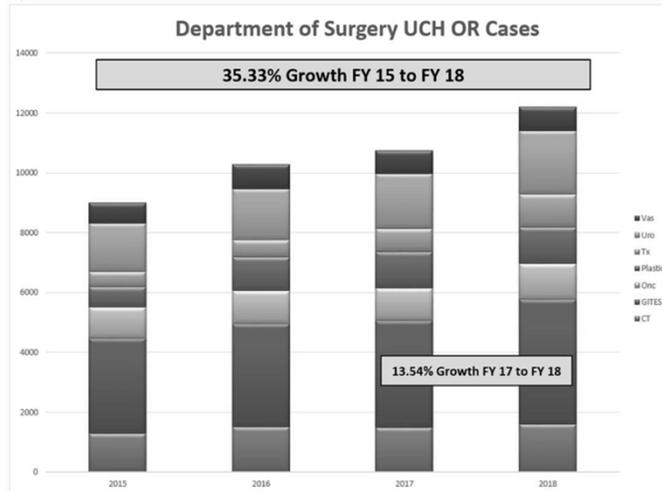
- Our program will be used as an example of both a university program and a large, rapidly-expanding one
- 10 categoricals, 2 research years (NRMP)
- At CU, increased emphasis on academics and 2 years of mandatory research – context of explosive growth
- 10-year perspective today (2009-2019)



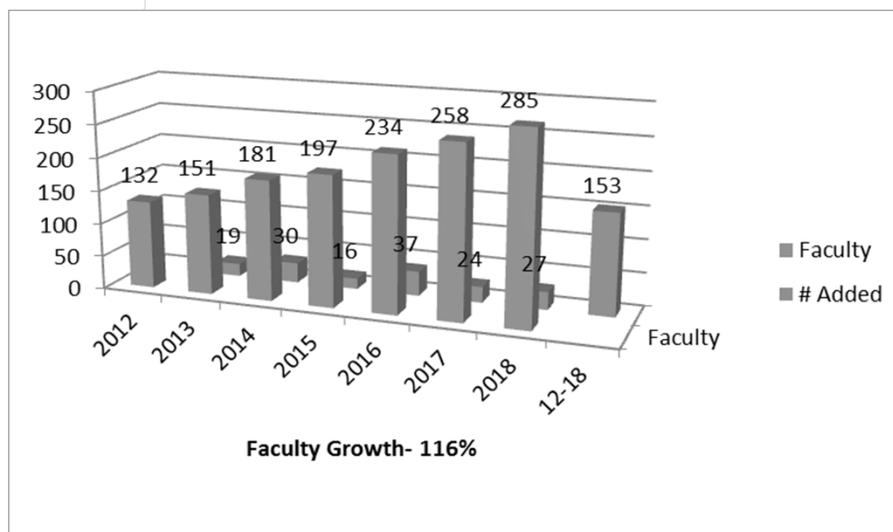
Growth of CU Anschutz Medical Campus



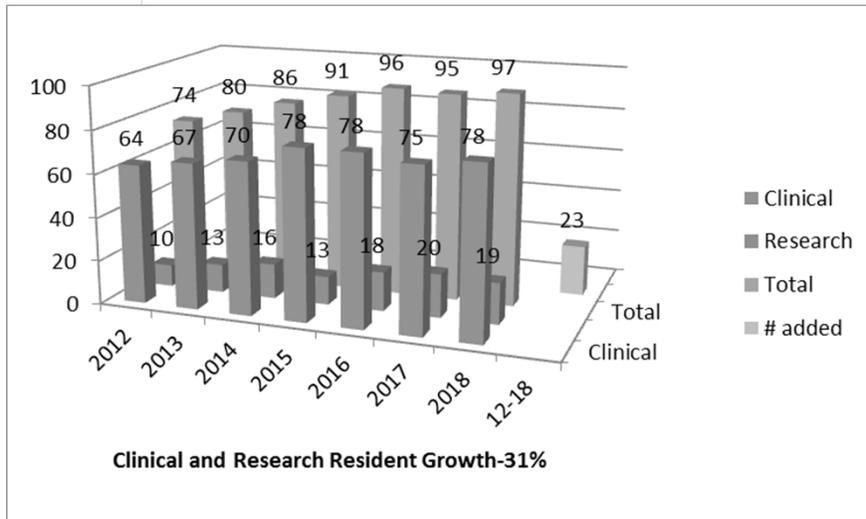
Growth of CU Surgery-Clinical



Growth of CU Surgery-Faculty



Growth of CU Surgery-Residents



Training Sites

- University of Colorado Hospital*
- Rocky Mountain Regional VA*
- Children's Hospital Colorado*
- Denver Health Medical Center-14 miles
- Memorial Colorado Springs-70 miles
(apartments for residents)

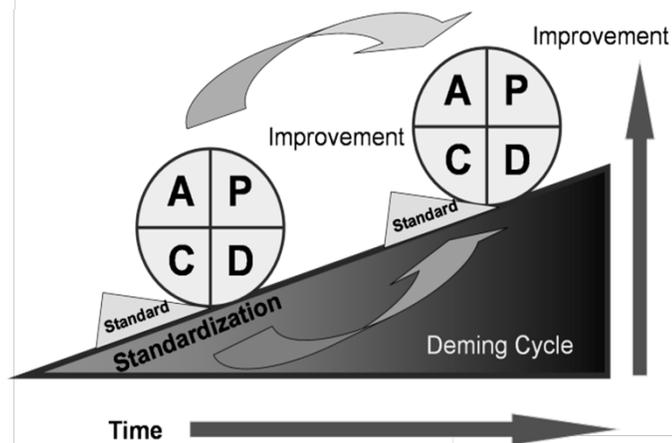
Coverage for several rural western states

*Anschutz Medical Campus, Aurora, Colorado

The Starting Point

- TED Talk: End of History Illusion (Dan Gilbert)
- We consistently underestimate amount of change
- SWOT Analysis & APE provide a snapshot of your program but it doesn't stand still
- As Program Administrators we manage change
- Your program's strategic direction and alignment with changes to standards and to the surgical field are critical to improving the program
- NAS provides opportunity to improve over time
- Key is to maximize progress toward improvement goals which lead to best practices

Ways to improve your program over time



Credit to: www.mindskills.co.uk

Evaluate Everything

- First step is to look critically at your program and ask where you want your program to go
- Methods: leadership and resident retreat, strategic planning process, self-study, site visit
- Evaluate everything and identify the strategic direction
- Each program is unique and will chart their own course
- Set initial goals with short timelines
- Obtain ongoing feedback from residents, faculty



Then Aim for Best Practices

- Identify effective strategies to reposition your program
- Build infrastructure
- Provide resources to support program goals



All Programs are Evaluated Based on National Standards

- Curriculum
- Case mix and volume, variety and consistency
- Participation in didactics
- Effective Simulation Training, completion of FEC
- Graduate Placement
- Alumni success
- Board preparation
- Recruitment
- Electives
- Staffing and Teamwork with other Educational Staff
- Research Productivity and Innovation
- Communication and feedback modalities

Defining Best Practices in Surgery Residency

Resident Perspective:

Some residents do better in a smaller program; could get lost in a larger program.

Faculty Perspective:

Apprenticeship model, duration and type of rotations. Sim labs and preparation for the OR.

PD/Administrator Perspective:

Guide: ACGME standards, Board requirements, our own institutions' self-evaluation, \$.

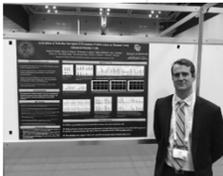
Today's Talk based on a Global Perspective but focusing on Program Administration

Residency Administrators have ARAS and APDS, with opportunities to share best residency administration efficiencies and successful approaches to problem-solving.

Where did we start in 2009?

- Duty hours issues
- 1 staff member (actually started part-time)
- 1 experienced PD and others new
- Fledgling international electives
- Modest involvement in research, optional
- Curriculum limited to weekly conferences
- Simulation just beginning to take shape

CU's Strategic Strengths



- Clear about our mission and expectations (7 year program)
- Listen to our residents and implement their best ideas
- Open to change/growth
- Obtain resources to make growth a reality
- Outstanding leadership: Department, Program, Associate PD's, Resident Admin Chiefs, Administrative staff and leadership
- Promote work/life balance and wellness
- Address new issues quickly, then systematically
- Mentorship
- If a program isn't effective, we don't keep it
- We are never satisfied

CU's Strategic Weaknesses

- Providing adequate feedback both to faculty and residents
- Keeping up with growth curve and national changes
- Implementing changes quickly in a large program
- Ensuring resources to increase infrastructure (\$)
- Upcoming—leadership succession
- Individual resident struggles on personal or academic level
- Making sure that we are building a sense of community as we grow
- From time to time, monitor duty hours where there's an issue to resolve

Restructured leadership

- On PD level, delegated work to PD's according to interest and talent, set up site directors
- Set up Admin Chiefs (Chief/4/Research)
- On staff level, created similar role delineation
- Engaged site staff and PD's wherever possible
- Built curriculum and provide resources to support the program's strategic goals
- Plan for future leaders and leadership succession



Actions for positive change

- Growth in positions and sites
- International elective-dedicated sites
- Algorithms for duty hours schedules, NF's
- Simulation curriculum in integrated rotations
- Simulation faculty champion for FUSE/FLS/FES (Assoc. PD)
- AP research residents to reduce non-operative rotations
- 13 28-day rotations w/Monday starts to track duty hours over 28 days
- Develop Admin Chiefs, RATL
- Staffing: 2nd administrator '14→Database admin '17
- Faculty Development workshop, ACS BOG
- Most hospitals hired significant numbers of APP's

Additional actions..

- Minority Scholar second look program (+3)
- Diversity Subinternship Scholarship program
- Research/Match Dinner
- Increased travel allowance funds –research esp.
- Group evaluators to increase evaluation compliance
- Standardization of certification/simulation training and use of the SCORE curriculum, FEC
- Focused review/probation policy related to ABSITE percentile
- Alumni connections at ACS, APDS/ARAS mtgs.
- Recruitment of key faculty in Surg Onc, Tx, Burn, TACS, Breast
- PGY-1 and 2 required summer sim/tissue labs
- All sites went to level 1 (or top level for VA)
- Board portfolio meetings with 4's and 5's
- Monthly feedback reporting from Database Administrator

Positive Aspects of Growth

- Separated more from specialty programs so they take charge of their own programs but we coordinate rotations with them
- Residents involved in QI (financial incentives)
- Enthusiastic support for resident presentations
- Reviewed all rotations with service teams
- Reallocated residents by PGY-level, site and service
- ABSITE study book; remediation group
- Robotics faculty champion, certification
- PD/Chair breakfasts by PGY-level twice a year
- Focus groups: wellness, to investigate duty hrs.
- New faculty and services (Breast, TACS split, Surg Onc division)

10-year Results

- Increased scholarly activity, faculty and residents
- Dramatic increase in case volume, national percentile
- Competitive applicant pool, increased diversity in program
- Residents with high expectations and new ideas
- Residents who are leaders locally and nationally
- Better prepared residents in the OR (sim labs)
- Higher overall performance on ABSITE exam
- Robotics participation, Olympics, certification
- Duty hours issues are occasional
- Enhanced faculty mentoring and engagement
- Team dynamics at all sites, resident-APP interactions
- High performing PD, Admin Chief and staff teams
- Greater focus on wellness, work-life balance
- Support for education at the department level
- Systems we use are more efficient

Dreams for the next decade

- Apply for an increase in complement
- Rural track based at Memorial (consortium)
- Enhanced robotics curriculum, certification, center of excellence
- More endowed/established labs within CU, long-term lab positions
- New local training sites and new tower at UCH
- New international sites, more international elective exchanges
- Better and more integrated tools for PD, resident/administrator efficiency
- Additional APP's to help junior residents get to OR
- Dedicated simulation staff, simulation resources at all training sites
- Extend senior rotations to allow for more mentorship
- Improve feedback to and from faculty and residents
- 4th staff member (simulation/special programs)
- Mentoring for leadership succession, PD's and administration



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