



Hennepin County **Medical Center**

HCMC

Family Medicine Residency Program

Strategic objectives 2012-2013



Strategic objectives July 2012- June 2013

PROGRAM QUALITY

Goal 1: The HCMC Family Medicine Residency Program will develop family medicine physicians of excellence by providing vibrant and innovative educational programming that includes clinical experiences that promote student, resident, faculty and staff engagement, quality patient care and community participation

By the end of residency training, family medicine residency graduates will

- Be prepared for clinical practice and can assume leadership roles in a wide range of clinical settings including in underserved communities
- Be able to provide competent comprehensive care in a medical home setting by demonstrating skills in team based, patient centered care with emphasis on care coordination , and the provision of safe and quality based care
- Train in a learning climate that fosters lifelong learning and ongoing scholarly success
- Train in a learning climate that fosters transparency and is free of fear , intimidation and retaliation

Focused area	Strategic Initiative	Action Steps	Evaluation Methods	Critical Success Factors	Owner/	Timeline/ Status
Objective 1: Prepared for clinical practice and can assume leadership roles in a wide range of clinical settings including in underserved communities						
Experience in underserved communities	Residency program will offer 3 rotations expanded experience in care of the underserved through local , rural and international rotations by January 2013	Addition of rural electives for G3 residents at rural sites within 2 hours drive of clinic.	Resident Evaluation of the residency program Annual Institutional evaluation of Residents-	30 % of G3 residents will choose rural or Jamaica elective	Kim Petersen Dr Bracken	January 2014
		Addition of Pediatric elective rotation in Jamaica for G3 residents			Tsewang Ngodup	September 2012
		Add experiences with underserved populations in G3 Community Medicine Add Homeless shelter Pillsbury House, Phillips Free Clinic,	Resident Evaluation of the residency program Annual evaluation of Residents- Institutional	100 % of G3 residents will participate in these rotations during the	Selma Sroka, Abby Kirschner	Consolidate into new selective being designed by KP

FOCUSED AREA	STRATEGIC INITIATIVE	ACTION STEPS	EVALUATION METHODS	CRITICAL SUCCESS FACTORS	OWNER/	TIMELINE/ STATUS
Team leadership	Develop structured curriculum in interprofessional education for residents	Identify core competencies of interprofessional education Seek opportunities for implementation in team meetings		Residency will create a curriculum workbook on interprofessional education for residency by July 2013	Ayham Moty Allyson Brotherson	Academic year 2013-2014 Now part of Complex Curriculum for academic year 2013-2014
Community engagement	Mandatory participation in community service activities by residents in training	Identify community partnerships and implement with G1 class	Resident Evaluation of Program	Every resident will have completed 24 hours of community service by end of residency training	Abby Kirschner	Academic year 2013-2014
Collaborative curriculum learning opportunities	Co curriculum opportunities with Primary Care Internal Medicine	Develop interdisciplinary co curriculum activities for residents in FM and IM		1 combined rotation will exist for residents in the 2 specialties	Brotherson Selameab	July 2013

Objective2 : Provide competent comprehensive care in a medical home setting by demonstrating skills in team based, patient centered care with emphasis on care coordination , and the provision of safe and quality based care

Medical Home Curriculum						
	Expand medical home curriculum	<u>Medical Home</u> Expand Practice Readiness rotation to include interdisciplinary complex care clinic	Resident evaluation of the residency program	80 % of G3 residents will participate in Practice Readiness rotation	Allyson B Abby Kirschner	July 2012
Quality and safety	Incorporating quality and safety exercise into curriculum	By beginning of academic year 2012- 2013 M&M conference will include quality and safety assessment based on the Vanderbilt Matrix	Residents evaluations of the residency program ACGME Resident Evaluation of the program	50 % of M&M conferences in academic year will be presented using the Vanderbilt Matrix Residents will identify 5 safety issues that will be brought to the WHC Operations committee annually for resolution	Dave Councilman	September 2012

FOCUSED AREA	STRATEGIC INITIATIVE	ACTION STEPS	EVALUATION METHODS	CRITICAL SUCCESS FACTORS	OWNER/	TIMELINE/ STATUS
Cultural Competency curriculum	Continued development of the cultural competency curriculum	Include patient stories into cultural competency presentations to resident	Existence of a Cultural Competency curriculum	Structured curriculum in cultural competency will be developed Improvement in resident scores n cultural competency from the start to the end of residency training 80 % or residents will rate curriculum as very good or excellent	Behavioral Medicine faculty	January 2014
Patient Centered Care	Implement 2 strategies that support the patient centered care strategies this academic year	Develop a Quarterly presentation for residents to improve Patient satisfaction scores "Is there anything else I can do for you today?" Develop script to inform patients when doctor late		Patient satisfaction scores will meet hospital's benchmark	Program Leadership Committee Ayham Moty	January 2014
Objective3 : Train in a learning climate that fosters lifelong learning and ongoing scholarly success						
Educational content:						
Core conferences	Ensure balance of all core areas	Use data from AAFP to determine appropriate weight of core areas Implementation of new format with addition of specialists Theme months Video/audio taped and archived for future reference	Resident evaluation of Residency program ACGME Resident Survey Residency Evaluation Survey	80%of residents will rate conferences very good to excellent	Kim Petersen Chief residents	August 2012 2013-82 % say VG or Excell 17% average 2012-46% say vg or excel, 23% aver 4 % below average or poor

FOCUSED AREA	STRATEGIC INITIATIVE	ACTION STEPS	EVALUATION METHODS	CRITICAL SUCCESS FACTORS	OWNER/	TIMELINE/ STATUS
Improve quality of key rotations						
	Creation of underserved electives rural elective					Consolidate into Underserved selective
	Improve quantity of Outpatient Pediatrics	More Outpatients Pediatric experiences in G3 Ambulatory Rotation	Resident evaluation of residency program			
	Improve quality of Psychiatry	Need more primary care psychiatry. Seek opportunities at Nicollet Avenue and Ramsey mental health Services	Resident evaluation of residency program			
	Increase number of patients aged over 60 in residents' continuity panel		Monthly patient counts from clarity reports	10 % of all resident patient encounters will be with patients over the age of 60 by 2015 Goal for 2013=8.4% Goal by 2014 =9.1%		Goal for 2013=8.4%
	Add Areas of concentration Residency program will develop two areas of concentration or tracks	Implement Integrative Medicine and one other Track (Urban medicine)	Resident evaluation of the residency program	30 % of second year residents will participate in one areas of concentration or tracks by July 2013	Integrative Medicine Team Brotherson	July 2013 Curriculum developed By Kara Parker
	Improve continuity on Family medicine Service	Increase continuity on FMS Service by having same team on service each week. Team on service 8-5 for one week, no clinics, nursing home that week				Add for 2013-2014
	Add Online curriculum	Create an online curriculum that defines pre and post tests to ensure acquisition of		100 % of rotations will have completed online curriculum by July 2012		75% of rotations . Will augment with STFM RCR curriculum

FOCUSED AREA	STRATEGIC INITIATIVE	ACTION STEPS	EVALUATION METHODS	CRITICAL SUCCESS FACTORS	OWNER/	TIMELINE/ STATUS
	Inpatient teaching	Do teaching in the mornings before start of daily work or in the PM after lunch.	Resident evaluation of the Inpatient teaching time	Didactics teaching curriculum occurs a minimum of 3 weekday mornings 80 % of residents will rate teaching as good or very good	Kim Petersen	in process Still an issue on Evaluations Need definite plan by July 1
	Improve Resident participation in Research and Scholarly activity performance	All G2 and G3 residents will participate in peer reviewed scholarly activity Hold FPIN workshop for Residents participating in FPIN		10 % of residents will have submitted scholarly work of r peer review by July 2013 Increase by 10 % per year		4 residents have external peer reviewed Projects =13% FPIN available April 15
Create Center for Health Equity leadership						Ongoing
Objective4 : Train in a learning climate that fosters resident wellbeing, transparency and is free of fear , intimidation and retaliation						
Educational climate						
Allow more opportunities for resident Involvement in decision making in residency	Creation of Resident Centered Training program	Focus groups Creation of Council for resident affairs Residents participate in				Council for residency Affairs created Two projects
	Minimize pulling residents out of other rotations to cover FMS	Addition of 1 Physician Assistant				Achieved
	Promote ability for lifelong learning and resident wellbeing	Structured curriculum that support resident wellness in 4 areas- Physical, social, professional , emotional			Integrative Medicine group	July 2014

2. RESIDENT PERFORMANCE

Goal 2 The HCMC Family Medicine Residency Program will recruit and retain highly qualified residents and faculty that will ensure the training of resident graduates who are competent in the practice of family medicine

Family medicine residency in training will:

- Recruit highly qualified and diverse faculty and residents
- Enhance the performance assessment of our residents

Family medicine residents w and graduates will:

- Demonstrate specific knowledge so that they can pass the ITE and eventually the ABFM certification examinations

FOCUSED AREA	STRATEGIC INITIATIVE	ACTION STEPS	EVALUATION METHODS	CRITICAL SUCCESS FACTORS	OWNER/	TIMELINE/ STATUS
Objective1: Recruit highly qualified and diverse faculty and residents						
Expand recruitment initiatives	Recruitment	Continue to recruit highly qualified applicants prepared for residency training		85 % of residents entering the training program will score above 80 on both USMLE I &II	Abby Kirschner	July 2013
Expand recruitment initiatives	Expand recruitment initiatives to include medical schools outside of Minnesota that articulate a social mission					
Objective 2: Enhance the performance assessment of our residents						
FOCUSED AREA	STRATEGIC INITIATIVE	ACTION STEPS	EVALUATION METHODS	CRITICAL SUCCESS FACTORS	OWNER/	TIMELINE/ STATUS
Use of developmental Milestones	Milestones will be used to determine the progress of residents during training and will be used to determine promotion and graduation of residents	Match assessment methods to the milestones				Defer to 2013-2014
Performance Assessment Committee	Augment the responsibilities of the Performance Evaluation Committee and its role in assessment of resident performance	Invite applications from faculty to serve on the Committee		Description of roles and responsibilities for the committee will be completed	Allyson Brotherson Susan Hasti	Charter completed

FOCUSED AREA	STRATEGIC INITIATIVE	ACTION STEPS	EVALUATION METHODS	CRITICAL SUCCESS FACTORS	OWNER/	TIMELINE/ STATUS
Increase Evaluation confidentiality	Creation of focus groups to discuss Survey Monkey Evaluation tool created to collect evaluations and provide an aggregate evaluation Separate Resident evaluations of FMS rotations by 3 months				Susan Hasti and CRA	Ongoing
Objective 3: Residents will have specific knowledge so that they can pass the ITE and eventually the ABFM certification examinations						
Early identification of at risk residents	Early identification of at risk residents	Residents scoring less than 50 % on Mock Intraining at Orientation entered in early performance improvement program		60 % of program's residents will score >50 th percentile on the ITE 90 % of program's graduates will pass the ABFM certifying examination on the first try		In process <u>13 residents or 41 % scored above the 50th</u>
Board material and online curriculum	Provide residents with tools and activities to ensure success in the ITE and eventually in the ABFM certification examinations	Provide board review material for use by residents Purchase Challenger for G3 residents and recent graduates Purchase Core Content Review subscriptions for use in academic remediation	33 % of residents will use Challenger by January 2012 66 % of residents will use Challenger January 2014 100% of residents will use Challenger	Residency program will increase their first time pass rate on the ABFM certifying examination by 20 percent per year over the current baseline of 50% in 2010 to 95 % by 2017		83 % for 2012 100% for 2011 Goal achieved for 2012 and 2013 . Still at risk
	Online curriculum	Create an online curriculum that defines pre and post tests to ensure acquisition of necessary knowledge by each resident on each rotation		100 % of rotations will have completed online curriculum by July 2012		In process

FOCUSED AREA	STRATEGIC INITIATIVE	ACTION STEPS	EVALUATION METHODS	CRITICAL SUCCESS FACTORS	OWNER/	TIMELINE/ STATUS
Remediation of poor performers	Remediation for poor performance on Intraining examination	Implement faculty run weekly remediation sessions for residents performing below the 25 th percentile			Michelle Karsten Allyson Brotherson Uchemadu Nwaononiwu	In process
Resident incentives	Resident incentives	Seek funding for reimbursement of registration fee for residents who successfully pass ABFM in first try beginning with the class of 2011		A minimum of: 60 % of graduates of class of 2011-2012 will be reimbursed 70 % of graduates of class of 2012-2013 will be reimbursed 80 % of graduates of class of 2013-2014 will be reimbursed 90 % of graduates of class of 2014-2015 will be reimbursed	Allyson Brotherson	Not achieved but critical
Procedure performance	Increase resident experience with common FM procedures	Introduce more procedure workshops or simulation labs during Wednesday Core Conferences.	Residents evaluations of the residency program		Jerry Potts Kim Petersen July 2011	December 2013

3. FACULTY DEVELOPMENT

Goal: To create faculty development activities that enable faculty to establish and maintain an environment of inquiry and scholarship with an active research component and be able to support residents in scholarly activities

- Enhance the teaching and supervision skills of faculty
- Promote a culture of research scholarship among our faculty
- *Promote growth of research and scholarly activity in focused areas*
- *Promote scholarship in clinical practice and community engagement*

FOCUSED AREA	STRATEGIC INITIATIVE	ACTION STEPS	EVALUATION METHODS	CRITICAL SUCCESS FACTORS	OWNER/	TIMELINE/ STATUS
Objective 1: Enhance the teaching and supervision skills of faculty						
Teaching and supervision skills	Update teaching skills of core faculty	Core faculty will attend Certificate Course in Faculty Development offered by the University of Minnesota with emphasis on developing their teaching skills		30 % of faculty will attend this Certificate Course by July 2012 50% of faculty will attend this Certificate Course by July 2013 60 % of faculty will attend this Certificate Course by July 2014	Jerry Potts	In process On target
Objective 2: Promote a culture of research scholarship among our faculty						
Faculty Participation In Research and Scholarly Activity	Develop infrastructure to support faculty research and scholarly activity	Implement RSA initiative developed by faculty at Spring Faculty Retreat		25% of core faculty will present 2 peer reviewed scholarly items between 2012 and 2015	Charles Anderson Nancy Newman Sue Haddow	In process
Faculty Participation In Research and Scholarly Activity	Provide opportunities to strengthen critical appraisal skills of all core teaching faculty	Support attendance at 2 Primary Care Collaborative Research Forums per year		10 % of core faculty will attend at least 2 forums per academic year		December 2012
Ensure Physician wellness	Identify increasing risk factors for burnout	Seek grant funding for faculty development on physician wellness and resilience	Faculty Evaluation of residency program		Integrative Medicine team	June 2013
Faculty Attendance and presentation at Core conferences				Require 50% attendance of faculty at conferences	Jerry Potts	January 2013
Active Creation of Environment of Inquiry	Create a list of Core Faculty projects					

ALUMNI PERFORMANCE AND GRADUATE PLACEMENT

Goal 4: To increase the number of graduates of the FMRP who will choose to go into primary care practice in Minnesota and continuously monitor the performance of alumni and implement program changes to match practice standards

- Perform regular alumni surveys
- Increase recruitment of medical students from the University of Minnesota

FOCUSED AREA	STRATEGIC INITIATIVE	ACTION STEPS	EVALUATION METHODS	CRITICAL SUCCESS FACTORS	OWNER/	TIMELINE/ STATUS
Alumni performance						
Alumni surveys	Ensure that alumni surveys are occurring one year after graduation and every five years thereafter	Collect personal email addresses for all residents prior to graduation		30 % return on alumni survey	Lynn Gannaway	In process
Alumni Performance	Monitor graduates performance at employment site 1.5 years after graduation	Send employer survey for graduates beginning with the graduation class of 2011	Permission from 100% of residents at exit in 2011		Allyson Brotherson Lynn Gannaway	March 2013
	Ensure 100% pass rate on ABFM Boards for all alumni					
Graduate Placement						
Percentage of graduates entering primary care practice	Increase recruitment of medical students from the University of Minnesota	Improve quality of medical student rotations at Whittier Encourage faculty one to one mentoring of medical students Do "Lunch and Learn" for students at University of Minnesota at Duluth			Nancy Newman Susan Hasti	March 2012
	Resident training- Rural rotations	Introduce structured curriculum in rural medicine for residents Use 2011-2012 grant		The number of Graduating residents from the HCMC-FM residency program	Tom Bracken	

		funding to provide incentive payment to rural providers to host residents		choosing Primary care practice in Minnesota will increase from 45% for the 4 year period 2008-2011 to 50% over the 4 year period 2012-2015		
	Loan repayment for graduates	Provide resources within Dept of Family Medicine to assist residents to secure loan repayment from MDH with provision of service time in MN after graduation			Allyson Brotherson	
	Graduate placement	Partner with Rural resource Minnesota to place graduates in rural practices after graduation			Melinda Chatelle	

Key



Goal not achieved



In process



Achieved