**Meetings**:

As a new specialist, I have set up monthly meetings with the residents of each program to discuss anything and everything. I have also set-up weekly meetings with the program directors and the other specialist in the office. This will help get questions answered or things signed.

Core faculty – associate program directors meeting with each resident to review ongoing reading – guided learning

Designed CCC meeting template agenda, which easily turns into minutes and includes all Program Requirements

Coordinator innovative group. A monthly/quarterly group of coordinators to share innovative ideas:

• What’s currently going on

• What ideas you have, but not sure how to start them

• Ideas but need support

We restructured our CCC by assigning faculty mentors to PGY cohorts and had each mentor present to the CCC on his/her cohort. I provided each mentor information on each resident, e.g., service evaluations, ACR in-service exam groups, conference attendance, etc., to review and

discuss with the resident in the mentor session prior to the CCC. We also provided Milestones on each trainee, presenting that to the CCC, allowing the CCC to provide input on the Milestone assignment. We felt this allowed 1:1 opportunity for residents to express concerns with faculty members, if there are any, and would gather more faculty member input on the Reporting Milestones.

We developed a badge scanning system for tracking attendance at grand rounds and other events. This system can run reports and create CME letters for those events.

**Wellness**:

Wellness Wednesday curriculum. Once a month, at the weekly Wednesday didactic session, the residents take part in a wellness activity. In October, the residents carved pumpkins. In November, they dipped caramel apples and decorated turkey hands. December was a game day

and paper plate-drawing contest. We also had a lunch in January. We will be implementing this curriculum as a permanent part of the academic half-day curriculum in the next academic year.

coordinator happy hours to help promote wellness.

As part of wellness initiative, we instituted “mandatory fun.” Every other month, all residents in our program are released from service for two hours for a program-sponsored event. We had a kickball tournament, a corn maze, and a resident versus faculty relay race with a cook-out. The wellness initiative has changed morale and fostered a “team” attitude.

**Documentation & Storage**:

Converted all trainee records into an electronic file (individual)

Converted all alumni documents into an electronic file (individual)

We are currently working on making all residency files online and housed within our New Innovations system.

We are in the beginning stages of recreating/expanding our goals and objectives of each rotation to include the faculty expectations. Currently the resident receives a document a week before a rotation with the goals and objectives. The document is long. We are asking all faculty members to complete a one-page document with their specific expectations so the interns and residents will start the rotation knowing what that faculty member is looking for and what to expect. Along with the one-page document, they will receive the overall goals and objectives for the rotation.

**Information Tracking/Gathering**:

We need to develop a research database to track all residency and fellowship projects/research. It would be ideal to incorporate and track faculty scholarly activity. We are beginning to put together a collaborative work group to research and identify specific needs and requirements.

Use Qualtrics (similar to Survey Monkey) to gather information instead of e-mails (e.g., RSVP for meetings, information for new rotation requests)

**Didactic/Professional Development topics**:

Financial prep – have fellows receive good advice on financial planning, when to invest, when to pay off loans, contract negotiations, buying a home, budgeting. Have the program director on board and will happen this fall. It will be a one- to two-day seminar, and trying to make it fun.

Ted Talks

Disabilities awareness simulation workshop – an annual workshop in the fall for PGY-2 pediatric residents. I am the creator and lead facilitator. This is a two-hour workshop with simulation and discussion of physical disabilities.

I am currently working on developing an alumni network. I am in the process of doing the legwork. The goal is to create a network on career development for current residents and alumni. Alumni are valuable resources for the current residents and each other, for job hunting,

mentoring, and advising. I have also created an annual alumni lecture series for grand rounds.

want to revamp noon conferences from the traditional format of PowerPoint, a boring slide lecture, to an interactive group learning experience. I do realize that faculty development is key and I am ready to speak with each faculty member and provide better teaching techniques. Since the residents are from the millennial generation, I want to bring the noon conference lectures into the 21st century

**Recruitment/Orientation/Onboarding**:

This year, with the help of my co-coordinators/IT staff, I have successfully transitioned my team to house all applicant information (interview scores, comments, medical school information, USMLE/COMPLEX information ,and picture) from Excel to Access. We interview nearly 150 applicants and our Excel document would crash on our computers (it worked fine when we

interviewed 80, but not so much for 150!). Access helps create a uniform page view for each applicant that prints nicely for program directors who prefer printouts; we made a binder for our program director. The beauty of Access is that more than one person can be in Access

at the same time, so each coordinator of our program can have a part in entering this data. We still export a list to Excel to get our (initial) rank order by sorting total points, but Excel can handle that.

As a new program, something I feel would be useful is concise, clear orientation of our first resident class along with our faculty members. As we get ready to onboard our first PGY-1 class this July 2017, I see a need to involve faculty members and the residents in the understanding of

what is expected of our residents by faculty members and vice versa. Interns come in with tarnished expectations if faculty members are not of the same understanding. This could turn into frustrations for both residents and faculty members, and start our program on the wrong foot. I want to have a collaborative program.

We provide our applicants a paperless resource (flash drive) with information on our program, city, facility, and resident life. Our hopes for the future is to one day be a completely paperless program.

My first year in radiation oncology, going through onboarding with incoming residents, I received many questions about the department that I could not answer. In addition, the incoming residents seemed lost about when and where to go, which deadlines were critical,

etc., and were afraid to ask. I met with all residents to review the departmental onboarding orientation. As a result, we assign 2nd-year residents to new incoming residents for one week as a mentor to assist with any issues. Prior to the end of the academic year, we meet with 1st-years and find out what changes they recommend and what do they wish they knew. We modify our orientation to reflect any changes annually in an effort to meet their needs.

We have recently decided that our orientation process was not as robust as it could have been our first year – this had a lingering effect on many personnel, not just our residents. This July we will expand our orientation to a full month, and will meet our HSM requirement by doing so.

This change was strongly encouraged by our program administrators and myself. We are currently in the process of assembling this month-long calendar.

During recruitment season, several applicants applied after the close of recruitment. In order to pull in a larger pool, I arranged Skype and face interviews so the late appliers had an opportunity to interview with program directors (bottom line decision makers). This saved our program money (not opening additional days) and allowed us to pull in three highly qualified applicants. This helped when several candidates canceled last minute.

**Evaluations/Milestones**:

We developed a new system for obtaining 360-degree evaluations, as well as evaluations on our fellowship candidates. The previous system used paper forms that residents completed. I worked with our two program directors to develop an electronic evaluation form using

Survey Monkey. Physicians, nurses, etc. click on a link or scan a QR code to pull up the evaluation on their phone or computer. When submitted, I receive an e-mail alert. It is a simple process and works wonderfully. I now get 100% feedback from interviewers. I rarely received

360-degree evaluations before this and now have evaluations coming through weekly.

I have discovered Ortho Bullets Pass program. I think this is an excellent tool to measure Milestones as well as surgical skills. We are using this tool as a part of the study process for the OITE exams. The residents get two questions per day to answer, a weekly quiz, and a monthly exam. One of my physicians proctors the exam the first Thursday of the month. The test takes approximately 30 minutes. The test is reviewed as a group. My residents love it. To get the physicians on board with the program, I meet with each of them for less than 15 minutes to show how easy the physician part is.

Simplified evaluations by working with New Innovations and implementing a single sign-on – faculty members/residents complain about too many logins/passwords, so this gave them another way to login

I decided to rewrite the faculty evaluations of fellows so that they directly correlate to the new ACGME Milestones numbers. This makes the CCC meetings much more efficient and helpful.

We switched from having monthly long evaluation forms for fellows to shared daily rotation-specific evaluations. Instead of a 10- to 15-question form at the end for each rotation, attending faculty members now receive a form each afternoon they work with a fellow that has approximately 10 evaluation areas to choose from. The form is set up so that they only answer one question for the chosen area and are then given the opportunity to provide open-ended comments (with prompts of “what is the fellow doing well,” “what could the fellow do to improve”). This has increased our evaluation compliance drastically and significantly improved the quality and immediacy of feedback provided to the fellows. My role in

this has been to figure out how to bend available technology to our needs and to ensure that output is usable and useful. The evaluation system is more user-friendly than the previous one and because it results in so many data points, has made our CCC’s job of Milestone scoring and review much quicker and easier.

The obstetrics and gynecology program director and I revamped the program’s faculty evaluations of residents by using the SOAP method of assessment. So often faculty members do not believe they know much about “evaluations,” yet they use the SOAP format to assess

patients all the time. We changed the evaluation structure so that the questions moved from subjective to more objective assessment elements, which are followed by a few assessment questions in regard to the objectives for the rotation and level of autonomy, followed by a “plan” (list an area the resident should focus on prior to the next clinic rotations, etc.).

**Information Sharing**:

GME Newsletter – This is published twice a year highlighting accomplishments for all GME programs.

In the process of putting together a resident survival guide to include:

• HR processes

• Benefits

• Research procedures and processes at each site

• Wellness information and resources

• Hospital systems

• Workday system

• Housing

I would like to create a dashboard calendar for the residents by PGY level. The dashboard would have information for their responsibilities and expectations. The dashboard would have quick access to institutional policies and ACGME requirements (frequently asked questions, i.e. what are the required rotations, procedures, duty hours, due dates, research projects, presentations,

survey, and policy on institutional USMLE policy)

House staff survival guide

I developed a pocket guide of resources that fits into a lab coat pocket and viewable on mobile devices. The resources included the basic tools needed to do their jobs, (e.g., contact list, door codes, site-specific information/expectations, etc.)

**Schedules/Rotations**:

Administrate Tasks – residents are constantly behind on their regulatory courses, document submissions, evaluations, etc. I helped rearrange the schedule for ambulatory rotations, clearly outlining administrative time (which historically was used to go home) and every week before the schedule is distributed, the “to do” list is attached to the schedule, so residents are clear what they are behind on and use their administrative time for administrative tasks. I have to sign off (just like preceptors at ambulatory sites) upon completion of the tasks. We started it two weeks ago and so far, we have more completed in two weeks than we were able to

accomplish from the beginning of academic year.

Planned and coordinated a trip to Kenya to meet with and visit the hospital there to create an international rotation within our program

Our residents and fellows are encouraged to work with bioengineering and medical illustrators for their research projects and presentations

An internship/second-year mentorship program.

**Exams:**

I instigated an annual mock oral board exam to take place every March/April. The program had never had an oral prep in place. I had the role of presenting ideas, structure, and ways to implement to our faculty