Small Residency Programs: Doing More with Less

OTOLARYNGOLOGY PROGRAM DIRECTORS ORGANIZATION MEETING
CHICAGO, IL
NOVEMBER 22, 2019
Disclosures

Eunice Chen-none
Tamara Rimash-none
Miriam O’Leary-none
Neil Gildener-Leapman-none
Matthew Ng-none
Eunice Chen

Dartmouth Hitchcock Medical Center

1 resident per year

9 core faculty members

8 graduated residents-4 in private practice, 4 did fellowships (HN oncology, Pediatrics, Neurotology, Facial Plastics)

1-2 Physician Assistant resident/fellow per year

3 Associate Providers
Tamara Rimash

University of Vermont

1 resident per year

10 core faculty members
Miriam O’Leary

Tufts Medical Center

2 residents per year

10 core faculty members
Neil Gildener-Leapman

Albany Medical Center

2 residents per year

10 core faculty members
Matthew Ng

UNLV Medical Center

1 resident per year

7 core faculty members

5 graduated residents-1 in USAF, 4 did fellowships (Pediatrics, HN oncology, Facial Plastics, Neurotology)
Objectives

Review the benefits and challenges of small residency programs

Describe how some programs are addressing some of the challenges

◦ Resident recruitment -Tamara Rimash- UVM
◦ Resident and faculty workload/work compression-Eunice Chen-Dartmouth
◦ Faculty development-Miriam O’Leary-Tufts
◦ Division of Department resources for CLER initiatives-Neil Gildener-Leapman-Albany
◦ Job and fellowship accessibility and well-being initiatives-Matthew Ng-UNLV
Otolaryngology Residency Programs

ACGME 2019 Data
- 123 programs-18 initial accreditation, 1 with warning

NRMP Results and Data
- Match 2017-110 programs, 305 positions offered, 10 unfilled programs, 331 applicants
  - 30 programs with quota of 1-2 residents, 3 unfilled programs
- Match 2018-112 programs, 315 positions offered, 11 unfilled programs, 333 applicants
  - 32 programs with quota of 1-2 residents, 4 unfilled programs
- Match 2019-120 programs, 328 positions offered, 0 unfilled programs, 462 applicants
  - 38 programs with quota of 1-2 residents, 0 unfilled programs
Small Residency Programs

**BENEFITS**
- Close kit group
- Camaraderie
- Less hierarchical environment
- One on one relationships
- Continuous feedback
- Individualized training
- Flexibility of curriculum

**CHALLENGES**
- Recruitment of residents-maintaining diversity, avoiding falling below compliance levels on surveys and pass rates
- Balance between service and education for residents and faculty with limited people power
- Faculty playing role of educator/evaluator, researcher/investigator, clinician, safety/QI expert, wellness officer
- Limited resources within program/division
- Job and fellowship accessibility
Resident Recruitment

How are applicants selected for interviews?

How did program specific statement influence selection?

How many faculty or residents participate in selection, interviews and ranking process?

How do you create an inclusive and diverse group of residents and faculty?
Diversity and Inclusion in Recruitment

Tamara Rimash MD
Rhinology
University of Vermont Medical Center
Goals of presentation

• Evolution of faculty within a small division in a relatively homogenous state (nearly 93% White non-Hispanic)

• How this evolution affects our ability to recruit diverse applicants

• Strategies in applicant recruitment
Evolution of a division

- 1990: Female/Non-White: 4, Male/Non-White: 2
- 2000: Female/Non-White: 3, Male/Non-White: 2
- 2010: Female/White: 4, Male/Non-White: 2, Female/Non-White: 3
- 2019: Female/White: 6, Male/Non-White: 2, Female/Non-White: 3, Male/White: 1

Legend:
- Orange: Female/Non-White
- Green: Male/Non-White
- Blue: Female/White
- Yellow: Male/White
Faculty diversity/resident diversity

• Providing familiarity and sense of belonging, and hopefully role models, to diverse applicants
Strategies in recruitment

UVM: 251 applications/30 interviews/1 spot

- Expanded the selection committee
- Blind reviewers to applicant picture to reduce bias
- 2 reviewers per applicant
- Diversity Liaison
- Holistic review of application
  - Leadership, teamwork, altruism
Statement on professionalism

We honor the trust our society has placed in us as stewards of the art and science of medicine, relying on cultural humility, kindness, and respect to guide our daily interactions.
Balance of service and education

With limited number of residents, how does the program maintain compliance with work hour requirements?

What policies are in place to ensure coverage of patient care when residents are unable to attend work?

Who covers during the inservice training exam?

How much does your program use associate providers?
• **Problem:** significant issues with patient access
  • Delayed appointments
  • Double and triple booking
  • Significant dissatisfier for MDs, staff and patients

• **Hypothesis:** Incorporation of associate providers into the Head and Neck Tumor Clinic would improve patient access
Incorporation of Associate Providers

• APs were assigned to work with each HN Surgeon
  • Physician Assistant with > 20 years experience in Otolaryngology
  • Nurse Practitioner with > 7 years experience

• APs both proficient in flexible laryngoscopy and other minor office-based procedures

• Prior to study, each worked independently in the Otolaryngology Section

• For the study:
  • APs worked in partially independent model
  • Patients could be “flexed” between providers depending on the patient needs
Increased Number of New Patients, Reduced Overbooks, and Stable Productivity

Table 1. Clinical and Productivity Data for the 2 Head and Neck Surgeons before and after Incorporation of the Associate Provider into the Head and Neck Tumor Clinic.

<table>
<thead>
<tr>
<th>Associate Provider Incorporation&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Before</th>
<th>After</th>
<th>Difference, %</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>New patients seen per month, n</td>
<td>44 ± 4 (29-58)</td>
<td>60 ± 5 (36-80)</td>
<td>+36</td>
<td>.001</td>
</tr>
<tr>
<td>Third available for new patient consultation, d</td>
<td>56 ± 4 (16-87)</td>
<td>27 ± 2 (13-45)</td>
<td>-51</td>
<td>.001</td>
</tr>
<tr>
<td>Third available for established patients, d</td>
<td>43 ± 3 (21-70)</td>
<td>35 ± 2 (17-56)</td>
<td>-19</td>
<td>.001</td>
</tr>
<tr>
<td>Overbooked hours per month</td>
<td>14.7 ± 3.1 (4-27)</td>
<td>8.6 ± 1.7 (3-17)</td>
<td>-42</td>
<td>.002</td>
</tr>
<tr>
<td>Mean work RVU productivity of head and neck surgeon as a percentage of benchmark, %</td>
<td>109 ± 11</td>
<td>113 ± 6</td>
<td>.56</td>
<td></td>
</tr>
</tbody>
</table>
Otolaryngology PA Post-Graduate Residency/Fellowship

12 month intensive training program

1-2 PA residents per year

Participate in educational activities, clinic and OR, inpatient and ED consultations and patient management

Serve as additional resident on the team

Integration of PA after completing the program into the Oto Faculty practices
## Otolaryngology PA Post-Graduate Residency/Fellowship

<table>
<thead>
<tr>
<th></th>
<th>2020-2021</th>
<th>B1 Jul-Aug</th>
<th>B2 Sep-Oct</th>
<th>B3 Nov-Dec</th>
<th>B4 Jan-Feb</th>
<th>B5 Mar-Apr</th>
<th>B6 May-Jun</th>
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</thead>
<tbody>
<tr>
<td>R1</td>
<td></td>
<td>General Surgery, ICU, NS, Plastics, Anesthesia</td>
<td>ENT</td>
<td>ENT</td>
<td>ENT</td>
<td></td>
<td></td>
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<tr>
<td>R2</td>
<td>GEN/PED</td>
<td>OTO/NEURO</td>
<td>HN/FP/OMFS</td>
<td>SLEEP/ALL</td>
<td>GEN/PED</td>
<td>OTO/NEURO</td>
<td></td>
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<tr>
<td>R3</td>
<td>HN/FP/OMFS</td>
<td>PLASTICS/MOHNS</td>
<td>GEN/PED</td>
<td>OTO/NEURO</td>
<td>RESEARCH</td>
<td>HN/FP/OMFS</td>
<td></td>
</tr>
<tr>
<td>R4</td>
<td>RESEARCH</td>
<td>GEN/PED</td>
<td>OTO/NEURO</td>
<td>HN/FP/OMFS</td>
<td>OTO/NEURO</td>
<td>GEN/PED</td>
<td></td>
</tr>
<tr>
<td>R5</td>
<td>OTO/NEURO</td>
<td>HN/FP/OMFS</td>
<td>ALL</td>
<td>GEN/PED</td>
<td>HN/FP/OMFS</td>
<td>CHOICE</td>
<td></td>
</tr>
<tr>
<td>PA R1</td>
<td>OTOL/OMSF</td>
<td>HN</td>
<td>GEN/PED/OMFS</td>
<td>HN</td>
<td>GEN/PED/OMFS</td>
<td>HN</td>
<td></td>
</tr>
<tr>
<td>PA R2</td>
<td>HN</td>
<td>GEN/PED/OMFS</td>
<td>HN</td>
<td>OTOL/OMSF</td>
<td>HN</td>
<td>OTOL/OMSF</td>
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Faculty Development

What do you do for faculty development?

How are faculty members supported in their roles as educators, clinicians, researcher/investigator?

How are faculty evaluated?
Small Residency Programs: Doing More with Less -- Faculty Development

Society of University Otolaryngologists Meeting 2019

Miriam O’Leary, MD, FACS
Otolaryngology Program Director, Tufts Medical Center
<table>
<thead>
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<th>Faculty Development</th>
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<tr>
<td>Provide an example of the program's faculty development activities in each of these areas over the past year:</td>
</tr>
<tr>
<td>as educators</td>
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<tr>
<td>in quality improvement and patient safety</td>
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<tr>
<td>in fostering their own and their residents' well-being</td>
</tr>
<tr>
<td>in patient care based on their practice-based learning and improvement efforts</td>
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<tr>
<td>in contributing to an inclusive work environment</td>
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</table>
Large Program

- Department Chair
- Residency Program Director
- Department Patient Safety/Quality Improvement Liaison
- Department Wellness Champion
Small Program

- Department Chair
- Residency Program Director
- Department Patient Safety/Quality Improvement Liaison
- Department Wellness Champion
1. Prehistoric wheel

2. 3D Computer Model
Take Aways

• Use meetings you already have in place – captive audience
• Use institution-wide offerings
• Collaborate with larger departments
• Avoid email and online module fatigue
As Educators

• At our quarterly residency-wide meetings, the Program Director provides education on use of the Milestones and updates in ACGME requirements for educating residents.

• At monthly faculty meetings, include short faculty development component
  Maine Medical Center’s Institute of Teaching and Education (MITE) sends out monthly faculty development tips
    - Staying on Top of the Literature
    - Tips for Effective Presentation Slides

Poll Everywhere to assess utility
As Educators

• The faculty receive feedback once annually from anonymous resident evaluations of each faculty member, including their performance as educators.

• The Program Director also notifies department faculty about webinars and lectures on medical education offered through the medical school.
In fostering their own and residents’ well being

• We review the ACGME Faculty and Resident Annual Survey results regarding well being.

• We hold departmental social events to foster a sense of community amongst our faculty, residents, and staff.
In patient care based on practice-based learning and improvement

- We review departmental performance at our monthly faculty meetings, including clinical metrics and Press-Ganey survey feedback
In contributing to an inclusive work environment

- Sensitivity/Diversity/Inclusion training is required of all faculty at Tufts Medical Center and is sponsored by the Physicians’ Organization

- The Tufts Women in Medicine and Science Committee also sponsors talks regarding diversity, workplace discrimination, and equality of work and pay
Limited resources of program/division

What funding is available to the residents and faculty for scholarly activities, conferences, courses?

What is the program doing to improve the learning and working environment for residents?
Job/Fellowship Accessibility and Wellness

What percentage of graduates go into private practice vs fellowship vs other?
What has the program done to help residents with fellowship and job applications?
What tools are available to residents for self-screening of well-being?
Doing More With Less: Training & Fellowship / Job Accessibility

Matthew Ng, MD
Residency Program Director
Department of Otolaryngology-HNS
UNLV School of Medicine
Fellowship and Job Accessibility
Pre-conceived Notions about Small Programs

• Small programs are more community-based
• Small programs offer less breadth of training and experience
• Small programs have less opportunity & resources for their residents
• Small programs have less name recognition
Fellowship and Job Accessibility
Challenges of a Small Residency Program

• Small program = small faculty
  • Smaller programs may not offer gamut of subspecialties
• Competition for fellowship positions coming from less prestigious academic center
• Residents’ clinical experience may dictate fellowship vs. private practice
Fellowship and Job Accessibility
Remedies for Small Residency Program

• Expand residents’ exposure by enrolling community faculty interested in resident teaching & other local resources
• Early identification of each resident’s clinical / subspecialty interests (mentoring, observation, fostering resident’s clinical interests)
• Encourage outside rotations/electives, attendance at subspecialty meetings, courses, and engage in quality research
Fellowship and Job Accessibility
Remedies for Small Residency Program

• Program directors/ faculty reaching out to fellowship directors
• Fellowships will look at “complete package” (medical school, board scores, ITE scores, research, letters of recommendation, good interview)
Doing More With Less:
Fostering Resident Well-Being (WebADS)

Matthew Ng, MD
Residency Program Director
Department of Otolaryngology-HNS
UNLV School of Medicine
Resident Well-Being
Considerations for Smaller Programs

- Activities may be easier to plan due to smaller number of residents
- Easier to release residents from clinical responsibilities to promote full participation
Resident Well-Being
UNLV Oto-HNS Program Level

- Start with anonymous 4-question Wellness Survey
  - #1 When would you like to participate in wellness programming?
  - #2 What wellness activities are you interested in? (top 3 choices)
  - #3 Did you have wellness at a previous institution?
  - #4 Any questions or concerns, suggestions, etc?
List of Wellness Activities

1. Therapy dogs/other animals
2. Art activities
3. Yoga
4. Attend sporting event
5. Volunteering
6. Community gardening
7. Aromatherapy
8. Peer support circles
9. Participate in a sporting event
10. Picnic/Barbecue
11. Field day
12. Team scavenger hunt
13. Gratitude mason jars
14. Vision boarding
15. Open mic night
16. Guided meditation/imagery
17. Book club/journal club
18. Nutrition
19. Cooking
20. Concert
21. First Friday
22. Community event
23. Hiking/Outdoor activities
24. Massage
25. Time management skills
26. Breathing exercise
27. Theme dress up day
28. Karaoke/Jam session
29. Sponsored happy hour
30. Raffle/contest for a prize
31. Movies (home or theater)
32. Attend a theater show
33. Off site retreat
34. Secret santa/gift exchange
35. Video games
36. Pen pals
37. Personal grooming (manicure, spa, etc.)
38. Dancing
39. Board games
40. Swimming/pool day
41. Exercise classes (zumba, boxing, etc.)
42. Martial arts (tai chi, karate, etc.)
Resident Well-Being
UNLV Oto-HNS Program Level

• Popular responses from Oto residents:
  • Hiking/outdoor activity
  • Cooking
  • Happy hour
  • Sporting event

• Well-being self-assessment (online)
Resident Well-Being
UNLV GME/ Institution Level

• School of Medicine sponsored family weekend BBQ
• GME Lounge and Gym-24 hr access
• GME hiking trip
• Access to health and mental services/ counseling (app)
Free Mobile Benefits App

Access ALL of your benefits insurance policy details and contact information while on the go!

FIND IT IN YOUR APP STORE
Search for ‘usieb’ and download our free app. After scrolling through the intro pages enter this code when prompted: UNLV School of Medicine to access your benefits details.

HIGHLIGHTS OF THE usieb APP
• Stay Organized – Access all of your plan information and cards in one place
• Stay Up To Date – Receive the most updated plan information automatically
• Lighten Up Your Wallet – Store your cards in the app
• Get In Touch – Convenient contact information

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Questions?

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WE HAVE TO LEARN TO DO MORE WITH LESS.

LESS MEETINGS?

NO, WE'LL NEED MORE MEETINGS TO FIGURE OUT HOW TO DO MORE WITH LESS.

LESS MICRO-MANAGEMENT?

NO, I'LL HAVE TO WATCH YOU MORE CLOSELY THAN EVER TO MAKE SURE YOU'RE DOING MORE WITH LESS.

I'M TALKING ABOUT USING LESS MONEY.

OH, LIKE A DEATH SPIRAL. WHY DIDN'T YOU JUST SAY THAT IN THE FIRST PLACE?

IT'S AS IF YOU'RE TALKING MORE TO SAY LESS. SHOULD WE BE MORE LIKE YOU OR LESS?