



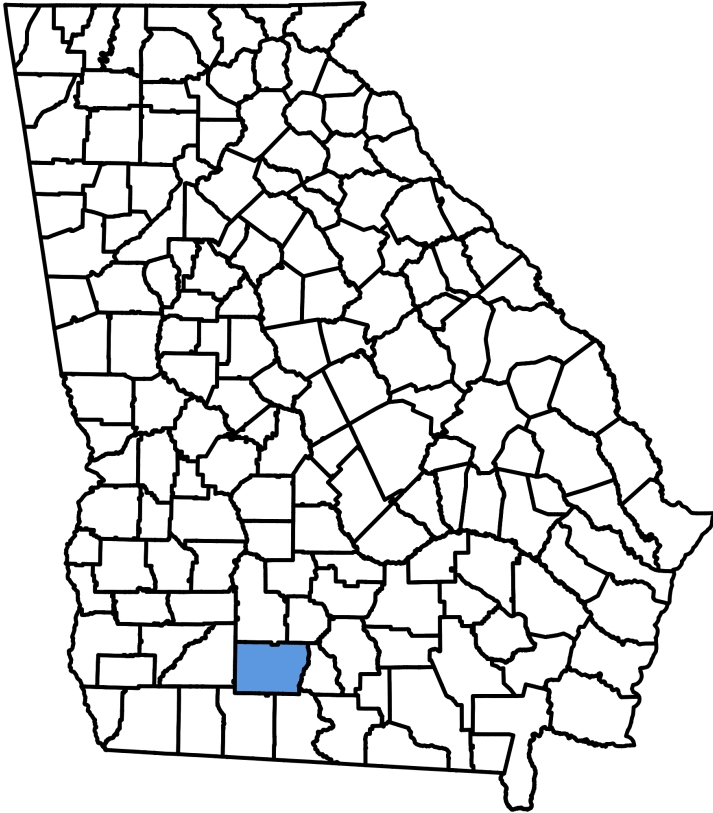
DEVELOPING GME IN A RURAL, COMMUNITY-BASED HEALTH SYSTEM: CHANGING THE CURRENT IN YOUR COMMUNITY

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DISCLOSURE

- I have no personal or financial interests to disclose.

GEORGIA SOUTH GRADUATE MEDICAL EDUCATION



- Colquitt County, county seat is Moultrie
- Population: 45,600 (2019 data)
- Area: 557 square miles
- Per Capita Income: \$17,362
- Major Industry: Agriculture
- Persons without health insurance under the age of 65: 23.5%
- Persons in poverty: 20.4%

OBJECTIVES

At the completion of this lecture, participants will be able to:

- identify key populations in their rural community whose buy-in is needed for successful implementation of Graduate Medical Education
- develop unique and innovative strategies for introducing Graduate Medical Education to their community
- identify and address potential community roadblocks in successful implementation of Graduate Medical Education

STRAW POLL — GET TO KNOW THE AUDIENCE

- Definitely introducing GME to our community within the next 5 years
- Already introduced GME to our community with the past 5 years
- Already have well-established GME in our community for more than 5 years
- Follow Up: Who is here today because you received grant money for your program?

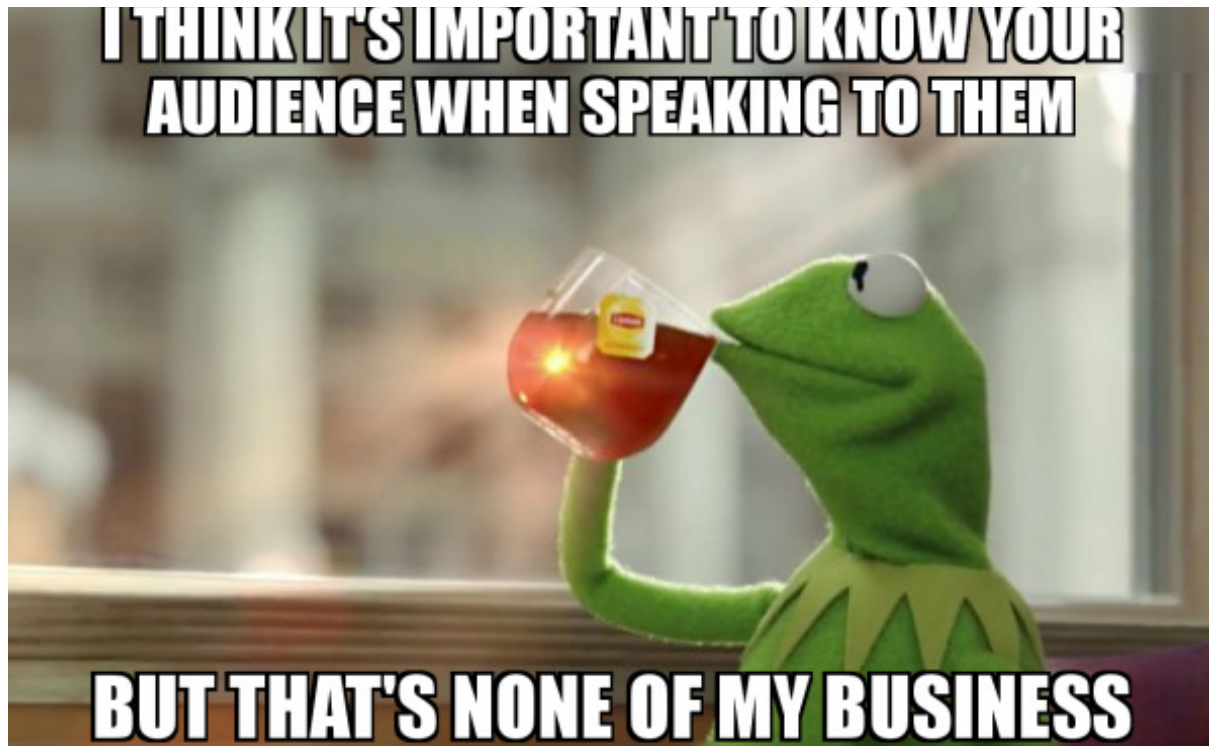
QUESTION FOR THE AUDIENCE

Throughout your tenure at your current healthcare system, what major transitions have you been a part of? (Doesn't have to relate to medical education)

TIMELINE FOR INTRODUCING YOUR FIRST GME PROGRAM

- Before the first resident sets foot on your campus:
 - 3-5 years out begin developing infrastructure, securing funding, and exploring logistics (location, faculty, specialty, etc.)
 - 2-3 years out begin the ACGME process of Institutional Accreditation
 - 2-3 years out begin the ACGME process of Program Accreditation (requires a PD!)
 - You will need identified faculty that are engaged
 - You will need a Program Coordinator
 - 1-2 years out begin faculty development
 - ...

WHOSE BUY-IN DO YOU NEED TO MAKE THIS TRANSITION SUCCESSFUL?



- C- Suite
- Medical Staff
- Community
- Nursing and Hospital Staff
- Patients



WHO IN YOUR C-SUITE WILL BE INVOLVED WITH GME?

- CEO
- CFO
- COO
- CNO
- Quality Officer
- Hospital Board

***The better question is
who will NOT be
involved?!***

C-SUITE

- Identify those members who will have the most involvement in the development of GME
- Identify those members who have worked in systems with GME in the past
- If you can convince them, take one along with you to an ACGME conference
- Consider developing a “C-Suite Guide to GME”
 - GME vocabulary
 - GME funding
 - GME logistics
- Don’t forget that you have now introduced another accrediting agency to your system

MEDICAL STAFF

- “When I was a resident...”
- Different levels of involvement
 - Program Directors and Associate Program Directors
 - Core Faculty
 - Preceptors
 - Uninvolved (beware of the naysayers)
- Don't forget to address your non-physician providers in the roll out process

MEDICAL STAFF

- Start talking about this now at medical staff meetings.
 - Specifically, talk about the culture you are creating recognizing that for some “more seasoned” attendings this will be vastly different from their experiences.
- Get your DIO, PDs, APDs, and core faculty out in the medical community to discuss the changes – sell it as a positive for the healthcare system and community!
- Identify those staff members who are excited about the prospect of having residents and feed their excitement!
 - ACGME conferences
 - Faculty Development offerings
 - Ask their opinion throughout the development

QUESTIONS AND COMMENTS FROM MEDICAL STAFF

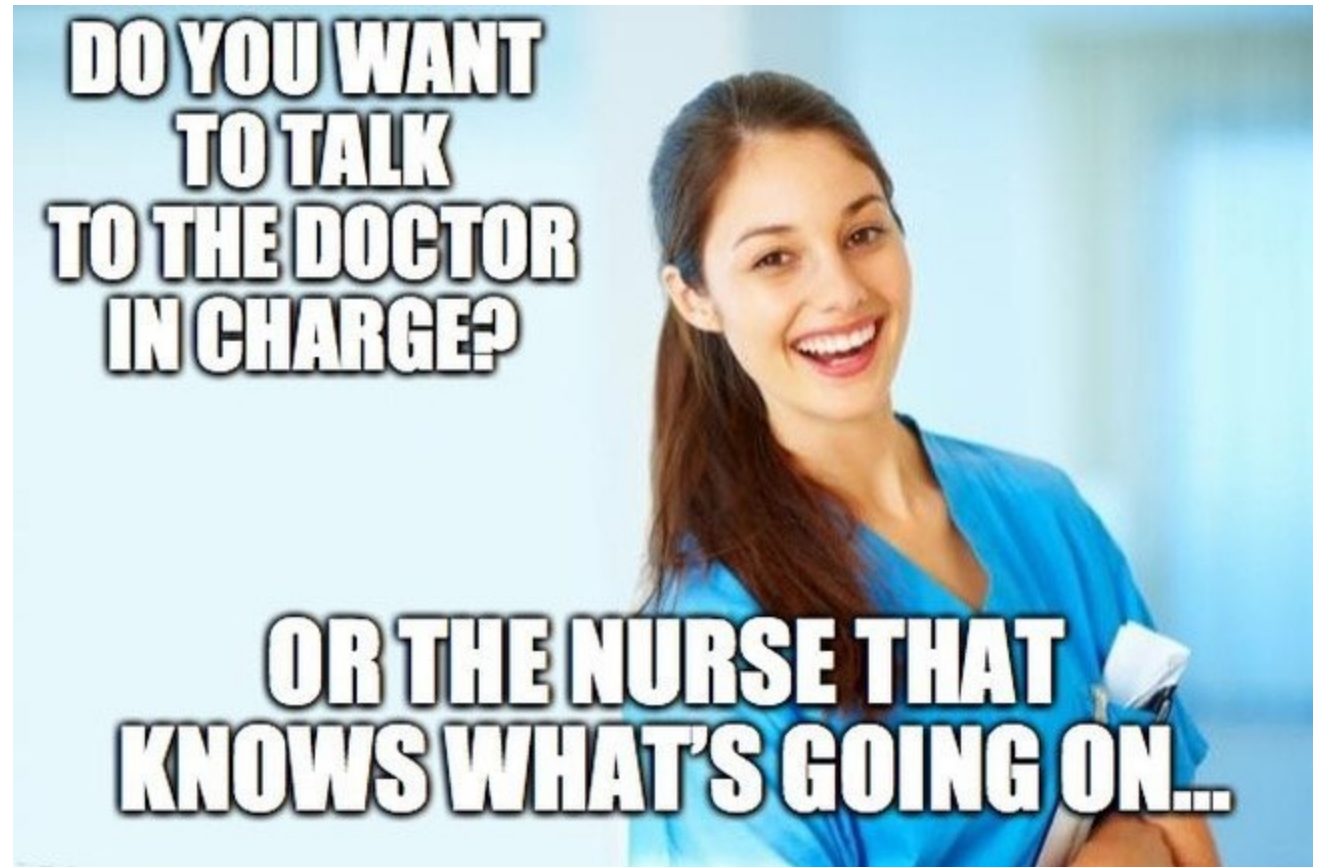
- How much will I get paid for this?
- I can't do that. A resident will slow me down!
 - Will I get a faculty appointment?
 - Why can't they work more hours?
 - When I was a resident...

COMMUNITY

- Recognize that your patients will feel the change!
 - Positives: more doctors and more services
 - Negatives: “not a real doctor,” “this takes too long,” “I want to always see my doctor”
- Get out in the community to promote the transition
 - Community service groups (they are always looking for speakers!)
 - Community events (free stuff with your GME logo)
- Sell-it! – We are becoming a TEACHING HOSPITAL!
 - Be quick to dispel myths! (Grey’s Anatomy isn’t real life)

HOSPITAL STAFF

- Nursing
- Respiratory Therapy
- Registration
- PT/OT/ST
- OR Staff
- HUCs/Unit Secretaries



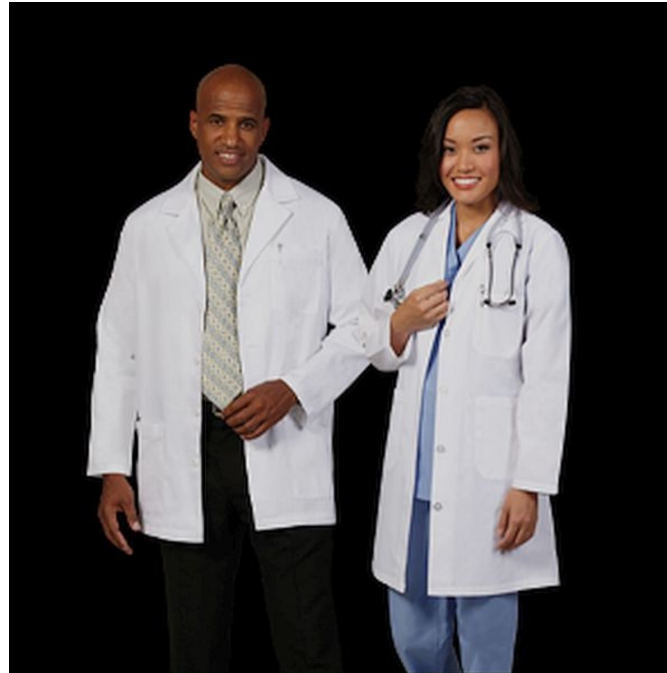
NURSING STAFF

- Expect this to be the biggest group you will need to educate through the transition
- Incorporate this into your skills fair/checkoff on a yearly basis
- Include GME orientation in your new employee orientation
- As you get closer to adding residents and as you add residents, attend huddles
 - Observe how the nursing staff is interacting with residents and vice versus
 - Answer questions and receive feedback on the transition as a whole and specific residents
- Expect some turf wars

PATIENTS

- Early on, identify the patient population(s) that will be most affected
 - Medicaid patients?
 - Uninsured or under insured?
 - VIPs?
 - Vulnerable populations?
- Start talking about residents early and often
- Use medical students to help pave the way for residents

VISUAL EFFECTS



Hand me the cutty
thing please...



your  cards
someecards.com

I HAVE NO IDEA

WHAT I'M DOING

QUESTIONS AND COMMENTS