The background features a low-angle shot of modern skyscrapers with glass facades, set against a cloudy sky. A large, semi-transparent blue rectangle is overlaid on the center, containing the title text. An orange triangle is positioned in the bottom right corner of the blue rectangle, pointing towards the bottom right of the slide.

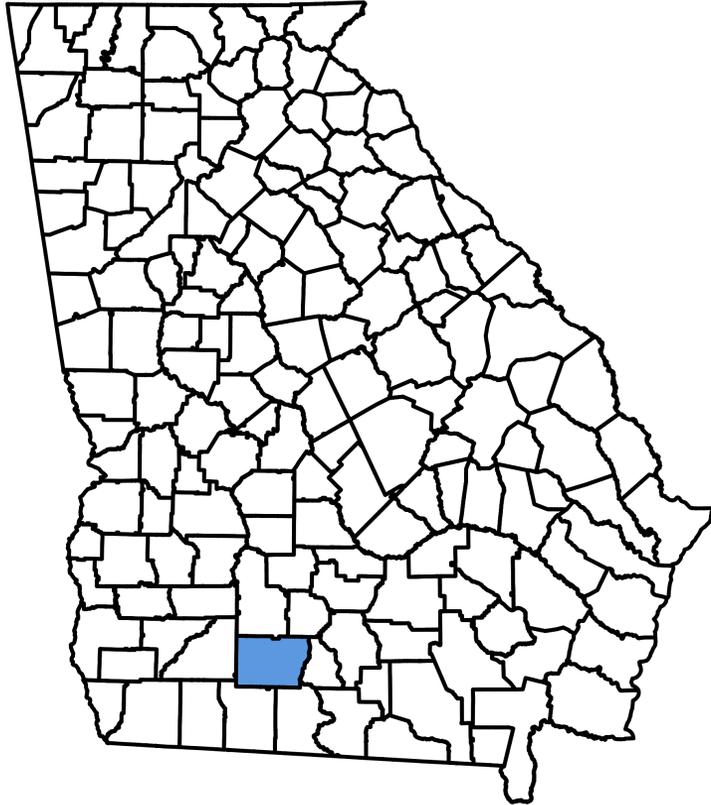
DEVELOPING GME IN A RURAL, COMMUNITY-BASED HEALTH SYSTEM: CHANGING THE CURRENT IN YOUR COMMUNITY

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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?

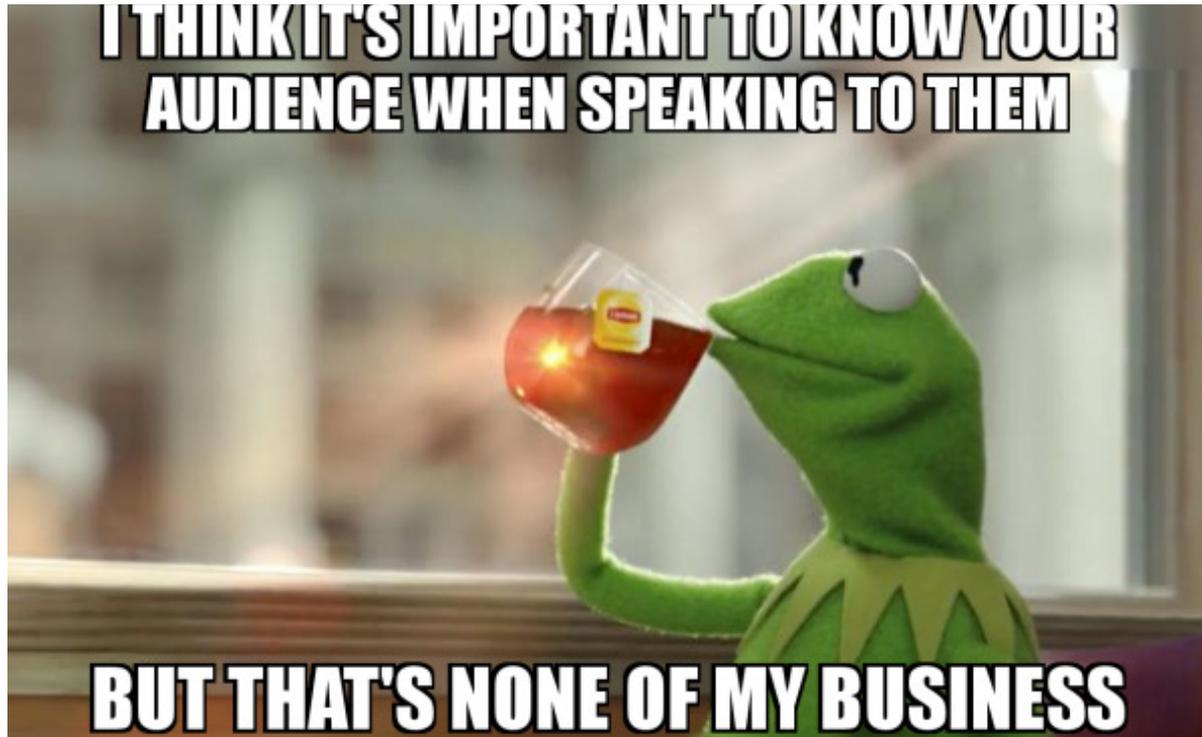
QUESTION FOR THE AUDIENCE

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

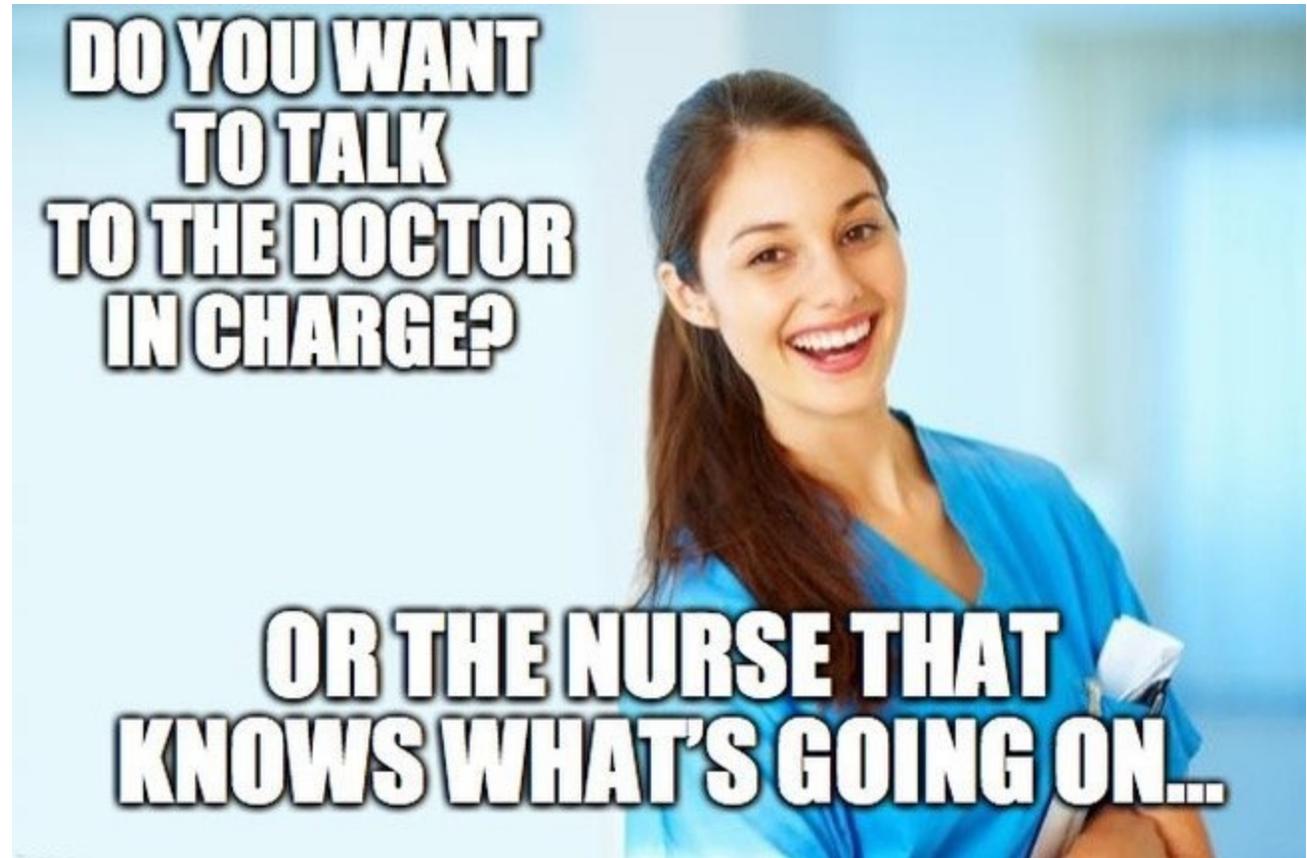
- How much will I get paid for this?
- I can't do that. A resident will slow me down!
 - Will I get a faculty appointment?
 - Why can't they work more hours?
 - When I was a resident...

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



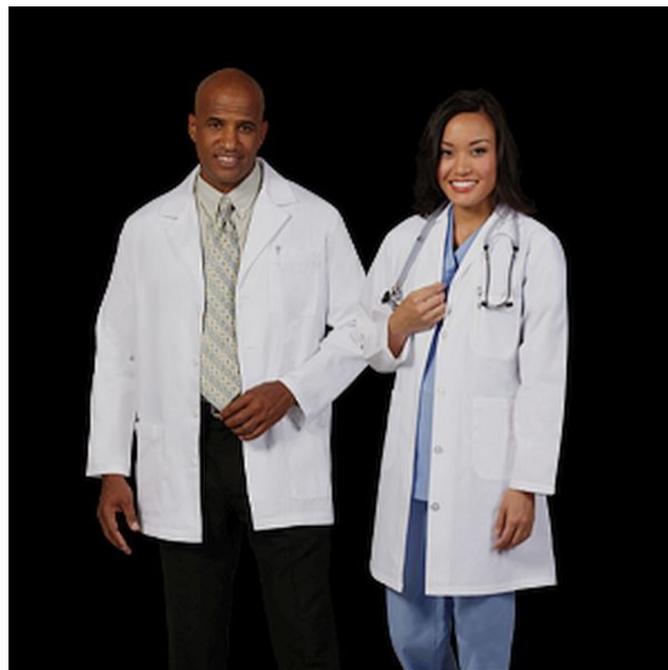
NURSING STAFF

- 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



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thing please...



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QUESTIONS AND COMMENTS