BUILDING FROM THE FLOOR UP

INTRODUCING A RESIDENCY TEACHING SERVICE INTO AN EXISTING RURAL HOSPITALIST GROUP MODEL

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DISCLOSURE

All members involved with this activity have declared no financial relationship with any relevant commercial interest

OBJECTIVES

1) How to win friends and influence people: creating space for family medicine

2) Review and brainstorm different models for inpatient teaching structure

3) Discuss experienced challenges and identify solutions

NOT LA, NOT THE BAY

Ukiah, Mendocino County

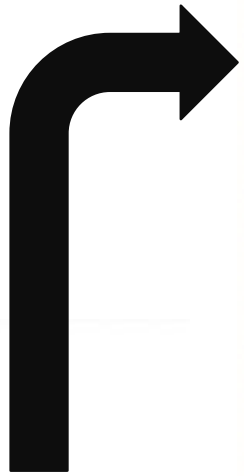
RURAL Northern California

- 2 hours north of San Francisco and 3 hours south of Eureka
- Population of ~90,000 across 3,800 sq. miles (>2x Rhode Island)
- From the coast to the mountains with many people "off the grid"
- Only residency program across Mendocino & Lake counties

RURAL…BUT NOT CRITICAL ACCESS

OPEN ICU 8 + MED/SURG 34 = **42 BEDS**

HOSPITALIST GROUP TAKEOVER



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PACIFIC REDWOOD
MEDICAL GROUP

BREAKOUT GROUP #1

How to win friends and influence people: creating space for family medicine

MULTIDISCIPLINARY TEAM

- Hospitalist Physicians
- Hospitalist APPs
- Nurses/Floor staff
- Specialists/Tele-consultants
- Pharmacy
- PT/Speech/Dietician
- Case Management

BREAKOUT GROUP #1

How to win friends and influence people: creating space for family medicine

1) Hospitalists are not interested in teaching

2) APPs misinterpret resident responsibilities/expectations
(patient assignment/caps, admissions, clinic, didactics, call)

3) Nurses perceive residents as medical students and prefer to call attending directly for orders/guidance

QUARTERLY FACULTY DEVELOPMENT WORKSHOPS

July 2022: **Adult Learning Theory, Creating a Supportive Learning Environment**

September 2022: **ACGME Milestones, Evaluations & Feedback**

January 2023: **Supporting Learners in Difficulty**

March 2023: **Technology in Medical Education**

BREAKOUT GROUP #2

Review and brainstorm different models for inpatient teaching structure

HOSPITALIST SHIFTS

ICU Attending

- ICU rounding
- M/S overflow

Swing Attending

- M/S rounding
- Supervise 1-2 APPs
- Admissions

Night Attending

- ICU & M/S Admissions
- Cross-cover

BREAKOUT GROUP #2

Review and brainstorm different models for inpatient teaching structure

1) Split Service model
   1 residents round w/ ICU attending; 1 resident admits w/ Swing attending

2) Resident Teaching Service model
   PGY3 leads resident team (PGY1/PGY2), all supervised by ICU attending

3) 1-on-1 Attending model
   1 resident per attending: ICU rounding, Swing admitting, Night float

BREAKOUT GROUP #3

Discuss experienced challenges
and identify solutions

OPEN ICU SUPPORT

BREAKOUT GROUP #3

Discuss experienced challenges and identify solutions

1) Attendings/residents have different comfort levels in ICU with critically-ill patients

2) Staffing shortages burden attendings and residents

3) Some residents do not like hospital medicine and will do ANYTHING to get out of doing admissions

4) Everyone has their own agenda and may not want to teach

RESUSCITATION AND CRITICAL CARE
R.A.C.C. TRACK

- RACC Resident leads ICU service
- Monthly simulations during didactics
- Mock rapid response/codes across hospital
- FCCS and ATLS training certifications
- Rotate at local critical access hospitals/ERs

NEXT STEPS…

Creating a Faculty Hospitalist Group

- Full-scope FM faculty & FM/IM hospitalist-only faculty
- Supported by intensivist to improve critical care skills
- Competent with inpatient procedures
- Salary model contract
- **Recruit, recruit, recruit!**


Questions?