- *(PLEASE NOTE: Transcribed automatically by Vimeo, mistakes are possible/likely. Our apologies.)*
- **TRANSCRIPT - GR 05 20 22** **Chief Residents CR Presentation**

- **Unknown Speaker**

  00:16:25Thank you everyone for joining us for chief resident grand rounds 2022, this is a really and I think a highlight of for some.

  UVA Internal Med

  00:16:36Agenda for chief resident grand rounds.

- 00:16:48it's an annual time to celebrate and reflect before we begin this time of looking back celebrating and looking forward want to take a moment of silence to acknowledge the lives taken too early in New York and California this past weekend racism and the truth.
- 00:17:10Okay, so what we'll do over the next hour, as we can come together time as a department.
- 00:17:20issue some special year into words, many of these are traditional some new this year will appreciate our phenomenal chief residents and the job that they have done.
- 00:17:30Educating and serving throughout the department and then turn the agenda over to them for some of this look back and look forward.
- 00:17:39To get us started for words i'll present of words to the to my left of the voting you're right, and so, starting with outpatient nurse of the year.
- 00:17:50These are resin voted awards to recognize some of our partners in the clinical learning environment not able to be with us here today, but will recognize her in person in the resident conference on may 31 is Melissa Warren.
- 00:18:11We often historically talk about general medicine as being really the flagship Inpatient service here at uva for our traumas.
- 00:18:20selected from three central JESSICA do.
- 00:18:40Our case managers, we really couldn't do general medicine, without our case managers and recognizing Becky Montes.
- 00:19:02 I'm not able to be with us here today, our emergency medicine admitting resident year will recognize on May 31 deputy them lemley.
- 00:19:16Our standing fellow of the year we're really blessed throughout the residency program to work with phenomenal fellows across so many of our Inpatient services and.
- 00:19:25This year, our residents have chosen to honor very familiar to many of us former resident program known for an incredible work ethic great sense of humor an outstanding clinical guarantee Patrick.
- 00:19:51So outpatient attending of the year, and if I’m if you're really concerned and you'll notice that we have a tie, this year, and I think it's a really fitting.
- 00:19:59To have a time in this award because there were two phenomenal teachers that we're going to acknowledge.

- 00:20:05who have each in different ways, done so much to support the curricular growth and efforts of our residency Program.
- 00:20:11So first we're going to honor and attending, who has done a lot of heavy lifting to support the ambulatory curriculum that our chiefs are going to talk about coming up in their presentation that are rising primary care track director Dr Rachel calm.
- 00:20:43Half of this tie has been.
- 00:20:47longer than I have been a uva really the voice of evidence based medicine at you, and may I know standing educator and beloved by his firm resonance is not from resonance that patrol shukman.
- 00:21:19and several of these.
- 00:21:27So impatient.
- 00:21:31yeah all right for our Inpatient attending of the year, also an extremely hot we tested award this year and this year, our residents have acknowledged that first time recipient.
- 00:21:43Really, an amazing educator and clinician who we have enjoyed his presence on the Inpatient hematology oncology service, as well as in a conference setting that are for ourselves.
- 00:22:09awards.
- 00:22:11This year we've been added two new words to recognize some of the aspects of.
- 00:22:18An economic gain on recognize.
- 00:22:22Some of the incredible work that our House down due.
- 00:22:26To residents who weren't able to be here with us today we're going to get on May 31 of all i'll start with those awards, so our intern started in 2020 to recognize boys equanimity and professionalism, amidst the chaos and demands.
- 00:22:52resident teaching and mentorship award started to recognize a resin by in the estimation of their.
- 00:22:59goes above and beyond, to contribute to the education and learning the program both within conference and in the broader educational environment and this year or second year resin Dr john Popovich.
- 00:23:18Freedom or five recipients here in person today and excited to recognize them publicly, so our leadership and service and advocacy award that would begin began in 2020.
- 00:23:26Our peers recognize a resin who really role models service to the community or to their colleagues and this year that stuff was that box.
- 00:23:48There are new word this year aptly named the esprit de corps award, and this is something we talked about within the program starting all the way back been interviewed.
- 00:23:56You know the ideals of Community and camaraderie that it made up this program for so long, so we felt it was the chief I thought we should name an award.
- 00:24:06For spree decor and recognize the resident the best embody the ideals of the program and contributed to this camaraderie and well being of their fellow resonance and this year second year resident care Harrison.
- 00:24:28Right and then our last and oldest award is given by resonance to each other is that john Donne award which started in 1983 so Dr Mike Williams and his.
- 00:24:38Co chief helped to start this award and, and this is to honor a PGI three in the judgment of his or her peers deserves particular recognition.
- 00:24:46For skill in the technical aspects of medicine, but also the qualities of thoughtfulness patients and caring and we have very deserving recipient Dr H reed Davis.

- 00:25:13electron to Dr Susan courage to present the Mulholland resident teaching awards.
- 00:25:27To this department.
- 00:25:31department that's really esteem for its teaching entire department when the mall and teaching award this year so only fitting that one of your residence would.
- 00:25:40win an individual award what sets the Mulholland the words, apart from some of the other department, I was in the movie holy women by students, the students make all the nominations, this year the students wrote 20% of the supporting materials and.
- 00:26:04Even.
- 00:26:06Today, so we give out 10 awards so it's obviously a very prestigious award the issue here is really no for her shepherding of.
- 00:26:16medical students from the start of their journey on medicine till the end and actually really fostered there shouldn't be a surprise that she's on your condition that you can.
- 00:26:28residents.
- 00:26:50heard and.
- 00:26:51Using wrap up these are our resident awards with that presentation of the brevity resident clinician words I welcome Dr rudy he.
- 00:27:02and
- 00:27:04So the Bernie award is named after a grateful patients who recognized special characteristics in her position gene Corbett, who.
- 00:27:15Many of you on realize would not have known.
- 00:27:19As you you're tired.
- 00:27:23What she really.
- 00:27:25Was not only.
- 00:27:29But also.
- 00:27:34And in fact as an n is dedication to continuity of care and, in fact, as she was aging.
- 00:27:44He did most of his care of her in her home because of her desperate desire to sort of stay out of the healthcare system so that's really an appropriate place to start.
- 00:27:57Talking about their own where he's another thing that I'll mention is that in the past, we did four awards for the birdie.
- 00:28:06resident award and they went to the primary care departments in the past two years we've increased that to five awards and made it such that any residency program can compete for them and it's.
- 00:28:22extra special this year that two of those five awards come to the Department of medicine so.
- 00:28:35Let me just say this first already.
- 00:28:41recognize that there was more to be done after the post hospital discharge visit asked is attending welcome we do a home visit, because it seems like there's a lot to still wrap up here.
- 00:28:55is attending said Okay, we can do that.
- 00:28:59And then found out that it was a 40 minute drive.
- 00:29:04which they did together and came to a really.
- 00:29:09difficult but productive resolution and the patient was been able to do it gracefully at home.
- 00:29:19With her family actually just a couple of days.
- 00:29:23And so, this is a word.

- 00:29:44The second word also has something to do with home visits.
- 00:29:49This resident, not only has been doing home visits, but sort of spurred a resurgence in the residency programs the interest and having a program of companies it's.
- 00:30:01Not only did she do for the patients who couldn't come to see her, but really live out in front of you know a lot of the attendees in terms of using telehealth to help their patients in the pandemic.
- 00:30:14she's a fierce advocate for her patients.
- 00:30:18It is their involvement.
- 00:30:38pleasure and honor to introduce district of cheaper than Switzerland part man and the program and the health system and such time as the.
- 00:30:58So, as many of you know or cheaper it's all kind of collectively come up with an acronym for the for the year and somehow they settled on rage for this year so Rebecca clean eau de de Rossi, is a button that Jamie cuts.
- 00:31:13Eventually, will be remaining on faculty with us here at this year's a hospitalist and contributing that resident education as an associate program director, the residency Program.
- 00:31:22TD investment property will be leaving Charlottesville for do for GI involuntary critical care fellowships respectively.
- 00:31:30izzy to university Colorado for pulmonary critical care fellowship and Jamie joining the cardiology fellowship period you yay so our gratitude I'll introduce to you now before you take us the rest of the way so chief.
- 00:31:46pandemic sequel, and so we have to think about what is the what is the sequel right so so continuing the story or developing the theme of an earlier one and then you're ready to begin on the tail end of the first covered way of life was becoming more normal again.
- 00:32:03Many sequels we should have known better, and I think I think their predecessors Ras they probably knew better because I think that's how I introduced them last year, but.
- 00:32:15Like the definition says this group of Chief says only continued in deep into the work of the last to leave the House staff and many of us through.
- 00:32:22The changes pivots and challenges of not one to two waves of cope with this academic year they've taken some punches and the need to be resilient.
- 00:32:31get off the mat and carry on with your goals and dreams for the program and for their year.
- 00:32:35Like others equals they've incorporated new friends and colleagues into their work and grow closer through it all maintaining the culture and traditions of truly special programming department.
- 00:32:44And you know, even when they've had to ask some hard things of their friends and colleagues at work.
- 00:32:51All right, but through it all rage, we are so grateful for your skill, creativity and care and professionalism and all that you've done for our program both what is publicly known and what has been gracefully behind the scenes, you did it all, you did very well because Jesus.
- 00:33:09Thank you alright, I will yield selector and for your friends.
- 00:33:38Alright, thank you, Dr, as you said, I'm Jamie for like I probably.
- 00:33:42Point and like oh geez Izzy and Rebecca here and we have a genie who's made a guest appearance as well from maternity leave, who were stoked to have here with us, as well as all of you, but I think it's very fitting as we start talking in this grand rounds here.

- 00:33:58You know, we have this award ceremony right beforehand, because, as we sat together kind of planning, what do we want to talk about today for the big game for this year, the thing that we just kept coming back to where all the awesome people that helped us out along the way.
- 00:34:13You know, initially, we had hoped, the pandemic was going to fade away hopefully we'd be coming out of it but didn't happen that way.
- 00:34:19For that a lot of other reasons, it was tough so leaning on our friends was kind of what got us through it now it's kind of the theme that we thought we go with this year for our chiefs grand rounds.
- 00:34:28So we'll dive read it I'll start us off talking obviously about the elephant room coven your, what is your two independent mac which like in residency.
- 00:34:36And, but to do that, we got to look back a little bit Okay, so this was cast the predecessor to Ras the brave to use you took us into the beginning of the pandemic right back in 1920.
- 00:34:48They started their day or their you know chief year very ignorant and blissful didn't know what was coming down the pipeline finished the year spaced out on the.
- 00:34:56patio and their masks obviously right they pass it off to Ras who were kind of like vein from dark knight rises, by the time they saw the chief's office they were.
- 00:35:04Well into the pandemic and knew what they were doing and really laid a lot of the groundwork for us as chiefs this year and two.
- 00:35:10How do we navigate this you know what a zoom look like, how do you log on to it, how do not leave it muted for the entire workout Wednesday's which still happens from time to time.
- 00:35:19But like I said they guided us through that first surge of the pandemic got us through it we were coming down and May and June of last year, when this young.
- 00:35:29enthusiastic group of Chiefs took over the chief's office not picture, it is the entire office, full of balloons and obstacles and missing equipment that we had to spend that entire day after this photo tracking down to be able to get back to doing our work.
- 00:35:43But enthusiastic nonetheless So here we are taking over on the bottom left of the slide you'll see the data from the eth as far as daily case rates of coven at the time we took over on June 1 of last year and this highly photogenic group here we're.
- 00:36:00we're very excited to a year later on this date be giving the talk about how we emerged in the pandemic of what life was like post pandemic.
- 00:36:06But unfortunately delta and RON had other plans right so.
- 00:36:11I think, so we took office extras escalation delta from an area of interest to a very concerned we started seeing cases rising across the globe and then by the end of the month in the US as well, followed by our search shortly afterward right.
- 00:36:25And that brought with it its own challenges that we had to face, we got through that only to find out i'm a crime is living afterward.
- 00:36:38So talk a little bit about this year getting things kind of new various more Sir just weren't answered is.
- 00:36:44When they happen How did we do with it, what was our structures talk a little bit of the nuts and bolts of kind of what a lot of the beginning of our Year looks like so the delta coming down the pipeline and then later on.

- 00:36:56Obviously, probably the biggest ones, we see a big rise in case rates right and that translated to more Inpatient acute care and icu level.
- 00:37:05Patients that we're going to fight here, for we obviously don't have a way to flex up on the number of residents, we have and actually lost a couple of residents from our total last year, our.
- 00:37:14transfers from the Drexel program graduated and moved on, so we were coming into the year with a few less residents to handle things, knowing that we were looking at some higher caseload that we would have to tackle.
- 00:37:25With that obviously transmission is high, we had more residents out at different times too.
- 00:37:31And it's really a shout out to our residents, for their ability to kind of band together and cover for each other, and do so happily that we were able to get through this.
- 00:37:39I think at our worst week over the Christmas into your holidays and a seven-day period we had 10 residents on service out at the same time.
- 00:37:46And holiday coverage already being said sort of thing is definitely we were kind of scratching our heads wondering how we're going to cover it but residents were able to pull together, we were able to get through it and so.
- 00:37:57Part of that we developed a new contingency pool so all of our residents are accustomed unacquainted to our contingency system which for upper levels is a 24 hour shift where you're not.
- 00:38:06you're on your elective or your clinic week typically the latter rotations but you're the one to get called insured someone gets sick or should someone have an emergency and can't work so.
- 00:38:14That typically is 24 hours at a time or upper levels 12 hours at a time for our interns but someone's out for 10 days or so, but we can't fill in a new person every single day it's not the best way to.
- 00:38:24provide good continuity and patient care so we tried to record brands come up with what can we do so, we developed a coven contingency for.
- 00:38:31which meant that some of these residents are elective would be pulled in for a week, at a time, if needed, if open cases that we had residents that we knew were going to be out for 10 days to provide some continuity and.
- 00:38:41More longitudinal patient care with that we were able to get through these surgeons, thanks, in large part to the great attitude from our residents when they did when they did have to be activated.
- 00:38:53outside of just how do we cover this, how do we care for all these patients there's also the other half of residency right which is you're here for an education.
- 00:39:00And we were really committed, something we spent a lot of time talking about as that our predecessors, and how can we make sure that the education doesn't drop off, how do we, you know how do we juggle that task in the middle of the pandemic as well.
- 00:39:16And so.
- 00:39:18I think.
- 00:39:20Ras like I said it kind of laid the groundwork for us and how do we use zoom what is the zoom conference look like, so our challenges weren't necessarily the logistics of how to make that happen, but more so.

- 00:39:32you're abusing this, how do you keep the content fresh, how do you keep people keep people engaged prevent the zoom burnout that we all know, so real.
- 00:39:40Part of it that we did is, we really are our program traditionally has had to conferences, every day, we have a morning report and a new conference and that had gotten lost a little bit.
- 00:39:49by necessity, with some of the first wave and the first surge of coven.
- 00:39:53But we were really it was one of the things that brought us to uva and we really liked long the camaraderie and the spree decor was just commitment to the resident education, so we were pretty adamant that we wanted to get those two conferences back every day, so this year.
- 00:40:08Where we resume only for the surgeons, who really made a dedicated effort to making sure that there were morning report and new conference, every day, so that our residents are getting that good education that brought us here.
- 00:40:20And then the last thing i'll talk about a little bit before I hand it off is really How did we like accommodate this, how do we change structure of rotations to get through these surges right.
- 00:40:29So this is the slide I stole from Rebecca Hagen from her talk last year, this was plan one phase one year, one of the pandemic and how we accomplished it a lot of you remember the Speaker of the special pathogens unit.
- 00:40:42whiskey Obviously these residents were pulled from other rotations that used to.
- 00:40:46be staffed by them to cover it when we didn't know exactly what we're dealing with coven we thought best thing to do, isolate this and, at the time was a great strategy.
- 00:40:54But, looking at this down the pipeline of these multiple variants and who knows what lies ahead figure probably something that we're going to be dealing with for a while, we need to learn.
- 00:41:04How to incorporate that into our residency program in a way that's more likely sustainable we don't have enough cases rise, we don't have more bodies to pull to further staff this view, so we dissolve the best or pathogens unit this year.
- 00:41:18incorporated Kovac care across all of our units, which meant that you came in with Jen mid level need you were on gentlemen and our.
- 00:41:27Residents hospitalist that whole group everybody would take care of it, you came into cardiology and were some mildly symptomatic from your goal with your manager on cardiology.
- 00:41:37Because this is something that again it's not going away it's something that we're all going to have to learn how to care for much like we care for flu COPD diabetes, all these other diagnoses write code it's going to be here okay.
- 00:41:48So that was a nice thing for our residents at it back a little bit of the normalcy of kind of what our prior structure look like it meant that are knife look James got to go back to three teams have one to one.
- 00:41:58Which is what we're used to and helps offload some of that burden overnight.
- 00:42:01We actually are able to stand up an ACS night float resident where it had previously been a pretty tough week for our ccu resident who was overseeing all of Cardiology both acute care and critical care overnight.
- 00:42:11and allowed us to send our swing resident back which help offload the busiest admitting portions of the evening for our gentleman services, as well as an extra admin or and.
- 00:42:23Then along comes delta obvious that we need to have a plan so looking ahead figuring out where do we have people that we could relocate to try to get through this.

- 00:42:30And so we again decided, while our hospital medicine group was awesome and FLEX up and having a lot of the surgeon, the acute care side, we need to be able to help pick up the.
- 00:42:40pick up the pace and the MIC you, so to speak, so our plan was create a fifth McHugh team a census levels got high enough because these patients are not only are there, a lot of them.
- 00:42:47That they're quite sick and they could take a lot of time to stabilize a lot of attention so it's tough for 14 even at the old.
- 00:42:53Normal censuses to be able to care for these patients so we're going to need another team, especially with rising so.
- 00:42:59sort of our MC Eugene by bringing in our swing resident.
- 00:43:02And one of our residents from our five Central gen MED service which is traditionally a little higher sense of service or two interns per resident there, rather than the one to one system that most of our other services utilize.
- 00:43:14Obviously, that means that we were decreasing our acute care capacity so again shout out to the hospital medicine group being.
- 00:43:21Great friends that helped us get by there and then also to the bone graft department for standing up an extra McHugh attending and she not only staff this team, but make sure that that dedication to education that we pride ourselves on here was maintained.
- 00:43:37So that was great that helped us out in the MIC you during the daytime nighttime we still had the problem with there are a whole lot of patients in the icu for just two people to cover overnight, with a fellow.
- 00:43:46So I asked a lot of our nightclub residents like kind of like a quarterback spy position and really floated back and forth, I think this is just speaks.
- 00:43:55volumes to the skills and kind of the fluidity of our residents to be able to pivot and go from on gentlemen admitting acute care patients to I needed in the icu right now have it over there and help for a few hours and things a little bit more calm, but they have that without an issue.
- 00:44:11Eventually delta fades and we're able to bring that kind of back more towards normal middle eliminate the MIC your team send our intern backup to Jen matt to kind of help out with the acute care setting sister remained a little higher.
- 00:44:24But, and we were able to get through dealt with that problem.
- 00:44:29Obviously, this is a lot of asked for our residents and they rose to the occasion as they always do, but as we sat around talking before omicron hit.
- 00:44:38Trying to think of you know we don't know how many of these variants are coming.
- 00:44:41How can we try to run in the candle at both ends like this and ask him so much of our residents with each way.
- 00:44:46So we with the administration and the friends over in the gma office were able to come up with a plan, where instead of a mandatory pool if synthesis got high enough, we had to stop the MIC you.
- 00:44:57Extra we were able to create an optional rotation for upper level residents who are interested in critical care.
- 00:45:03or just wanted a few extra dollars to moonlight in the icu for four days dance at a time, and this is open to medicine residents, but also to non medicine residents as well.

- 00:45:14To kind of show help share some of the burden, but again offer an option away to make a little bit of money and get some extra exposure if you're interested so.
- 00:45:22We had a lot of help getting through the delta comic con searches from our friends in hospital medicine from grant the administration of the program and also Jimmy.
- 00:45:31And with that, I think I have just a couple of slides here.
- 00:45:35The things we really look learn from this right be prepared plan as much as you can think as much as you can try to plan for.
- 00:45:42The things that are coming, but what we learned was that, no matter how much you do you're not gonna be able to anticipate everything you're not gonna be able to anticipate Chen residents going down at the time, so you have.
- 00:45:51To overcome we learned this retreat always on morale so shout out to the cloud family for every Friday.
- 00:46:04Last but not least, we're learning we're all in this together, and that if we lean on our friends we'll get through it.
- 00:46:10And it is some of the pictures of all of our residents, both in coven care non coby care and then relaxing in the valley between these.
- 00:46:20Okay, thanks to me so I've been tasked with kind of looking at over some of the curricular updates we have this past year and I think.
- 00:46:28kind of the first you know saying, I want to make is you know, obviously, a lot of what we did this past year was attending to what Jamie just talked about which is thinking about taking care of patients in the hospital.
- 00:46:39coded diagnoses and also trying to be attentive to her residents, but.
- 00:46:43At the same time, we have an educational mission to continue delivering you know, high quality curriculum and thinking about ways to improve it so.
- 00:46:50Before we get started, we, you know as we were putting together these slides and thinking about the year there were a couple of themes that came together that we thought.
- 00:46:56really like for the backbone of how we're able to continue delivering such a high quality curriculum so first we have such incredible breadth and depth of the Faculty bench.
- 00:47:06You know no insult intended here, these are the only two group photos that I can readily pull off the Internet, but I want to thank all of the departments and divisions.
- 00:47:14who helped us there you know exceedingly generous with their time and their expertise.
- 00:47:19outside of that that we also realize that we have so many incredibly generous people outside the Department of medicine both lps and non lps are also so willing to be a big part of the educational experience.
- 00:47:30As you could sort of see here in the next couple of slides obviously every to President dreams, to make huge curricular updates and up in the system, but a lot of what we do is just.
- 00:47:40being very thoughtful taking the feedback from the outgoing chief class utilizing the data streams that we have, for you know, mostly resident input and what we're doing.
- 00:47:49and making you know calculated stepwise sort of adjustments to the curriculum, so we know that we're not sort of messing with a good thing that we're only looking to improve what we have.
- 00:47:57And finally, and probably most important, I hope I am you know effective at making the point today is the resident feedback is really.

- 00:48:03The backbone of how we make improvements, because if we're being honest when they arrive on day one, as chief.
- 00:48:10You feel a little bit smug you know just went through the program yourself you're pretty confident you understand what's going on.
- 00:48:15But I'd say within maybe a couple of days you realize that, in fact, because we have no idea what's going on and within a month or two you're actually pretty separated from the day to day operations.
- 00:48:24of what it means to be an MC you that doesn't have a 24 hour call, and so, if the residents themselves don't deliver you know information if they're not so forthcoming, it is hard for us to enact changes I.
- 00:48:35drop this and really going to know praise the residents, for all the time, to help us be better.
- 00:48:40These are the areas we're gonna hit today in terms of curricular updates, you know first I'm going to talk a little bit of our research and edm curriculum.
- 00:48:47So last year that's that the rest of Ras did a phenomenal job you know, focusing on new key care lecture series on evidence based medicine, we are glad to have Dr schema barrows you know add to that educational offering this year.
- 00:49:01You know, in addition to that group really took our outpatient journal club revamped it with the help of our fantastic ebm faculty.
- 00:49:10But I wanted to focus on a few other things today that we that we worked on for some some sweets my resident feedback or outpatient journal club.
- 00:49:19look a little bit about orientation journal club experience and then talk a lot about how.
- 00:49:24how appreciative we are of the Department of medicine supporting our residents in a research and all the Faculty Jordan they're funded on funded research projects.
- 00:49:32So, briefly, you know our outpatient journal club experience we have a phenomenal group of ubm coaches, who meet with residents before the session.
- 00:49:40review our paper with this structured user guide that was put together by faculty and David last year, and it really helps to focus the precession discussion, and then the.
- 00:49:49The outpatient journal club experience itself, we then meet every Thursday with our four fantastic outpatient faculty over zoom and discuss the paper and so that was an incredible success and I think you know for folks in the room, who were resonance with me.
- 00:50:06And during 2019 or the 2018 2019 2020 years you know it's just a remarkable success, so this year we really didn't want to you know up end.
- 00:50:16Too much but we didn't want to incorporate feedback we got from residents so first.
- 00:50:20Really, you know, making the focus of the papers that we discussed outpatient topics that they thought they could.
- 00:50:25translate into patient care, and then we also took some feedback from the attendings without you know that residents are really benefit from talking about papers.
- 00:50:33A variety of different journals and thinking about some other you know you know sort of increasingly more comments study designs.
- 00:50:41We also transition to hybrid sessions about in person outpatient journal club.
- 00:50:45In person in zoom and zoom only so we could you know leverage the fact that we're back in person in the clinic but also you know utilize the fact that many of our residents are not a.

- 00:50:55At home at your man on Thursday morning and then, finally, I really want to you know shout out the outpatient journal club ebm coaches, who.
- 00:51:03really took on the mantle of providing some additional commentary for the residents to learn from you know, one of the one of the things the resident said is that.
- 00:51:12They benefited so much from being able to meet with the IBM coaches before and they thought it would be fantastic if we could share that with each resident each month, so this is an example, one of the commentaries put together by a good Dr Ian crane.
- 00:51:27So when we think about how we're trying to get our residents at aspirational stage when it comes to learning and proving the point of care we thought.
- 00:51:34How can we try to work on that this year, not only could we maybe make some tweaks to the outpatient journal club experience but we thought to ourselves, I think we.
- 00:51:42offering opportunities for deliberate practice and then make variations in the setting of the content so residents can continue to feel stronger when it comes to.
- 00:51:50analyzing evidence based medicine, so this year we instituted the impatient journal club we focused on patient topics, instead of.
- 00:51:59me and the outpatient faculty selecting the papers, the papers were selected by the residents themselves, and then, when we had our sessions.
- 00:52:07You know, smaller group, but always advise us a specialist who not only could help us parse out the edm but also parse out the chemical content and so.
- 00:52:16I just want to highlight some of the Faculty who are involved in our sessions and and say that you know it was voluntary this year and so it's a smaller group, but I think there's a lot of exciting work, and I think.
- 00:52:27Sam and the rest of class are going to have a lot of fun innovating space moving on and kind of wrapping up the resident research, you know we have such an incredible.
- 00:52:37Number of mentored projects in the department of medicine, the numbers, I have it here are probably already out of date.
- 00:52:44But these are just for our rising twos and threes but I really wanted to pay attention to return of the Department of medicine grant this is something that like dormant.
- 00:52:53During the last academic year and we're really excited to get the support from the department to reinvigorate this, and so I just wanted to shout out to the 10 residents and nine faculty supervisors who submitted grants and who are really pushing their residents to do you know.
- 00:53:10We have some exciting directions for the next academic year I think the big focus for the you know next one to three years is going to be.
- 00:53:18Connecting resonance with faculty mentors early and then you know, using the research time that is allotted to us.
- 00:53:24You know flexibly and in a you know sort of a smart way throughout the year that throughout the three years so that residents can be as productive as possible.
- 00:53:33moving into the ultrasound curriculum I'm sort of standing on the shoulders of giants here two years ago, Sam Oliver and last year Alex jepsen in addition to our faculty supply faculty supervisors.
- 00:53:44put together a really phenomenal Tucson curriculum and in the past two years, have done a.

- 00:53:48phenomenal job of explaining why that's so important, so I'm really just going to go over some of the things we did this year, some of the feedback we received and then things to look forward to for the next academic year, so our curriculum.
- 00:53:59Last year was you know forming a backbone of four core lectures that really get at the heart of what we think internal medicine residents and practitioners should know in terms of.
- 00:54:08The basics of point of care ultrasound and then a big part of what we do, in addition to that is providing as much opportunity for the residents to go to the bedside with faculty and fellow.
- 00:54:17fellows who feel very comfortable with point of care ultrasound so they can receive sort of.
- 00:54:21Supervision in immediate feedback was a single standardized patients session for the interns, we also had some standardized patient sessions that were available to all the residents during the an hour.
- 00:54:32But you know when we thought about starting this year.
- 00:54:35And what we wanted to sort of vision of the ultrasound curriculum to look like for the years to come we thought we really want our interns hit the ground running to get educated.
- 00:54:43And sort of oriented to what it means to do point of care ultrasonic wind care about it so made a couple of changes, first and foremost, we had a lecture from Dr out Scotland are already.
- 00:54:55On the basics of point of character sound able to get all of our interns in the same room So hopefully we could sort of started at somewhat of a level playing.
- 00:55:03playing field within move those standardized patient sessions just into the intern curriculum again thinking that these are the folks are.
- 00:55:10You know, targeted time with them early on, so that they can feel empowered in the subsequent years to continue practicing these skills.
- 00:55:17I also want to shout out to some of the some of the other innovations, we were able to make in this space, most notably finding out about all the resources that we have at the umes simulation Center.
- 00:55:28And particular sessions that Mike Zimmerman whatever cardiology fellows and i'm going to fellow I did, for us, in addition to some of his colleagues, which were.
- 00:55:37sessions using these simulation trainers, which not only allow our residents to learn about normal anatomy have been also abnormal in a way that we can obviously consistently offer in the in the Inpatient setting so again a shout out to those folks who helped us improve.
- 00:55:54So thinking about the curriculum from this year, and you know what are the lessons that we learned and how can we improve it certainly I'll talk about the resident.
- 00:56:02feedback that we got that's most important but.
- 00:56:05There were some things that we learned is just not ready for prime time and these examples are mostly for fun, but I think they'll say illustrate some important points, one is that.
- 00:56:12She can you know, be very excited it's an educator and throw something on to to learn, but it's just not the time, then you maybe you just eat away so for those who know.
- 00:56:21I got a very excited about one ultrasound this year and really wanted folks to get excited about finding obscure lung signs but, admittedly, maybe we're still at the basic so.
- 00:56:30still waiting for someone to complete their Bingo board, and then we got really excited about the offerings in the simulation Center and for those who have you.

- 00:56:37Know once I hear about the thing I get super excited and so that you me simulation Center has multiple of these augmented reality rings, but you can only imagine what I thought it actually be like, but in reality at this time they're probably not ready for prime time.
- 00:56:54me being a good friend and trying about what they want.
- 00:57:05Those things aside, you know, using the resident end of your survey, we can really kind of get a better sense of you know what sort.
- 00:57:11of our culture time you so you know one thing that I think is emerging, you know you know close to two years of our residents are routinely using point of care ultrasound.
- 00:57:20Really likes it to use it, and so I think that's really encouraging when we look at sort of reported confidence and image acquisition and interpretation there many areas in which our residents.
- 00:57:30as compared to last year sort of end of year survey of sort of similar levels of confidence in our ability to acquire and interpret images.
- 00:57:38But one thing we certainly learned by looking at this year's survey is that that certainly not a fixed quantity and year after year there's going to be some variation and so it's important for us to take this information.
- 00:57:49And then look for ways to improve the curriculum for last year, or for next year.
- 00:57:54But, more importantly, I think that the numbers are you know, taking the direct feedback the words of the residents.
- 00:57:59and think of ways to improve the program I'm not going to go through each one of these, but I really do want to thank each one of the residents who respond to the end of your survey.
- 00:58:06And took time to write a specifically what they thought we could do to be better and what things they think we can keep in terms of before itself.
- 00:58:13Looking at next year, we have so many exciting things I almost wish I could stay, just to be a part of it, but I know.
- 00:58:19Sam uncle is going to do a great job leading this and everyone else is involved with it so we're going to continue with our focus of oriented our interns so.
- 00:58:27we're going to repeat the lecture from last year which I've preliminarily dumped now biology and then we're going to follow that up with a sort of simulation session poll, where the nonce because.
- 00:58:38Obviously it's one thing, just to teach folks what ultrasound is, but if they don't necessarily know where the ultrasounds live or how to plug them in or how the log demand it's not really working so.
- 00:58:46you're going to move into that move from that into our core curriculum, which continues to be well received and I think is you know again forms a good backbone for the education for the residents.
- 00:58:57we're going to take the standardized patient sessions which are well reviewed, but consistently interns felt like it would have been much better if this has happened earlier in the year, as it means again to orient them to what normal anatomy looks like.
- 00:59:08we're also going to leverage some of the resources that exist outside of uva and so next year's interns are going to.
- 00:59:13cover a longitudinal requirement to complete six core modules from the American college of physicians.

- 00:59:19For those of you who are members of ACP and are interested these, this is a phenomenal resource.
- 00:59:24And I think even for folks who are more knowledgeable about focus there's still a lot to learn from these modules.
- 00:59:30In addition to that, the interns are going to receive you know targeted bedside teaching from our pocus fellow extraordinary Sam Oliver and then you know, looking at the upper levels it's.
- 00:59:43not going to ignore them, you know, we want to continue to foster their growth so continue to use the simulation trainers to.
- 00:59:50You know bolster their knowledge of what's abnormal and then we're connect continue doing what we've done for the past three years.
- 00:59:56But to bring folks to the bedside and teach them both normal and abnormal and we're very, very excited to have you know more faculty expressing interest in being a part of this curriculum.
- 01:00:06In addition to that Dr Rachel con is going to be spearheading an effort to integrate pocus education in the ambulatory setting this is a really interesting exciting direction for the Program.
- 01:00:18And in addition to all of that, I think we're going to continue innovating and you know the evidence base for using focus and you know clinical decision making throughout the conferences and finally.
- 01:00:28Hopefully you know we will be able to no longer say that this is a future direction, but the actual direction of the program, so we will have a integrated system for image acquisition review and integration with our electronic medical record.
- 01:00:43The last one is talking about procedure training for those who know me this is one of my passions, certainly in the.
- 01:00:48In the Department of medicine, so I just want to give a little bit of background so before this academic year residents were required to complete a minimum number of procedures for graduation.
- 01:00:57These minimum numbers were based on what the aim used to require that we do to sort of certify someone is ready for graduation now that requirement to change in 2006.
- 01:01:08And they sort of got away with prescriptive numbers but they still sort of recommended that we use these historical numbers as the basis for helping to determine that someone's competent ready progress.
- 01:01:19Unfortunately delight academic year 2019 2,021st and foremost, of course, obviously, is proven and then the second is that the American Board of internal medicine published new training and procedure requirements.
- 01:01:33So what are those training and procedural requirements so first and foremost procedures for amanda central time training.
- 01:01:38That being said, not all residents need to perform all procedures programs have to attest to general competence and just a couple of different key domains.
- 01:01:47and residency programs to really work to make sure that residents have the opportunity to develop competency procedures.
- 01:01:53which will carry forward into their sub specialty training or independent practice, so why has the language changed so much over time, you know from something that was much more prescriptive to.

- 01:02:03something a little bit more open ended well the reality of course is first and foremost, both for generalists and sub specialists, many of us.
- 01:02:10are still required to do procedures it's a core component of what we do for work and so it's important that our graduates are competent and doing procedures.
- 01:02:19That being said, over time, you know, over the past 40 to 50 years internists have done fewer procedures and fewer a smaller number of procedures.
- 01:02:29it's interesting reading this paper in the 1980s it used to be commonplace for general insurance to viewing cardioversion obviously that has changed now.
- 01:02:36But that's just sort of example of how the landscape has changed, and there are multiple reasons why that's changed, obviously the sort of outgrowth of all the medical specialties.
- 01:02:44Non medical specialties who do so many procedures and increasingly you know in appropriately a tighter regulatory environment for.
- 01:02:53Patient safety and quality assurance, then obviously the growth of large tertiary and quarter healthcare systems in which insurance have a wide array of Sub specialists to do procedures.
- 01:03:05So that's part of the reason why that requirements have changed the other reason i'll highlight and subsequent slides is that, as a really kind of excavated.
- 01:03:13You know, and you know excavated are sort of procedural training history and look more deeply we've learned that we're not actually doing a fantastic job of.
- 01:03:22Teaching our residents to be competent are comfortable performing procedures and there's some concern that, if we are training individuals.
- 01:03:30to become you know future teachers and there are confident or unfortunate going to develop sort of a vicious cycle in which people are not able to appropriately teach so.
- 01:03:39sort of almost raises the philosophical an existential question is should internists still be in and be doing procedures, again I said ABM is requirement and many sub specialties.
- 01:03:48it's part of their job, but you know it sort of PICs to you know fix the question as to whether or not we should continue doing it, but I'm here not only to say that we should continue but there's some interesting evidence to suggest that.
- 01:03:59We really should so first and foremost, this is a paper out of the journal of hospital medicine that just even asked the basic question of.
- 01:04:06Do general internal medicine doctors to patients think we do a good job at procedures and the short answer is across the board, they think thumbs up are doing great but beyond that you know, nearly sort of.
- 01:04:18Less subjective measure you know how do we can continue to suffer do we know that internists are doing.
- 01:04:23an equivalent job in terms of procedural safety and it's a great paper out of JAMA internal medicine that looks at the outcomes between pulmonologist and radiologist and what they said, is that you know, a pulmonologist well supervised.
- 01:04:37Internal interventional radiologist in terms of performing adores safely and then another journal article from the society of hospital medicine showed that when thinking about paracentesis.
- 01:04:48When they looked at almost 100,000 pairs and TC is those done within the Department of medicine.

- 01:04:53Those patients ended up having similar length of stay and it was ultimately cheaper hospital experience the patient, so I think it's a lot of interesting evidence to support that.
- 01:05:01We should continue doing procedures and teaching our residents to be confident.
- 01:05:06So, taking all of this, how do we sort of tackle addressing our procedure curriculum here so and last academic year the program evaluation committee sort of mandated that we looked at our procedure training.
- 01:05:17And through resident surveys and subcommittee meetings we came up with a couple of you know sort of like.
- 01:05:26Understanding the program so first we have pretty limited simulation training.
- 01:05:32For additional supervision minimum procedure numbers does not necessarily.
- 01:05:37equate procedural competency, and it was definitely desire for additional elective experiences so i'll wrap up just by going through each one of.
- 01:05:44Those four things so first we think about simulation training so aim recommends that trainees undergo simulation training for procedures.
- 01:05:53what's the evidence for it in short it's quite good internal medicine trainees and undergraduate medical education so medical students can be taken through simulation courses taught the procedure and then subsequent they can go on to complete safe and effective procedures.
- 01:06:09Prior to this academic year we did have some central line training, but beyond that we didn't necessarily have.
- 01:06:16You didn't have any specific training and then subsequent slide.
- 01:06:20Central venous catheter placement is not something that internal medicine residency at uva are independently doing, and so we wanted to sort of shift the focus, as some of the core bedside procedures so.
- 01:06:31We had an opportunity, this is internal orientations all 42 of our interns and teach them through simulation our core bedside procedures so precession they had a checklist this is.
- 01:06:43Part of our standard work for how to complete procedures safely and they're able to review procedure specific videos using our kits so they could.
- 01:06:51Learn before the session on how to appropriately go through the individual steps with the kids.
- 01:06:57And then we ran eight sessions during our orientation, with the help of many faculty fellows and each one of the interns with a.
- 01:07:07friend or two went through each one of the stations practice procedure and then practice going through the checklist so they could become familiar with what is now our standard work.
- 01:07:16So that was well received and I think with our of our intern orientation, being a bigger experience, I look forward to that being you know, a hallmark of the British experience.
- 01:07:25Next, thinking about supervision, so in our spring 2021 survey, we found that 70% of folks.
- 01:07:31When they when it came to a large role and paracentesis desired additional supervision and when it came to thorson thesis.
- 01:07:3690% of respondents said they wanted additional supervision, so they can feel more comfortable and confident but sort of.

- 01:07:43More concerning is that 25% of our respondents said they actually deferred doing the large farm paracentesis himself.
- 01:07:49Because they just felt like they didn't have adequate supervision and then, when it came to authorize and thesis for over half the respondents say they had.
- 01:07:56Different procedure because of lack of supervision, so you think about adequate supervision, we think about supervision that is timely, effective at least say that side procedures.
- 01:08:05Many institutions will operate sort of a you know, an internist staff procedure service but that's obviously something that is quite time intensive.
- 01:08:13Two weeks of the year, Monday through Friday or Monday through Sunday, and you know starting June 1 thinking about a way to sort of stand it up.
- 01:08:19especially given the constraints of coven we had to sort of pivot and think of their additional are other ways for us to sort of tackle this supervision problems So how do we tackle this issue at uva this past year.
- 01:08:31So, first we use new communication avenues so just to orient you real quick, these are now ophthalmology.
- 01:08:36routes, this is a flow chart for how residents and non residents can find supervision or individuals to perform procedures throughout the day.
- 01:08:45And so you know, the new communication technique I knew, and we all knew that there are people in the hospital who can perform procedures.
- 01:08:52They just can't necessarily get connected with the individuals who need them in a timely fashion.
- 01:08:56So I reached out to Sarah and actually had a renegade solution for us and something that our colleagues already they hold themselves up quite frequently which are these Sarah groups.
- 01:09:06And so, these are groups that people can log in and out of and make themselves available to do procedures when he.
- 01:09:15So the next avenue was thinking about how to how to utilize our multi disciplinary colleagues to find supervision.
- 01:09:21fortunate that so many folks in the department of medicine feel uncomfortable and competent doing lumbar puncture but it definitely remains a part of routine care.
- 01:09:29So we really wanted to find a multidisciplinary folks who wanted to make themselves available to help supervise procedures, especially on an urgent basis.
- 01:09:37And then, finally, we sort of coordinated divisional interest and so at the beginning of the academic year.
- 01:09:42The division of pulmonary said that they really wanted to become the masters of plural procedures and so will utilize that desire to.
- 01:09:49funnel request for doors and thesis through that division and I just wanted to take a moment to thank the interventional palm analogy attendings the incoming chief fellow.
- 01:10:01For all the work.
- 01:10:04and we look forward to what we're going to be able to do with that next year.
- 01:10:07that's the thing about competency based evaluation so like I said before, we used to just sort of progress you to conditional independence, based on a minimum number of procedures.
- 01:10:15sort of begs the question is, why was five sort of the magic number, and so, if we think about our sort of evidence pyramid where do we imagine, maybe this cell why and.

- 01:10:24Unfortunately, land right at the base this is essentially an expert consensus opinion that five was probably the number that you needed.
- 01:10:30To be able to conditionally independent well certainly know that many folks anecdotally now that that just can't be true, and when we actually looked at our survey data.
- 01:10:39When we looked at our own sort of survey data we saw that 11% of folks are differing i'll be PS, even though they were deemed conditionally independent just because they did not feel confident.
- 01:10:48And then 13% of respondents into different authorities and pieces, even though they're independent independently are conditionally independent they just didn't so.
- 01:10:56Why is that why, why do you think five is sort of not the magic number, other than maybe sort of an obvious answer you know each procedure is different, this is a study from 2000 that showed.
- 01:11:06You know how residents became competent over time, depending on the procedure and certainly each procedure has its own sort of technical skills that need to be learned and.
- 01:11:14And so you know, obviously not each procedure, probably needs a different threshold before it got an individual becomes continent.
- 01:11:22Beyond that you know when we think about that's thinking about individual procedures and we have to sort of think about individual learners.
- 01:11:29So when folks think about sort of the curve, you know from the start of learning, you know so novices to masters.
- 01:11:35We sort of think about this sigmoid curve, in which learning is very hard at first and then there's a steep portion in which we gain a lot of knowledge and then, as you become a master you sort of reached SAS and.
- 01:11:46And from this landmark study and academic medicine this actual learning curve was sort of born out when they looked at a large group of radiology residents when they sort of looked at.
- 01:11:56The number of radiographs they had looked at over time and how accurate they got over time resident certainly didn't become more accurate in this somewhat predictable shape.
- 01:12:05But when you just aggregate that data, you could see that each individual learner I just a totally different and unique learning experience in fact some people who come quite confident and then have periods of time in which they got a little bit worse.
- 01:12:17And that's just because, and you can see, most people end but better than they started, but this reflects that everyone sort of has a different.
- 01:12:24A training path when it comes to learn skills So what can we glean from all of this at the end of the day, each learn each proper procedure, probably own trajectory.
- 01:12:34And so we need to sort of rethink how we deem folks company here too big.
- 01:12:38So what do we do so, first of all remember our mission one we have an API graduation requirement to a testing and two we have patients to take care of at the bedside who need us to perform top procedures to.
- 01:12:51proceed on to expedite patient care that you can remember, is there's no gold standard, and so, how do we sort of move past that when there isn't serving evidence based recommendation, or what you absolutely should do.
- 01:13:02You should still go to the literature and find what the best available practices are at this time, and we should come up with the new.

- 01:13:08unsupervised practice standards, so we went to MED portal, we found this great curriculum for paracentesis simulation.
- 01:13:16That was combined with a recommendation use simulation trend which I talked about, we already did.
- 01:13:20and will continue to do her interest also recommended using a checklist and they provided an example and then we extrapolated that out for paracentesis.
- 01:13:29lumbar puncture and doors and pieces, and this was vetted by faculty and GI hepatology faculty and pulmonary critical care and some of her neurology colleagues.
- 01:13:39And then beyond that they recommended that, in addition to assessing someone's ability to complete all the subsequent checklist you make an assessment of where you think they are in terms of their.
- 01:13:48trajectory in terms of technical sort of like global skills and whether or not even trust, so this has been the processes here.
- 01:13:55I think the most important thing to learn this process is we iterate there's been a lot of learning, both on our end and the chief's office and I think on the residents part and we've been super glad.
- 01:14:06That residents have been so forthcoming and giving us additional information so that we can continue to improve on the process.
- 01:14:12So last but certainly not least, thinking about the elective experiences I want sort of touch on our bedside procedure elective experience but.
- 01:14:19That continues to be an offering for the residents and we've expanded on that Summit this year but I didn't want to focus on one of our new electives this year so.
- 01:14:27You know uva we're not expecting residence independently play central lines or a lines.
- 01:14:33But training programs sub specialty training programs do expect their fellows to arrive quote unquote competent.
- 01:14:39Now, certainly there's a wide range of what that means the end of today, we are expecting their fellows definitely seen a central line probably place their hands on the Center line before.
- 01:14:48So you know, taking this into account, we created this new elective this year to one week electives offer multiple times a year, so people could engage in some space learn.
- 01:14:59And their sole responsibility was to place lines of the direct supervision of the Faculty and fellows and to make you the cto so it's so many residents sign up.
- 01:15:07And they were really excited and we have many residents who had a fantastic experience but, admittedly, you know, through this process, we found that there were some fellow times.
- 01:15:14And so, when we got to the meteor point we really wanted to think like, how could we improve this process so again when I take the residents every week i'd asked him to come by give me feedback.
- 01:15:24And throughout the course of the first six months we really did sort of accumulated a lot of important.
- 01:15:29You know feedback, so we can make some improvements and it was really want to shout out just one in particular, you know Christians Lindsey who came by and give me a really thoughtful.

- 01:15:38You know feedback on not only the timing of the experience, but also some things that he's been doing that he thought other residents would benefit from.
- 01:15:45So this really uh you know afforded us or sort of motivated us to you know, improve upon the experience at the meteor point and not wait till the next academic year so.
- 01:15:53going to shout out to our pulmonary fellows and our pulmonary program coordinator and administrative assistant terawatts who helped us step up a simulation experience that happens at the start of the week.
- 01:16:04Again in and slot when the residents weren't necessarily doing procedures, I want to shout out to the IV access team, and that makes you are and who are helping our residents place ultrasound guided.
- 01:16:14Peripheral ivy's it's been another great sort of multidisciplinary learning experience.
- 01:16:18And then, finally, I want to shout out to the interventional radiology vascular access team that has been super gracious and it's going to start allowing our residents to rotate with them.
- 01:16:26Placing you know, certainly more advanced lions that most interest aren't going to be expected to place but just another environment and a new set of teachers, so that our residents can become more globally competent.
- 01:16:37There are a lot of exciting kind of avenues here the procedure space and so i'm certainly excited see what happens, but with death and hand it over to Rebecca talk about morbidity, mortality.
- 01:16:47And so I was really excited to get to be a part of the morbidity and mortality conference this year um it's building up a something that started two years ago with seminar and Sam all of her in person, and he was chief groups working.
- 01:17:03out.
- 01:17:06really great opportunity to look at clinical reasoning and identify and cognitive error, so when you think about diagnostic error some component of prominent your accounts for almost three quarters of diagnostic area that's occurring.
- 01:17:19But we don't have a lot of formal curriculum around it and those that have original purpose of the m&m structure, was to take these cases where there were some type of negative outcome.
- 01:17:31even have a resonant present them and then spend a lot of time familiarizing ourselves with different types of cognitive bias and how they might have been at play and the various pieces and lead outcome saw.
- 01:17:42That one's iteration one, and it was really great we were a lot of kind of this preparation phase of education around bias understanding the nomenclature understanding the definitions, but recognize that to really kind of impact.
- 01:17:57And practice patterns, we needed to move into a space and start really changing the behavior beyond identifying I might be at risk for bias, I was that kind of broaden this goal of the biasing for this year, which is kind of where we started to really revamp the curriculums.
- 01:18:14look to I cognitive bias of how can you prevent it, and we know that all physicians make mistakes, even positions that are incredibly experienced so we know that it isn't enough just to focus on clinical knowledge.
- 01:18:26And so there's been people who have looked at education around cognitive bias and isn't enough to teach people about what biases and again it seems to have some sort of.

- 01:18:35short term impact, but doesn't seem to have longitudinal change and that's really where the kind of concept of.
- 01:18:41d biasing comes in, is this Meta cognitive approach to limit the impact of bias and decision making recognize okay I'm at risk for being biased, what can I do to change the way I'm.
- 01:18:53How I'm treating them and thinking about them so really implementing these cognitive forcing strategies.
- 01:18:59I do want to make a disclaimer that this is somewhat cutting edge in terms of medical education and clinical reasoning, so there isn't a lot of data to support it long term I just.
- 01:19:08really feel like this is kind of the next step forward and part of this continued iterative process of trying to break down how we get stuck in these kind of.
- 01:19:16A beer and cognitive whoops So the first step is kind of having tools to recognize when you are is for bias, this is just one example of what we call it a classic time not where you ask them.
- 01:19:28What might be setting you up for a tape of bias there a variety of checklist that we've talked about throughout the year, and our m&m conferences that we.
- 01:19:35Encourage residents to use and then ultimately what we created was this resource that we call our D biasing library, and so what we took was.
- 01:19:43kind of a lot of the common cognitive biases that we see in these cases and paired them with specific device and strategies and examples of how you could implement them.
- 01:19:52Our favorite one that we talked about a lot and conferences asked by and it's one that's really great for combating.
- 01:19:58search satisfying or premature closure and it's just it's it's so simple when I say it out loud It makes you kind of be like well, obviously.
- 01:20:05But it's incredible when you work through a case and you really implement it, the impact that can have and it's just when you come to a diagnosis continue to ask why what were the Co morbidity Why was this triggered and keep asking why until you really get to the root of the problem.
- 01:20:19That brings us to the updated them and then conference and which we kind of took that initial schedule of presenting the case I did find diocese.
- 01:20:27And then really focused on breaking up into small groups and applying device and strategies to those cases, especially as a whole it's been a really great opportunity to work for residents and.
- 01:20:37build out this curriculum and we also were really lucky to get to present this content this year at the Alliance for academic internal medicine she's camp, which was super fun and, again, I just want to emphasize that all this work was made possible and if I the foundations that person.
- 01:20:54And I'm really excited that Dr juicer in her relatively new role as a PT is going to continue to work with me next year to expand this.
- 01:21:03is something we look forward to for the future, the final piece of curriculum that we wanted to talk about this year is the military curriculum, so our residents know that last year we made some major changes to the tauri morning report so pre Kobe morning report occurred.
- 01:21:21Majority resident was only available for residents that were in your made up.
- 01:21:26With cocaine when we had to pivot to zoom one of the kind of positives that we took away from it was that we suddenly.

- 01:21:32kind of had access to attending to often have morning clinic who couldn't physically be at you have made a teacher resonance they could teach me and zoom, and so we restructured the schedule to include on data and specialty lectures on Monday primary care faculty on Tuesdays is either.
- 01:21:50Internal comments in regards to that on Fridays, we maintained a component of the resident but wanting report.
- 01:21:56And it's been a really great experience and kind of one of the things that we really wanted to focus on is really targeting areas where our residents have historically bad pod as much exposure so looking back to the 2018 2019 acg we survey, there were.
- 01:22:11These were greater than 10% of herbs responded felt like we had an adequate either clinical experience.
- 01:22:19And so, those were into current hematology nephrology geriatrics and rheumatology and so Those are some of the specialties that we really wanted to target with our sub specialty and primary care lead.
- 01:22:30faculty sessions on Mondays and Tuesdays and i'm really excited to say that we've made a lot of progress, so the top bar for each of these specialties if you can see my mouse is last year.
- 01:22:40And then the bottom bar is this year blue or people that felt that they had excellent didactic experience.
- 01:22:46yellow is good grades acceptable, and so you can see that, for the majority of those specialties we've had pretty significant gains in terms of people feeling that they felt good next like that experience.
- 01:22:57I will say that we've essentially health study and he but I’m not that worried because we've got some really even talk to him on focus people coming in the next few years, so I know they'll keep working on that getting those numbers will come.
- 01:23:11In and just before I move on to some of the structural changes I really want to emphasize that all this has been made possible by a huge amount of faculty effort.
- 01:23:18we've had faculty and fellows who are dedicated every Monday or Tuesday morning.
- 01:23:23For 40 bucks to teach the same material repeatedly to our class on groups and we're really, really thankful for that.
- 01:23:30There is another huge part of our regulatory curriculum, which is a Wednesday have to curriculum that we just didn't have time to encompass in this talk, but also we're really grateful for all the Faculty in that department.
- 01:23:40That as well, so getting into some of the structural changes that we've seen this year I think one of the biggest sunset our residents are the most happy about is that we eliminated the Q 24 hour call um so previously and then make your residents were on 20 phone calls for me.
- 01:23:56And then obviously led to a lot of DDR violations, but it also meant that the resident with either post college.
- 01:24:02or off for 50% of the day is that call cycle so look the intern alone, without much supervision for 50% of the week.
- 01:24:10And so the decision to eliminate the 24 hour call was voted on by the residents and the majority of residents choose to eliminate it.
- 01:24:17And now we have a pure netflix system where you're on call until 7pm and you sign up to at night 14.

- 01:24:23And it's only been possible because our amazing concrete fellows are now in house overnight every day of the week, and also our presenter at peace have been incredibly available to help out every night as well.
- 01:24:35And so, because of that we've gained back in a three week rotation about five extra days of resident and her continuity, where the MIC you interns are spending a lot less time by themselves.
- 01:24:46Because he looks numbers as you imagined the issue to be survey, this is pre making a change posts that you change we're now 100% compliant with not drinking duty hours with regards to try for our call because there is no more vertical.
- 01:25:00Some small structure changes that I think.
- 01:25:03Had a really big impact on quality of life and I just want to highlight the hard work that Jamie at TD, have done throughout this entire year.
- 01:25:10So the Hema Internet foot walk is something that for anybody that experience, that of our PGI twos and threes was a really isolating experience it's an intern.
- 01:25:18On three weeks creative he might nights he's only working with them later, who has kind of variable levels and oversight and you don't get any business continuity.
- 01:25:26Jamie recognize that that's something that's really isolating and can be really tough and broke it up into one to two eight blocks to try to help people rotate through that and not go through that for such a long chunk.
- 01:25:35A TD put an incredible amount of effort into trying to do a better job coordinating the end of residency so she preemptively scheduled every PGI three that she knew is going to be pursuing fellowship.
- 01:25:46yeah elective at the end of June, and then also advocated ticket for days of protective time leading up to July 1 so that the residents that needed to move out of town and start fellowship.
- 01:25:56On July 1 wouldn't be finishing out to make you call me on June 30 so that was a lot of work, and we really appreciate it, and then one of the other small.
- 01:26:06team he talks a lot about it's kind of the back and forth of this President ultimately we recognize that it was a relatively low education value service and we're able to advocate to move those residents to have more educational.
- 01:26:20And everything that I'm really proud about me, but she just here is the kind of expansion of human in your circle so before comin we had resident presence and the haven homeless outreach clinic and then during COPA, it was actually a really incredible kind of.
- 01:26:38example of application of telemedicine, in addition to providing telemedicine at the haven we rolled out a telemedicine clinic up from your circle which is is the former red carpet in has been converted into housing for local community Members with housing instead.
- 01:26:57And it was a really great thing to see but as we came kind of post vaccination into this period where we felt comfortable returning to in person visits.
- 01:27:05We were really excited to bring that haven in person, but also straight to me to residents to premiere circle.
- 01:27:11So these sessions were stuff I wanted to internal medicine residency and then we had a really great crew of internal medicine and feeling medicine attending to help preset.
- 01:27:19Sensitive July 1 we've had 162 patient encounters so just an incredible impact on this community with not just housing and stability, but really complex medical needs.

- 01:27:28And so, most of these visits or some form of medication management lab monitoring counseling and refills.
- 01:27:35To go someplace a lot of specialty referrals and one of the great things about the clinic is there's a lot of volunteer staffing support that can help.
- 01:27:41arrange with transportation and making phone calls and making sure that these patients who historically have a hard time getting to those appointments have a way to get there.
- 01:27:49And then, like I said there's so many other resources that are provided by these organizations that are really incredible.
- 01:27:54This is just a quick snapshot I thought was really interesting from the guests at premier circle of what their self reported conditions are, as you can see that there's a lot of.
- 01:28:02kind of co morbid alcohol and drug abuse and complex chronic medical conditions that are taking care of these patient populations and then just a small plug we have a lot of incredible student volunteers and ashwin he's graduating uva undergraduate student has been.
- 01:28:17Just a truly incredible member of this group, and you put a lot of work during COPA de and working with some of our kind of.
- 01:28:25collaborators here to create a coven streets shape of risk of social resources for these patients and there's a little qr code, if you guys want to pull it up, I think it's really helpful to use it, you a man and other settings as well.
- 01:28:37Alright, so another thing that we have to talk about is how the ongoing pandemic has affected our recruitment and so this was a year to a virtual recruitment.
- 01:28:45And I think by this point we kind of all are fairly familiar with what are the perceived advantages and disadvantages of virtual recruitment.
- 01:28:53One of the biggest ones is financial savings, so there have been a fair number of kind of.
- 01:28:58survey based studies that have looked at this and applicants are estimated to save upwards of 50% on applications due to the fact that they're not having to travel back and forth.
- 01:29:07they're not having to miss as much time for clinical studies they're able to apply more broadly and have less geographic constraints to they might previously had.
- 01:29:14And it's also in a certain way need their increased access to faculty and residents with similar interests in that in the world of virtual interviewing people can be places more easily.
- 01:29:26Some of the disadvantages from our side is it's really hard to know how interested is an applicant truly when they can apply more broadly.
- 01:29:34I bless limitation there's been kind of variable success and assessing what an applicant interpersonal skills truly are like in their professionalism.
- 01:29:43I think, just in general it's hard to get that sense of is this person, a good fit for the program and are we a good fit for them and then on top of that, I think we all know that our sins have been tough.
- 01:29:55So kind of the first thing that we went into the you're thinking about with her tour crew members, how do we recruit people to apply, how do we get the word out about uva.
- 01:30:02And so we were lucky to have some pretty successful virtual open houses.
- 01:30:06And this is a little bit of a joke, but I've been fairly active on Instagram this year and Kenya has been kind of my main champion and he took over Instagram for the day and fun fact the entire Internet loves Dr Donna, which is a frequent feature.
- 01:30:21So, looking at what our Year actually ended up being so we've got almost 3500 applications and.

- 01:30:27That kind of that's a huge amount of data to start with, and the kind of additional amount of data that came with that is that this year for the first time applicants signal the programs.
- 01:30:36If they had a specific interest in the program, and so this was kind of just another avenue of data to interpret this was the first year we didn't know.
- 01:30:44necessarily how it would play out in terms of who actually matched your House your people took this signaling we it ultimately helps 634.
- 01:30:53For reference, so I kind of have to start there in 2017 2018 that's when rage interviewed for residency we had just over 560.
- 01:31:05interviews and we've kind of progressive we had to increase that over the years, because, as you can see it's really just spend that kind of straight upward trajectory with a day job post coven and virtual interviews in terms of the applications that we've.
- 01:31:19Seen in 30 days we had about 65 to 70 interviews per day shout out to all the amazing faculty who helped us actually run those interviews and nine residents for each virtual interview dinner.
- 01:31:32Three residents reach virtual hang out, and I really just want to put a plug here like I said it's been really tough for applicants and for programs to get that kind of inner personal feeling that sense of fit.
- 01:31:42And it's been a real testament to the work of our residents who have kind of really.
- 01:31:46championed hard to make sure that we're putting our programs esprit de corps kind of on display in these virtual sessions and trying their hardest to treat them like a true interview dinner or hang out.
- 01:31:57to really make read the applicants feel welcome and get a sense of the program and then, this year we write handwritten Thank you spirit 550 hundred, and thank you.
- 01:32:05Again, so bad, I had to recruit my son and for Dr mohler he's probably still broken from all the US Europe but we made it through and obviously the results were fantastic we're so excited to kind of have this amazing and coming to class it's coming from all over the world.
- 01:32:20And I also want to take a moment to recognize that not only were we recruiting residents us virtually our residents were experienced a virtual fellowship.
- 01:32:28application and match season, as well as searching for jobs, which has been very ugly either virtually or in person is here as well, but they are all going to be incredible places and we're really proud of them and excited for them, so I will wrap up quickly what's in the future.
- 01:32:46Obviously, the majority of the future in the next 12 months is going to come down to the incredible group of.
- 01:32:51Chief residents that are taking over for us and we're so excited for what they have in store, a couple things that we've kind of set up for them that they are stuck with whether they like to write down.
- 01:33:00Why which we're very excited about is something that we've been working hard with our human faculty.
- 01:33:05to design a pilot ultimately are currently my impatient structure is that hematology and oncology patients are mixed together on for resident lead teams.
- 01:33:14And then, as I alluded to earlier there's a human might float intern who works with something lighter and so.

- 01:33:20My plan for next year is to separate into a team service and an oncology service so that our faculty can have more dedicated teams, they can really focus their teaching and really kind of.
- 01:33:32A benefit from a more streamlined team so we'll have to one hematology teams and then to solo oncology resident teams next year.
- 01:33:42And then, in addition to that, as you can see, all of the interns have been delegated to Inpatient hematology so recognizing that we want them to.
- 01:33:50Have a great oncology experience we also are working on designing of what will be a universal and in turn outpatient oncology week and then the final piece of the.
- 01:34:00puzzle is recognizing that the key monk neighborhood in turn has been having a subpar experience and they really deserve some continuity in terms of oversight and education, and so will be pulling our resident to become a dedicated human output risk of starting extra.
- 01:34:17Another thing that we're really excited about for the future is the return of our computer Community partners medicine rotation, so this will be one to two week.
- 01:34:25Block string could you write three year which will have a variety of rotations it's really meant for residents to experience that in real life, the local social determinants of health that are impacting our patients, and so we have.
- 01:34:38a really great crew of people that are working on rotation sites for this sector harris's me to get up but working closely with them through that kearney Dr Rita.
- 01:34:45we're excited that will have residents at haven and premier circle, but also at the Charlottesville free clinic.
- 01:34:51But we go into the writing white HIV clinic but be doing some addiction medicine and also hoping to implement more home visits, especially now that tell a preset thing is becoming more prevalent.
- 01:35:00Related to this is something that when we talk about things that worked and didn't work this year.
- 01:35:05We were really excited to design a new annual resident retreat that incorporated a component of resident community service.
- 01:35:11Unfortunately, we couldn't predict that there would be yet another coven surge when we plan to retreat, I would like to shout out back to your calendar who move mountains, to make this retreat possible.
- 01:35:20In terms of rescheduling a lot of you know, may patients and ensuring that we had a dedicated day for residents to be involved with third treat we reached out and made a lot of Community partners in terms of.
- 01:35:31community service opportunities and ultimately we're able to have some small groups volunteer the International Rescue Committee and also supreme and breakfast.
- 01:35:39But this is something that I'm hopeful will be continued in the future, and hopefully expanded more on throughout out of the context of an active search.
- 01:35:47All right, so wrapped up in terms of the future, there are a lot of you, if you want three opportunities that we're going to be seeing rolling out this year and in the coming years.
- 01:35:55Not just ran customs chugging mountain dew at you ma so the updated acg requirements have been rolling out.
- 01:36:02Over the past several years and kind of redefined what residency must include and so thinking about kind of what a resident needs to experience over it.

- 01:36:10kind of their three years, they need to have at least 30 minutes of clinical experience they need to have some form of a longitudinal continuity experience they need to have foundational.
- 01:36:19Internal medicine experience at least six months of individualized experience, so I really need a doctor lawyer to explain this to me.
- 01:36:27Because it's kind of vague language but basically What this means is.
- 01:36:31You have to have these fundamental kind of components of what someone needs to be a good internist but it doesn't have to be as rigid as.
- 01:36:38You need to do this, many weeks of primary care general internal medicine, you need to do this, many weeks of impatient medicine this three weeks of.
- 01:36:45Critical care, and it really opens up a lot of mixing and matching and being really thoughtful about creating an individualized experience, and so I really wanted to focus on what that meant and the eagle literary setting.
- 01:36:56And so, some of the things that we're rolling out this year to kind of recognize that a continuity experience can be tailored to someone's particular interests is the creation of an HIV.
- 01:37:06clinic which will be a half day of the plus one week that spent and the Rhineland HIV clinic with a dedicated panel of patients and so thank you to Dr Khan.
- 01:37:14I did, Dr McKeon so Dr filling him Hoover true like hard to make that opportunity possible another great opportunity that is rolling out is that we're bringing refugee care and to our patient population that you have.
- 01:37:27One of our business lives end is kind of pilot in this part of a global health and leaders track this year, as she lost the ability to travel internationally with.
- 01:37:36One of the many searches and started seeing some of these patients and it's The plan is for the upcoming year for a global health and leadership track.
- 01:37:44residents to get to see some refugee care specific sessions at each other, you may weeks and we're excited that typical stuff next year and then another thing to think about is yet another kind of.
- 01:37:58Pillar from at Jimmy are foundational skill that he wants to see is kind of just resident.
- 01:38:05ability to manage in the digital age, and so, if they have a lot of specific verbiage about the electronic medical record but there's also this expectation that.
- 01:38:14Teaching around telehealth will become a part of residency education and so we're excited to see the expansion of telemedicine, this is already being built into epic and we've rolled it out.
- 01:38:23Your business can see in a patient or two per year and a half day the atonement accent but we're excited for that future all right.
- 01:38:34yeah this will be brief initiative time, but if it is related to our cmc this year, you know we all like to talk and so that's running late is not very shocking.
- 01:38:42But I think this slide we saw earlier just reprise everything about how to wrap this up.
- 01:38:47All these lessons we learned really applied to Kobe, but you can extrapolate them also to just keep your life in general right.
- 01:38:54plan ahead improvise adapt when that doesn't work lean on your friends always have a sweet treat and then our final reflections from.
- 01:39:02From this year is to use to part and leave you with obviously coven still here, probably not going anywhere.

- 01:39:09But we still need to do what we, we need to mostly seeking that excellent patient care and the awesome educational opportunities that brought us to uva right, so we can't let go of it stand in the way that we must move forward.
- 01:39:23Although sometimes not at the pace we'd want, there are a lot of things that we want to do an act this year that came up in discussion.
- 01:39:28And as residents setting but thinking chair that reason is exhibiting here and our chiefs office we learned that.
- 01:39:34Sometimes you just have to temperature the room, listen to the people who are on the front lines and that you're working with and know that you can't just pull those forward at times at times it's just being there being supportive.
- 01:39:44For those around you and won't get everything right, but we have to keep changing things for the better and moving them forward and we've got a lot of updates that we just finished talking about that we're excited to see how they continue to improve in the future.
- 01:39:57And then, last but not least, again we talked a lot about all the people who helped us get to this presentation this year and get through all the patient care of this year, so thank you to all of you and the future looks bright, here we have pricing baby Jesus and chief babies.
- 01:40:21sneaky and a few other thing is just all the residents, we worked with your in your out, I think we.
- 01:40:26can call it everyone to do at this point in the year for shift that you didn't plan to work and the response by and large, was happy to help I'll be there.
- 01:40:34Thank you to our administrative team, we could not do what we do without all of you, keeping us but and keeping us going Thank you to all of our ap DS and the administration and especially to doctor who laughs who's there, day in and day out with us, helping us figure it out thanks.
- 01:40:57This year, and.
- 01:41:02So those who can say will try to take a rapid photo on the stairs outside the ERC Thank you.
- 01:41:17My name is Marco CARA and Joe word here on behalf of the render them because we obviously have to change that to move out and then our administrative help as well, so that's our job this year.
- 01:41:31For Aaron Terry joy and Tony Thank you so much for everything you do and help us get through with like just a little things in a thing so we've just a little something for you are.
- 01:41:45We bringing this to you, I guess, I don't think Aaron.
- 01:41:51Really really appreciate it, this is just a novel residency Program.
- 01:42:02Okay.
- 01:42:04We, we will have you are.
- 01:42:06happy to have you and we're going to miss you but really you guys for free or model stressful fear and I think we just are really appreciated everything you did and responsive to feedback and help us through a heart, so thank you.
- 01:42:23We got all of you guys dinner, hopefully, at least in your respective towns you're going to.
- 01:42:33make you.
- 01:42:36And then, last but not too loud he didn't know what to get the man has every.

- 01:42:45Instead, we just put together a small photo that has every resident you've ever been of the program director for on it.
- 01:42:53So hopefully like.