

ATTACHMENT F

Hospital Medicine Updates

Kendall Rogers

Division of Hospital Medicine Mission Statement

- The University of New Mexico Health Sciences Center Hospital Medicine Program will lead the field of inpatient medicine by
 - providing the highest quality of care to hospitalized patients
 - achieving excellence in inpatient education to students, residents, colleagues, patients, and all members of our health care team
 - promoting the advancement of inpatient medical care through education and clinical research
 - attaining a cohesive and sustainable practice model
 - and innovating in the areas of quality improvement, hospital systems, patient safety, palliative care, and resident education that will ultimately improve the care of all hospitalized patients



Houriya Ayoubieh



Eileen Barrett



Peggy Beeley



Perryman Collins



Dana Davis



Taylor Goot



Husayn Bin Bilal



Radha Denmark



Lida Fatemi



Sergio Huerta



Jacob Imber



Jennifer Jernigan



Mary Lacy



Jens Langsjoen



Karla Enriquez



Amanda Lechel



Shadi Mayasy



Justin Miller



Leonard Noronha



Rush Pierce



Charles Pizanis



Deepti Rao



Barbara Aronson



Patrick Rendon



Justin Roesch



Kendall Rogers



Scott Seth



Anthony Worsham



Krystle Apodaca



Nikolitsa Varveresou

Our Division

- 47 Faculty Members across 3 sites, 2 UNM Chief Residents
 - 9 Associate Professors, 6 Professors
- 17 NP/PAs, 1 Medical Assistant
- 1 Unit Administrator, 2 Admin Assistants, 2 work-study students

Hospital Medicine

- “We are happy” (Engagement survey, retention, ACE Committee)
- “We are productive” (productivity data, quality activities)
- “We are great teachers” (educational leadership roles, teaching awards, feedback training, peer observation)
- “We are local and national leaders” (local/national leadership, Studer)
- “We are innovators” (HMM Training track, APP Fellowship, AMA Discharge, CR curriculum, High Value Care curriculum, QI student elective)
- “We are scholars” (scholarship data)
- “We are team players” (OPAT, renal tx, FP, backup,).

SHM Engagement Survey

Executive Summary

In response to a national focus on clinician worklife, the Society of Hospital Medicine (SHM) Hospitalist Engagement Benchmarking Program was developed by the SHM Practice Management Committee starting in 2013. Building on collective experience and knowledge gained from the 2009-2010 Hospitalist Physician Worklife Survey, the Committee developed and validated a brief and reliable survey for measuring hospitalist job engagement. The Program is designed to provide feedback to HMG leaders about their hospitalists' perception of their healthcare environment as a place to work, develop careers, and provide patient care. The cloud-based survey system that hosts SHM Engagement conforms to the highest level of data security and is maintained by Medical Research Analytics and Informatics Alliance (MRAIA).

The performance of your HMG (UNM) in 2015 was outstanding. Among 33 hospitalists in your HMG, the response rate was 88%.

Your HMG was among the highest scoring groups in the following domain(s):, Organizational Climate, Organizational Climate, Relationship with Leader, Autonomy, Organizational Fairness. Your HMG tracked the benchmark in the following domain(s):, Affective Motivation.

As much or greater proportion of your HMG compared to your peers supported your hospital leadership's articulated strategy. ~~As much or greater proportion of your HMG compared to your peers indicated that hospitalists are allocated appropriate resources.~~ The clinical information system appeared to be a particular source of frustration among your hospitalists. A greater proportion of your HMG compared to your peers felt that your program may be understaffed.

Burnout risk among your hospitalists were lower than your peers.

Organizational Climate Items

	Somewhat agree or Agree (%)	Responding HMGs (n), Responding Hospitalists (n/N)	Levels
There is a sense of shared values among the members of my Hospital Medicine Group.	96	(1), 29/33	Your HMG
	89	(18), 222/397	University/medical school HMGs
	82	(168), 1384/2866	All HMGs
Within my Hospital Medicine Group, there is an open willingness to discuss key issues.	100	(1), 29/33	Your HMG
	86	(18), 222/397	University/medical school HMGs
	83	(168), 1384/2866	All HMGs

Care Quality Items

	Somewhat agree or Agree (%)	Responding HMGs (n), Responding Hospitalists (n/N)	Levels
I feel empowered to impact the quality of care provided to my patients.	100	(1), 29/33	Your HMG
	85	(18), 222/397	University/medical school HMGs
	86	(168), 1383/2866	All HMGs
My Hospital Medicine Group has a commitment to improving quality outcomes for our patients.	100	(1), 29/33	Your HMG
	94	(18), 222/397	University/medical school HMGs
	89	(168), 1383/2866	All HMGs

Care Quality is an important domain that indicates your hospitalists' perception that their work environment is conducive to delivering the highest quality care. Removing structural and process barriers to good care is essential to improving this domain.

Relationship with Leader Items

	Somewhat agree or Agree (%)	Responding HMGs (n), Responding Hospitalists (n/N)	Levels
My Hospital Medicine Group leader is supportive of me as an individual.	100	(1), 29/396	Your HMG
	86	(18), 209/379	University/medical school HMGs
	84	(168), 1267/2698	All HMGs
I respect my Hospital Medicine Group leader as someone who is effective in his/her job.	100	(1), 29/396	Your HMG
	82	(18), 209/379	University/medical school HMGs
	84	(168), 1267/2698	All HMGs

The Relationship with Leader domain gets a little personal but speaks to the perception among your hospitalists of your effectiveness as their representative and advocate. Improving this dimension requires honest self-reflection. Note that the corresponding leader of this HMG was not asked to respond to these items.

Autonomy Items

	Somewhat agree or Agree (%)	Responding HMGs (n), Responding Hospitalists (n/N)	Levels
As an individual, I have autonomy over the manner in which I do my work.	100	(1), 29/33	Your HMG
	88	(18), 222/397	University/medical school HMGs
	86	(168), 1374/2866	All HMGs
As a Hospital Medicine Group, the clinicians have control over the management and infrastructure of our work.	89	(1), 29/33	Your HMG
	62	(18), 222/397	University/medical school HMGs
	66	(168), 1374/2866	All HMGs
Within our Hospital Medicine Group, the clinicians have control over the scope of their clinical responsibilities.	93	(1), 29/33	Your HMG
	69	(18), 222/397	University/medical school HMGs
	73	(168), 1374/2866	All HMGs

Autonomy means control that can buffer the effects of job stress. Improving autonomy requires organizational trust in hospitalists, coherence of clinician-directed feedback measures, and control over the quality of work, if not the quantity.

Affective Motivation Items

	Somewhat agree or Agree (%)	Responding HMGs (n), Responding Hospitalists (n/N)	Levels
I believe my work makes a difference to my patients.	100	(1), 29/33	Your HMG
	99	(18), 222/397	University/medical school HMGs
	96	(168), 1372/2866	All HMGs
I believe my work makes a difference to my Hospital Medicine Group.	96	(1), 29/33	Your HMG
	97	(18), 222/397	University/medical school HMGs
	93	(168), 1372/2866	All HMGs
I am excited by my work.	97	(1), 29/33	Your HMG
	88	(18), 222/397	University/medical school HMGs
	83	(168), 1372/2866	All HMGs
Each day I look forward to doing my job.	89	(1), 29/33	Your HMG
	80	(18), 222/397	University/medical school HMGs
	79	(168), 1372/2866	All HMGs

Affective Motivation is a measure of hospitalists' enthusiasm for their work. This gauges their personality type and effects on it by the work environment. Designing work that helps individuals achieve career goals can bolster motivation.

Relationship with Hospital Items, Part 2

	Disagree or Somewhat disagree (%)	Responding HMGs (n), Responding Hospitalists (n/N)	Levels
The hospital's clinical information system (e.g., electronic health record) is a source of frustration to me and my colleagues.	3	(1), 29/33	Your HMG
	41	(18), 222/397	University/medical school HMGs
	32	(168), 1367/2866	All HMGs
There are not enough hospitalists (physicians, NPs, PAs) to adequately cover the clinical workload.	17	(1), 29/33	Your HMG
	29	(18), 222/397	University/medical school HMGs
	30	(168), 1367/2866	All HMGs
My patients do not have adequate access to needed clinical services (specialty care, nursing, social services, case management, etc.).	13	(1), 29/33	Your HMG
	44	(18), 222/397	University/medical school HMGs
	55	(168), 1367/2866	All HMGs

The relationship between a hospitalist and hospital is established through shared goals and resources. Information technology and human resources are critical to supporting the work of hospitalists. The final item gauges hospitalists' perception about resources available to their patients from your organization.

Burnout Risk

Clinicians at risk of burnout (%)	Responding HMGs (n), Responding Hospitalists (n/N)	Levels
13	(1), 29/33	Your HMG
20	(18), 222/397	University/medical school HMGs
23	(168), 1367/2866	All HMGs

Burnout is prevalent among hospitalists and is associated with decreased productivity, increased errors, and increased turnover. Burnout is usually associated with high workload and low levels of control.

We are local and national leaders

Division Structure

- History
 - Section formed in December 2006
 - Division formed in 2012
- 3 Sections within Division
 - UNM Section Chief: Dana Davis
 - VA Section Chief: Holly Fleming
 - SRMC Section Chief: Becky Bair
- Division Executive Committee
- Quality Council
- Directorships

Directorships



The screenshot shows a web interface for a Wiki page. At the top, the UNM School of Medicine logo and name are visible. Below the logo is a navigation bar with icons for Wiki, Pages & Files, Users, and Settings. The page title is 'Hospital Medicine Director Roles', marked with a star. Below the title, it indicates the page was last edited by Kendall Rogers 0 minutes ago. The content is organized into three sections: 'Current Quality Director Roles', 'Current Education Director Roles', and 'Proposed Director Roles'. Each section lists specific roles and the names of the individuals holding them. A 'Template for Director Roles' section is also present at the bottom.

UNM SCHOOL of MEDICINE *Hospital Medicine*

Wiki Pages & Files Users Settings

VIEW **EDIT**

☆ **Hospital Medicine Director Roles**

last edited by Kendall Rogers 0 minutes ago

Current Quality Director Roles

- [Director of High-Value Care](#) - Mary Lacy
- [Director of Admissions and Interservice Relations](#) - Charlie Pizanis
- [Director of Research and Scholarly Activity](#) - Rush Pierce
- [Division Director for informatics, IT quality, education, and usability](#) Seth Scott
- [Director of Procedural Competence and Training](#) - Jake Imber
- [Director of Systems Development and Process Improvement](#) Eileen Barrett
- [Director of Quality and Safety Education](#) Sergio Huerta
- [Director of Patient Flow and Throughput](#) Shadi Mayasy

Current Education Director Roles

- [Director of Consult Medicine Rotation](#) - Charlie
- [Director of Hospital Medicine Simulation Education](#) - Jake/Tony



Proposed Director Roles

- [Quality Director for Anti-Thrombosis Stewardship](#)

Template for Director Roles

- [Director Role Template](#)

☆ Director of Research and Scholarly Activity

last edited by  Rush Pierce 1 year, 6 months ago 

Current Faculty in this Role:

J Rush Pierce Jr, MD, MPH

Title:

Director of Research and Scholarly Activity

Goals:

Assists Section and Division Chiefs in promoting research and scholarly activity in the Division of Hospital Medicine by:

1. Developing and promoting research and scholarly activity by members of the Division.
2. Assisting faculty, resident, and student develop, perform, and publish case reports, quality improvement projects, educational research, clinical trials involving hospitalized patients, and other research projects; and
3. Promoting research efforts and scholarly activity by the Division to the broader community.

Principal Duties and Responsibilities:

1. Meet at least yearly with each member of the UNMH Section and to ascertain research and scholarly activity interests, current activity, and progress toward promotion.
2. Provide quarterly reports to the Division regarding research and scholarly activity of Division members.
3. Assist faculty members in the Division with development of research and scholarly activities, IRB applications, obtaining assistance with data analysis, manuscript preparation and submission, and promotion process.
4. Organize and facilitate monthly meetings for presentation of scholarly activity to members of the Division.
5. Link interested residents and students with Division faculty members doing research.
6. Encourage residents and students to write case reports and quality improvement/research manuscripts with Division faculty members.
7. Assist Division faculty members, residents, and students with abstract and poster preparation.
8. Serve as Division liaison for research and scholarly activity to other Divisions, Departments and external agencies.
9. Maintain and regularly update the Division wiki with regard to research and scholarly activities of the Division, and provide tools and announcements related to research and scholarly activity at UNM and elsewhere
10. Make Division faculty members aware of external funding opportunities.

Date Last Updated:

14 Jul 2015

Selected Leadership Roles

- UNM Hospital
 - Executive Director of Inpatient Services
 - 4 West Medical Director
 - 5 West Medical Director
 - Anticoagulation Clinic Medical Director
- UNM SOM
 - IM Residency Program Director
 - Associate Program Director
 - Clinical Reasoning Block Chairs
 - Director of Undergraduate Education
- Outside UNM
 - ACP Board of Governors/Now Regent
 - SHM Public Policy Committee
 - SHM Quality Safety Committee
 - SHM Education Committee

We are productive

		Work RVUs @ 1.0 cFTE	UHC Mean	Variance from Mean	Percent of UHC Mean	UHC 75th Percentile	Percent of the UHC 75%			
UNM HOSPITALISTS		2,359	1,956	10,454	121%	2,365	100%			
Davis, Dana	FY2016	Work RVUs @ 1.0 cFTE	UHC Mean	Variance from Mean	Percent of UHC Mean	UHC 75th Percentile	Percent of UHC 75%			
Davis, Keith										
Fatemi, Lida										
Goot, Taylor										
Huerta, Sergio										
Imber, Jacob										
Jackson, James										
Jernigan, Jennifer	\$135,508	\$49,908	1,015	903	2,537	2,008	529	126%	0.40	2,428
Lacy, Mary	\$201,547	\$79,182	1,532	2,016	2,189	2,008	181	109%	0.70	2,428
SRMC Hospitalists		\$885,619	\$292,938	6,707	5,174	920	1,573	-6,529	58%	
Pierce, Jr., John	\$142,403	\$45,752	1,071	1,620	2,380	2,008	372	119%	0.45	2,428
Pizanis, Charles	\$201,408	\$76,131	1,540	1,402	2,566	2,008	558	128%	0.60	2,428
Rao, Deepti	\$77,884	\$24,047	594	1,108	1,981	2,008	-27	99%	0.30	2,428
Rendon, Patrick	\$143,026	\$59,282	1,091	1,288	3,117	2,008	1,109	155%	0.35	2,428
Roesch, Justin	\$120,701	\$45,369	920	1,402	1,840	2,008	-168	92%	0.50	2,428
Rogers, Kendall	\$141,373	\$47,470	1,079	986	3,082	2,008	1,074	153%	0.35	2,428
Scott, Seth	\$193,577	\$74,470	1,482	1,945	2,118	2,008	110	105%	0.70	2,428
Worsham, Anthony	\$181,294	\$62,346	1,382	1,122	2,764	2,008	756	138%	0.50	2,428
Wortham, Joy	\$86,856	\$49,338	662	1,872	1,763	669	1,094	263%	0.16	809

[2016][Custom Subset 1][Inpatient Hospital Care]MEASURES

UNM	INITIAL CARE			
	99221	99222	99223	Initial Hospital Care
<i>FPSC Mean</i>	6.54%	27.68%	65.79%	
<i>UNMH MEAN</i>	6.74%	24.22%	69.04%	
<i>UNMH RANGE</i>	3-13%	16-31%	62-79%	

SUBSEQUENT VISITS				DISCHARGE		
99231	99232	99233	Subsequent Hospital Care	99238	99239	Hospital Discharge
4.81%	54.80%	40.39%		46.60%	53.40%	
0.17%	28.06%	71.77%		62.82%	37.18%	
0-1%	22-34%	65-77%		11-99%	1-89%	

Physician	Measure	99221	99222	99223	Initial Hospital Care	99231	99232	99233	Subsequent Hospital Care	99238	99239	Hospital Discharge
AYOUBIEH M.D, HOURIYA	Total Encounters	15	61	187	263	0	346	1,172	1,518	155	151	306
	Encounter Distribution	5.70%	23.19%	71.10%	100.00%	0.00%	22.79%	77.21%	100.00%	50.65%	49.35%	100.00%
BARRETT MD,EILEEN DANIEL	Total Encounters	10	53	137	200	1	300	691	992	62	172	234
	Encounter Distribution	5.00%	26.50%	68.50%	100.00%	0.10%	30.24%	69.66%	100.00%	26.50%	73.50%	100.00%
BEELEY, PEGGY A	Total Encounters	9	43	113	165	2	190	494	686	150	59	209
	Encounter Distribution	5.45%	26.06%	68.48%	100.00%	0.29%	27.70%	72.01%	100.00%	71.77%	28.23%	100.00%
COLLINS MD,NATHANIEL P	Total Encounters	4	20	63	87	1	94	298	393	75	37	112
	Encounter Distribution	4.60%	22.99%	72.41%	100.00%	0.25%	23.92%	75.83%	100.00%	66.96%	33.04%	100.00%
DAVIS, DANA	Total Encounters	15	28	106	149	2	335	671	1,008	187	11	198
	Encounter Distribution	10.07%	18.79%	71.14%	100.00%	0.20%	33.23%	66.57%	100.00%	94.44%	5.56%	100.00%
DAVIS, KEITH	Total Encounters	15	28	106	149	0	59	186	245	70	1	198
	Encounter Distribution	10.07%	18.79%	71.14%	100.00%	0.00%	24.08%	75.92%	100.00%	98.59%	1.41%	100.00%
FATEMI D.O., LIDA	Total Encounters	11	38	96	145	7	254	551	812	150	3	153
	Encounter Distribution	7.59%	26.21%	66.21%	100.00%	0.86%	31.28%	67.86%	100.00%	98.04%	1.96%	100.00%
GOOT M.D., TAYLOR	Total Encounters	12	64	169	245	0	360	902	1,262	97	161	258
	Encounter Distribution	4.90%	26.12%	68.98%	100.00%	0.00%	28.53%	71.47%	100.00%	37.60%	62.40%	100.00%
HUERTA II MD,SERGIO A	Total Encounters	27	67	170	264	0	339	1,080	1,419	71	244	315
	Encounter Distribution	10.23%	25.38%	64.39%	100.00%	0.00%	23.89%	76.11%	100.00%	22.54%	77.46%	100.00%
IMBER MD,JACOB G	Total Encounters	15	55	161	231	0	346	773	1,119	193	114	307
	Encounter Distribution	6.49%	23.81%	69.70%	100.00%	0.00%	30.92%	69.08%	100.00%	62.87%	37.13%	100.00%
JERNIGAN, JENNIFER R	Total Encounters	5	17	55	77	0	118	403	521	75	26	101
	Encounter Distribution	6.49%	22.08%	71.43%	100.00%	0.00%	22.65%	77.35%	100.00%	74.26%	25.74%	100.00%
LACY MD,MARY E	Total Encounters	7	43	128	178	0	286	714	1,000	185	49	234
	Encounter Distribution	3.93%	24.16%	71.91%	100.00%	0.00%	28.60%	71.40%	100.00%	79.06%	20.94%	100.00%
LANGSJOEN MD,JENS O	Total Encounters	10	18	58	86	1	114	390	505	20	107	127
	Encounter Distribution	11.63%	20.93%	67.44%	100.00%	0.20%	22.57%	77.23%	100.00%	15.75%	84.25%	100.00%
MAYASY MD,SHADI	Total Encounters	17	40	140	197	1	349	939	1,289	32	251	283
	Encounter Distribution	8.63%	20.30%	71.07%	100.00%	0.08%	27.08%	72.85%	100.00%	11.31%	88.69%	100.00%
MILLER M.D., JUSTIN TATE	Total Encounters	2	23	42	67	0	155	299	454	89	1	90
	Encounter Distribution	2.99%	34.33%	62.69%	100.00%	0.00%	34.14%	65.86%	100.00%	98.89%	1.11%	100.00%

Meetings/Retreats

- 2 Retreats per year
 - Fall Retreat: 2 nights, strategic planning/priorities
 - Spring Retreat: 1 night, recognition and updates
- Group Meetings every Tuesday, Wednesday, and Fridays
 - Tuesdays: Business Meeting, Mortality Review, Research/Quality, Workgroup
 - Wednesdays: Best Practices, Journal Club
 - Fridays: Education, Ward Council, M&M
 - Executive Committee and Admin meetings once a month
- Monthly Practice Report

Best Practices

- Weekly conference since 2006
- Goal of standardization of practices and dissemination of best practices
- Recorded, telecasted, posted online, and summaries sent out
- Not just educational, should result in change

VIEW EDIT

☆ University of New Mexico Hospitalist Wiki

last edited by hrpost@salud.unm.edu 5 days, 21 hours ago

Page history

Clinical Services

- [Ward System Details](#)
- [Wards Handbook](#)
- **ED Triage/Admission**
 - [Service Agreements/ Admission Guidelines](#)
 - [H&P Form](#)
 - [Triage Sheets](#)
 - **Family Medicine** [Adult Admitting Criteria](#) | [Transfer Criteria](#)
 - [Bouncebacks](#)
- [Transfer Guidelines](#)
- [Gold Guidelines](#) | [Backup Policy](#)
- [Silver/Consults Guidelines: R1](#) | [R2/R3](#)
- Other: [IM Resident Wiki](#) | [MICU](#) | [VA Info](#)
- [Useful Clinical tools/protocols](#)
- Pilot transfer forms for pts going to Princeton Place ([form](#), [survey](#))
- [HM Provider Billing Sheet Template- Revised 12.6.16.xlsx](#)

Education

- [Resident Inpatient Modules](#)
- [Best Practices](#)
- [Journal Club](#)
- [Brief Practices](#)
- [Grand Rounds](#)
- [BATCAVE](#)
- [Medical Economics Elective](#)
- [Hospitalist Training Track](#)
- [Teaching Opportunities](#)

Research & Scholarship

- [Research Guide](#)
- [Publications](#)
- [LoboVault \(Repository of scholarly products\)](#)
- [Abstract Deadlines](#)
- [QI and Educational Activities by UNM Hospitalists](#) (updated 02/01/16)
- [Research Club](#)

Intranet

- [Division Resources](#)

Calendars/Schedules/Meetings

 Click for a [larger meeting calendar](#)
Wednesday, January 18 ▾

Wednesday, January 18

 12:00pm [Best Practice](#)
Thursday, January 19

 12:30pm [Grand Rounds](#)
Friday, January 20

 12:00pm [Ward Council](#)
Tuesdav. January 24

Google Calendar

- Ward Assignments: [January-June 2017](#) (last updated 1/12/2017) (log in to access)
- Team Color Calendars: [Jan](#) | [Feb](#) | [Mar](#)
- [4ACC Conference Room Schedule](#)

News

- **Congratulations to Dr. Rush Pierce for winning the Gold-Headed Cane Award**, "a symbol of excellence, signifying in its award those qualities of head, heart and hands that exemplify the best of the medical profession in clinical practice, academics, ethics, professionalism, community service and/or advocacy."

Quality & Safety

- [Hospital Medicine Quality Director Roles](#)
- [Patient Safety Intelligence \(aka PSNs\)](#)
- [Harm Elimination/SPHEE](#)
- [IHI \(Institute for Healthcare Improvement\)](#)
- [Hospital Compare](#)
- [Order Sets/Powerplans/EMR templates and changes](#)
- [Leapfrog - Compare Hospitals](#)

Quick Links

- [UNMH Intranet](#)

Hospital Medicine Wiki

- Our peripheral brain and goal to be single truth
- Editable by anyone in group
- Portions viewable by anyone, restricted areas for others
- Has 900 different web pages and always growing

Recruitment/Hiring/Onboarding/Retaining

- Recruitment
 - Residents, HTT
 - Word of Mouth
- Hiring
 - 83 LOOs in 9 years
- Onboarding
 - Higher clinical FTE 1st year, apply for additional time
 - Formal orientation
 - 3 Mentor Model
- Retention
 - ACE Committee

Annual Review Process

- Annual Review Packet
- FSA with Guidance
- In Person Meetings
- Grading Rubric

Individual Annual Review Process

- **Before Annual Review**
 - Faculty should receive all materials needed to complete FSA by January 1st
 - Schedule each faculty 90 minute review with Division/Section Chief during Jan/Feb
 - Complete FSA with guidance and send to Section Chief before annual review appointment - appointment may be rescheduled if not completed beforehand

- **Data Packet to be provided to Faculty by January 1st**
 - **UNM and SRMC Sections**
 - FIBCI
 - RVU Database (Faculty Productivity Reports)
 - Summary Template
 - E&M Coding and Crimson Summary Data
 - OPPE: Professionalism Evals
 - OPPE: Clinical Encounters
 - FAD Report
 - Evaluations: Resident
 - Evaluations: Med Student
 - Evaluations: Phase I Tutorial
 - MEDS

EDUCATION ANNUAL SELF EVALUATION

EDUCATION Instructions:

- 1) In the space provided below discuss your success in achieving your CY2016 goals
- 2) Discuss any other relevant achievements
- 3) State your goals for CY2017 in the form of specific, measurable, aligned, realistic, and timed, i.e., SMART objectives for the coming calendar year

CY2016 Education Goals and Other Relevant Achievements:

CY2017 Education Goals:

EDUCATION ANNUAL SELF EVALUATION

EDUCATION Instructions:

- 1) In the space provided below discuss your success in achieving your CY2015 goals
- 2) Discuss any other relevant achievements
- 3) State your goals for CY2016 in the form of specific, measurable, aligned, realistic, and timed, i.e., SMART objectives for the coming calendar year

CY2016 Education Goals:

Copy goals from previous year FSA here and comment on success

CY2016 Other Relevant Achievements

DELETE ANY SECTIONS YOU DO NOT HAVE INFORMATION FOR

Personal Education Activities

What education have you done this year (CME, TED Workshops, and Conferences?)

Teaching Activities

Medical Students (tutorials, lectures, activities on wards)
Residents (teaching onwards, lectures, BATCAVE)
Peers (best practices, etc.)
Staff (Nursing, other staff)
National or Regional Activities (talks, grand rounds)

Education Curriculum Development or Innovations

New or changes in programs (started board review course, procedure training, etc.)

Learner Mentoring (any students/residents mentored – projects done)

Education Evaluations

Medical Student Evals
Wards
Tutorials
Resident Evals

List best and worst categories of evaluations you have received (which specific questions)
List scores in comparison to peers on education evaluations
List best and worst specific comments, respond to them

FAD Data, hours worked in what areas

Awards or other feedback

Other education activities

Education Self Assigned Score with justification: O C S M U

Based on the Hospital Medicine Scoring Rubric, I believe I have achieved the score of ___ for Education due to

CY2017 Education Goals:

Please list 3-5 specific goals for the coming year in SMART Format

What goals do you have for the coming year?
What education activities will you continue or start?

Rvsd0 Medical Student, Resident and Peer education (Best practices)
What education do you plan to take yourself in the coming year?
How will you measure success of education activities you are involved in?

Meeting with Faculty Agenda:

- 90 minute meetings with each faculty member
- Meet and greet, how are things going?
- Will review FSA previous goals, accomplishments
- Develop goals for each section
- In each section we will offer suggested edits to the FSA and develop goals
- Current FTE breakdown and proposals for change
- Review any negative reports and feedback on performance
- Rounding (what do you enjoy most, what do you find most frustrating)

After Annual Review

- Faculty member should complete FAD and resend revision back to Division/Section Chief within 2 weeks
- Section Chiefs will complete Summary on each faculty member
- Each section chief will present each faculty member to Division Chief
- Division Chief will present all faculty to IM Department Chair

Scoring Rubric

CLINICAL

O No deficiencies in productivity notes, has evidence of personal or group improvement or excellence in clinical care, active in quality work with good results (impact or number of patients impacted), number of quality projects involved in

C No deficiencies in productivity notes and (evidence of excellence in individual performance, no quality time) OR has quality time meeting expectations for activity in quality without demonstrable results yet

S Meets the average or below, good individual performance, meeting expectations for quality or no quality time

M Concerns with clinical care, issues or discrepancies with coding/billing, not fulfilling requirements for quality time, on an active remediation plan regarding clinical

U Recognized clinical issues that have not been responsive to a remediation process

Will also consider: taking additional shifts to help, outstanding results in particular clinical area

Professionalism

O Excellent personal professionalism and promoting professionalism in others: Commonly listed as a role model, many comments about professionalism, evals outstanding in these areas, promoting professionalism among colleagues

C Excellent personal professionalism, No complaints, OPPE completed, only positive comments on professionalism from resident evals

S Met the expectations, completed OPPE, may have had a complaint but was resolved, resident evals not consistently glowing on professionalism, faculty acknowledged and has plan for improvement

M Multiple reports on professionalism, currently under a remediation plan, or professionalism reports that are recurrent or not addressed

U Flagrant professionalism issues, lack of improvement to a remediation plan

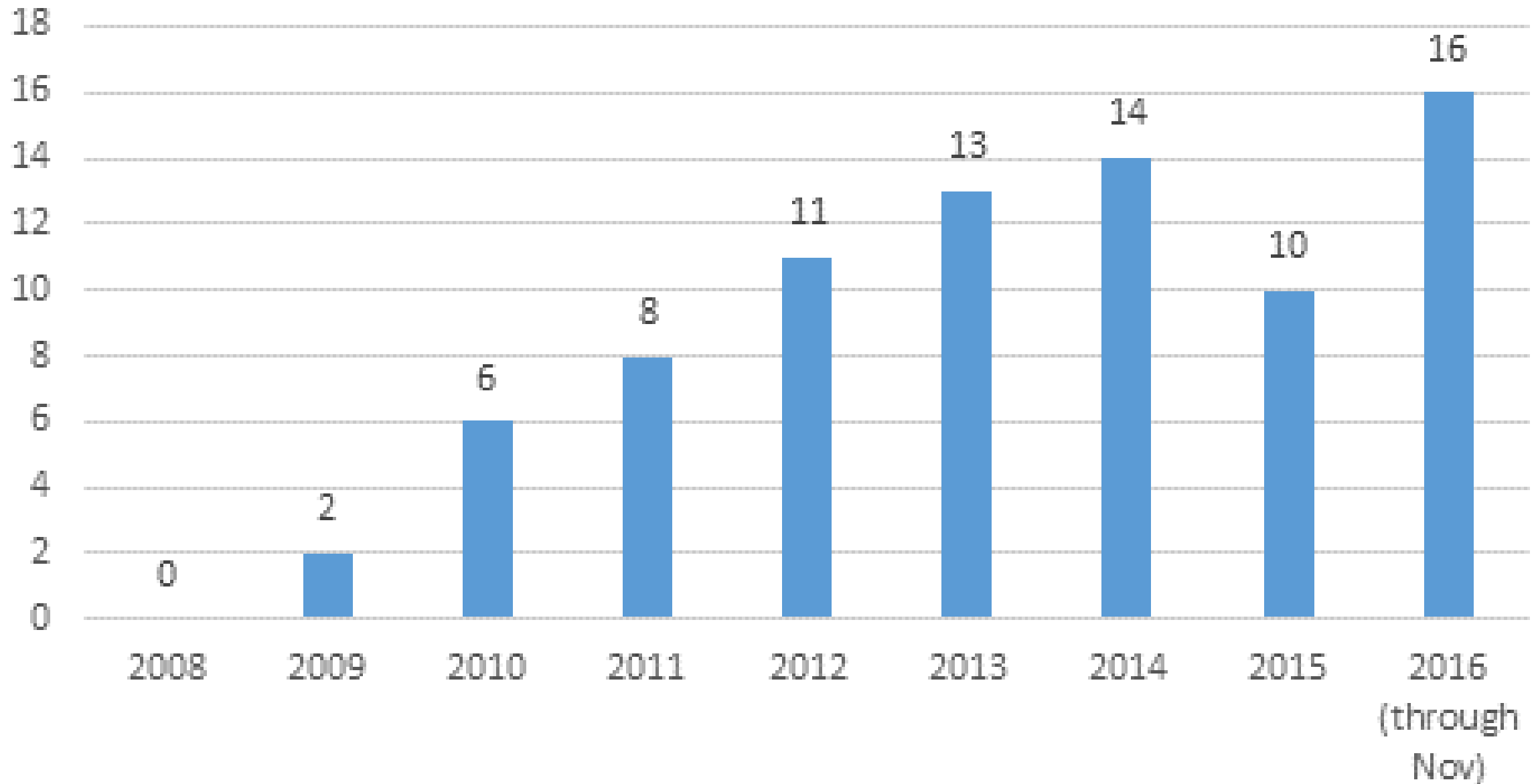
Incentive Plan

- Annual reviews used to be eligible for incentive
- Incentive currently based on citizenship measures
 - Meeting attendance
 - Coding/Billing Sheet submission
 - Documentation/Coding requests
 - Monthly Practice Report
 - Discharge Summary
 - OPPE Completion

Highlighted Education Activities

- Clinical Reasoning for Phase 1 Medical Students
- High Value Care Curriculum
- Quality Improvement Practicum
- Hospitalist Training Track
- UNM Quality Improvement and Patient Safety Week
- Medical Economics Elective
- APP Hospital Medicine Fellowship

Published manuscripts



Highlighted Quality Activities

- Glycemic Control
- Mortality Review
- Sepsis
- Clinical Decision Support Advances
- Documentation/Coding/Billing
- VA Irregular Discharge

Awards

- Gold Headed Cane Award
- Residents Teaching Attending of the year 7 years in a row
- Medical Student Khatali Award 4 years in a row
- 2016 New Mexico Chapter of SHM Hospitalist and APP of the Year
- SOM Phase II Teaching category

We are Team Players

- we helped out with OPAT, inpt Hem/Onc, Fam Med overflow, high census, OCD
- Educational Awards – Patrick (Khatali Award – 4 years in a row, really remarkable), Resident Award – 6 yrs in a row,

Opportunities

- Growth (Supported Growth)
- Research!
 - Jens Langsjoen in Masters program
- Mentorship
- Quality Collaborations

Questions