

Leadership Retreat 2020 Summary



On February 21, 2020, 74 faculty and staff leaders within the Department of Medicine gathered at the Golden Gate Club in the Presidio for our annual Leadership Retreat. This year, the theme was centered on our education mission.

Retreat organizers **Beth Harleman** (Associate Chair for Faculty Experience), **Aaron Tabacco** (Staff Experience Specialist), and **Kim Koenigsberger** (Administrative Director of Education) structured the day with a workshop model, to focus our time on discussing four case scenarios:

1. The Resilience-Seeking Resident
2. The Forgotten Fellow
3. The Aspirational Attending
4. The Fragmented Fellowship Coordinator



The program opened with a panel composed of **Virginia Schuler** (Residency Manager), **Yaanik Desai** (Resident Physician), **Anna Parks** (Clinical Fellow, UCSF Health Division of Hematology & Oncology), and **Leslie Sheu** (Assistant Clinical Professor, UCSF Health Division of General Internal Medicine). Under the moderation of Beth Harleman, the panel shared their personal insights about

education in the Department of Medicine. **Virginia** spoke to questions about what she, as a staff member for the education team, felt were the most pressing needs and challenges of learners. **Anna** and **Yaanik** spoke to their impressions of both the most rewarding and challenging aspects as learners in our clinical learning environments. Having had the experience of being a chief resident, **Anna** and **Leslie** reflected on their growth and needs in the role, and how the educational environment impacted their learning. Faculty and staff leaders asked many questions to expand the panelists' views about underlying opportunities to remove barriers and improve learning. When **Leslie** was asked to provide an overview of the experience of transitioning from a learner to an attending, she said, "There are definitely challenges, but it's been exciting to see health system leaders and educational leaders work together to make sure we advance both our patient care and educational missions in a deliberate and collaborative way. I think this commitment to innovate and to provide the best training experience to our learners is what makes me most hopeful and excited about our future, and a big reason why I stayed at UCSF." All of the panelists shared invaluable insights about topics ranging from how rounding is organized and implemented to how fellows are supported by key staff and faculty leaders.

Case-Based Group Sessions



Participants self-selected their work group based on their interest. The work groups were organized around two sessions, focused on 1) inductively working to identify key challenges in each area, and 2) the development of short- and long-term intervention ideas.

The Resilience-Seeking Resident group focused their attention on key questions that impact the development and professional comportment of the

residents. The group focused their efforts to answer the questions:

- *How can we better align our clinical and educational missions?*
- *How can we create and advocate for systems that support efficiency and the opportunity for all team members to work at the top of their license?*
- *Given the realities of clinical medicine today, how can we bring education into the center of the training experience?*

The Forgotten Fellow group focused their work on addressing the unique needs of those who are in the phase of integration and transition to independent practice and early career faculty roles. The participants responded to these questions:

- *How can we create communities of mentorship and support for our fellows?*

- *What steps might divisions or the DOM take to help define steps for a successful career?*
- *How can we help our fellows envision themselves as future faculty, here or elsewhere?*



In the **Aspirational Attending** group, leaders met to focus on the questions faced by our key clinical faculty as they confront the challenges of a rapidly changing clinical learning environment, needs of learners, and demands of clinical service. They focused on these questions:

- *What are the challenges for our teaching attendings, both in the inpatient and outpatient spheres?*
- *Do they differ based on career-stage?*
- *What faculty development and other support can we provide to our teaching attendings?*
- *What can we do to bolster attending well-being and resilience?*

The group focusing their thinking on **the Fragmented Fellowship Coordinator** tackled three challenges related to the administrative coordination of fellowship and how to best support the staff. The group sought to direct their work to answering these questions:

- *How do we structure the organizational placement and FTE of fellowship coordinators to optimize the organization, efficiency, stewardship, and alignment of this role?*
- *Is this a role that should be centralized, de-centralized, or maybe some kind of custom hybrid?*
- *What are the characteristics of a truly great fellowship coordinator and how do we best create that level of competency and job satisfaction through not only our structure, but also our onboarding, training, and professional support of these individuals?*



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After two hours of focused work on their topic areas, leaders reconvened as a large group to share specific recommendations.

Among the recommendations raised are the following short- and long-range interventions:

1. Design programs to improve and expand mentorship for residents across a wide array of career interests.
2. Experiment with a new structure for inpatient work rounds that maximizes efficiency, improves patient safety, and enhances the learning experience.
3. Create greater community and connections for fellows, particularly for those in small fellowships and for those with non-traditional career interests (e.g., patient safety and quality improvement).
4. Identify best practices for teaching/attending, professional development across the career path to enhance support, mentoring, and near-peer experiences.
5. Develop a new structural model for fellowship coordinators that creates greater community, more efficiency, and a definite career pathway with increased opportunities.
6. Develop a specific plan for onboarding and integration of fellowship coordinators that decreases the time of role learning and mastery while maximizing the use of technology and organizational structure.



The retreat ended with **Bob Wachter**, chair of the Department of Medicine, thanking the retreat organizers and sharing his optimism about the recommendations and plans that will sustain our tradition as the most desirable place for learning for our world's future physicians.



