Engaging Excellence for Residents and Fellows
Life and Wellness Team Charter

Introduction:

At Upstate we pride ourselves on the fact that our faculty, staff, and students are continuously engaged in excellence to advance our education, research, and clinical missions. To that end, President Smith has commissioned a cross-functional, multi-disciplinary team structure to assess and recommend enhancements to the resident/fellow experience at Upstate Medical University.

Our goal is to create an outstanding Graduate Medical Education program where the focus is on the resident and fellow learning experience, enhanced by our faculty and staff who are committed to helping our residents and fellows become skilled physicians. Upstate strives to create a best-in-class resident/fellow experience that is known for its reputation and excellence.

The structure for the Resident/Fellow Engaging Excellence process includes a steering committee and three teams, each staffed with a chair, facilitator and recorder. Three teams have been developed to focus on the resident/fellow experience for: Life and Wellness, Embracing Quality, and Enhancing Education.

The steering committee and three teams will create a collaborative partnership, conducting research, and sharing knowledge, information, and insights with regard to Upstate University Hospital’s clinical model for delivery of care and operations, specifically with a focus on the impact and improvement of the residents’ and fellows’ educational, clinical, and life experiences while at UH.

A charge for your team is outlined below. This charge is not meant to limit the scope and work of your team, but rather to provide a framework from which to build recommendations for program enhancement.

Life and Wellness Team Charge:

The Life and Wellness Team is charged with creating no more than five recommendations to:

1) Identify ways to enhance the wellness of resident and fellow work and personal lives.
2) Incorporate the philosophy and practice of resident and fellow wellness into institutional culture.

Your team is encouraged to conduct research to form or support your recommendations, for example: review of best practices in other graduate medical education programs; conduct interviews and/or survey, etc.

The Team will include considerations from/for:

- Needs for Mental Health/Counseling support
- On-Boarding and Recruitment processes
- Moving on – Life after residency
- Integrated Institutional ‘Life and Wellness’ program – assessment, support, monitoring, and improvement
- Nutritional resources and support during Resident/Fellow experience - access, financial support, and processes
- Family-centered wellness supports for geographic acclimation and sustainability – to include, but not limited to, housing, childcare, cultural, relationship, and ‘Medical Marriage’ issues
- Space – allocation, utilization, and equipment
• Fitness Facility – availability, access, and cost
• Interdepartmental social spaces, activities, and opportunities
• After Residency program connections – database, mentoring, and networking
• Examples from existing UH department residency/fellowship programs that integrate life/wellness activities into their programs
• Alignment with GME program requirements
• Information available from other internal sources (UH Administration, IMT, related committees, etc.)

Data sources for team consideration:
• Outcomes from Focus Group sessions conducted with Program Directors and Coordinators and the RAC
• ACGME Common Program Requirements effective July 1, 2011
• ACGME Resident Survey Data 2009 – 2010 for Upstate Medical University
• Annual Review of the Upstate Medical University Residency Experience Survey Results

These documents will be available on Blackboard.

OUTCOMES:
The Life and Wellness Team will be convened for a period of approximately six months, and is charged with developing no more than five recommendations for Life and Wellness program enhancements that include:

• Goals and objectives
• Resource requirements
• Metrics
• Timeline
• Reporting mechanism
• Suggestions for responsibility for implementation
• Prioritization

Consideration for report development can include consideration for quick wins, current budget limitations, and, where appropriate, a phased approach to implementing recommendations that may require significant financial expenditures.

All teams will report their outcomes to the Steering Committee and Executive Sponsors. A presentation will also be made to the President and his Leadership Council. A Leadership Administrative Response will be developed and presented back to the Steering Committee and all Engaging Excellence teams.

EXECUTIVE SPONSORS
John McCabe, MD
Steven Scheinman, MD

TEAM MEMBERSHIP
Deborah Hermann, Co-Chair
David Padalino, Co-Chair
Donna Clawson, Recorder
Renae Rokicki, Facilitator
John Manring, MD
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