“There is no success without a successor”
- Unknown

“True leaders don't invest in buildings. They invest in people. Why? Because success without a successor is failure. So your legacy should not be in buildings, programs, or projects; your legacy must be in people.”
- Myles Monroe
Building a Culture

• Excellence (not perfection)
• Inquiry (curiosity)
• Shared responsibility (teamwork)
• Empathy (patient-centered)
• Self-motivation (internal drive)
• Honesty (humility / confidence)
Building a Culture

• Imprinting
• Coaching (motivating to DO/BET better)
• Mentoring (explaining how it’s done well)
• Role-modeling (setting the example)
• Instructing (providing facts)
Building a Culture

• Coaching (motivating to DO/BE better)
• Mentoring (explaining how it’s done well)
• Role-modeling (setting the example)
• Instructing (providing facts)
1. Systems drive function
2. Every system is “perfectly” designed to yield the outcome it produces
3. Failure is often a result of putting good people in bad positions
4. Success begins with a “no blame” culture: maximal personal responsibility AND excellence in system design guarantee success

*Jeff Weise, MD, FACP, SFHM - Tulane University
Program Leadership

Barbara Naymick
- Program Coordinator

Tejas Raiyani, MD
- Associate Program Director for Ambulatory Medicine & Simulation Technology

Christopher Knitig, DO
- Osteopathic Director of Medical Education
Community Affiliations

Harbin Clinic - over 60 faculty
Rome Primary Care - Continuity Clinic/Dr. John Pittman
Rome VA Clinic - Continuity Clinic/Dr. Masoumeh Ghaffari
Northwest Georgia Medical Clinic - Women’s Health
Rome Gastroenterology Associates - GI
Faith & Deeds Center (FCoR) - Underserved Population
Highland Rivers Health - Crisis Intervention Center
Cartersville Medical Center - Geriatric/Palliative Care
Cartersville Endocrinology - Dr. Harini Jalagani
Marietta Rheumatology Associates - Dr. Abubaker
Unique

4 + 1 Model
Firm System
Academic Half-Days
Focused Boot Camp Orientation
Simulation Technology

SIM
- High Fidelity Simulator
- Ultrasound Training
- Procedural Training
- Mock Scenarios
- Video Debriefing
- Multidisciplinary Training
<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
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<tr>
<td><strong>AM</strong></td>
<td>CONTINUITY CLINIC</td>
<td>PGY-1: WOUND CARE/FREE CLINIC</td>
<td>CONTINUITY CLINIC</td>
<td>POST-ACUTE CARE/PREOP CLINIC</td>
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<td>OGY-1: SURGICAL WOUND CARE CLINIC</td>
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<td>PGY-2/3: ADMIN</td>
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<td><strong>PM</strong></td>
<td>PGY-1: WOMEN’S HEALTH</td>
<td>CONTINUITY CLINIC</td>
<td>QI PROJECTS &amp; RESEARCH</td>
<td>CONTINUITY CLINIC</td>
<td>ACADEMIC HALF-DAY</td>
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<td>PGY-2/3: NURS HOME/HOSPICE</td>
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PGY-1

Inpatient/General Medicine: ~ 20 Weeks
Pulmonary/ICU: 6 Weeks (4 Weeks for Osteopathic residents + additional ICU exposure during Surgery block)
Cardiology: 3 Weeks General Cardiology + 1 Week Arrhythmia Service
Emergency Medicine: 4 Weeks (2 Weeks for Osteopathic residents)
Procedure Medicine: 1 Week
Osteopathic Residents
- Ob-Gyn: 4 Weeks equivalent
- Surgery: 4 Weeks equivalent
Ambulatory/Rotating Elective: 1-2 Weeks
Radiology: 1 Week
Ambulatory/Continuity Week: 10 Weeks
Inpatient/General Medicine: ~10 Weeks
Critical Care/ICU: ~6 Weeks
Neurology: 3 Weeks
Addiction Medicine: 2 Weeks
Night Medicine: ~5 Weeks
Selective/Elective: 12 Weeks
Emergency Medicine (Osteopathic residents): 2 Weeks
Ambulatory/Continuity Week: 10 Weeks
Inpatient/General Medicine: ~ 4 Weeks
Geriatrics/Palliative Care: 4 Weeks
Night Medicine: ~ 5 Weeks
Selective/Elective: ~25 Weeks
Ambulatory/Continuity Week: 10 Weeks
PGY-2 or 3

**CORE SELECTIVES (4-WEEK BLOCKS)**
Gastroenterology, Hematology/Oncology, Rheumatology, Endocrinology, Nephrology

**ELECTIVES (1- to 4-WEEK BLOCKS, DURING PGY-2 or 3)**
Allergy/Immunology, ENT, Office Orthopedics/Sports Medicine, Dermatology, Ophthalmology, Physical Medicine & Rehab/Pain Management, Radiology, Vascular Medicine, Hospital Medicine/Consult Service, Global/International Health, Primary Care, Business of Medicine, Policy and Advocacy, Research (Translation or Bench), Additional
ACADEMIC HALF-DAY
Curriculum repeats every 18 months

Every Friday afternoon from 1:00 p.m. to ~ 5:00 p.m.

Core Curriculum
Acute/Ambulatory Prep Series (July - Yearly)
Journal Club/EBM
Peer Teaching
Board Review - NEJM Knowledge +
Ambulatory Review - Yale Office-Based Medicine
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<tr>
<th>CORE TOPICS</th>
<th>% ABIM EXAM</th>
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<td>Endocrine, Diabetes and Metabolism</td>
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<tr>
<td>Gastroenterology</td>
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<tr>
<td>Geriatric Syndromes</td>
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<tr>
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<td>Infectious Disease</td>
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<tr>
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<tr>
<td>Ob/Gyn</td>
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<td>Otolaryngology/Dental Medicine</td>
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<tr>
<td>Psychiatry/Addiction</td>
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<tr>
<td>Pulmonary Disease</td>
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<tr>
<td>Rheumatology/Orthopedics</td>
<td>9%</td>
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<tr>
<td>Radiology/Imaging</td>
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<td>Business of Medicine</td>
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<td><strong>TOTAL</strong></td>
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# CORE CURRICULUM

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[Redmond Internal Medicine Residency]
WEEKLY GRAND ROUNDS
WEDNESDAY 12:15-1:00

Traditional Grand Rounds - 1\textsuperscript{st} and 3\textsuperscript{rd}
M&M/QI-PS - 2\textsuperscript{nd}
Medical Humanities/Values in Medicine - 4\textsuperscript{th}
CRITICAL TOPICS
Session 2 & 3

Milestones/Competencies (EPAs) and Assessments
MedHub

Giving Proper Feedback
Bedside Teaching

Finding and Developing Case Reports
Professionalism in Faculty

How to put together a didactic session

- PowerPoint
- Small group discussion/interactive
- Active learning
- Flipped classroom