

Examples of External Factors and Areas Needing Development

External Factors

External forces influence and affect every organization and individual, and as part of a comprehensive review of the program, it is important to consider each one.

External factors typically reference things the program does not fully control, such as:

- Specialty selection and workforce trends (desirability of the specialty, shifts in patient needs, resident/fellow interest and demand, career opportunities in the specialty)
- Institutional and local priorities (opportunities for expansion, need for program contraction, relationships with other programs, opportunities for collaboration with other entities and organizations)
- Economic trends (local, regional, and national financial trends)
- Funding (institutional support, state, and other possible sources)
- Local and regional competition
- Political, economic, and social environment

Determining the program's external factors will help the Self-Study committee determine areas that need further development and design a practical and more effective program improvement strategy.

Example

The following is how one program used its external factors to determine areas that need development.

External factors facing the program

- Continued growth of the department may create a situation where residents no longer spend significant time on any rotation with a single faculty mentor, which disrupts the mentorship goal of the program and the mentorship currently provided.
- Research funding continues to be difficult. Smaller fund requests can support needs for specialized support for statistics, research planning, travel, and basic equipment.
- Further hospital growth may disrupt the resident call schedule, and distribute resident call over too many services. Service needs should not be allowed to disrupt the educational mission, and inpatient services may require midlevel provider support to manage the service burden.
- As value-based care is adopted, the Department must ensure that residents are intimately involved in the clinical care delivery and decision-making process. Residents should be exposed to best practices, and a variety of practice to allow for independent learning.

Areas that need further development

- *Institutional and departmental support for resident research.* This should involve revision of the timing and content of the curriculum on research, development of a scholarly research committee to help develop department-wide opportunities for faculty member and resident collaboration and early identification (in the first year of the residency) of a research mentor for residents.

- *Didactic curriculum.* Improve balance of faculty member- versus resident-driven didactics; the curriculum should be broadened to incorporate more topics related to practice management, job interviews and negotiating employment contracts, and general “business of medicine” topics; review timing of didactics in light of the new resident call schedule.
- *Interprofessional communication and collaboration.* Enhance resident involvement in clinical care delivery and decision-making in the neonatal intensive care unit (NICU); address areas and sources of conflict between residents and neonatal nurses/nurse practitioners in the NICU.