Department of Surgery Academic Retreat 2026-

We will break into 2-3 groups to discuss the following topics:

I. Resident Administrative task completion
II. Improving faculty engagement and satisfaction

Each group will focus on one of the two topics. The group can switch to the other topic as time allows. We will then come together as a group to discuss ideas and help plan next steps to improve the residency program. For example, we could come up with ways to address these issues on our weekly academic checklist that we review at M and M.

I. What should be included in schedule of administrative tasks for our residents and a timeline of these things (this is something Meredith Elman is working on as chief). Residents have recently struggled with getting their case logs completed, completing FLS/FES/Step 3 and getting robotic modules completed. I would like to have this be formalized and followed up on. These tasks will need to be complete for residents to moonlight.
    a. What should be included in this plan:
        i. Case logs
        ii. FLS/FES/Step 3- all required by American Board of Surgery
        iii. Robotics- when should modules be completed? Should all residents graduate with robotic certification
        iv. Research
            1. Intern case report. Present at Maine ACS in march or Grand rounds
            2. Other residents to do one project at least during residency to present at a national meeting
        v. Evaluations
            1. Rotation
            2. Faculty
            3. Peer
            4. Should we set aside time during didactics at the end of the block to complete these?
        vi. Fellowship/research/academic development plans
            1. Would like residents to decide early so the program can do the most we can to help them match
        vii. Mentorship
            1. Does this process need modification?
            2. Concept of PGY class coach

    b. What are the consequences of falling behind?
        i. ER does office hours where residents have to come to the office to catch up

    c. Are residents able to fully participate in didactics currently? Many have their laptops out and are working during this time.
        i. We are planning to start taking resident attendance also for didactics

II. Improving faculty academic engagement/ satisfaction (areas where we are behind in our Faculty ACGME/third trial surveys).

a. Some weaknesses from our ACGME faculty survey included:
    i. Faculty members act unprofessionally 73% vs 93% nationally
        1. What should faculty do if they feel this is happening?
    ii. Satisfied with process to deal confidentially with problems and concerns (73% vs 93%)-
        1. What would faculty like to see to address this?
    iii. Information lost during handoffs (67% vs 86%)
        1. We have changes at the resident level with swing shift, more weekend coverage, long term plans for home call/continuity models (we discussed this last year)
        2. In discussions this year this seems to be related to attending sign out.
    iv. Process to transition care when residents are fatigued (60% vs 93%)
        1. Residents have created a new back up system to address this including back up residents and rotating snake model.
    v. Faculty satisfied with process for evaluation as educators (60% vs 86% nationally)
        1. The faculty evaluations I sent out through GME seems to have addressed this but they were late in march after some faculty completed the survey.
        2. Also started individual meetings with Dr Nolan, myself, and core faculty/select faculty

b. Third trial results showed faculty at MMC are well behind in their wellness scores compared to residents. Some specific areas where we were low outliers:
        1. Autonomy- asked for input regarding work changes, call schedule
        2. Relatedness-
            - Teamwork, resolving conflict among faculty, faculty reject others for being different
            - Fairness the way opportunities are distributed are fair
            - Camaradarie
                i. Feel like belonging at work
                ii. Unique skills are valued
                iii. People in department listen to dissimilar views
        3. Are there ideas from the group with how to improve this?
        4. Does this need to be addressed by Division or the department?
        5. Does this spill over to the residency?

c. We have started to track faculty engagement with the faculty scorecard.
    i. Are there other ways to measure faculty engagement?
    ii. How can we improve faculty engagement in the residency?
    iii. For this year I am going to work on establishing expectations for core faculty vs non core faculty. What does the group think of this effort?