

FULL CIRCLE HEALTH PEDIATRICS RESIDENCY OF IDAHO

September, 2023



FCH PRI

- Mission: Train outstanding, broad spectrum pediatricians to work in all settings, including underserved and rural areas. Serve the children, adolescents, and families of Idaho with high quality, affordable, and equitable care provided in a collaborative environment.
- Vision: Produce outstanding pediatrician leaders for their communities and train outstanding broad spectrum pediatrics physicians to work in any setting.
- Core values: ICARE
 - Integrity
 - Compassion
 - Accountability
 - Respect
 - Excellence



Integrity



Compassion



Accountability



Respect



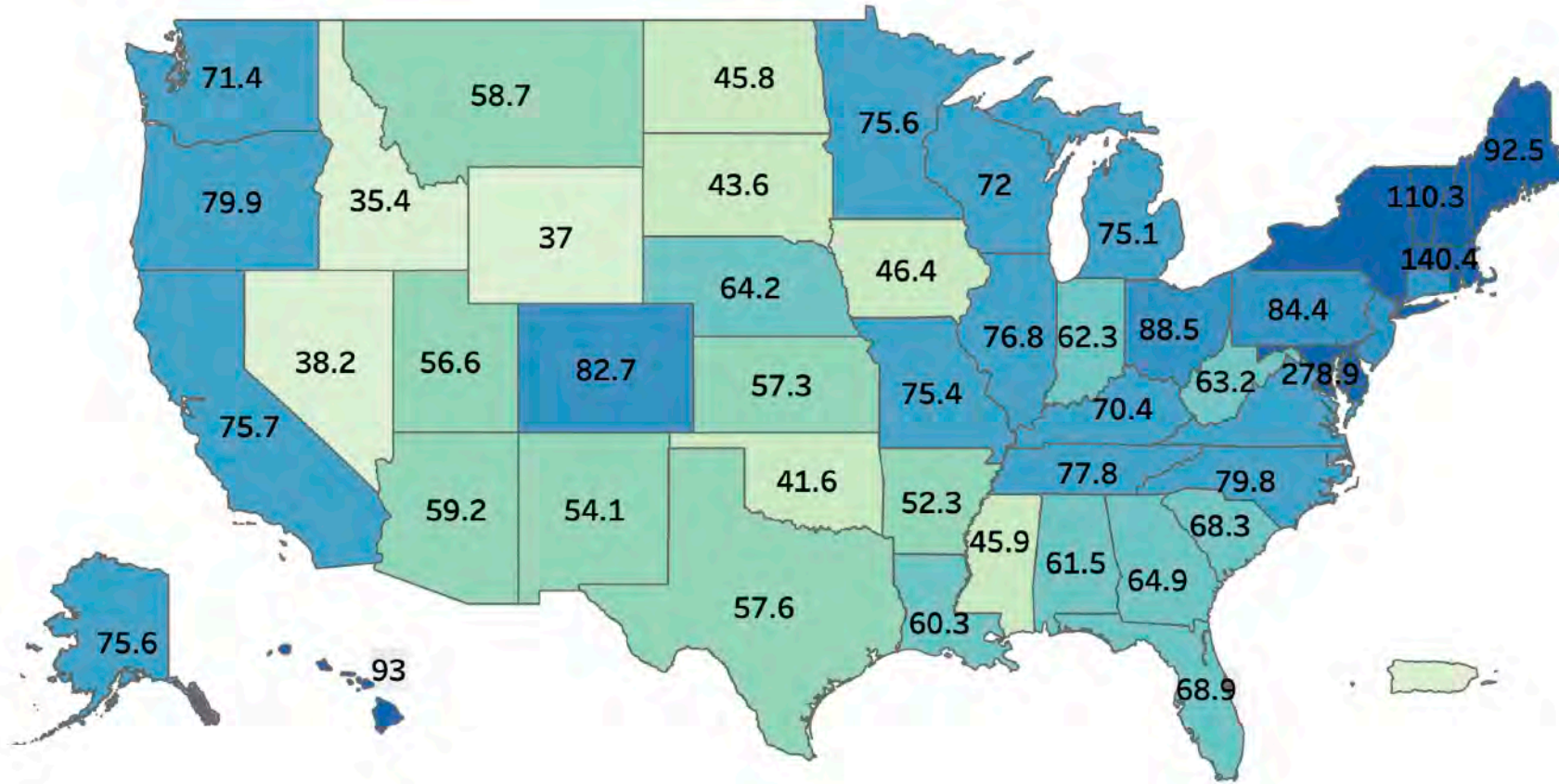
Excellence

QUADRUPLE AIM

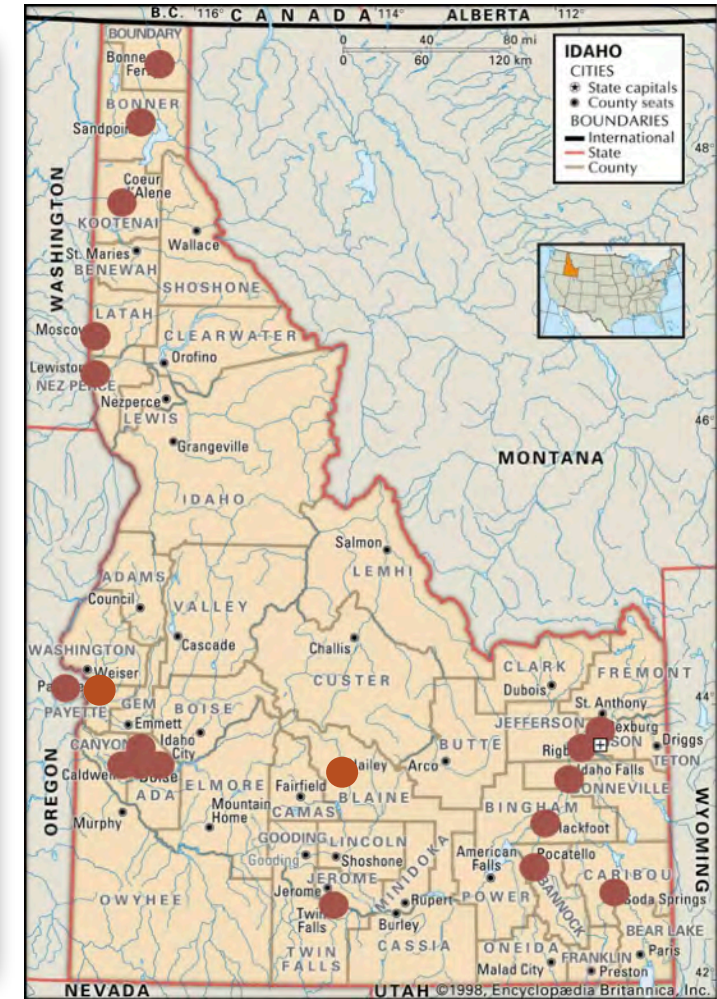
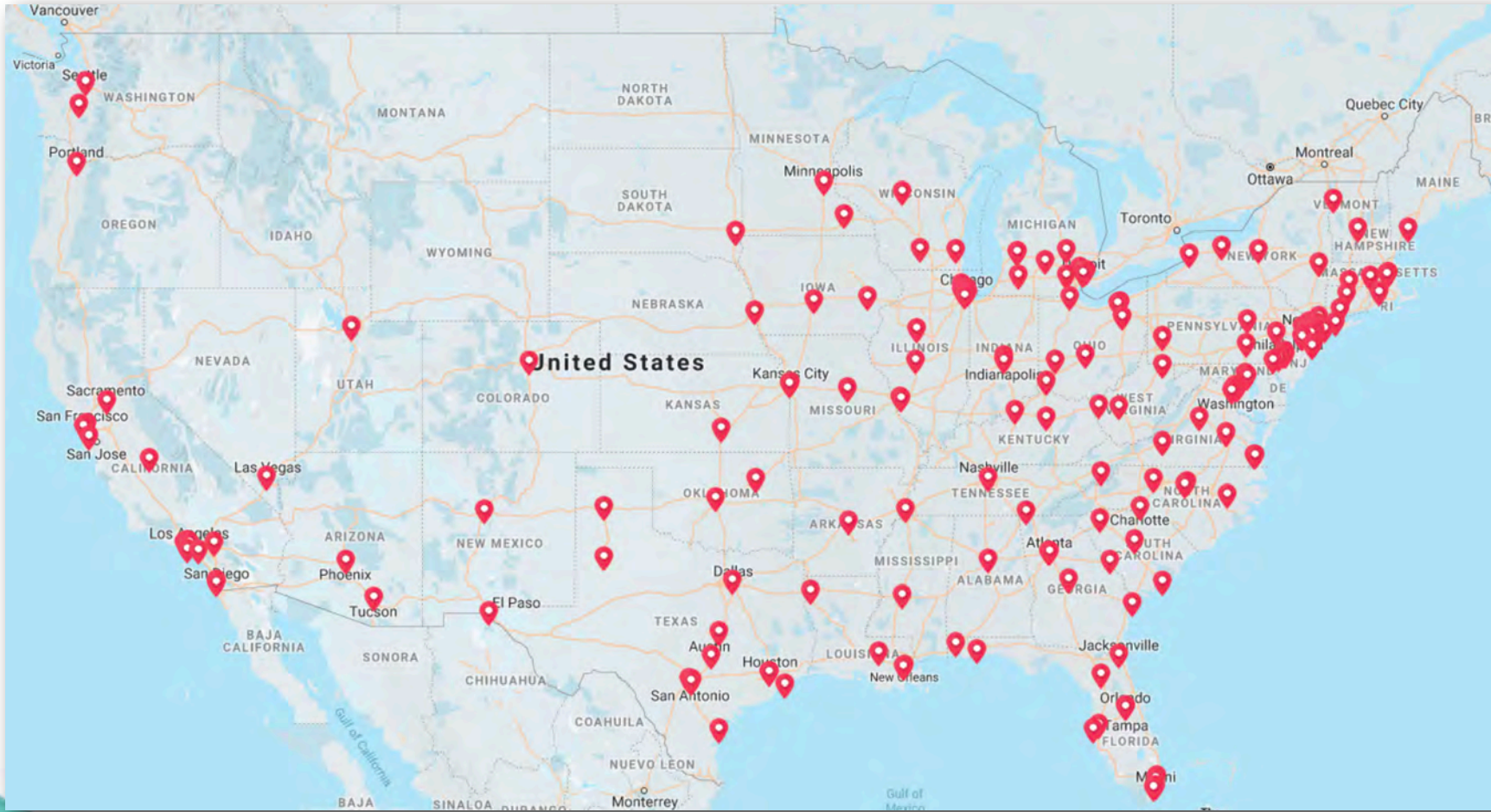


WHY START A NEW PEDIATRICS RESIDENCY?

Distribution of the combination of those certified in General Pediatrics (alone) and those certified in both General Pediatrics and in another ABMS specialty by pediatricians per 100,000 Children (0-17)



WHY START A NEW PEDIATRICS RESIDENCY?



WHY START A NEW PEDIATRICS RESIDENCY?

- Need to train more pediatricians in Idaho to populate pediatricians in Idaho
- Need for improved training in rural pediatrics to adequately prepare future rural pediatricians
- Desire by so many area pediatricians to train our next generation of pediatricians

PRI IS UNIQUE—A UNICORN

**Full Circle Health,
a Federally Qualified
Health Center (FQHC)
to care for patients** + **Pediatrics Residency
Of Idaho** = **Teaching Health
Center**

- PRI is 1st pediatrics residency Teaching Health Center program
- PRI is 1st pediatrics residency based out of an FQHC
- The results:
 - Not beholden to inpatient coverage or service (you are here to learn, not to cover shifts)
 - Priority on continuity clinic
 - Community facing—partnerships, rural, advocacy
- Goal: our graduating residents will be remarkably both well-trained and well-rounded
 - ...and have learned what I wish I had learned during my pediatrics residency

REGIONAL PARTNERS / RESOURCES



FACES
of **HOPE**



RESOURCES

- Partnered with St Luke's Children's Hospital / St Luke's Health System
- University of Washington School of Medicine / WWAMI
 - UW Digital Library
 - University of Washington Pediatrics Residency Network—in development



WWAMI
NETWORK



CENTER FOR HEALTH EQUITY, DIVERSITY & INCLUSION
UW Medicine
SCHOOL OF MEDICINE



CURRENT RESIDENTS (ONLY R1 SO FAR...)



Diana Green, DO
Idaho College of
Osteopathic Medicine



Nate Hannay, DO
University of North Texas
Health Science Center
at Fort Worth



Sivani Kuruvada, MD
Apollo Institute of
Medical Sciences
and Research



Megan Marstaeller, MD
University of Washington
School of Medicine

COMMUNITY

- Boise metropolitan area / Treasure Valley demographics:
 - 2021 population: 850,341 (40% of Idaho's total population)
 - Medical catchment area for pediatrics subspecialties: ~ 1.6 million
 - One of the fastest growing areas in US, with rapidly growing diversity
 - Long-standing Refugee Resettlement Gateway Community
- The majority of Idahoans live in rural areas, scattered throughout the rest of the state
 - Total state population: 1,939,033 (2022)



SOUTHERN IDAHO REFUGEE RESETTLEMENT HISTORY

- 1982 - 1992
 - Vietnamese
 - Polish
 - Russian
 - Hungarian
 - Bulgarian
 - Laotian
 - Former Soviet Union
- 1993 - 2011
 - Kosovar
 - Bosnian
 - Croat
 - Serbian
 - Iranian
 - Iraqi
 - Burmese
 - Russian
 - Vietnamese
 - Burundi
 - Mesketian Turks
 - Eritreans
 - Bhutanese
- 2012 - present
 - Afghani
 - Congolese
 - Sudanese
 - Iranian
 - Iraqi
 - Bhutanese
 - Burmese
 - Eritreans
 - Ukranian

- Most isolated city and Children's Hospital in the Lower 48 States
- Capitol of Idaho
- Amazing quality of life
- Big city attractions—great restaurants, wide spectrum of arts, remarkable concert / music opportunities, hip and fun downtown





- Fabulous access to the outdoors and recreation—Boise River and Greenbelt, Bogus Basin, Ridge to Rivers Trail System, Payette River, Owyhee Canyonlands, and so much more!





Saint Alphonus

A Member of Trinity Health

- Wonderful and collaborative medical community
- Several universities and colleges
- Major area industries: healthcare, technology, agriculture; overall very diversified



- Full Circle Health

- 4 FM residencies, pharmacy residency, psychology internship... and now adding PRI
 - Total current residents / interns: 76 (not including PRI)
- 6 FM fellowships (Geriatrics, HIV & Viral Hepatitis, OB, Primary Care Psychiatry, Rural Medicine, and Sports Medicine)
 - Total number of fellows: 6
- 3rd and 4th year medical student site for pediatrics
- 11 clinics, ~ 520 employees
- Many of our FCH FM residency faculty are former FCH residents (speaks to the positive culture and workplace environment at FCH)
- 2021: 30,113 individual patients with total 99,918 patient visits
- Insurance: 39% Medicaid, 37% private, 13% Medicare, 2% Tricare, 9% uninsured
- 14% of patients do not speak English as their first language (44 languages)



CORE FACULTY



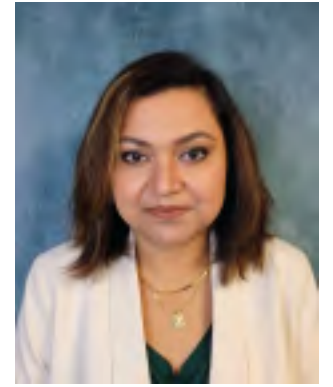
Perry Brown, MD
Program Director



Savarra Mantzor, MD
Associate Program Director



Susan Bradford, MD
Core Faculty



Asma Butt, MD
Core Faculty



Jessie Duvall, MD
FMRI-Boise Faculty



Zac Fox, MD
Core Faculty



Lisa Labor, MD
Core Faculty



Tom Patterson, MD
Core Faculty



Kelly Showalter, MD
Core Faculty

ST LUKE'S FACULTY

- Far too many photos to show!
- Inpatient: pediatric hospitalists, neonatologists (NICU), pediatric intensivists (PICU)
- Outpatient:
 - Pediatric ED
 - Every pediatric subspecialty and pediatric surgical subspecialty except pediatric cardiothoracic surgery (26 total areas)



ROTATION DISTRIBUTION (13 BLOCKS PER YEAR, 39 TOTAL)

- Hospital-based (14 blocks):
 - Newborn Nursery: 1 block
 - Inpatient Pediatrics: 6 blocks
 - NICU: 2 blocks
 - PICU: 2 blocks
 - Peds ED: 3 blocks
- Supervisory blocks: 5 (inpatient pediatrics x 4, NICU x 1)
- Outpatient
 - Longitudinal clinic: 5.5 blocks
 - Rural: 2.5 blocks
 - Required subspecialty: 4 blocks (GI, ID, Nephrology, Heme/Onc)
 - Subspecialty selective: 3 blocks
 - Adolescent Medicine: 1 block
 - Behavioral/Developmental: 1 block
 - Advocacy and Community Pediatrics: 2 blocks
 - Elective: 6 blocks (outpatient or inpatient)

Pediatric Residency Block Schedule

Block:	1	2	3	4	5	6	7	8	9	10	11	12	13
R1s:													
R1A	Newborn Nursery	Longitudinal clinic	Peds GI	Inpatient Peds	Specialty Selective	Peds ED	Elective	Inpatient Peds	Advocacy and Community Peds	Behavioral / Developmental Peds	Rural 2 wks; Longitudinal Clinic 2 wks	Inpatient Peds	NICU
R1B	Inpatient Peds	Newborn Nursery	Longitudinal clinic	Peds GI	Inpatient Peds	Specialty Selective	Peds ED	Behavioral / Developmental Peds	Advocacy and Community Peds	NICU	Elective	Rural 2 wks; Longitudinal Clinic 2 wks	Inpatient Peds
R1C	Specialty Selective	Inpatient Peds	Newborn Nursery	Longitudinal clinic	Peds GI	Inpatient Peds	Elective	Peds ED	Advocacy and Community Peds	Inpatient Peds	NICU	Behavioral / Developmental Peds	Rural 2 wks; Longitudinal Clinic 2 wks
R1D	Longitudinal clinic	Specialty Selective	Inpatient Peds	Newborn Nursery	Peds ED	Peds GI	Inpatient Peds	Elective	Advocacy and Community Peds	Rural 2 wks; Longitudinal Clinic 2 wks	Inpatient Peds	NICU	Behavioral / Developmental Peds
R2's:													
R2A	Inpatient Peds—Supervisor	Elective	Longitudinal clinic	Adolescent Medicine	Elective	Rural rotation	PICU	Advocacy and Community Peds	Peds ED	NICU	Peds ID	Peds Nephrology	Longitudinal clinic
R2B	Adolescent Medicine	Inpatient Peds—Supervisor	Elective	Peds ID	Rural rotation	Peds Nephrology	Longitudinal clinic	Advocacy and Community Peds	PICU	Peds ED	NICU	Longitudinal clinic	Elective
R2C	Elective	Adolescent Medicine	Inpatient Peds—Supervisor	Longitudinal clinic	Elective	Longitudinal clinic	Peds ID	Advocacy and Community Peds	Rural rotation	PICU	Peds ED	NICU	Peds Nephrology
R2D	Longitudinal clinic	Peds ID	Longitudinal clinic	Inpatient Peds—Supervisor	Elective	Adolescent Medicine	Rural rotation	Advocacy and Community Peds	Elective	Peds Nephrology	PICU	Peds ED	NICU
R3's:													
R3A	Rural Rotation	Elective	Elective	Specialty Selective	Inpatient Peds—Supervisor	Longitudinal clinic	PICU—supervisor	Peds ED	Peds Hema / Onc	Inpatient Peds—Supervisor	Longitudinal clinic	Specialty Selective	Elective
R3B	Peds Hema / Onc	Rural Rotation	Specialty Selective	Elective	Elective	Inpatient Peds—Supervisor	Peds ED	Longitudinal clinic	PICU—supervisor	Elective	Inpatient Peds—Supervisor	Longitudinal clinic	Specialty Selective
R3C	Specialty Selective	Elective	Rural Rotation	Elective	Elective	Peds ED	Inpatient Peds—Supervisor	Peds Hema / Onc	Longitudinal clinic	PICU—supervisor	Specialty Selective	Inpatient Peds—Supervisor	Longitudinal clinic
R3D	Elective	Specialty Selective	Elective	Rural Rotation	Peds ED	Elective	Longitudinal clinic	Inpatient Peds—Supervisor	Specialty Selective	Longitudinal clinic	PICU—supervisor	Peds Hema / Onc	Inpatient Peds—Supervisor

MODIFIED X+Y SCHEDULE

- Challenging to rush through an inpatient or specialty clinic morning and barely have time to eat lunch, and show up just in time to start afternoon longitudinal clinic.
- We provide only one clinical responsibility per day—you are either present in your assigned block (rotation) location, or in your longitudinal clinic for the entire day.
- Longitudinal clinic days scheduled contiguously whenever possible
- This optimizes learning and wellbeing
- On the days that a resident is in their longitudinal clinic, they will be able to focus solely on their clinic, their patients, and their learning.

ADVOCACY AND COMMUNITY PEDIATRICS

- Two blocks—R1 year and R2 year
- Your entire class is together for this rotation / experience!
- Advocacy:
 - Teaching on government, how it really works, and how to influence it
 - Didactics and hands-on learning in legislative advocacy and lobbying
 - Write and advance legislation
 - Author published opinion articles
 - Develop skills in public media and being interviewed
 - St Luke's CARES (Children At Risk Evaluation Services)
- Community Pediatrics:
 - Complete a community needs assessment
 - Residency class group project, ideally with a community partner

RURAL ROTATIONS

- Why rural?
- When rural?
- Where rural?



DIDACTICS PLAN

- Protected Half-Day Conference every Wednesday afternoon
 - Key topics covered in 18 month curriculum that repeats—so you hear each topic twice during residency
- St Luke's Grand Rounds, and availability of Seattle Children's Grand Rounds via Zoom
- Didactics for ~ 10 minutes during each half-day clinic session, on outpatient pediatrics topic
- Rotation-specific didactics (inpatient and outpatient)
- No morning report to start—will re-visit this as residency fills



RESEARCH OPPORTUNITIES

- No research requirement during residency...but there are opportunities, if desired!
- Some scholarly work required: one publication, one Children's Grand Rounds (or equivalent) presentation
- Dr Perry Brown serves as Research Medical Director for Children's Specialty Research for St Luke's Health System
 - Active in CF Research—numerous other opportunities for research in pediatrics
- Dr Savarra Mantzor has experience conducting qualitative research (ie, focus groups)
- St Luke's and FCH have IRBs to support research opportunities
- Opportunities to collaborate with Boise State University and Idaho State University faculty and graduate students

PAY / VACATION / BENEFITS

- Salary: (note that these increase annually)
 - R1: \$63,440 + incentive bonus
 - R2: \$66,040 + incentive bonus
 - R3: \$68,640 + incentive bonus
 - Incentive bonus adds up to \$1000 per year
- CME:
 - R1: \$1,000; 3 days
 - R2: \$1,250; 5 days
 - R3: \$1,500; 5 days
- Vacation: 22 days per academic year (= 16 work days + 6 holidays)
 - If you are assigned work on a holiday, you get a make-up vacation day
- Sick Days: 7 per academic year
- Personal Days: 2 per academic year
- Benefits: Full slate of benefits / options. Detailed benefits pamphlet with interview date reminder
 - FCH provides resident insurance coverage and partially subsidizes spouse / children for: health, dental, life
 - Disability insurance paid
 - Malpractice insurance paid

WORK / LIFE BALANCE

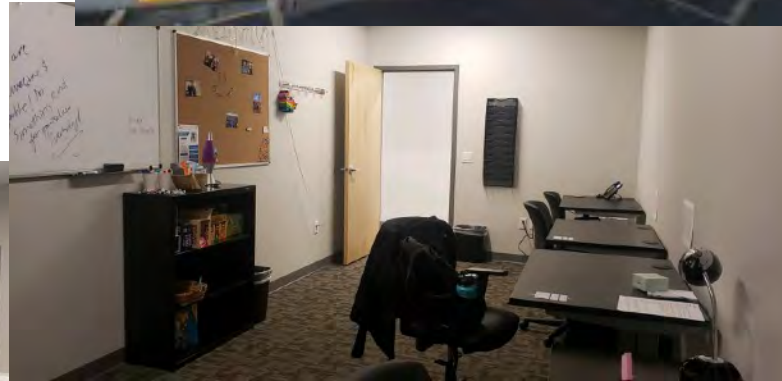
- Full Circle Health Boise Wellness Committee
 - FMREI
- Retreats:
 - PRI Residency Retreat—aiming for early September, families included
 - Residency Class Retreats—timing TBD, location TBD
- Work hard, play hard (and/or relax hard)
- Life in Boise and in Idaho
- Physician culture in Boise

WHAT DOES IT MEAN TO BE A NEW RESIDENCY PROGRAM?



- Congratulations!
- Growing pains
- Modeling & molding
- Developmental Milestones
- Searching for ambassadors and program developers

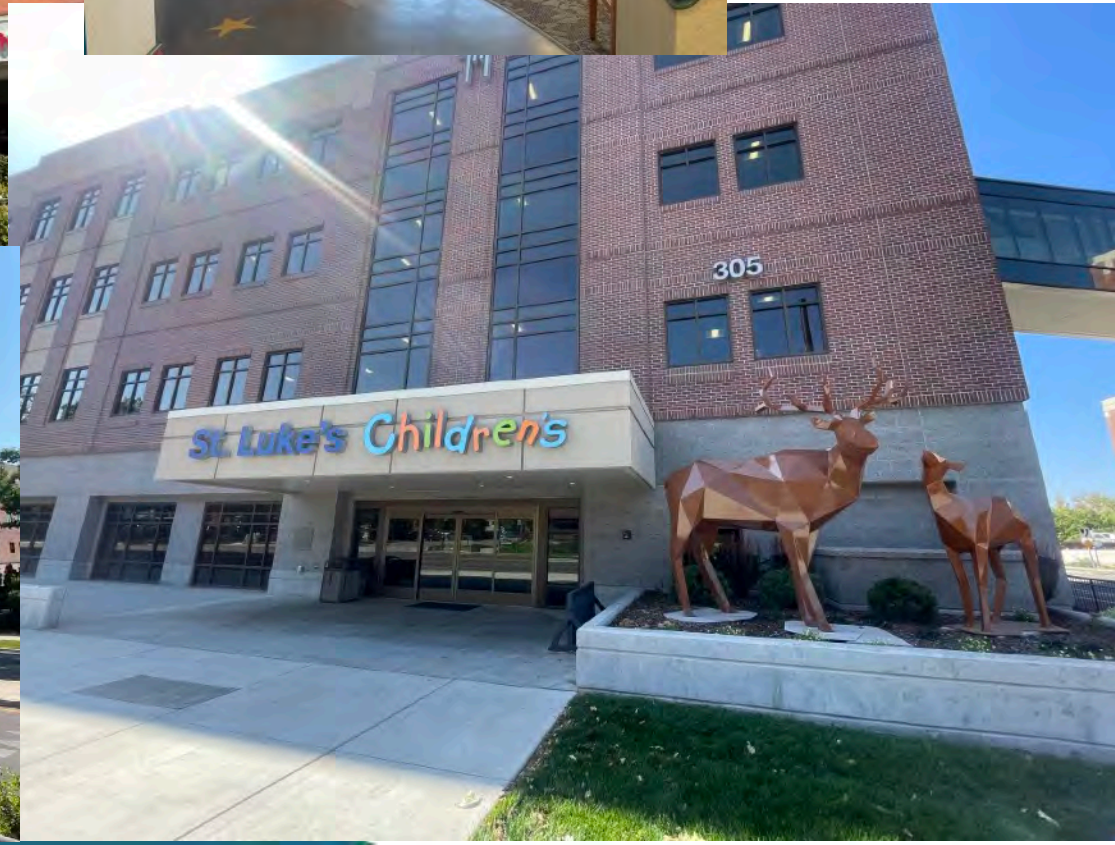
TOUR OF NEW PRI CLINIC

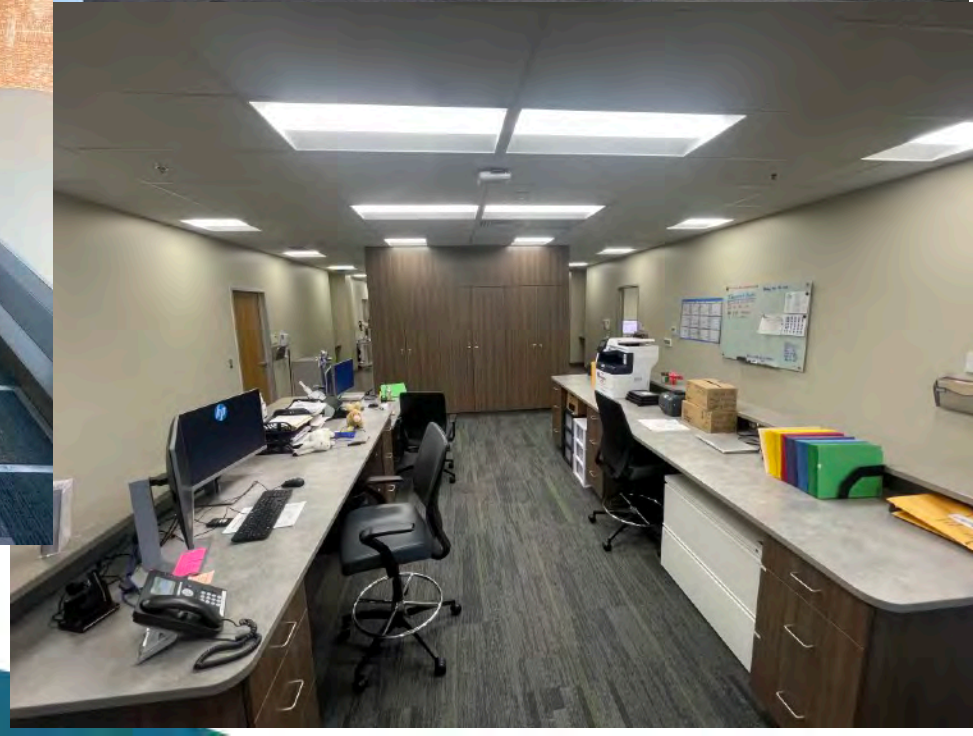
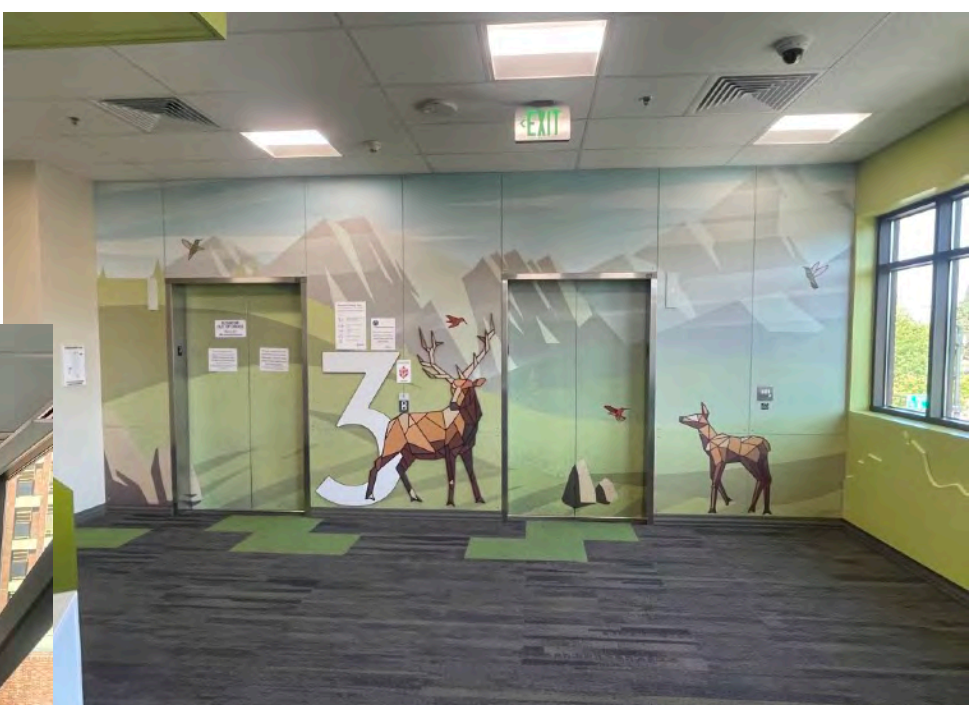
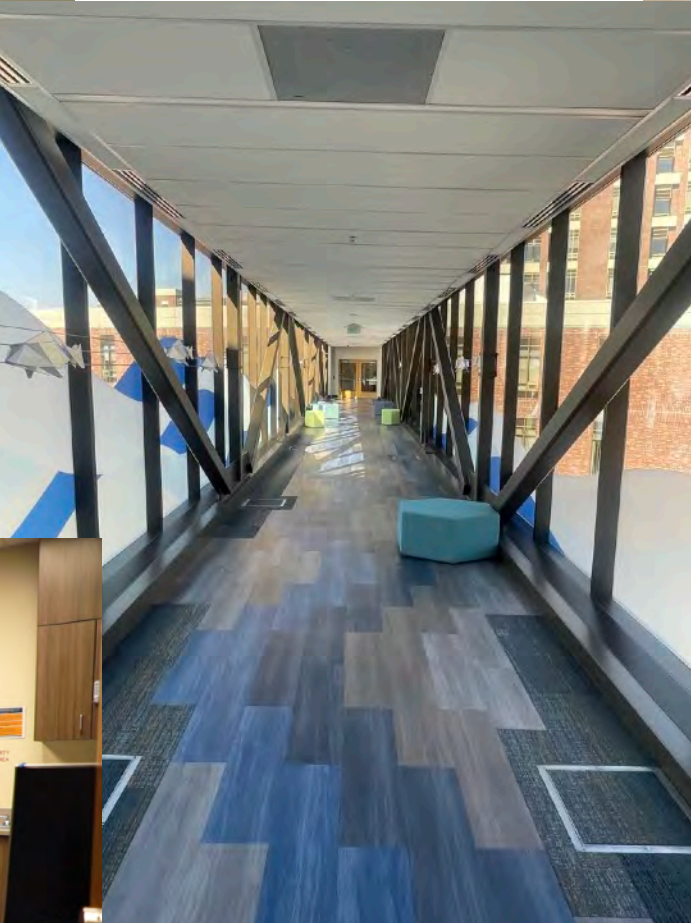




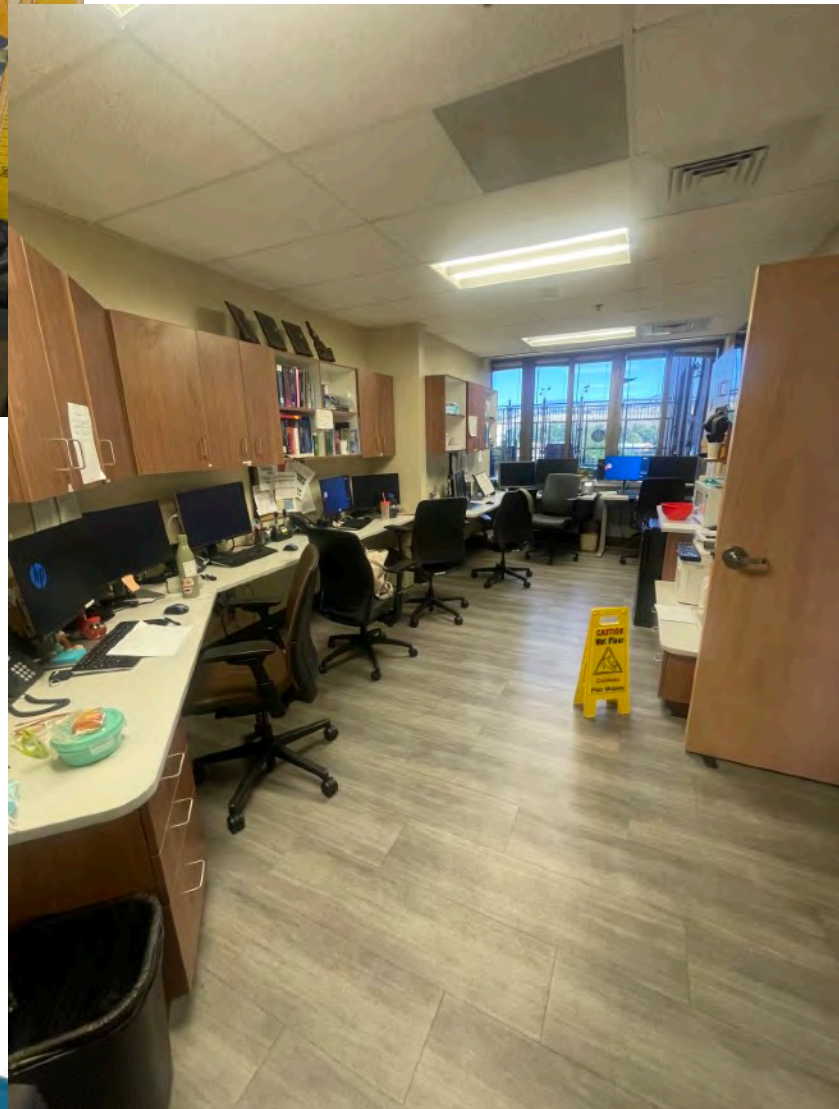
TOUR OF ST LUKE'S CHILDREN'S HOSPITAL

- All pediatric subspecialties except cardiothoracic surgery
- 32+ mother/baby beds
- 39 pediatric floor beds
- 12 PICU beds
- 64 NICU beds
- Pediatric ED track
- Children's Pavilion
- All of these areas are slated for expansion in coming years
- Highly collaborative environment

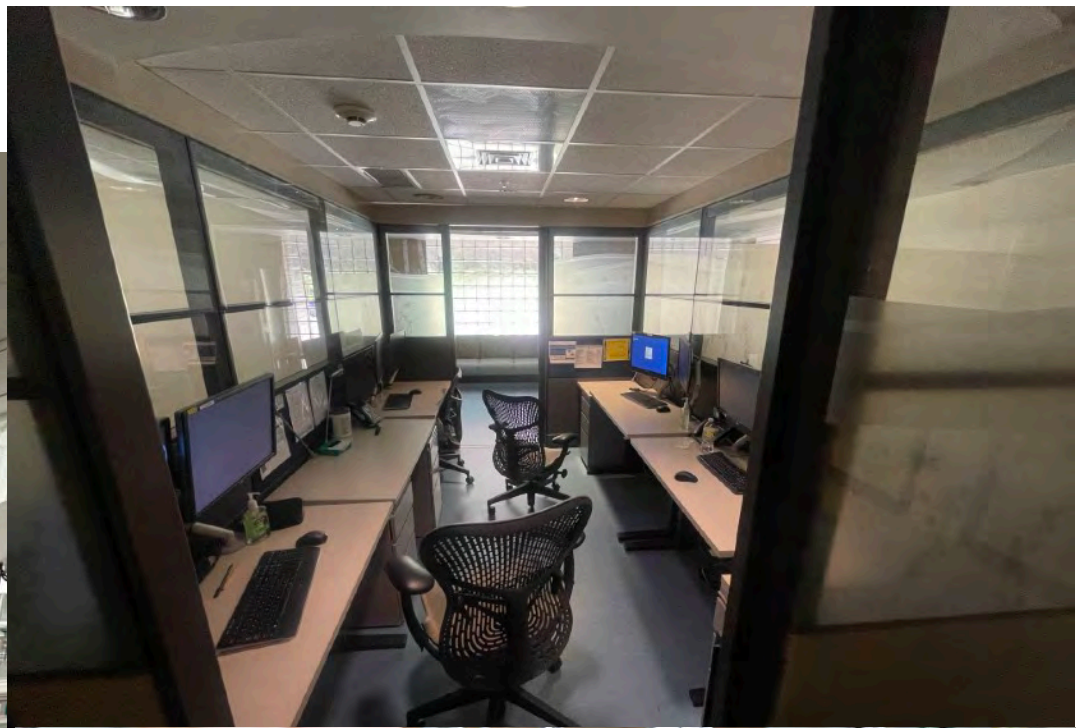


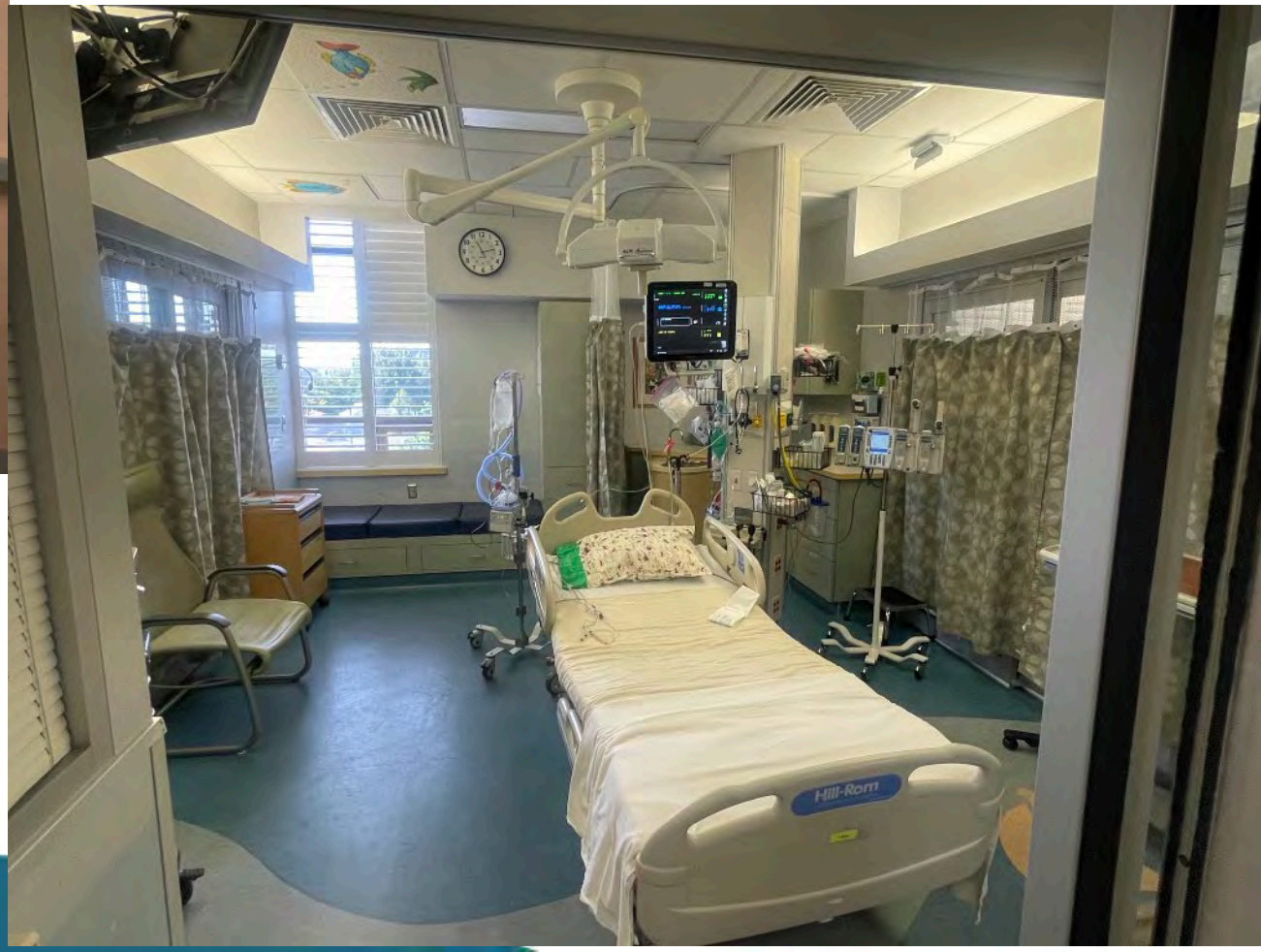






**WELCOME TO
THE NEWBORN
INTENSIVE CARE
UNIT**





FUTURE STEPS

- You have already applied...and been offered an interview. Congratulations!
- You have now completed the Program Overview—time for Q&A with faculty and then with pediatrics residents (without faculty present)
- Documents under “Interviewee Resources and Additional Program Information” tab on our website
- Interview day—three 30 minute interviews with faculty, then afterwards, on that day, you will be assigned a “score”. Your score will not change after your interview morning.
- Evening Resident Social offered within ~ 4 weeks of your interview date
 - Optional (really!)
 - Intent: answer your questions, allow you to get to know our residents and our PRI culture outside of the interview setting, and figure out if PRI feels like a great fit for you
- Significant other session: Monday January 29, 6:30 pm MST via Zoom
- PD / APD Q&A Session: Monday February 5, 6:30 pm MST via Zoom
- In-person visits possible (not encouraged, won't help your “score”, but supported...): Friday February 2 or Friday February 9
 - Other dates also possible
 - PRI leadership very sadly is discouraged from meeting you in-person (APPD)
- Other programs might include additional things in their program overview (rounding, didactics, video tours, etc.)
 - We really want to use your time wisely and efficiently, and have tailored our offerings and interviews accordingly
 - If you want more information or additional exposure, please ask us!

• THANK YOU!!

THE END!
(AND TIME FOR Q&A)