Important Components of a SWOT Analysis
STRENGTHS

A. Clinical case load and type
B. Specify types
C. Caring involved faculty
D. Improvements brought on by new site, faculty or residents
E. Board Pass Rate (GP)
F. Success of grads getting fellowship positions or securing employment (GP)
G. In training exam success (RP)
H. Simulation training and simulation exercises that focus on specific skills (RP)
I. Procedural volumes (RP)
J. Didactic series for residents (PQ)
K. Research within the department (PQ)
L. Success rate during NRMP Match (PQ)
M. Diversity of Training Sites (PQ)
N. Scholarly Activity eg. #s of publications, dissemination of works at meetings either by residents (RP) or between faculty and residents together (PQ)
O. Diversity of Depth of Core Faculty at all levels of Academic Career (shows well developed FD program)
P. Resident Continuity Clinic experience
Q. Breadth and depth of patient pathology leading to a robust obstetrical and GYN surgical experience
R. Strong academic curriculum including voluntary electronic academic digest, gynecologic preoperative conferences, Grand Rounds, and Morbidity & Mortality conference
S. Collaborative learning environment including other departments (i.e. Surgery, Emergency Medicine and Family Practice) as well as midlevel providers (i.e. advanced practitioners, midwives)
T. Diversity of faculty and residents who foster an environment of teamwork in all aspects of learning and patient care
WEAKNESSES

A. Missing specific educational experiences or case types
B. Eg required transplant rotation
C. Hip fractures fell to 13 percentile nationally
D. Hysterectomies less than the mandated minimum
E. Missing required curricular components
F. Scores on hematology section of In Training falling or at 30 percentile
G. ACGME citation for missing curricular component whether subject or activity (journal club)
H. Specific deficits in faculty development’
I. How to develop a research program
J. Sleep deprivation and fatigue mitigation
K. Consistently poor scores of all faculty or specific faculty in some aspect of teaching or feedback
L. Coding / billing errors
M. Board scores below required 3 year rolling average
N. Any and all areas at or below 70% on ACGME resident or faculty survey
O. Duty Hour violations – ACGME survey, citation, New Innovations –
P. Specific type
Q. Poor match
R. Scholarly Activity for residents
S. Scholarly Activity for faculty
T. FD and promotion and mentorship for faculty
U. Teaching faculty on effective and timely evaluations for residents
V. Seeking out more PS/QI projects for the department/ residents and faculty
W. Improvement of fellowship match rate
X. Increased opportunity for QI work in the new hospital
Y. Strengthening the resident mentorship program
OPPORTUNITIES FOR IMPROVEMENT

I. Factors beyond the immediate control of programs that if acted upon contribute to enhanced success

A. Too many sites
B. Poor ACGME scores for not providing clinical performance data
C. Disturbing scores on ACGME resident or faculty survey
   1) Fear of retribution
   2) Failure to use program evaluations to improve program
   3) Faculty uninterested in or uninvolved in teaching
   4) Not creating an environment of inquiry
D. Specific faculty issues – teaching, supervision, unprofessional behavior
E. Manpower issues – specific deficit or surplus
F. Specific adverse effect of number of sites or specific site
G. Adverse publicity about the program
H. Instability in faculty or leadership
I. Poor match
J. Additional training sites or reallocating training sites to maximize curriculum (PQ)
K. Added research and/or publication opportunities within the department (PQ/RP with ultimate effect on FD)
L. Hiring of more faculty in certain sub disciplines (PQ)
M. Faculty Development program for core faculty (FD)
N. Opening of fellowships at home institution to try to retain talent within (RP/GP)
O. Enhance recruitment of top residents to stay on as faculty rather than lose them to private practice (GP/FD)
P. Health information technology and data metric tools as can be utilized for research and outcomes studies for program, department and provider performance data (RP, PQ, FD)
Q. Increasing patient care volume that will support increasing the resident compliment
R. Psychiatry consultation at Touro – collaboration of care
S. Research with other departments (school of public health)
T. Distance of 5 sites including Hope Clinic
U. Residents spend 10 months away from home institution
V. Institutional support for resident research
**THREATS**

Factors that could have negative effect for which you should be making contingency plans

A. Unsure of new partner
B. Specific issues with a site
C. Key faculty loss
D. Lack of control of financing
E. Specific examples of how RVUs adversely impacting resident education
F. Diminished interest for students going into the specialty (PQ)
G. Shifting case volumes as health care partnerships change locally (PQ)
H. Shift to value based and quality based metrics in healthcare (PQ/GP/FD)
I. Shifting to competency or milestone based training (RP)
A. Formulate Action Plans drawn from your SWOT analysis

B. Use all components listed to make a thorough Action Plan
THANK YOU