

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

O PPORTUNITIES 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

T HREATS

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)

ACTION PLANS

- A. Formulate Action Plans drawn from your SWOT analysis
- B. Use all components listed to make a thorough Action Plan

THANK YOU