

BACKGROUND

“To whom do I refer this patient?” A referral can build a patient’s confidence in their physician if they have a positive experience. However, a poor encounter can jeopardize the physician-patient relationship, creating mistrust with medical management moving forward.

- Building rapport across different specialties could potentially increase patient satisfaction and decrease physician burn-out because we will know our colleagues better personally but also professionally.
- Goals: more pleasant encounters when calling consults in the hospital; being able to refer patients outside the hospital even beyond residency and know people out of state for colleagues that move after residency to keep in contact with.

OBJECTIVE

To increase inter-professional relationships and know at least one physician within each different specialty so that they can confidently refer patients to them and trust that it will be a good experience for the patient by knowing them personally and professionally by the end of the 2020-2021 academic year.

IMPLEMENTATION PLAN

Offer \$250 for the specialty who brings the most people from resident, fellows and attendings. Money could be used for example, for a bigger tv in the call rooms or for a morning breakfast with grand rounds, etc.

POTENTIAL BARRIERS

- If residents cannot leave during the day for 30 minutes.
- Planning events people are interested in.

Proposed Intervention

Orientation

- Summer: tent in the square by the library, free ice cream with an ice cream truck. (Social Distance alternative: Zoom virtual happy hour)



6 month mark

- Winter: hot chocolate and smores vs. free beverage with a free coffee if AM or adult beverage in the evening at MilkBoy after shifts



Overall Flow

- “Speed-networking”
- Sit down, get 2 min with someone from a different specialty by year; switch seats after 2 min and move down and meet someone else from another specialty.
- After ~30min, would know ~10 fellow colleagues in different specialties

