Good morning!
We’ll get started at 10 a.m.
Welcome!

Thanks for joining us.
The number of residency programs a prospective resident might consider during application season.

The amount of time, in minutes, that a prospective resident might spend on a residency program website.

The number of U-M residents who said that residency program websites make some or a big difference in their perception of a program.
Prospective residents are busy, and they’re consuming a lot of information as medical students every day.

How can we make our residency program websites easy to navigate, easy to read, and valuable?
So, we set out to learn ...

- What information do residents find **most influential** when evaluating residency programs?

- What are the **most important factors** residents consider when deciding whether a program is the best fit?

- What **specific content** should programs include on their website to answer residents’ questions?
How We Did It

**Surveyed** first-year house officers to understand information needs and behaviors

212 responses

**Observed** current medical students or residents using residency program websites during in-person interviews

15 people
Usability testing is the practice of observing users’ **actual behavior** as they interact with a website. Usability testing helps us learn what confuses people about interacting with a site and what they expect to happen. By observing patterns in user behavior, **we can better fit our websites to users’ needs.**

Image credit: uxmastery.com
Help us improve the web experience of U-M Residency Programs

If you give a med student a cookie...
Example Questions from Our Study

What sources of information most influenced your choice of residency program?

What factors helped you determine if a residency program was a good fit for you?

Looking at this website, what impression do you get about the training experience in this program?
Questions so far?
Findings & Recommendations
Residents say that information about a program’s learning experience, clinical setting, diversity, and health / well-being are the most important details to find on its website.
Recommendation #1: Make a strategic investment in 3 key topics when developing website content.
Rationale:
In our survey and during in-person interviews, residents wanted to know about a program’s:

● health / well-being support;
● how the program supports diversity; and
● its training experience, including its clinical training sites and patient populations.
What makes up “health / well-being”?

Formal programs & policies supporting work-life balance and mental health.

Explicitly addressing resident well-being in web content and not just hinting at it.
Residency Well-being Committee

We are a group of residents, chief residents, and faculty who meet regularly to develop and enhance well-being initiatives at the individual and system level for the Internal Medicine residency program.

We view well-being holistically as more than the absence of burnout. We aim to identify and address cultural and organizational contributors to well-being, while supporting individual needs and skill development for self-care, in order to create a thriving residency community.

Some of our initiatives:

- **CULTURE AND COMMUNITY**
  - Residency Big-sib Mentorship
  - Bi-annual well-being sponsored event
  - Social media outreach and community-building
  - Peer support group for interns

- **ORGANIZATION AND SYSTEM**
  - Intern personal half days
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  - Website and app with well-being resources
  - Successful advocacy for increased mental health care resources
  - Skill-building curriculum at core didactics and retreats
  - Protected debriefs during rotations
  - Support groups for interns and residents

**Highlights the specific initiatives of a residency committee that’s dedicated to the well-being of trainees.**
Well-being isn’t just fun things to do around town.

This site lacked information about specific support for resident well-being.
What makes up “diversity”?  

Formal programs & policies supporting diverse identities and needs.

Explicitly addressing resident diversity in web content and not just hinting at it.
Residency Diversity Committee

The Department of Medicine at the University of California, San Francisco is committed to training and supporting physicians from all backgrounds, including traditionally underrepresented groups, to enhance the diversity of our residency training programs and to meet the needs of the multi-ethnic populations we serve.

Established in 1993, the Department of Medicine’s Residency Diversity Committee (RDC) is an active group of trainees and faculty committed to promoting diversity, equity, and inclusion within our department and across UCSF.

Diversity in the Department is defined broadly and includes race, culture, religion, mental or physical abilities, age, gender, sexual orientation and other characteristics.

Committees & Activities

The RDC has a number of resident-led committees that carry out our group activities each year. Some example activities for each committee include:

- **Recruitment**
- **Resident Mentorship, Development, & Support**
- **Social and Wellness Activities**
  - Collaboration with GME diversity group activities
  - Resident-only dinners, brunches, and happy hours
  - Linking to cultural resources in San Francisco
  - Annual holiday party
  - End of year graduation celebration
- **Community Outreach and Volunteering**
- **Diversity Education**

Highlights the specific initiatives of a residency committee dedicated to supporting trainees from all backgrounds and traditionally underrepresented groups.
Diversity and Inclusion

The Department of Medicine at the University of Washington School of Medicine is committed to recruiting diverse physicians to our residency program. In this context, we are mindful of all aspects of human differences such as socioeconomic status, race, ethnicity, orientation, gender, spiritual practice, geography, disability, career goals, and age.

Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives. Inclusion is a critical element for achieving diversity. Inclusion is achieved by nurturing the climate and culture of the program through professional development, education, policy, and practice. Our objective is to create a climate that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution.

We believe that diversity enhances the educational climate and that educational outcomes are directly improved as a result. Moreover, we believe that the constantly changing demographics locally, regionally, nationally, and internationally make it imperative that the program create a workforce for the future that is capable of understanding, communicating and providing service to individuals from the most diverse backgrounds. In this way, diversity enhances creativity and thoughtfulness in our patient care and research, and serves as a catalyst for innovation, ultimately resulting in greater health care equity and a reduction in health care disparities. This eventually leads to better solutions for addressing the healthcare needs of the populations we serve.

We are committed to increasing the diversity of our housestaff and our faculty for the years to come and ensuring the success of our trainees who come from backgrounds currently underrepresented in medicine.

To learn more about diversity at the University of Washington School of Medicine, please explore the following online resources:

- Resident Diversity Committee
- UW Department of Medicine Visiting Scholar Program for Underrepresented Medical Students
- UW School of Medicine Center for Health Equity, Diversity, and Inclusion (CEDI)
- UW Network of Underrepresented Residents and Fellows (UW-NURF)
What makes up “training experience”?

Clinical setting & clinical population.

Case volume & mix.

Research & additional training opportunities.
“I think many individuals are **hesitant** to come to U-M because ... there is a **perceived lack of racial and socioeconomic diversity**. Michigan Medicine could do a much better job of **highlighting how diverse** Southeastern Michigan really is and how U-M serves as a large referral center caring for **patients ranging** from large cities like Flint and Detroit, to rural areas in the surrounding counties.”

— Michigan Medicine resident
Training Sites

Well-Rounded Training Across 3 Diverse Clinical Settings

Our program is designed to immerse residents in the full spectrum of emergency medicine practice settings. Our long-standing partnerships with St. Joseph Mercy Hospital and Hurley Medical Center give you integrated access to three high-volume, high-acuity hospitals.

Our training sites balance and complement each other, offering a range of perspectives and experiences in environments that differ in patient populations and resources. This broad exposure includes:

- Working with a mix of hospitalists, consultants, fellow residents and community physicians in a variety of health care models.
- Experience with two of the most widely used EMRs.
- Training in aspects of psychiatric emergency medicine, including at U-M's psychiatric ER.
- Access to a wide range of cases, from rare and complex pathology and advanced stages of common pathology to high-acuity trauma and critical care medicine.
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Emphasizes key differentiators of the program – how is training here different?

Makes information scannable & easy to consume.
Resident Group Practice: The Glassrock Resident Group Practice is a continuity clinic two blocks from the hospital. Clinic patients consist of insured individuals and medically complex patients. Many patients are recruited from the UC Davis newborn nursery as infants, allowing the resident to develop a relationship with the family from birth. General pediatric faculty and volunteer clinical faculty from the community provide supervision in the clinic. Residents participate in the management of continuity clinic through the Resident Group Practice Committee, which undertakes continuous quality improvement projects related to clinic management and education.

Sacramento County Health Clinic: This is one of two federally qualified health centers our residents can choose for their continuity clinic, located a quarter mile from the main hospital. The focus of this clinic is to care for the underserved, Medi-Cal, and uninsured/underinsured patients. The County’s Refugee Clinic is housed in the same building; a third of the patients in our clinic are refugee children. Many patients seen at the UC Davis Emergency Department, inpatient services and Newborn Nursery are seen at this clinic, offering our residents an opportunity for continuity from the hospital to their own practice.

Sacramento Native American Health Center: 2.5 miles from UC Davis Medical Center is the Sacramento Native American Health Center, the other federally qualified health center our residents attend for their continuity clinic. This clinic is committed to providing culturally-competent, holistic, patient-centered care. The clinic does not have any tribal or ethnic requirements for patients.
Training Hospitals

Residency training at the University of Washington is conducted at the four major affiliated hospitals, University of Washington Medical Center (UWMC), Harborview Medical Center (HMC), Seattle Children's Hospital (SCH) and Veteran's Affairs Puget Sound Health Care System (VAPSHCS). Residents may also undertake subspecialty rotations at local private hospitals including: Virginia Mason, Swedish Medical Center, Evergreen hospital and Northwest hospital.

Residency Training Program at UW Anesthesiology & Pain Medicine

The educational programs at the Department of Anesthesiology and Pain Medicine teach trainee physicians the knowledge, skills and professionalism required for clinical excellence; promote compassionate patient care; inspire a sense of enquiry and life-long learning; and develop leaders in anesthesiology, pain medicine, and critical care for the 21st century.

The Department of Anesthesiology & Pain Medicine at the University of Washington serves the educational needs for the five “WWAMI” states: Washington, Wyoming, Alaska, Montana and Idaho. We offer four different residency training opportunities:

- 4-year Categorical residency training in anesthesiology - 22 positions available for June 2019
- 3-year Advanced anesthesiology training - entry requires prior internship training - 1 position available for July 2019 ("R" position)
- 3-year Advanced anesthesiology training - entry requires prior internship training - 1 position available for July 2020
- 5-year combined Critical Care and Anesthesiology program (includes 4 year's anesthesiology and 1 year of critical care training resulting in board certification in Anesthesiology and Critical Care) - 2 positions available for June 2019
- 5-year Bonica Scholars Program (Research months are included in a 5 year program with the option of adding additional clinical and research training) - 2 positions available for June 2019

Our training sites include:

- University of Washington Medical Center (UWMC)
- Harborview Medical Center (HMC)
- Veterans Affairs Puget Sound Health Care System (VA)
- Seattle Children's Hospital (CH)
- Virginia Mason Hospital (VM) (Regional anesthesia)
- Northwest Hospital (NW) (Cardiac anesthesia)
- Swedish Hospital (SW) (Obstetric Anesthesia)
- Evergreen Hospital (EG) (Obstetric anesthesia)
Additional Thoughts

Talk to your current residents to get ideas to **make your content more specific & valuable** — especially when it comes to training sites and work-life balance.

Consider engaging with the **Office for Health Equity & Inclusion or your department’s DEI lead** to get advice on communicating your program’s DEI support.

A little bit of great information goes a long way — **you don’t need more content; you need the right more.**
Key Research Finding #2

Residents are **savvy information consumers** who make **quick inferences about a program** when skimming its website — both positive and negative.
Recommendation #2: Emphasize key differentiators on important pages on your website.
Rationale:

Prospective residents made inferences about a program’s strengths and weaknesses by paying attention to what information was highlighted on the main page of the residency website.
“To be honest, [Michigan Medicine] can brag a little bit more! Other programs really lay it out on the table and make you feel that you will get different training there ... [we could] emphasize the HOA association, cost of living, the ease of the town — how you will get the clinical/research experience in a place where you won’t lose your balance.”

— Michigan Medicine resident
If you’re not being **intentional** with choosing what content to highlight, you may **miss out on opportunities to connect** with prospective trainees.
Calls to action should highlight the most important aspects of the program.

The Department of Medicine has a sincere and long-standing commitment to the recruitment, retention, and development of a diverse group of faculty and trainees. We attract a wide range of residents outstanding schools of medicine.

When asked why they chose to come to Duke, residents say it's the sense of autonomy and camaraderie among the house staff that most attracted them to our program. In U.S. News & World Report's 2020 America's Best Graduate Schools edition, Duke University School of Medicine received top marks for internal medicine training (No. 4).
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Some of our initiatives:

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Large chunks of text are difficult for prospective trainees to read through when they have limited time.
How to Make Reading Online Easier

• Include the most important points in the **first two paragraphs** of a page.
• Use **headings and subheadings**. Make sure they look important and are more visible than normal text.
• Start headings and subheadings with the **words that carry the most information**.
• **Visually group related information.**
• **Bold** important words and phrases.
• Ensure that **links include information-rich words** (instead of “click here” or “more”).
• Use **bullets and numbers** to identify items in a list or a process.
• **Cut unnecessary content.**

Credit: Nielsen Norman recommendations
Some of our initiatives:

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- Access to a wide range of cases, from rare and complex pathology and advanced stages of common pathology to high-acuity trauma and critical care medicine.
Aesthetics matter, but residents were willing to overlook older websites when the information was useful and easy to navigate.

Visual communication is key — include a mix of candid and professional images, and consider investing in video to show what our training environment looks like firsthand.

When in doubt, remember the rules of online reading and ask: How can I make this information more concise and consumable?
Questions?
How To Get Started ...

“Try” on the perspective of a resident ...

1. **Review your current content about patient populations, clinical sites, and curriculum.** Write down the top 5 facts that stand out to you. Are these the most persuasive and valuable facts to share?

2. **Audit your DEI and well-being content.** Does it go beyond University boilerplate? Does it include perspectives or quotes from current trainees? Do you include descriptions and links to specific programs and policies for residents?
How We Can Help ...

- We can **advise on approaches** for reviewing your site content.
  - 20-30 minute initial meeting to come up with a plan.
  - 1-hour follow-up meeting to review findings and assist with action steps.

- We can **create a heatmap** of a specific page where you’d like to evaluate users’ interaction with content.

- We can **perform usability testing** for 2-3 specific use cases.
Prospective Medical Residents

Medical students are savvy information consumers who make intuitive assessments of the information they come across. As medical students, they are swimming in a lot of information each day and have trained themselves to be as efficient as possible when it comes to sorting information. During their residency selection process, some prospective trainees are evaluating as many as 50 programs and allocating less than 5 minutes per site during the beginning stages of their selection process. Presenting concise and valuable information on a residency program website will allow trainees to understand what is most important to a program and quickly evaluate opportunity and fit.

Core Information Needs

Prospective residents are particularly interested in evaluating a program’s training experience, including its curriculum and its clinical training sites. These are a prospective resident’s core information needs.

When talking about training sites ...
- Emphasize characteristics and opportunities that differentiate the program.
- Express these differentiators in an easy-to-read and accessible format.
- Place a call to action on the front page to call attention to this information.

When talking about the clinical setting ...
- Highlight the number of training sites, the physical locations and the experience of training at each clinical setting — what does each clinical setting offer to a learner?
- Discuss case volume and mix.
- Include information surrounding diversity of patient populations such as the opportunity to work with patients supported by Medicaid, of various nationalities, religions, as well as those who are immigrants or veterans.

"While many individuals are hesitant to come to U-M because there is a perceived lack of racial and socioeconomic diversity, Michigan Medicine excels at a much better job of highlighting how diverse Southeastern Michigan really is and how the U-M serves as a large referral center caring for patients ranging from large cities like Flint and Detroit, to rural areas in the surrounding counties." — U-M House officer

Secondary Information Needs

Prospective residents also expressed interest in understanding a program’s diversity and its support for resident well-being. These topics are a prospective resident’s secondary information needs.

When talking about diversity ...
- Discuss the specific programs, policies and trainee organizations that support diverse identities, such as communities of color, the LGBTQ+ community, and the disability community.
- Explicitly address resident diversity rather than hinting at it or addressing it broadly, and avoid boilerplate statements of support.
- Examples can include residency diversity committees, group activities, mentoring and career development opportunities dedicated to trainees from traditionally underrepresented groups.

When talking about health and well-being ...
- Discuss the specific programs, policies, trainee organizations and initiatives that support the health and well-being of students.
- Include information around parental leave, mental health support, including the opportunity for private mental health care, vacation time, and how time is arranged at the clinic to allow for breathing room in a trainee’s schedule.
- Explicitly address health and well-being rather than hinting at it or addressing it broadly or generically.

"The top two words... and then emphasize work-life balance. Here, the ROI ... you will get the clinical/research experience in a place where you won’t lose your balance." — U-M House officer
THANK YOU

Questions? Feedback?
Get in touch:
  m3support@umich.edu