



ENLOE'S MESSAGE

Hear from the CEO

Episode 32: Becoming a Teaching Hospital

Jolene Francis: Enloe's Senior Team message is presented in this caregiver-centric podcast, providing an update on what's new and exciting across the campuses of Enloe Health. Hello, everyone. I'm Jolene Francis, Vice President of Philanthropy & Communications. Welcome to the September 2024 episode of Enloe's Message. And today we welcome Dr. Sean Maiorano, Enloe Health's Chief Medical Officer, to share some updates on the new medical residency program in Butte County.

JF: Hi, Dr. Maiorano. How are you?

Sean Maiorano: Very good. Thank you for having me.

JF: Good. Good to see you. Tell us, what is this medical residency program all about? Why is it important for Enloe and our region?

SM: Well, you know, a residency program is something a long time coming. And I think for our area and something I think not only do we want to see here for the community, but also for our hospital community. What is in the works is a family medicine residency, which will start in June of 2025. So we've been partnering with a local nonprofit organization called Healthy Rural California that is helping us bring this residency to the area.

So it's been something that I've been interested in personally for a number of years, and fortunately, we had some additional support with folks in the community and Healthy Rural to be able to make this come to fruition. So, something that our medical staff is really excited about and hopefully will be a really a boon for the community. The goal ultimately is to bring more primary care doctors to the area.

JF: Great. So, are there other partners involved with Healthy Rural California? Is that a collaboration, or ...?

SM: Yeah, it's referred to as a consortium model, so we are sort of the main clinical site for a lot of the clinical rotations that these residents will see. But they're also partnering with Northern Valley Indian Health and the local VA and some community members, physician members as well, to sort of round out the experiences for the residents.

JF: Great. So, our physicians will become teachers.



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SM: They will. Yeah. We all have this sort of background in academics and in training often are our teachers. And in fact, that's sort of the purpose of training that not only do these residents learn from their attending physicians, but they also will teach – they'll teach medical students underneath them, which is another component to this residency is having medical students here as well.

JF: How exciting. So how much how many residents do you think we'll have and how many medical students do you hope to see here in the future?

SM: We're going to start out with four residents that will be here in June of next year. The program, as it currently stands, in total will be 12 residents. So, year over year, as the program grows, we do have hopes of expanding that, which we will look into doing after the first-year class has entered. And then behind that we'll have medical students – probably third- and fourth-year medical students. These are students who have done most of their classwork aspect of medical school and they'll probably be a couple a month that we'll see on a regular basis.

JF: So, do we have space for them set aside that they will be doing some of their work in? I know they'll be seeing patients as well, but do we have space set aside for them?

SM: We have a couple different things. You know, some of these students and residents will be in the clinic settings and Enloe Health is working on its own space just for those residents to have their own clinic where they'll see their own panel of patients. So that's that access to care that we often talk about – providing more physicians for people to see.

This will be a clinic where people in the community will be able to see a physician regularly. And then we do have some spaces that we've built within the hospital for conference and academic spaces – more working spaces for them – call rooms and things like that.

JF: What do you think this will mean for patients in our area?

SM: Well, I think it'll be a change. You know, obviously, the first hope is that we will be able to provide more points of care outside of the hospital – that will be able to provide a primary care physician for those who can't get them in the community currently. But, also, I think from the acute-care standpoint and even in the clinic standpoint, you're going to have another interaction that you wouldn't have had before.

These residents and students have the luxury of maybe more time than your current primary care may be able to afford. That's the nature of training. And I think there's a kind of a secondary gain from all that, is that as much as we think about training as people learning their craft, when



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you have learners in an institution, it raises the bar. So I think what we'll see is that we'll collectively raise our care throughout the institution. And whether it's in the medicine services or others, when you have this sort of learners behind you, you're sort of compelled to be up-to-date and current.

The partners that we're using through Healthy Rural California will also supplement that with academics for the physicians – the current physicians – who are working. So, I think overall it raises all boats and we all get a better experience out of it.

JF: So, it really does speak to our mission of elevating the health of our communities in a number of ways, right? Patients, and also elevating the way our physicians in the community are operating as well.

SM: Absolutely. Yeah, that elevates us all. So, we will be able to sort of take better care of patients, provide more opportunities for care for patients. So it's something I think we're all really excited about and pretty much on a daily basis, I get some of our medical staff members asking, 'When are the residents getting here and when will I get mine?' So it's something that's exciting to see.

JF: That is great. That was actually going to be my next question for you. What are you most excited about with this new program?

SM: Well, I think I'm excited in that change. Many of us have worked here for a number of years, and I think there's some fulfillment that comes out of being able to teach. I think I'm excited to see how it changes our medical staff, how it brings more academics to our daily rigor, but I also am excited to see sort of what that brings for us in the future because this is going to be an opportunity to recruit new physicians to the area who want to be involved in education.

So, you know, people who come out of training are often very comfortable in that setting and having an opportunity where they can still teach and practice is very appealing.

JF: Yeah, there's a lot of opportunity for growth for everybody in that environment.

So, you spoke to our Board of Directors last night, our volunteer Foundation Board of Directors, and you talked about this program. It was incredibly interesting. I know they were super interested to hear about it. And one of them asked you about something they've read in the paper that there was a new medical school being built here in Chico and that it seems like maybe that isn't entirely accurate.



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So, can we clear that up, at least for our internal folks?

SM: Yeah. You know, our partner, Healthy Rural California's working hard to sort of bring a lot of new care to the area and one of their visions is to build what's called an interprofessional health campus. And I think that has been coined a 'medical school' and some of the things that have been put out there. But really, it's a campus where it's academic learning, could be for physicians and training, could be for nurse practitioners and PDAs or even providers who are in sort of technical specialties – things like that.

So, there's be learning spaces, maybe some clinical spaces. Kind of parallel with that are some opportunities to partner with some of the universities to bring permanent medical students in their third and their fourth year, who will complete all their rotations here in Chico or surrounding areas. Those are often referred to as 'branch campuses,' so that's out there.

That might get a little confusing to people what we mean, but that's the 'medical school' experience that we're talking about. But there's a lot of vision right now and a lot of efforts into seeing what this sort of facility could be in the future. I think an actual medical school – brick-and-mortar medical school – anytime soon is quite a ways off.

JF: It's a big dream, certainly something to reach for – but not a traditional medical school as we would normally think about it, but an innovative way to bring this type of training and learning to our region.

SM: Yeah, there's a lot of things happening in this space. You know, there's a lot of technology being woven into medicine and a lot of skill sets that we need to bring to not just our physicians and our other providers, but all the other folks who help us and in care. And so, utilizing things like a simulation center and different sort of adaptive places where you can learn and bring that sort of teaching to the area, which will just help everybody.

That that is kind of the vision of this interprofessional kind of health campus. That is something our partners are working on.

JF: Well, it sounds exciting and I'm glad that you're following along and can keep us informed. But you also talked about something else last night that I found incredibly interesting, and that was that the experience and the hierarchy of medical students can be determined by the lengths of their lab coats. Tell me about that.

SM: I don't know 100% that that is still done in all academic settings. But traditionally, when you enter medical school and they do the convocation and you get all your gear, you're issued a



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coat. The coat for a medical student is a short, waist-length coat, often sort of with curves or angles on it. It's sort of an awkward, little, short coat that you get to wear for four years, and then you sort of graduate to these longer coats. So the traditional sort of long, white lab coat look you get once you sort of graduate from medical school and go on to do your postgraduate training or residency like we're talking about. Then even within that, you'll even see – especially in academic centers – that the length of the coat will dictate how far you are along, so that the residents might have something sort of around their thighs or knees.

Then you meet some academic attending and they may have something below their knees. So, there is this whole hierarchy to the coats, traditionally.

JF: That's so interesting. I guess you can't wear chevrons on your sleeve, so you just make your coat longer to show your rank and experience and hierarchy there.

SM: Yeah, it will serve as a little badge of honor.

JF: If you see someone else in a long, long coat, we should salute. [Both laugh]

Well, I appreciate you being here today and sharing this information with us. But I do want to ask – you've been in your new role as Chief Medical Officer approaching a year now. There were several months it wasn't really official because Dr. Nelson was still here, but there was some overlap.

What's been the most rewarding part of the job so far for you?

SM: You know, I think what I'm enjoying is getting into how our different services work and trying to provide some of my perspective in problem-solving for them. I think that was a bit of my mission coming in – to see what I can learn, having hospital-based experience here for 18-plus years and knowing how things work, that I can kind of help my colleagues in the hospital come to better decision-making when we talk about developing services.

So, that opportunity has been exciting for me. And you know, there's a lot of new things that I'm kind of learning about. I think learning to interact with my colleagues in a different way is also kind of interesting. I do miss being at the bedside and would like to sort of figure out how to incorporate some of that back again. I do still work clinically, but not nearly as much as I had before.

JF: And you miss it?



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SM: Yeah. I mean, it's like anything – you've done it for a long time; that's sort of your identity, right? And so that's a big change. In fact, when I do go on the floor or I see patients in the Emergency Room, I almost get this joke from some of the nurses I've known for a long time: 'Are you still a doctor?' You know, that kind of stuff.

JF: Once you're a doctor, you're always a doctor.

SM: Yeah – well, I need to maintain my street cred, so I know I need to be able to show that I can still do it.

JF: Yeah, well, I think you're maintaining the street cred pretty well. I don't think there's really a problem with that at all. But is there anything else you want to share for the good of the group today?

SM: No, I think that's it. I think this is just an exciting new era. You know, we've had our rebrand, which is an exciting change for Enloe Health. This step is a really big deal. As much as we're talking about, you know, four residents doesn't sound like a lot, but it is a fundamental change that we are becoming a teaching hospital, and that's a big change for our medical staff, a big change for our nursing staff to sort of learn how that works. And it's going to be a boon for our community. I'm really excited about it.

JF: It's very exciting. And thank you for all the work that you're doing to make this happen, along with all of our partners in that consortium.

SM: I'm happy to do it.

JF: Great. Well, that's about all the time we have for today. But thank you, Dr. Maiorano, for sharing time with us behind the microphone. And a special thanks to all our caregivers for spending time with us and sharing this program with your colleagues and friends. We'll talk again in October. October! How did a year fly by so fast? And at that point, we'll be joined by another member of Enloe's Senior Team to discuss what's new and exciting around our campuses. Thank you for all your hard work and for choosing to be part of the Enloe Health team. Take care, everyone.