The Next Program Director: They're Not Making This Any Easier

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The Georgine M. Steude Professor of Anesthesia Education
Core Program Director
University of Michigan

Note: These are my own opinions and do not represent the University of Michigan or AACPD

Who is “They”?

- They is the ACGME?
- They is the RRC?
- “We have met the enemy and “they” is us”

What is ‘This’?

- What are your goals?
  - Running a residency program?
  - Successful training of residents for anesthesiology careers
  - 5 Year accreditation cycle?
    - This is going to change

The Handbook for Program Directors

- Does not exist
- The Common Program Requirements from ACGME is the best guide.

Goals

- The Job Description
- The Attributes of a PD
- The Must-do(s) of the RC/ACGME
- The many hats of PD
- Communication resources
- Take Home Thoughts

Core Program Director-Job Description

- **Not a glamorous job**
  - **You are the ultimate SLJO**
  - **You are the department chair's XO**
- **Program directors make the chair look good**
  - **Or bad**
- **You and your chair must be on the same page!**

Sidebar- Quick Questions when asked to take the job

1. What happened to the other guy/gal?
2. What do you know about the program? 3 Year vs. 4 year with interns?
3. Strengths or weaknesses?
4. How much non-clinical time will you have?- Critical!!!
5. Are you happy with your academic career?
6. Support staff-?administrative and other docs- a good admin can run the program

General Characteristics of PD

1. Start as Junior Faculty; express strong interest in the education components of their department.

2. Accept numerous small tasks….writing the tutorial schedules, moderating conferences, mentoring a difficult resident….developing on-line content etc.

General Characteristics of PD

3. Serve on various departmental and hospital committees as the Anesthesia Rep etc.

4. You express a great deal of interest in the resident education mission of the department. And you have your own philosophy for what makes for a successful resident training program.

Should not be surprised when asked to run the Core Program

Demographics of PDs

- ~Median age 52
- ~75% Men
- 66% Professor or Associate Professor
- Median appointment is about 4 years!
- Turn-over is averaging 15-20%/year!
- 20% Time limited certificates

» Data from Timothy Long et al Mayo Clinic-JCA 2010

Core Program Directors..

- "*Should- continue in his or her position for a length of time*"
  - This is not a 1-2 year assignment, more like 5 years to understand everything and go through the trauma of a site visit…like JACHO
  - Remember when you take the reins you inherit years of someone else's successes, recruits and headaches

PD Changes*

- 2007-08 22 New PDs
- 2008-09 25 New PDs !!!!!!!!
- 2009-10 21 New PDs (16%)
- 2010-11 14 New PDS (17%)
- 2011-12 8 New PDS as of today
  - Mean 6.3 yrs, Median 4.7 yrs for past program directors tenure since 2001
- This is scary?- decreasing tenure!
- * ACGME Data Resource Books

Demographics

- 22 New PD appointed since June of 2010
- Most less than 5 years from Primary Certification!- 2010 group
- 7 Chairs still retain title of PD
  - 131 Programs
    - 7 programs list only the Chair as SAAA member
    - Big change since 2008 when we formed AACPD

Other Attributes of a PD

- Thick Skin
- Humility- not everything you do will be perfect and you will miss quite a few things (some only once though)
- Be realistic- you will not change the world in a day
- Accept suggestions from the residents
- Good communication skills
- Be able to say no
- Be able to ask for help
- Be able to make unpopular changes

Other Attributes of a PD

- Trustworthy-
- Buy-in with GME philosophy-
  - Do not take the job if you think that your department PD will change the direction of the current DIO

Other Attributes of a PD

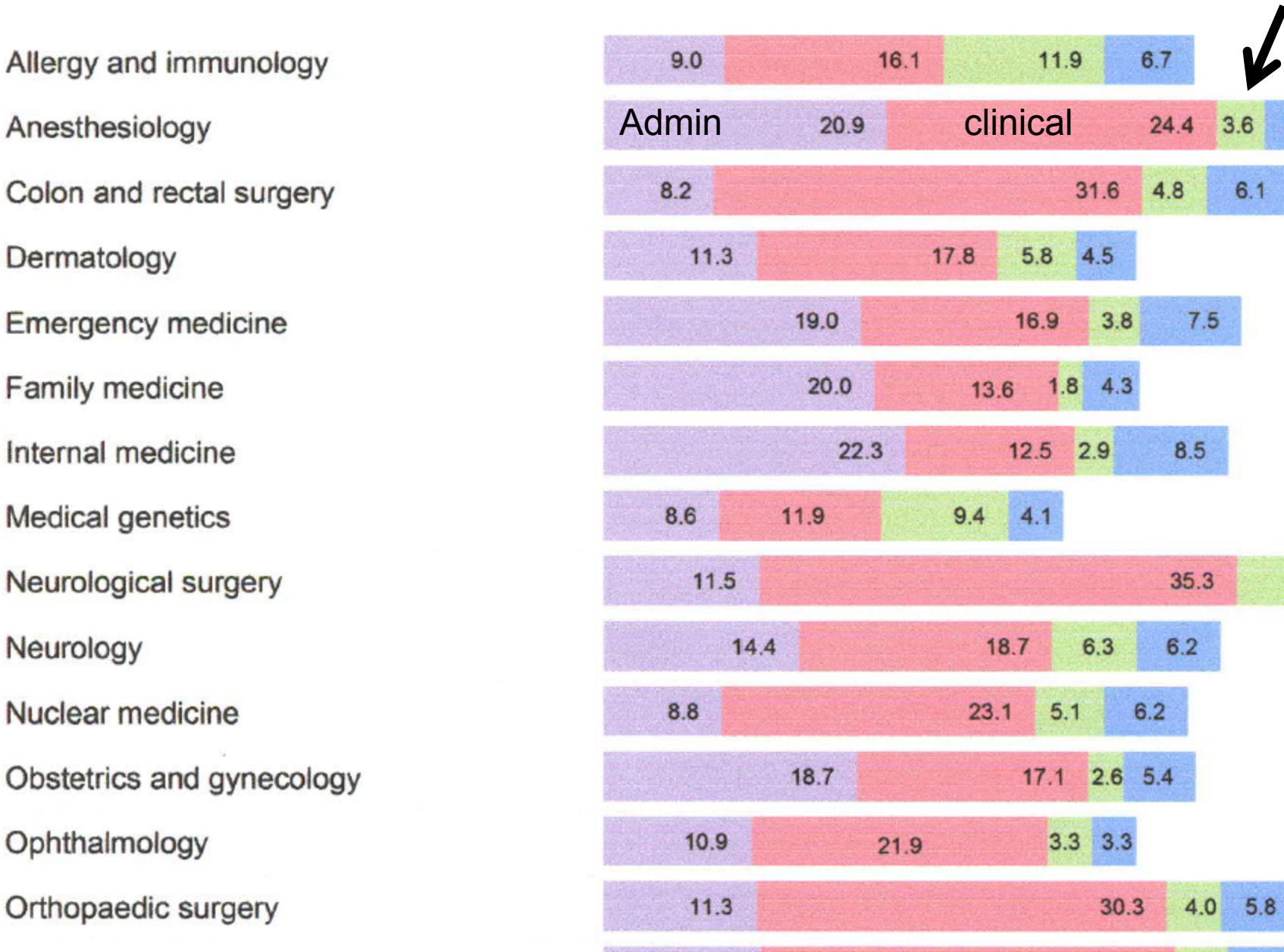
- Honesty- be willing not to sugar-coat evaluations of residents. “Oh, they’ll be ok”

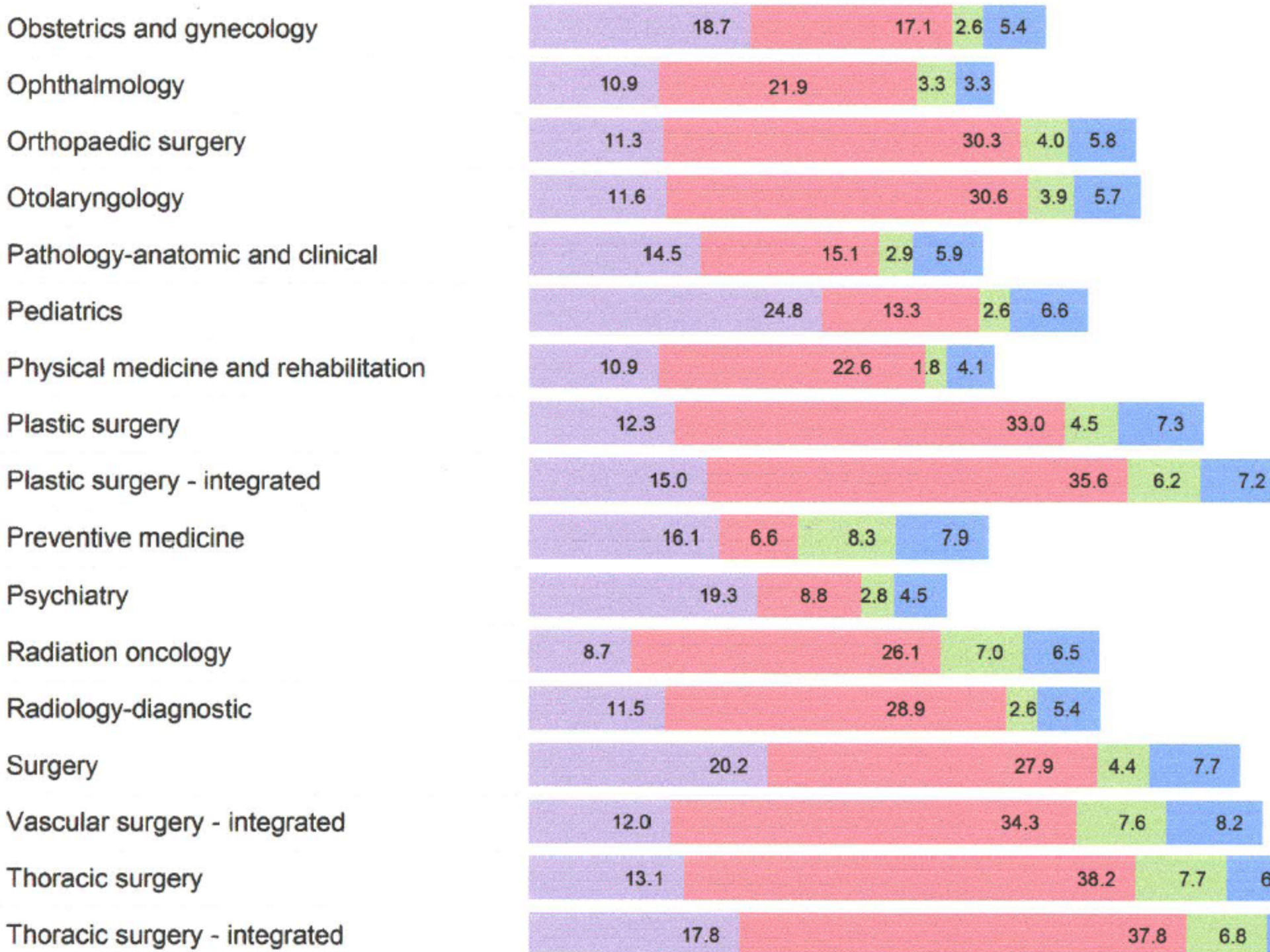
- Communication skills- be able to delineate and communicate your expectations to the residents in the program.

Other Attributes of a PD

- Commitment- Probably should be #1 on the list.
  - Most promotion boards think of PD work like a book chapter.
  - Be confortable in sacrificing some of your academic career aspirations.
  - If clinical/academic work is prized more than PD then reconsider.

Mean Number of Hours per Week Spent by Program Directors in by Specialty




Obstetrics and gynecology
18.7
17.1
2.6
5.4
Ophthalmology
10.9
21.9
3.3
3.3
Orthopaedic surgery
11.3
30.3
4.0
5.8
Otolaryngology
11.6
30.6
3.9
5.7
Pathology-anatomic and clinical
14.5
15.1
2.9
5.9
Pediatrics
24.8
13.3
2.6
6.6
Physical medicine and rehabilitation
10.9
22.6
1.8
4.1
Plastic surgery
12.3
33.0
4.5
7.3
Plastic surgery - integrated
15.0
35.6
6.2
7.2
Preventive medicine
16.1
6.6
8.3
7.9
Psychiatry
19.3
8.8
2.8
4.5
Radiation oncology
8.7
26.1
7.0
6.5
Radiology-diagnostic
11.5
28.9
2.6
5.4
Surgery
20.2
27.9
4.4
7.7
Vascular surgery - integrated
12.0
34.3
7.6
8.2
Thoracic surgery
13.1
38.2
7.7
Thoracic surgery - integrated
17.8
37.8
6.8

General Education of the PD

1. Must learn the 2008 RRC Requirements!
2. 2008 RRC Requirements- 7556 words
   a. Allows for some individual interpretations- but……
3. Must learn the ACGME-RRC vocabulary
4. ACGME- feels it necessary to define what some words mean
   a. May not always agree with an RRC's interpretations
   b. Published 3 **Glossary of Terms** in last 18 months.

ab_ACGMEglossary.pdf
Convert Select
173% Collaborate Sign fatigue

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCAT

GLOSSARY OF TERMS

June 28, 2011

LaunchPad | CareWeb | UM-CareLink | Patient:
ACGME | Program Directors & Coordinators - Microsoft Internet Explorer provided by UM Hospitals and Health Centers
http://www.acgme.org/acWebsite/navPages/nav_PDcoord.asp
File Edit View Favorites Tools Help
Google
Page

Program Directors & Coordinators

ACGME Bylaws (Revised 9/2009)
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- Instructions
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- Awards Dinner 2007

Anesthesiology RRC 2008 Requirements

The Program*	146	Required*	10
Must*	142	Obtain	10
Not	44	Submit	9
Should*	40	Evaluate	8
Provide	37	Necessary	7
May	32	Minimum	6
Requires*	32	Report	4
PD*	29	Responsible	4
Ensure	17	Substantial	3
Approve	13	Verify	3
Supervision	13	Comply	3
Duty Hours*	11	Shall*	2
Monitor	10	Oversee	1

* In the glossary

Anesthesiology RRC 2008 Requirements

Document	17	Review	49
Expected	6	Monitor	9
Evaluations	38	Manage	18
Necessary	7	Approval	8
Implement(s)	5	Provide(s)	37
Required	10	Needs	6
Assess	7	Appropriate	22
Must provide	7	Should provide	2
Must not	8	Should not	2
Shall not	2	Duty hours	11
Responsibility	29	Fatigue*	
		* In the glossary	

“On Further Review”

- 106 “musts” are Common Program Requirements
  - 35 additional are anesthesia RRC
- 32 “musts” added for July 2011
- 9 “fatigues”- for July 2011
  - Only 4 times in 2008 RRC
- 14- “demonstrates”

MUST(s)-Things to consider----

- “The Program Director Must”
  - *Maintain oversight- all rotations, faculty appointments etc*

How are you going to do this?

The Chair usually hires faculty

MUSTs- CBY

- CBY
  - FY 12 more PGY 1 matches than PGY2
  - Intern advocate
  - Determine- the sequence of rotations
  - Review quarterly evals on in-house interns
  - Review- Duty hours- set up for disaster?
    - Who takes the “hit”? Surgery, Medicine, ED?

CBY- Musts

- Receive (reports for CBY)- Approve- rotations, local directors etc
- Be Responsible- reviewing
  - From non-Core hospitals:
  - written quarterly reports and a final report at the end of the CBY
- You will need to set up a mechanism for this. Better get a good admin to chase these down- you don't have the time!

Education Program

- *Administer and Maintain an educational environment conducive to educating the residents in each of the ACGME competency areas.*
- Oversee and ensure quality of education
- *Approve a local director at each participating site who is accountable for resident education-* better run this past the Chair
- Approve the selection of program faculty as appropriate

Education Program

- Evaluate program faculty and approve the continued participation of program faculty based on evaluation- I believe this is the chair's job!
- Monitor resident supervision at all participating sites
- Prepare and submit all information required and requested by the ACGME program information ADS
  - ensure that all submitted information is correct and complete
- Provide- residents with documented semi-annual reviews of performance with feedback

Duty Hours

- *Implement policies and procedures consistent with the institutional and program requirements for resident duty hours and working environment including moonlighting to that end the PD must*
  - Distribute these policies and procedures to the residents and faculty
  - Monitor resident duty hours according to the sponsoring institutional policies with a frequency sufficient to ensure compliance with ACGME
  - Adjust schedule as necessary to mitigate excessive service demands and/or fatigue- BUT YOU DON'T KNOW until you know!
  - If applicable monitor the demands of at-home call.
- Monitor-duty hours, need for back up support, distribution of cases

PD Musts

- **Comply**- with institutional policies
- **Confirm**- that all residents completing the program have met the requirement for the 48 month continuum
- Regularly- **review** the residents clinical experience logs and **verify** their accuracy when transmitted to the RRC
- **Ensure**- that there is a substance abuse policy
- **Ensure**- the means to monitor appropriate distribution of cases among the residents.
- **Require**- residents maintain electronic case logs
- **Document**- faculty involvement in lectures, clinical supervision, and tutorials

Faculty- Musts

- There are 9 musts for the ‘faculty’. I tell you this because you have to **ensure** that this is happening in your department, even though it should be the chair’s job…when it comes time for the RRC site visit you will be on the hook, so think of yourself as the canary in the mine….someone has to do it.

Faculty Musts

1. Ensure a sufficient number of faculty at each site to instruct and supervise
   a. Devote sufficient time to the educational program… a strong interest in education of residents
2. Faculty must have current certification from the ABA.

Faculty Musts

3. *"the number of faulty must be sufficient to provide each resident with adequate supervision, which shall not vary substantially with the time of the day of the week. In the clinical anesthesia setting, faculty members should not direct anesthesia at more than two anesthetizing locations simultaneously."*

Better be sure on this one, since the RRC electronic PIF specifically asks if this is true….its a "yes" or "no" with a space for explaining why it's a "no"

Faculty Musts

4. Current license etc.
5. Qualified non-physician faculty
6. Must **establish** and **maintain** an environment of scholarship and inquiry and research
   - Peer reviewed funding, publications, presentations at meetings, national committees
7. All of the above **must** be present in the program
8. **Must** regularly participate in didactics, journal clubs, rounds etc.
9. **Assure** that didactic and clinical teaching faculty is provided by faculty with documented interests in the subspecialty involved

Program Director Hats

Facility Manager	Librarian
Housekeeper	Compliance Officer
Scheduler	Recorder
Administrator	Disciplinarian
Auditor	Recruiter
Good Cop	Bad Cop
H.R. Director	Arbitrator
Soft Shoulder	Publisher
Recovery Monitor	Chief cook/bottle washer

Facility Manager

- Ensure adequate resources for resident education
  - Space and equipment
  - Meeting rooms, classrooms
  - Computer support including access to medical information-(We used to call this a library)

- Must provide appropriate on-call rooms that are gender specific– in fact you **should** have a written policy!

Human Resource Specialist

- Resident Recruitment
  - Must **comply** with institutional requirements
  - Cannot appoint more residents than you are approved for by the RRC
  - (Expected to keep a well stocked residency of happy residents who will speak well of your program during recruiting season)

Resident Transfers

- Must **obtain** a written or electronic verification of previous training experiences and a summative competency-based performance evaluation from the transferring program
- **Must check** the NRMP match history- do you know where to look? NRMP R3 system

Patient:
User: tsanford
CareWeb
UM-CareLink
Vergence Launchpad

NRMP

Program Options Page

Directory • Agreement
Help • Logout • Contact Us
Back to My Options

MY PROFILE
• Update My Profile
• Change My Password

APPLICANT MATCH HISTORY

MY INSTITUTION
• My Institution Information

MY PROGRAMS
• Program Information
• Rank Order List

CURRENT MATCH APPLICANTS
• Search Applicants

MY REPORTS

Main Residency Match - Welcome to NRMP

Theodore J Sanford Jr MD
Program Director
AAMC ID: 10941340

U Michigan Hosps-Ann Arbor

If popup blocker is enabled in your browser, you must disable it in order to use the Directory and other important features of the NRMP R3 System.

Prog Code	Program Description	Director	Reversion	Status	Quota
1293040C0	Anesthesiology	Theodore J Sanford		INITIAL	24

					24

Directory | Agreement | Help | Logout | Contact Us | Update My Profile | Change My Password | My Institution Information | My Program Information | My Rank Order List | Search Current Match Applicants | Applicant Match History | My Reports

Copyright © 2001-2009 National Resident Matching Program

Auditor

- Adequate case loads etc.
  - Must **verify** volume and variety of cases-
  - So you need to determine a way to monitor how cases are distributed.
    - Recent ACGME survey said ‘quarterly’ RRC does not specifiy.

Educator/Publisher

- Common Program v. RRC specific requirements
  - Recent site reviewers have focused mostly on the Institutional Requirements-leaving the electronic PIF to the RRC.
    - Annual survey
    - Duty Hours

Educator/Publisher

- Annually distribute the overall educational goals to faculty and residents
- Annually distribute the goals and objectives for each assignment – electronically or written
- Have regularly schedule didactics

  Keep attendance and a schedule of all didactics- UM uses Web-based calendar

Patient:

er provided by UMHS

vert Select

UM Home | Med School | UMHS Home | UMHS Internal | Carelink | CareWeb | Text size [A] A A | Search

Department of Anesthesiology

Home | Our Department | Programs | Research | Clinical | Patient Information | Reference Material | Calendar

http://ane

Today September, 2011 | 31 Month | 7 Week | Main | All Events

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	Sep 1	2	3
	6:30 Core/Keyword: C	6:30 Core/Keyword: C	6:30 Core/Keyword: C	7 Joint with Surgery -	6:30 Journal Club: M	
4	5	6	7	8	9	10
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11	12	13	14	15	16	17
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18	19	20	21	22	23	24
	6:30 Core/Keyword: C	6:30 Core/Keyword: C	6:30 Journal Club: In	6:30 MOCK ORAL EX	6:30 Journal Club: A	7:15 Robert B. Swee

Educator/Publisher

ACGME Core Competencies

RRC has inculcated the Core program specifics with the 6 core competencies/ 25 sub-competencies

…..And more are on the way!

1. Patient Care- delineates the required case experiences including numbers of cases and length of rotations. Changes are inevitable and some programs have trouble with scheduling sequencing

   a. Case Logs now moved to Web Based and you must know how to access this to monitor the cases on the Web. How many of you have done this?

Educator/Publisher

2. Medical Knowledge- assessment methods… AKTs, ITE, Mock Orals, daily evals in ORs.
3. Practice Based-Learning and Improvement-

   How do you do this one?

   I use M and M, Morning report (with documentation of resident participation)

Educator/Publisher

4. Interpersonal and Communication Skills
   many ways to evaluate, PD needs to decide

5. Professionalism- “you know it when you see it”

6. Systems Based Practice- Never heard of this until 8 years ago

Evaluator

PD oversees this

1. We use MEDHUB
2. PD **must** **assure** that residents are evaluated in a timely manner- We use e-mail reminder system
3. Residents **should** be encouraged to evaluate faculty too. This was a focus of site reviews
4. PD provides semi-annual review- If you take the job you need to figure a mechanism for you to do this.
5. Set up a spread sheet, and then figure out how to provide feedback

Evaluator

‘PD **must** provide a summative evaluation for each resident upon the completion of the program…..

Verify that resident has demonstrated ability to practice without supervision!’

Program Evaluation

RRC says annual program evaluation.

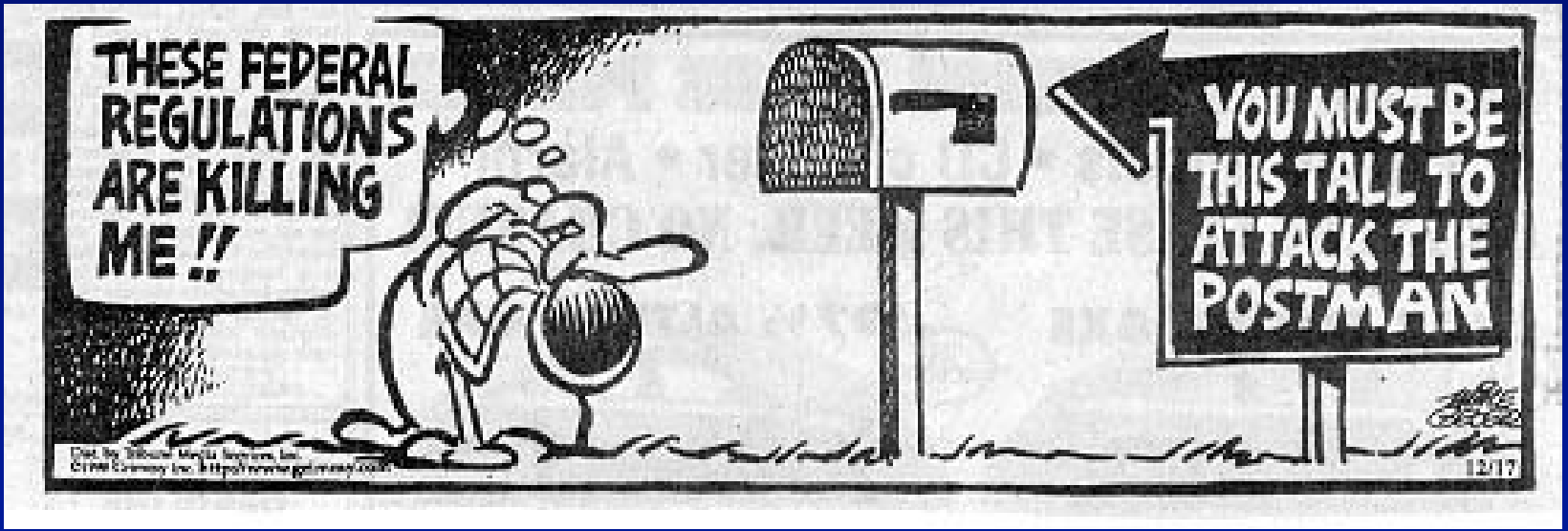
a. Survey both residents and faculty

b. Make changes based on this annual survey

(My feeling is that you should not wait to do an annual survey to make changes)

c. Changes must be approved by the teaching faculty! How dumb is this?

Physicians and Health Care Compliance:



Compliance Officer

- DUTY HOURS
- Probably not another more contentious issue for the PD, but you will be stuck with this problem

We really do not have much problem with this, but it is the occasional 9.5 hour rest period or Critical Care 80.5 hours that catches the eye of the site reviewer.

New Duty Hours Rules

- PD must review and approve any duty hour/time off submissions that exceed the maximum allowed!
- 16 Hours of duty for interns! OUCH!
- 10 hour rest period- anyone having trouble with this?
- PD need to develop a mechanism for dealing with these new rules!

How to Deal with the Chair

Best advice-

- Rule One- The Chair always wins
- Rule Two- Get over it,
- Rule Three- See rule 1

This is not a contest of wills- the bottom line is the residents, and what is good for the program as a whole!

How to Deal with Faculty

1. You will not win a popularity contest
   a. RRC Guidelines- not open for interpretation by individual faculty
   b. Send them the guidelines
   c. Send them the Core Competencies
   d. Make it easy for them to do the evaluations
   e. Difficult faculty- that's why you have a chairperson

How to Deal with Residents

- Chief Resident(s) are crucial
  - Rumor, hearsay, innuendo—bad
- Meet with the chief(s) regularly
  - Quarterly resident meetings
- Listen to what they have to say
- Keep an open door
- Keep and open mind
- Be willing to change!

Dealing with GME, ACGME, RRC, NRMP

- **GME-** do their required paperwork on time- always
  - They can make your life good or bad
- **ACGME-** do their paperwork too!
  - Find their website, and visit it often
- **RRC-** Do not try to outguess, they have rules that are for the general population
  - You are not that special!
- **NRMP-** see rule one for the chairs-
  - No sense of humor!

Communication

- The RRC-
  - Very receptive to phone calls or e-mails if you have questions.
    - Pat Surdyk
    - Billy Hart

  F.A.Qs- this is a major media by which the RRC communicates with PDs

  Usually announced in the weekly ACGME Bulletin

Patient:
User: tsanford
CareWeb
UM-CareLink
Vergence Launchpad

http://www.acgme.org/acWebsite/navPages/nav_PDcoord.asp
Google
File Edit View Favorites Tools Help
Page

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Resident Case Log System

- Login
- Handheld Request Form (PDF)
- HIPAA Compliance Documents
- Case Log Information

Resident Duty Hours Documents

- Common Program Requirements (PDF)
- Complaint Procedures
- Duty Hours Language (PDF)
- Information & Resources

http://www.acgme.org/acWebsite/navPages/nav_PDcoord.asp
Internet
100%
Start
University of Michigan Pr...
Novell GroupWise - Mailbox
ACGME | Program Dir...
2:33 PM

Resources

- ACGME web site-http://www.acgme.org/acWebsite/home/home.asp
- AACPD- (that's us!)
  - http://www.aapd-saac.org/aacpd.htm
- ABA- http://www.theaba.org
- RTID- great resource
- Weekly updates from ACGME by e-mail

P.I.F Preparation

- This is now electronic
- RRC will use this document during reviews
- Be very careful to be sure it is complete
  - Helpful to review and update your PIF every 3-6 months.
  - There are lots of changes in ACGME documentation requirements- only seem to show up in ACGME Newsletters!

Watch For These!!!!!

- **ACGME e-Communication**
- **October 18, 2010**
-

- *Welcome to this week's issue of* ACGME e-Communication. *We welcome feedback on the newsletter. Comments may be sent to ACGMECommunications@acgme.org. Questions about information posted in the newsletter should be directed to the appropriate staff contacts.*

Watch For These!!!!!

- **ACGME e-Communication**
- **October 18, 2010**

- **Case Logs**
- A new report has been added for anesthesia to help programs monitor their residents' progress towards meeting the required minimums. On the reports tab, the "Resident Minimums Report" lists each category and its corresponding minimum, along with the resident's current number of entries. Any questions about this new report, please contact the Support Center at Oplog@acgme.org.

ADS
Change in Faculty Roster

* To make the Common PIF consistent for all specialties, the ACGME continues to improve the faculty roster. A standard faculty definition now appears in ADS and on each PIF. The subspecialty definitions are unchanged.

* All physician faculty who devote 15 or more hours to the residency program have automatically been designated as core faculty on the faculty roster in ADS. Programs will need to review and edit this information in the "Core Faculty" column. Additionally, every program director should be designated as core faculty. To help with the transition, the core column will not appear on the PIFs until November 11.

* When the core faculty column is added to the PIF, all faculty members on the "Physician" and "Non-Physician" tabs will be considered active and will be displayed on the PIF. If faculty members are not active, a new feature will prompt the user for the date when the faculty member became inactive or left the program, but no other faculty details need to be entered. This feature will be available soon.

* Lastly, a new drag and drop sort feature has been added to the faculty roster.

Take Home

1. This is not a part time job
2. Get help, a good administrator; assistant PD depending on the size of your program
3. Stay ahead of the paperwork game
    1. Automate anything you can. (site visitor said we had too much paper)
    2. You are the ultimate Compliance Officer

Take Home

- 4. Always consider ‘should’, ‘shall’, as MUST
- 5. Keep every correspondence you send to residents, GME, ACGME, RRC, your faculty!
- 6. You must be creative with how to document ‘musts’
- 7. Don’t give up.

7/21/81
GME Funding 2012?
New Duty Hour requirements July 2011
2007 RRC Requirements
Larson
"We're almost free, everyone! I just felt the first drop of rain!"