



New Anesthesiology Residency Program Director

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**DREAM JOB
OR
NIGHTMARE?**

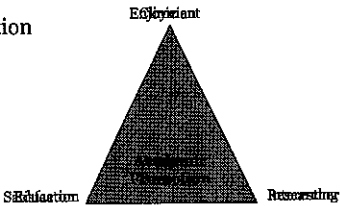


Overview

- Development
- Audit
- Attributes
- Roles
- Responsibilities
- Preparations
- Advice
- Disclaimer
 - Content may not be relevant to all programs
 - I have no conflicts of interest (I don't get paid any extra to be PD)

Junior Faculty Development

- Set goals
- Academic promotion
 - Clinician
 - Educator
 - Researcher
- Why?
 - Enjoyment
 - Satisfaction
 - Interesting



Development


- Clinical
 - Develop a niche
 - Create goals and objectives
 - Update the curriculum
 - Be a model faculty member
- Research
 - Clinical
 - Educational
 - × Unique aspects of program
 - × Pilot new initiatives

Development

- **Education**
 - Teach
 - Participate
 - × Mentor
 - × Lecture
 - × Technology
 - On-line curriculum
 - Simulation
 - Lead
 - × Schedule-making
 - × Workshop
 - × Committees
 - Education
 - Curriculum
 - Clinical Competency


Development

- **Societies**
 - Society for Education in Anesthesia (SEA)
 - Subspecialty society education committee
 - Network
 - Workshop
- **Other degrees**
 - Certificate: research, teaching, leadership
 - Masters: MEd, PhD, MBA, MPH




Development

- **Personal 5-10 year plan**
 - Chairs like stability, particularly for leadership
- **PD-Chair relationship**
 - Consider values alignment
 - Prior to 2003, Chair was PD
 - 2007, SAAC/AAPD to SAAA
- **Networking**
 - Mentorship
- **Short straw strategy**




Audit

- **Previous PD? Burnout?**
- **Categorical vs. Advanced?**
- **Support**
 - Non-clinical time?
 - Staff
 - × Administrators?
 - × Associates?
 - × Web site?
 - Call adjustment?



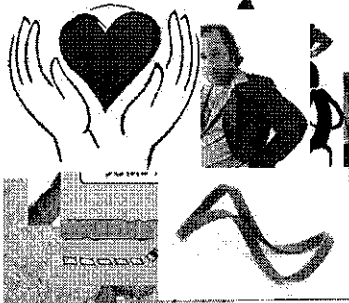
Audit

- Program evaluations by residents and faculty (strengths/weaknesses)
- Budget
 - Revenue
 - × CMS?
 - × Department?
 - × Funds?
 - Expenses?
- ACGME citations (cycle length)?



Attributes

- Confident
- Creative
- Open-minded
- Organized
- Communicator
- Consensus builder
- Delegator
- Salesperson
- Caring
- Resilient



Attributes

- *Characteristics of anesthesiology residency program directors*
 - 33 - 74 years old (median 52 years)
 - 28% women
 - 67% senior academic rank (associate or professor)
 - 3.7 year median appointment duration

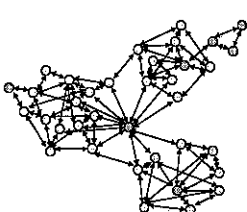
Ling, JR, et al. JCA (2010) 24, 583-586

Roles


- Manager
 - Curriculum designer
 - Education Committee
 - Create an action plan
 - Demonstrate continuous improvement: measure outcomes
- Scheduler
- Administrator
- Credentialing specialist (residents & graduates)
- Auditor (retreats, internal reviews & site visits)
- GME exec committee
 - Conduct Internal Reviews for other departments
 - Be responsive to the requests of the DIO

Informal Networks

- **Central connector**
 - E-mail blasts
 - "Leadership" (Chair's ear)
- **Boundary spanner**
 - Other departments
 - Other institutions
- **Information broker**
 - Faculty complaints
 - Resident complaints
 - GME (annual review, requests)
 - ACGME (accreditation)
 - ABA (semi-annual reporting)
 - NBME (recruitment)




Disciplinarian



- **Evaluator: on-line systems, reminders**
- **Judge**
- **Jury (Clinical Competency Committee)**
- **Executioner**
- **Mediator**
- **Compliance officer**
 - Duty hours violations
 - Case log monitoring
 - Social media
 - Substance abuse policy
 - Misconduct
 - Moonlighting


Advocate

- **Cheerleader**
- **Parent, friend, trusted confidant**
- **Tutor**
- **Medical student advisor**
 - Letters of recommendation
 - Meetings
- **Researcher**
- **Research liaison: students & residents**
- **Marketing director**
 - Brand manager
 - Webmaster



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Human Resources



- **Social Director**
 - Happy hours and events
 - Party planner (graduation)
 - Emcee (department events, graduation)
- **Headhunter**
- **Alumni relations specialist**
- **Newsletter contributor**
- **Scouting Director**
- **Recruiter**
- **Interviewer**
- **Mentor to junior faculty**


Responsibilities

- *The core program director must...*
 - 15-20% turnover rate
 - Anesthesiology Program Requirements
 - × 7,542 words
 - × 142 times "The Program/Program Director must..."
 - × 40 times "not"
 - × 40 times "should"
 - × 42 times "requires(ed)"
 - Common Program Requirements
 - Must learn the program requirements

Sanford, M. JGA (2010) 47:681-2

Beware of Burnout

- *Anesthesiology residency program director burnout*
 - Conclusions of questionnaire: 52% of anesthesiology program directors are at high risk for developing burnout syndrome!
 - × Predictors of high burnout were
 - Compliance issues
 - Family support
 - Job satisfaction



De Oliveira, CS, et al. JGA (2011) 48:175-182

Internship

- Approve rotations, directors
- Duty hours
- Rotation assignments
- Meet monthly if categorical
- Semiannual or Quarterly reports
- Resident surveys

Education Program

- Administer and maintain environment
 - Space
 - Equipment
 - Meeting rooms
 - Computer support
 - Adequate access to information systems
 - Gender-specific on-call facilities
- Comply with institutional policies

Education Program

- **Ensure quality of education**
 - Mandatory curriculum
 - × Practice management
 - × Geriatric anesthesia
 - × Neuromonitoring
 - Involve faculty in lectures, supervision, etc
 - Case logs
 - × Monitor exposure
 - × Verify accuracy

Education Program

- Accreditation Data System (ADS) Web site questions
- Annual program evaluation by residents and faculty
- Annual retreat: review clinical, educational and research progress
- Document semi-annual reviews of performance and feedback
- Confirm graduation requirements met and provide summative evaluation

Duty Hours

- **Implement policies and procedures, including moonlighting, to control duty hours**
 - Distribute, monitor and adjust
 - Back-up support plan
 - Scheduled napping, scheduling, and distribution of cases

Faculty


- Approve selection of faculty
- Approve local director at participating sites
- Sufficient faculty at each site
 - Ensure faculty are devoted to resident education and commit sufficient time
 - Supervision should not vary with time of day or day of week (no more than 2 settings at a time)
- ABA certification and license required




Faculty

- Scholarship: environment of inquiry
 - Funding
 - Publications
 - Presentations
 - National committees
- Regular participation in journal clubs and didactics
- Teaching provided by faculty with documented subspecialty interest
- Faculty development available
- Evaluate program faculty and approve continued participation

Pitfalls




- Resident survey
 - Misinterpretation of questions
 - Punishment for disciplinary action
- Case log deficiencies at graduation
- Transfer Note for residents to/from program
 - Verify previous training
 - Summative, competency-based evaluation from program
- NRMP match history
 - Make sure you don't offer interview to applicant with outstanding obligation to another program – it's your job to know



Core Competencies

- Imbue 6 core competencies into all documentation
 - Goals and objectives
 - Evaluation
 - Assessment
- Make sure your entire Department speaks the language of Core Competencies
 - You didn't have an M&M conference... you had a Practice-based Learning & Improvement conference where you discussed Patient Care and the Interpersonal & Communication errors that led to a breakdown in Systems-based Practice



Dealing with your Chair

- Keep your chair informed – trust and preferences will naturally develop over time
- Cross your chair at your own risk

Dealing with Faculty

- Befriend your Clinical Director
- You are the ER – you give them work so they don't like you
- Communicate "why"
- Identify "key" faculty (power brokers) for Committees
- Always work during non-clinical time!
- Keep things simple: limit evaluations and tasks
- Be careful about linking program activities to pay
- Listen to suggestions and follow-up to prove it!
- Difficult faculty
 - Document interactions
 - Work with Chair
 - Don't alienate

Dealing with Residents

- Keep an open door!
- Respect: support publicly and demand excellence privately
- Use surrogates when appropriate:
 - Chief residents
 - Coordinator
 - Associate PDs
 - Advisors
- Create an anonymous, intranet suggestion box
- Listen to the residents and follow-up

Dealing with GME, ACGME, NRMP and ABA

- Complete paperwork on-time and thoroughly
- Visit Web sites often
- Your unique situation is generally not that interesting to these bodies... find a way to conform

On the horizon...

- Faculty survey
- Next Accreditation System: ANNUAL GME review
- Milestones development/implementation
- Split Part I ABA Written Board Examination

Advice

- **May seem overwhelming**
 - Prioritize
 - Patience
 - Progress
- **Be a team player: don't go at it alone**
 - Always confer with your Chair
 - Network with other Anesthesiology PDs at Regional, SAAA and SEA meetings
 - Get to know your GME Dean/DIO and your institution's GMEC
 - Choose your team wisely
 - × Consider an associate PD with experience in GME
 - × Ask an experienced faculty to Chair your Clinical Competency Committee
- **Secure enough non-clinical time to do the job**

Advice

- **Fix it, don't fake it**
 - If you have a citation or a survey item that highlights a deficiency, fix it
 - Case logs example
 - Consecutive reviews with unresolved citations are poor form.
- **Most activities are annual**
 - Keep a monthly to-do list on your desktop
 - Plan ahead
 - Use Templates
- **Be a change agent**
 - Determine vision, mission, credo
 - Get faculty buy-in
 - Take the long view
 - × 100% customer turnover every 4 years
 - × Balance abrupt change with short-term reprieve (annual residents survey)

Measures of success

- **Is it...**
 - Title?
 - Personal promotion?
 - Financial remuneration?
 - Residency match?
 - Boards performance?
 - Job/fellowship placement?
 - Satisfaction on surveys?

Measures of success

- **Or is it...**
 - Wedding or other life event invite from a resident
 - A warm hug at graduation as you get introduced to your residents' parents
 - A call from a 2009 graduate – just to check in
- **After 5 years...**

