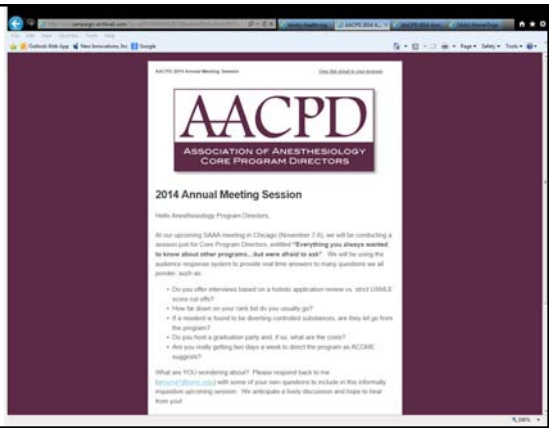
Everything You Always Wanted To Know About Other Programs… …But Were Afraid To Ask

Amy Murray MD
Professor of Anesthesiology
Program Director
Loyola University Medical Center

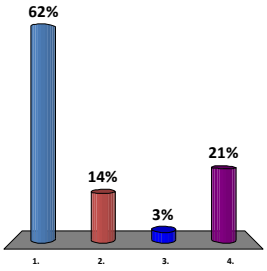
Paul Kranner MD
Vice Chair of Education
Department of Anesthesiology
Program Director
University of Wisconsin



Welcome to Chicago!

The official name of that sculpture is:

1. The Bean
2. Cloud Gate
3. The Electric Kidney Bean
4. Drop of Mercury



Welcome to Chicago!

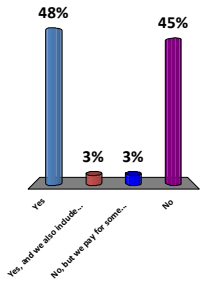
- Applications/Interviews/Match
- Time allocations for residents
- Resources for residents
- Didactics/Rotations
- Duty hours/Clinical load
- ACGME/Milestones
- ABA
- Resident Wellness
- Program Directorship
- Miscellaneous

Applications/Interviews/Match

American Gothic **by Grant Wood (1930)**

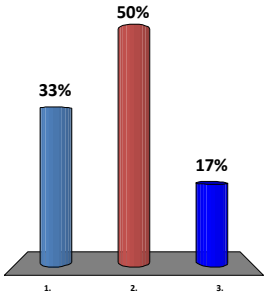
Do you pay hotel costs for your applicants?

A. Yes
B. Yes, and we also include some travel expenses
C. No, but we pay for some travel expenses
D. No



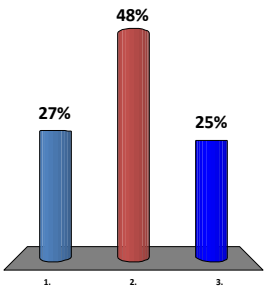
Are you mindful of diversity when selecting applicants to interview?

1. Yes, I try to ensure a proportionate representation of gender/ race/etc…
2. No, I don't pay attention to the photo or gender/race, etc…
3. I am aware of the applicant's photo and wonder if I don't have some hidden bias



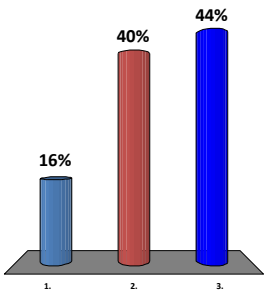
Do you treat applications from Osteopathic students (vs. Allopathic students) differently?

1. No
2. Yes, we are mindful of the number (%) of DO students who get offered interviews.
3. Yes, we rarely interview DO students.



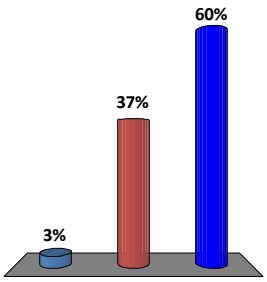
Will you interview an Osteopathic applicant who has only taken the COMLEX (and has not taken the USMLE?)

1. Yes, most of the time COMLEX is adequate
2. No, most of the time we like to see USMLE scores as well
3. Almost never (USMLE is pretty much mandatory)



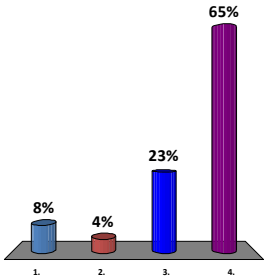
Do you treat applications from international students differently?

1. No
2. Yes, we are mindful of the number (%) of international students who get offered interviews.
3. Yes, we rarely interview international students.



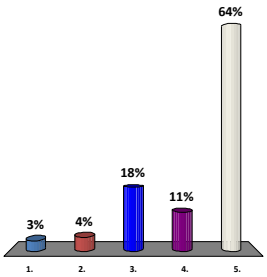
Do you use Skype (or other form of technology) to interview medical student applicants?

1. Yes, and it has been a positive experience.
2. Yes, but it has not been a very positive experience
3. No, but I am considering doing so in the future
4. No way.



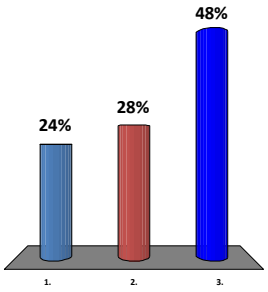
Do you "guarantee" spots to your top candidates during the regular match process?

1. Yes, verbally
2. Yes, in writing/e-mail
3. We imply it verbally
4. We imply it in writing/ e-mail
5. No



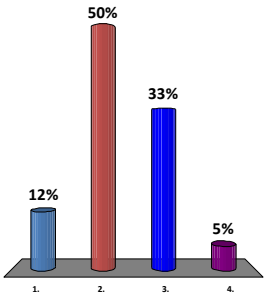
Do you serve alcohol during any portion of your applicant interview process?

1. No, we do not serve alcohol.
2. Yes, with care to limit individual intake (coupons, 2 drink limits)
3. Yes, we serve alcohol.



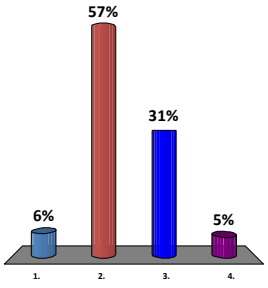
How far down on your rank list do you usually go?

1. We usually stay in the top third.
2. We usually go to the middle third.
3. We go all the way to the bottom, but we usually fill.
4. We often do not fill.



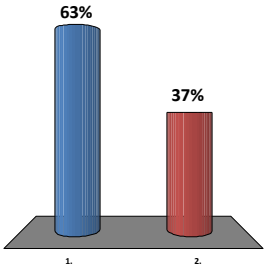
Which statement best describes your sentiments towards your match results:

1. I am consistently immediately thrilled with our match results.
2. Some years I am immediately thrilled, other years I wonder what happened?...too inconsistent to comment.
3. I am rarely immediately thrilled with the match results but seem to embrace the less competitive matched applicants over time.
4. I am often immediately disappointed with the match results and those sentiments really don't change over time.



If a program has both an advanced (3yr) AND a categorical (4yr) program, do you rank the applicants the same

1. Yes, the rank lists look the same (even if some of the applicants only apply to one or the other)
2. No, the rank lists look different because of some strategizing on our part or other reasons

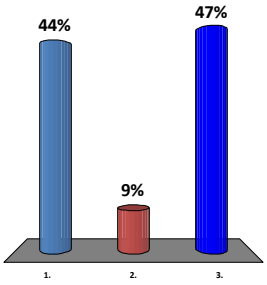


Time Allocation for Residents

The Fountain Villa Torlonia, Italy
by John Singer Sargent (1907)

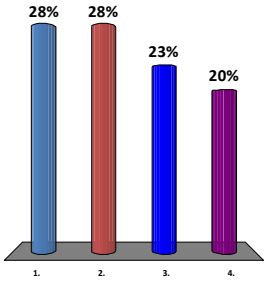
When it comes to scheduling resident vacation time:

1. Residents choose the dates they want (no major block out weeks) and it is first come first served
2. Program chooses dates allowed for vacations and residents have to fit into that time frame.
3. An even combination of the above.



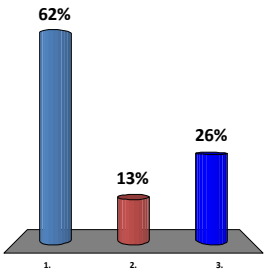
When it comes to allowing days off for residents to attend fellowship/job interviews…

1. Residents must use their vacation time to interview
2. We give 1-3 "free days" for interviews and we disguise it so our GME does not look at it as LOA
3. We give 1-3 "free days" for interviews and our GME is OK with that
4. We give >3 "free days" for interviews



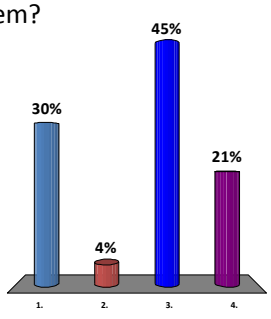
ABA allows max of 60 days off during residency, which is 20 days per year (CA level). How do you manage resident sick days?

1. It comes out of their vacation time and I am glad to have the ABA policy to prevent abuse of "sick days".
2. It comes out of their vacation time but I wish it were a bit more loose for the resident "wellness" piece.
3. Our departmental or GME policy has figured a "work-around" for the ABA requirement.



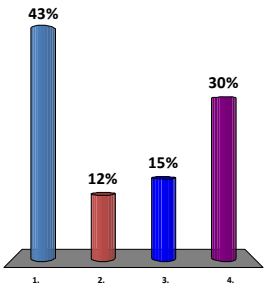
Do you require incoming residents to arrive before July 1st and, if so, do you pay them?

1. No, we do not expect them before July 1st.
2. Yes, we require them to arrive before July 1st, and they are paid by our department.
3. Yes, required, and our GME/hospital pays them.
4. Yes, required, but they are unpaid.



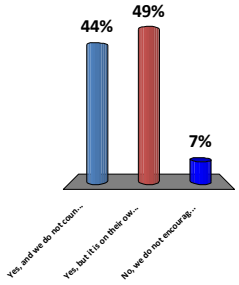
Are residents able to "moonlight"?
(Moonlight ≠ $ compensation for working late)

1. Yes, mostly doing typical anesthesia resident duties for our own department
2. Yes, mostly within our own hospital but outside of the departmental duties
3. Yes, mostly outside of our hospital
4. No



Are residents able to go on medical mission trips?

A. Yes, and we do not count that time against their vacation (call it research, etc…)
B. Yes, but it is on their own vacation time
C. No, we do not encourage participation with medical mission trips

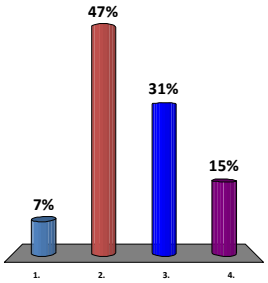


$ Resources for Residents/Programs

A Sunday Afternoon on the Island of La Grande Jatte
by Georges Seurat (1884)

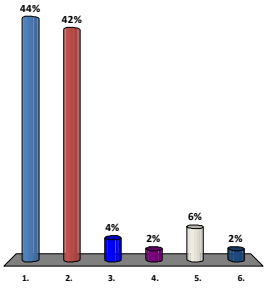
Do you provide iPads for your residents?

1. Yes, using an educational grant or endowment
2. Yes, using departmental funds
3. No, they need to purchase those on their own using professional discretionary funds
4. No, they can purchase on their own NOT using discretionary funds



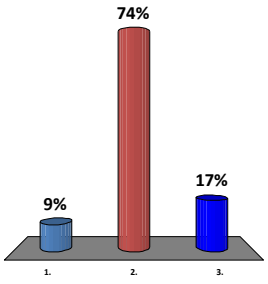
The following resident levels receive Professional Discretionary Funds (for meetings, study resources, etc…)

1. CBY, CA1, CA2, CA3
2. CA1, CA2, CA3
3. CA2, CA3
4. CA3
5. We do not provide discretionary funds for any level unless they are presenting at a meeting
6. We do not provide any discretionary funds at all.



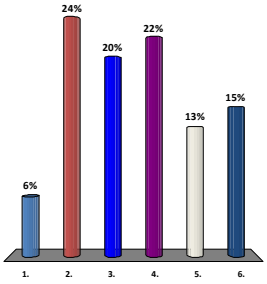
If residents are presenting at a meeting, departmental reimbursement:

1. Includes all travel, housing and meal costs, no limit
2. Includes travel, housing and meals with set limits
3. Depends on which meeting and how robust the resident involvement is (case by case)



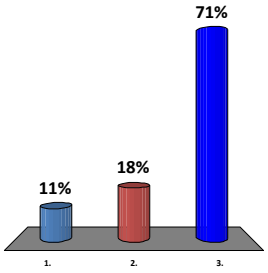
For those who provide discretionary funds, the BASELINE cumulative amount provided throughout an individual's residency is:

1. Less than $1,000
2. $1,000-1,999
3. $2,000-2,999
4. $3,000-3,999
5. $4,000-4,999
6. >$5,000



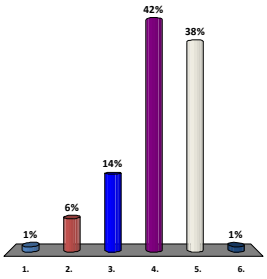
Regarding CME discretionary **money and time** for residents:

1. Residents may use it toward anything they choose.
2. Residents may use it toward most anything they choose (including Hawaii or Ski meetings)
3. Residents may only use it toward PD-approved purchases or pre-approved meetings/courses



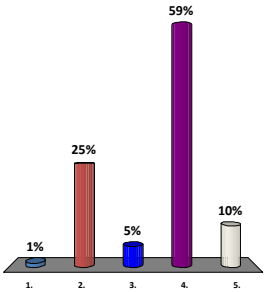
How much money do you spend per graduating resident on a graduation "gift"?

1. >$1000 per resident
2. $500-999
3. $200-499
4. Less than $199
5. No "gift" but we host a graduation party
6. No "gift", no party, just a diploma



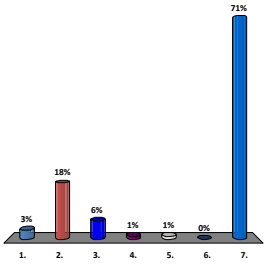
Our educational budget for our residents is composed **mainly** of:

1. Philanthropic or alumni giving
2. GME contributions
3. Medical School contributions
4. Departmental contribution **not** consisting of direct faculty contributions
5. Departmental contribution consisting mainly of faculty contributions



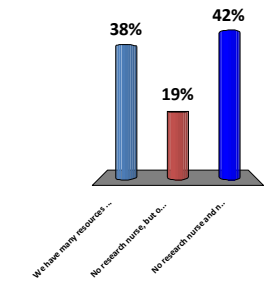
Our departmentally-funded educational budget for residents is **what percentage** of the total operating budget (budget **not** including salaries)

1. We do not fund any educational budget
2. <5%
3. 6-20%
4. 21-30%
5. 31-50%
6. >50%
7. I have no idea



As far as resources for research go:

A. We have many resources (research nurse for our dept, stats service, assistance with grant writing, scholarship mentors, etc…)
B. No research nurse, but other services are easily available
C. No research nurse and not much of anything else either

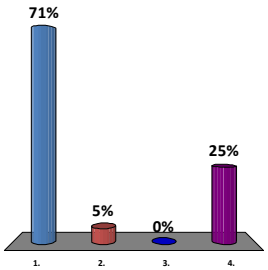


Didactics/Rotations

The Great Wave off Kanagawa
By Katsushika Hokusai (1830-1833)

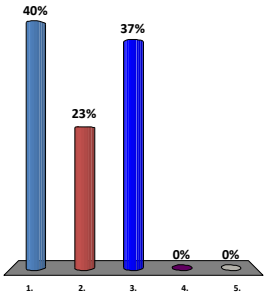
As far as using technology for "lecture" material (non-grand rounds):

1. We pretty much do in-person lectures
2. We mainly use "home-grown" videotaped lectures
3. We mainly use national "products" (i.e. Khan Academy or Coursera)
4. We do a mixture of all of the above



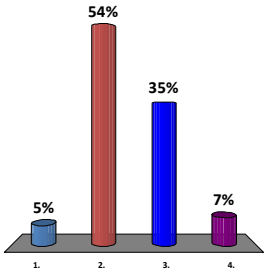
Your in-person didactic lecture series for resident education occurs:

1. Before the typical work day
2. After the typical work day
3. During the typical work day
4. On weekends
5. We do not have many in-person lectures any longer



When it comes to "flipped classroom" (residents prepare/learn at home, attend in-person discussion or small group session)

1. Most of our faculty use the flipped classroom for didactics
2. Only a few of the faculty use the flipped classroom
3. No one uses the flipped classroom
4. Flipped what??

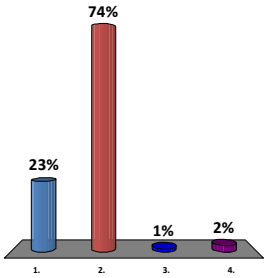


Duty Hours/Clinical Load

Peasants Bringing Home a Calf Born in the Fields
By Jean-Francois Millet (1864)

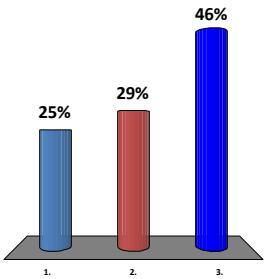
How do you manage call and staffing during the summer months when 1/3 of residents are too inexperienced to contribute to the "worker pool"?

1. We have CRNAs cover more (limiting CRNA vacations, increase their call)
2. We have attendings/senior residents cover more (limiting vacations, broader or more frequent call coverage)
3. We hire locums or "super fellows"
4. We limit clinical coverage sites



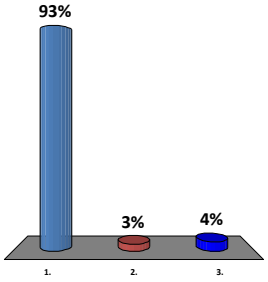
Do you think that patient care suffers in July and August?

1. Yes-I can think of specific examples
2. Maybe-but I can't give too many specific examples
3. No



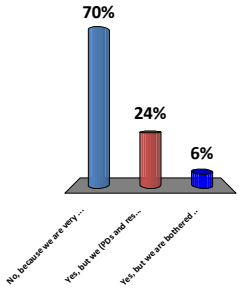
How are you monitoring Duty Hours?

1. Hospital/GME-endorsed tool
2. Departmentally created tool
3. No formal tool, just informal monitoring of call schedules and self-reporting



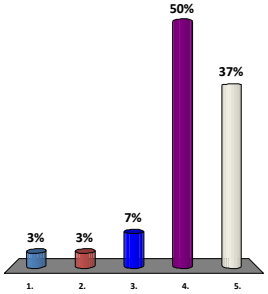
If your residents still do 24 hour call, do you have difficulty with compliance?

A. No, because we are very intentional about that (adjusting for arrival time on call, etc…)
B. Yes, but we (PDs and residents) look the other way (30 minute overlap is not a big deal)
C. Yes, but we are bothered by brief overlaps



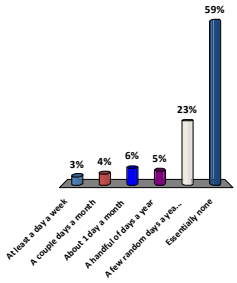
Which Duty Hours Requirement do you have difficulties with compliance?

1. 80 hours/week
2. 1 day off per week (as averaged over 4 weeks)
3. Max 24 hours continuous duty
4. Should have 10, must have 8 hours off btwn shifts
5. No consistent difficulties with any



When it comes to scheduled academic time/ study time for your residents, they get:

A. At least a day a week
B. A couple days a month
C. About 1 day a month
D. A handful of days a year
E. A few random days a year (as clinical schedule permits)
F. Essentially none

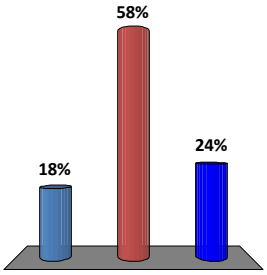


Milestones/ACGME

The Four Horsemen of the Apocalypse **by Albrecht Durer (1496-1498)**

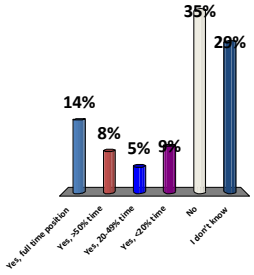
As far as Milestone reporting goes:

1. We are using the actual Milestone table as the assessment tool
2. We have rewritten our evaluation tools to include individual Milestones and those results will be reported on the Milestone table
3. We have done nothing different, and will report the Milestones based on current tools and CCC opinion.



Does your institution provide a **paid** position for a GME-led "CLER leader" or "Quality and Safety leader"?

A. Yes, full time position
B. Yes, >50% time
C. Yes, 20-49% time
D. Yes, <20% time
E. No
F. I don't know

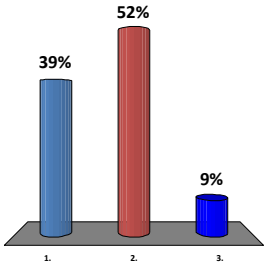


ABA Basic Exam

Inventions of the Monsters
by Salvador Dali (1937)

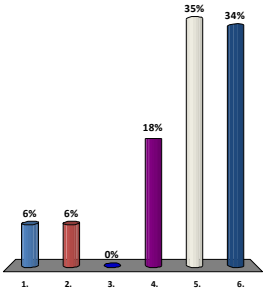
If a resident fails the ABA BASIC exam the first time:

1. We will let the resident retake the exam one more time in January, but that's it. (Only 1 failure allowed.)
2. We will let the resident retake it up to two more times, understanding that their residency may be extended, but that's it. (Only 2 failures allowed.)
3. They will probably be allowed to retake it more than two more times, (3 failures allowed) and every case is different.



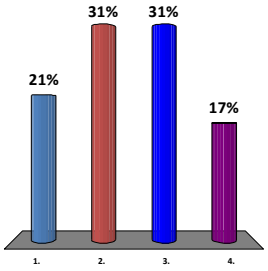
Do you ever give "Unsatisfactory" for the ABA six month report solely based on substandard **academic** performance/medical knowledge

1. Yes, as it relates to USMLE Step 3 policy (not having passed USMLE before a designated time)
2. Yes, as it relates to ITE (below a departmentally pre-set cut off)
3. Yes, as it relates to AKT (below a departmentally pre-set cut off)
4. Yes, as it relates to the ABA BASIC exam results
5. Yes, as it relates to a combination of the above exams
6. No



Does the payment for the **ABA BASIC** exam come out of your departmental budget (vs. the resident professional discretionary funds)

1. No, it comes out of the residents' own pocket
2. No, but the residents can use their professional discretionary funds (indirectly out of our budget)
3. Yes, we automatically cover it for all residents
4. Yes, as part of a reward system for which some residents qualify

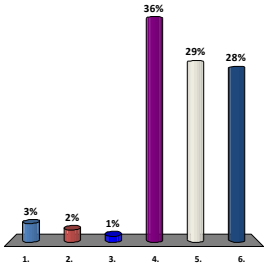


Resident Wellness

The Old Guitarist **by Pablo Picasso (1903)**

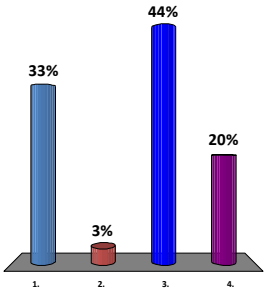
Do you do random drug screens (NOT "for cause" and NOT pre-arranged pre-employment screening)

1. Yes, it has been successful to uncover a resident with a problem in our program
2. Yes, but it has not uncovered any residents with problems yet
3. Yes, although ineffective at "catching" someone, it may be a deterrent
4. No because our legal department won't let us
5. No, because it is ineffective at uncovering residents with problems
6. No because of logistics and cost



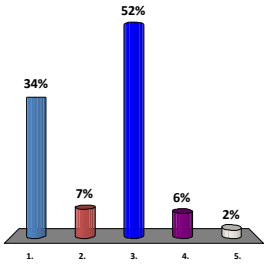
If there is documented resident drug abuse and diversion of narcotics, our program

1. Would grant a second chance, allowing monitored re-entry into **our own** anesthesiology program
2. Would grant a second chance, allowing monitored re-entry into **another** anesthesiology program
3. Does not support re-entry into anesthesiology
4. Makes a decision depending on the resident level: CA1/2-NO re-entry, but CA3 more likely to allow re-entry or case by case basis



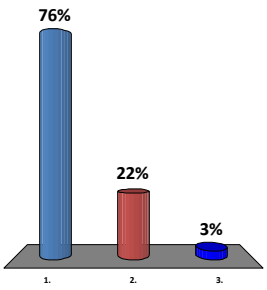
If a resident is having "family problems" that affect their work, our program:

1. Uses a hospital-based service (Pastoral care, Employee Assistance program, etc…)
2. Uses a departmental program to assist (attending or peer mentorship, etc…)
3. Uses a combination of the above
4. Has nothing in place to help the resident, but I wish we did
5. Has nothing in place and the residents should not bring their "home life" to work.



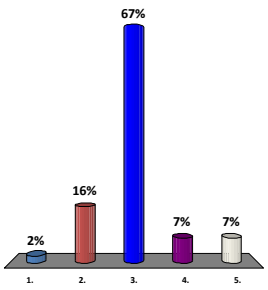
When it comes to resident work ethic and dedication, compared to the past:

1. I think residents have a weaker work ethic and less dedication
2. I do not see much of a difference in the overall attitude of residents now vs. then
3. I think residents have an overall stronger work ethic and greater dedication



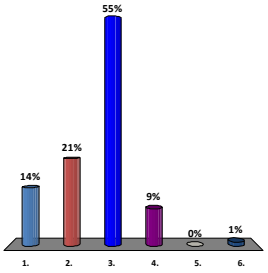
How frequently are you releasing a resident from the program?

1. Annually 1-2 released
2. Every other year 1-2 released
3. 1-2 released in 5+ yrs
4. Never, because of our excellent residents
5. None yet, (I am too new to the job)



Aside from diversion and abuse issues, which competency category contains the most common reason for releasing a resident from the program?

1. Medical Knowledge
2. Patient care
3. Professionalism
4. Communication and Interpersonal skills
5. Practice-Based Learning and Improvement
6. Systems- Based Practice



Program Director

The Assumption of the Virgin

by El Greco

(1577-1579)

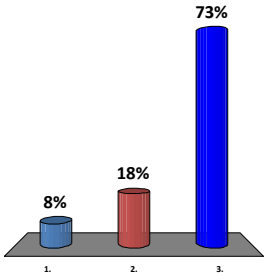
Into the World There Came a Soul Called Ida

by Ivan Albright

(1929)

As a Program Director, in general, do you use a stick (punishment) or a carrot (reward)?

1. Mostly sticks
2. Mostly carrots
3. An even combination of the two



Accreditation Council for Graduate Medical Education

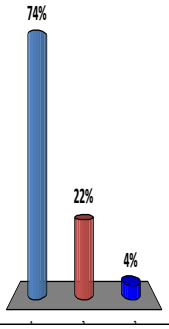
- II.A.4.q) receive protected time to lead the program, including time for administrative duties, curriculum and faculty development, Milestone validation, and education research, as well as didactic and other resident education activities such as simulation. (Core)
- II.A.4.q).(1) Programs with **one-to-20** residents must provide a minimum of **20 percent** protected time for the program director. (Core)
- II.A.4.q).(2) Programs with **more than 20** residents must provide a minimum of **40 percent** protected time for the program director. (Core)

Quick conversion reference, FTE to Non Clinical Days per month:

.9 FTE	2 NCD/month
.8 FTE	**4 NCD/month**
.7 FTE	**6 NCD/month**
.6 FTE	**8 NCD/month**
.5 FTE	10 NCD/month

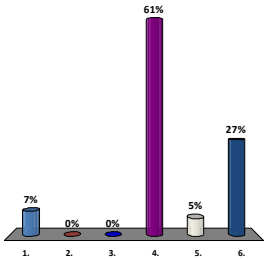
As far as "protected time" to direct the program,

1. I am in compliance with the ACGME recommendations for the most part
2. I am NOT in compliance with the ACGME recommendations and I wish I was
3. I am NOT in compliance with the ACGME recs but I get the job done just fine and am not looking for another ACGME"mandate"



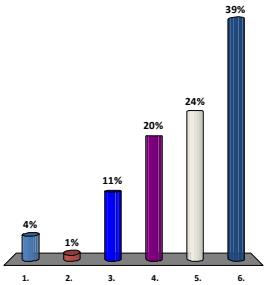
If you are NOT in compliance with the AGGME recommendation, it is primarily because:

1. Unsupportive Chair
2. Unsupportive GME
3. Combination of 1 and 2
4. No one is unsupportive, it is simply that our clinical duties do not allow for this non-clinical time
5. I don't need that much time to direct the program so I don't push it
6. The old FAQ "recommendations" were not viewed as "requirements" so it did not get enforced



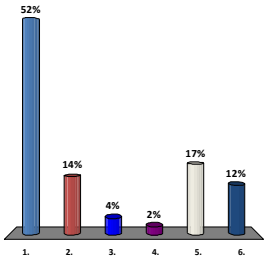
How much would your salary decrease if you relinquished your PD position?

1. >100K
2. 70-99K
3. 50-69K
4. 20-49K
5. 1-19K
6. I am paid in time so I would lose my academic days



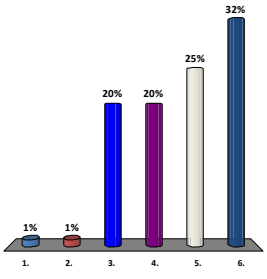
Who primarily pays you (in time or money) to be PD?

1. My department
2. Our GME
3. Our hospital
4. Our medical school
5. Even combinations of the above
6. Nobody pays me anything



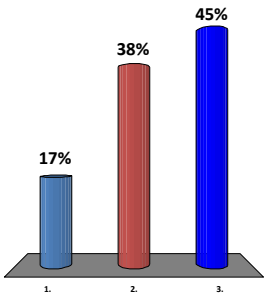
How much academic time (non-clinical time) do your average full time faculty get (who are NOT PDs, division heads, or other leadership roles)

1. 7-8 days a month
2. 5-6 days a month
3. 3-4 days a month
4. 1-2 days a month
5. Less than 1/month
6. none



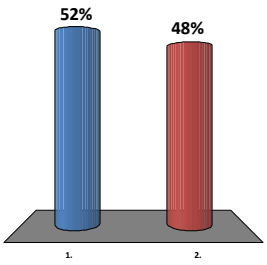
I think the Program Directors "Meet and Greet" at the ASA is:

1. Time well spent and worthwhile to me and my program
2. Not a waste of time but not very worthwhile either
3. A waste of time and not very worthwhile to me or my program



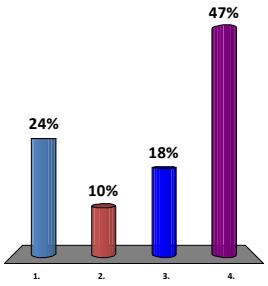
I would support efforts to make the ASA "Meet and Greet":

1. More of an organized agenda to better use the PD's time: applicant interview opportunities, applicant discussion with other PDs, etc…
2. …Change nothing



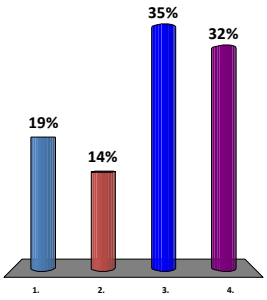
When it comes to the Standardized Letter of Recommendation (SLOR) for medical students (not fellowships):

1. I have already started using it and like it
2. I have already started using it and dislike it
3. I plan to start using it for next year
4. I do not plan to use it



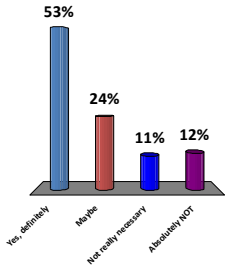
When it comes to outside hospital verifications for former residents:

1. I just use the "final note to file" GME has required and employers can call me with any further questions (very little in writing)
2. I find some of the questions uncomfortable (would you hire this person, would you let them care for your family) and do not answer those, but fill out the rest
3. I fill out all of the questions asked, yet I am still uncomfortable with some of them
4. I fill out all questions and have no problem doing so



Would you like to see a concurrent Program Coordinator Meeting with the SAAA?

A. Yes, definitely
B. Maybe
C. Not really necessary
D. Absolutely NOT

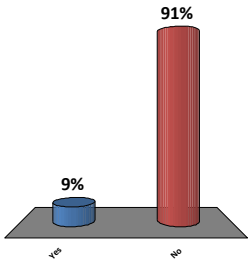


Saint George Killing the Dragon
by Bernat Martorell (1434)

The Bedroom
by Vincent van Gogh (1889)

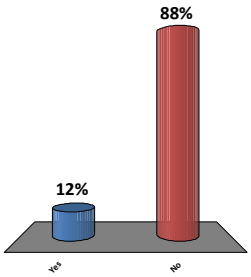
Will the NAS/Milestones improve healthcare in America?

A. Yes
B. No



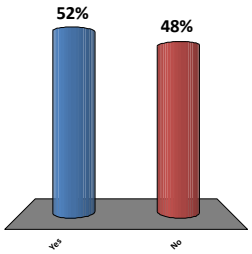
Will the Milestones improve the quality of graduates from your program?

A. Yes
B. No



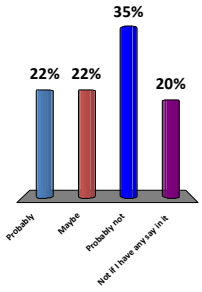
Will the Milestones improve your ability to evaluate and remediate residents?

A. Yes
B. No



Will you still be the program director in 5 years?

A. Probably
B. Maybe
C. Probably not
D. Not if I have any say in it



What is most likely to push you off the deep end?

A. Dealing with the Chair
B. Dealing with Residents
C. Dealing with Faculty
D. Dealing with the ACGME