Moving Beyond Duty Hours

Top 10 List for Improving Medical Education

Joe Gilhooly, MD
Professor of Pediatrics
Vice Chair for Education
Disclosures

In the past 12 months, I have no relevant financial relationships with the manufacturer of any commercial product or provider of commercial services discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
Disclosures II

This talk represents Dr. Gilhooly’s opinions, he is not representing the Pediatric RRC of the ACGME.
“It’s not the years, honey, it’s the miles”

Professor Indiana Jones, 1981
“It’s not the hours, honey, it’s the profession”

Professor Indiana Jones, 1981
#1 It’s not personal, it’s business
What is Our Business?

We are Education Leaders
Education Leaders

• There must be a single program director with authority and accountability for the operation of the program.

• The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas.
Education Leaders

We are not responsible for staffing the PICU…or the NICU…

(see the Program Requirements)
#2 Be a Leader Not a Manager
Manager vs. Leader

- Managers create stability in complex systems
- Leaders create change in complex systems
Manager vs. Leader

• Managers plan, budget, and control the process

• Leaders provide a vision to create goals and strategies
Manager vs. Leader

• Managers organize and staff the human resources

• Leaders communicate to “align the people” to their vision
Leadership: *The Path*

- Identify your **VALUES**
- Base your **VISION** (mission statement) on your values
- Maintain your **INTEGRITY** (loyalty to your values)
- Develop a **PASSION** for excellence
- Your **STRATEGY** must be guided by your values
#3 Assemble Your Team
The Importance of Team Collaboration

Each member of the team brings and receives value from the team

– Each member is empowered with a role/responsibility
– Focused on the vision
– Accountability
– Avoid micromanagement
What’s Your Exit Strategy?
Do You Have a Mini Me?

“The junior individual should not be following in the mentor’s footsteps, as suggested by the term ‘protégé’. Thus, we chose the term ‘mentee’.”

#4 Listen to Carol Berkowitz
“A citation is just a citation!”
In other words…
Don’t Sweat the Small Stuff
Focus on improving your residency training program

It’s Required
ACGME Program Requirements

V.C. Program Evaluation and Improvement

1. The program must document formal, systematic evaluation of the curriculum at least annually
“To meet this requirement, program directors should lead an ongoing effort to monitor and improve the quality and effectiveness of the program.”
Surfing the ACGME Website

- Know your program requirements
- Program Director’s Guide
- PD Virtual Handbook
- FAQs
- Best Practices
- Newsletters
- Bulletins
- Site visitor profiles
#5 Residents recruit Residents
The Millennials are Here
The Millennials are Here
“Today’s residents are brilliant and articulate. They love caring for patients, and they're high-quality individuals. But they have different values.”

Claire Raines, Connecting Generations, 2003
Millennial Core Values

- Life-work balance
- Social Network
- Collaboration
- Achievement
- Feedback
- Environment
- Respect for their contributions
- Global community
Millennials & Advocacy

Choosing schools, residencies, and employment where they can continue to volunteer
How They Work: Millennials

- Want a flexible schedule
- Want you to be the leader
- Team-oriented and collaborative...little personal responsibility or independent decision making
- Minimal experience with failure
- Multi-taskers...and sometimes unfocused
- Want to be respected...to the point of entitlement
- “Plug and Play”
How They Work: Millennials
Challenged by face-to-face communication?
Helicopter Parents

- Job interviews with parent in tow
- Parents involved in decision making
- Parents continue as advocates for their “child”

Is Your Residency Program Ready for Generation Y?
J of Surgical Education. 2010;67:108-111
Practice in “Loco Parentis” Management

• Substitute for over parenting by being a strong leader
• Provide boundaries and structure
• Teach the basics:
  – Communication, use of technology, dressing professionally, personal scheduling
• Keep them accountable
#6 Learn About Weird Science
“The notion that residents cannot be independent until they graduate must change.”

Thomas J. Nasca, MD
CEO ACGME
Addressing the Council of Review Committee Residents January 2011
“This concept, *graded and progressive responsibility*, is one of the core tenets of American graduate medical education.”

From the Introduction

New Common Requirements

*effective July 1, 2011*
Supervision close enough to provide informative feedback while allowing enough independence to challenge a trainee’s abilities is necessary for the development of clinical expertise.

_TJT Kennedy, et al._
Four Levels of Supervision

• Direct Supervision

• Indirect Supervision
  – With direct supervision immediately available

• Indirect Supervision
  – With direct supervision available

• Oversight
ACGME’s Theory

These levels of resident supervision will link to graded (progressive) authority and responsibility (conditional independence) for patient care.
Weird Science

• Deliberate Practice
• Entrustable Professional Activities
• Trustworthiness
• Milestones
Acquisition of expert performance requires engagement in deliberate practice

- Intent to improve performance
- Engagement in an activity that is challenging
- Feedback is provided and applied to correct errors
- Practice, practice, practice
Entrustable Professional Activities

Olle ten Cate, Fedde Scheel
Acad Med 2007;82:542-547

• Place the competencies into the context of “activities”
  – Activities: Constituting elements of professional work

• Faculty “trust” residents to assume responsibility for these activities
Dimensions of Trustworthiness


• **Knowledge and skill**
  – Relevant to the clinical activity

• **Discernment**
  – Awareness of limitations

• **Conscientiousness**
  – Thoroughness, dependability

• **Truthfulness**
  – Absence of deception
Assessment of Trustworthiness


• Double checks
  – H&P, lab results, chart review

• Language cues
  – Presentations as a proxy for clinical competence
“We’re not [trust] worthy”

*Wayne & Garth, 1992*
“The Milestones will provide the narrative descriptions of behaviors that represent the developmental progression of performance along a continuum from student to expert practitioner and should be used to guide learner assessment and ultimately entrustment decisions.”

Carol Carraccio, MD, MA
Chair, Pediatric Milestones Working Group
VI.D.4.a)  
- The program director must evaluate each resident’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
#7 Don’t Teach Like Ben Stein
Implementing the One Minute Preceptor: The Teaching “Team Pause”

• The resident presents the patient
• Pause, avoid the temptation to start “teaching”
• Ask the “4 questions” to assess the resident
• Then teach to their level of understanding

Kay Gordon, Barbara Meyer, Richard Sarkin, David Irby, Larrie Greenberg
4 Questions to Assess Knowledge and Clinical Reasoning

• What do you think is going on with this patient?
• Why do you think that?
• What else did you consider?
• What do you want to do?
SUPERB: Strategies for Effective On-Call Supervision
JM Farnan, et al. JGEM. 2010;2:46-52

- **Set expectations**
  - What to call for
- **Uncertainty** is a time to contact
- **Plan** a set time for contact
- **Easily** available
- **Reassure** that is always appropriate to call
  - No double message
- **Balance** supervision and autonomy
  - Don’t over manage, assess decision skills
#8 “We’re on A Mission from God”
profess

Etymology: Middle English, from profess, having professed one's vows, from Anglo-French, from Late Latin professus, from Latin, past participle of profiteši to profess, confess, from pro- before + fatēri to acknowledge

Date: 1300’s

1: to receive formally into a religious community following a novitiate by acceptance of the required vows

2: to declare or admit openly or freely: affirm

3: to confess one's faith in or allegiance to
Medical Professional Code of Conduct

- Honesty and integrity
- Reliability and responsibility
- Respectful of others
- Compassion and empathy
- Self-improvement
- Self-awareness and knowledge limitations
- Communication and collaboration
- Altruism and advocacy
Why We Need to Teach Professionalism: Influences on Behavior

- Your age
- Society
- Role models
- Laws
- Parents
- Context
- Career stage
- Culture
- Religion
- Professional code
“Break it down”

M.C. Hammer 1990
Normative Definition of Professionalism

Operationalizing Professionalism

Practical Professionalism
The Threat to Professionalism: An “Epidemic” of Burnout

- Emotional exhaustion
- Depersonalization
- Low personal accomplishment
Burnout decreased from 75% to 57% (p=0.007)
Physician Burnout

- Loss of control
- Workload Intensity
- Lack of life-work balance
- Lack of respect
- Dysfunctional system
- Negative life events
- Relationships
- Uncertain future
- Debt
- Unhealthy learning environment
Striving for “Polygamy”

FIGURE 3
Elements of the 3 marriages to family, work, and self.
#9 There is no “I” in TEAM...
Education as a Career

- Set your vision, follow your path
- Education does not pay
- Get protected time
- Get involved: UME-GME-CME
- Start local, go global
Serendipity Baby!

- Go after potential opportunities
- The timing will never be right
#10 Have Fun!