Toward a Common Goal

Working with your Program Director
Workshop Objectives

At the end of the session, participants will be able to:

◦ Explain the changes in the Common Program Requirements beginning July 1, 2011 and their effects on medical education

◦ Explore aspects of the Program Coordinator–Director relationship that may facilitate or hinder organizational performance

◦ Discuss strategies for maximizing the rapport between all members of the housestaff office

◦ List factors/practices associated with high-functioning teams and how to incorporate these into your office routine
Three Pronged Attack
- Duty Hours Changes
- Supervision of Residents
- Transitions of Care (Handovers)
Common Program Requirements

Duty Hours Changes

- The Rules (the box we have been placed into)
  - 80 hours per week
  - PGY-1 maximum 16 hours/shift
  - PGY-2,3 maximum of 24 hours/shift + 4 hours to transition care. No new patients post 24 hours. No Continuity Clinic post call
  - Should have 10 hours between shifts but not less than 8 hours
  - Night Float vs. Night Shift vs. Night Call
  - One day off per week averaged over 4 weeks
Common Program Requirements
Coverage at Night*

**Night Float** involves the episodic coverage of patients only at night
- Maximum of 6 days in a row
- Total 4 weeks per year
- No consecutive weeks of Night Float

**Night Shift** is a scheduled series of nights to provide consistent care at night that *mirrors* the day shift
- Maximum of 6 shifts in a week, 16 hours per shift
- Mirroring meaning – teaching rounds, didactics etc..
- No stipulations on consecutive weeks or total shifts per month

**Night Call** is for those working in the day who also stay at night to provide coverage, such as every fourth or fifth night of a rotation
- PGY–2 or above
- 24 + 4 duty hour requirements

*Pediatric RRC*
Levels of supervision (by attending or more senior resident physician):

- **Direct supervision**
  - Present with the resident and patient

- **Indirect supervision**
  - Direct supervision immediately available (in hospital)
  - Direct supervision available (by telephone, can come in when needed)

- **Oversight**
  - Review care after it has been provided
The privilege for progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members:

- Evaluation based upon Specific criteria (milestones)
- Faculty delegate portions of care to residents based upon patient needs
- Senior residents must serve in a supervisory role in their progress to independence
Transition of Care

- Programs must design clinical assignments to minimize the number of transitions in patient care.

- Sponsoring institutions and programs must ensure and monitor effective, structured handover processes to facilitate both continuity of care and patient safety.

- Programs must ensure that residents are competent in communicating with team members in the handover process.

- The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care.
Mission San Jose
You are in the midst of preparing for an upcoming Site Visit which will occur in two weeks. The Program Information Form (PIF) has been submitted. During a last minute review of the document, the Program Director notices that something very important has been left off the submitted PIF that they believe is critical and they are very concerned about this. It is almost lunch time and you as Program Coordinator have an important social lunch that has been in the planning for weeks. You were getting your things together to leave when the Program Director asks you to “drop everything” and help determine if a revised copy should be sent immediately to the Site Visitor. You believe this request can wait until after you return from lunch.
You Should:

- Take a moment to reassure the program director that it is not a major issue, you have been through several Site Visits and you can simply amend that page of the form on the day of the Site Visit. Once you feel the PD is reassured then go to lunch.

- Be firm that you will handle this immediately after you return from lunch. If you give into this unreasonable request, you will end up getting put into this position over and over again.

- Cancel your lunch plans and get to work on the problem, making it clear that you expect “major gifts” on Coordinator’s Day and a 3-hour lunch tomorrow.

- Cancel your lunch plans and get to work on the problem.
Teams are build under adversity, not during garden parties. Facing challenges together can build Trust.

As Trust develops, so does Team Confidence.

Assess the Situation, each is different. Be flexible.

To be an effective team, trust and shared responsibility must work both ways, it cannot be one sided.
San Antonio Riverwalk
Vignette #2: Professionalism

- A Program Coordinator is in a committee meeting with her Program Director. She overhears another Program Director comment that he despises his Program Coordinator, that he can’t work with her and is looking for an excuse to fire her.

- Unbeknownst to both Program Directors, the Coordinator he is talking about is that Coordinator’s best friend.

- The Coordinator tells her friend and in a later Coordinator meeting the topic is brought up in the middle of the meeting and all the Coordinators are thrown in a tizzy.
The Coordinator Should have:
- spoken up when the Director first made the comment
- talked to her Program Director in confidence after the meeting
- contacted the GME office for advice on how to proceed
- kept quiet about it
- done nothing
Pearl Brewery Renovation
Vignette # 3: Communication

A second year resident walks in your office upset that she has just been put on probation “for nothing” and in a moment of anger says “I going to report this program to the ACGME and I have plenty to say”. The Program Director has not yet told you this resident has been placed on probation, and you have not seen or been asked to send any paperwork yet to the state medical board or the Graduate Medical Education (GME) office. You have no knowledge concerning the reasons for probation but have heard a few rumors.
You Should:

◦ Do nothing, the resident was just “blowing off” steam and is unlikely to send a complaint
◦ Advise the resident not to do this after being put on probation, it will likely result in their termination from the program
◦ Immediately speak with the Program Director to get the whole story, and to get all the paperwork in order and prepare for the “sure to follow” letter from the ACGME
◦ Write the letter to the ACGME for the resident and have them sign it
◦ Advise the resident to file a grievance with the DIO first and give them the institutional policy that covers these actions
Take Home Points

- Good communication ahead of time allows effective management of problems when they occur.
- Never act until you have all the information.
- Consider your role as an Advocate for the Program (both Residents and the Program Director), avoid taking sides.
North Star Mall Sculpture
A Program Coordinator is sitting in her office working when the Program Director comes in very irate.

He forgot to submit duty hours information on time and had gotten a ‘not so nice’ e-mail from the GME office. He then proceeded to yell at the Coordinator.

The Director said things like:
- “I’m a doctor, I should have to be doing all this paperwork”
- “you should be doing this menial work for me”
- “what use are you if you can’t remind me about these things” (even though they had multiple reminders).
Vignette #4 (cont)

You should:
- Sit there and not say anything to the Director.
- Yell back at the Director.
- Walk out of the office while he is yelling and go home.
- Go directly to the Chairman of the department.
- Contact the GME office and file a complaint.
Chess and Thomas Temperament Types

- Easy going Temperament
- Difficult Temperament
- Slow to warm up Temperament
Easy Temperament

- Delight for parents
- Low risk of emotional and behavioral disorders
- Positive mood, adaptable
- Regular biological rhythms
- Low intensity
- Positive approach to novelty
Difficult Temperament

- High risk of behavior problems
- Negative mood
- Irregular biological rhythms
- Slow to adapt
- Intense reactions
- Negative response to novelty
Slow to Warm Up Temperment

- At risk for developing behavior problems
- Negative response to new stimuli
- Mild intensity
- Gradual adaptation after repeated contact
- Risk of behavior problems is reduced with sensitive management
Goodness of Fit

- Easy parent + easy child = few problems
- Difficult parent + difficult child = abuse potential is high, severe situations common
- Easy parent + difficult child (and vice versa) = do fairly well, except in extreme situations
- Slow to warm up variants are intermediate in problems occurring