

## **RESIDENCY PROGRAM CONNECTION**

### **TIP-OF-THE-WEEK**

#### **Separate Disciplinary Issues From Academic Probation**

Administrators can judge resident performance based on different factors. When performance is sub-par, it's important to separate disciplinary behaviors from academic issues. An academic probation is necessary for issues such as:

- Missing too many conferences
- Not reading the literature for patient care preparation
- Not performing at expected levels

In these cases, place the resident on review. More serious offenses may require stronger action, and include:

- Substance abuse
- Cheating on an exam
- Performing unnecessary procedures on patients to gain more operative experience

To handle such disciplinary issues, you may need to involve your state's licensure board or law enforcement. Administrators and program directors should create a policy for grievance and due process, paying special attention to whether a resident is seriously disruptive or simply struggling academically.

#### **Use Journal Club To Evaluate Residents' Evidence-Based Skills**

A journal club is an excellent opportunity to evaluate your residents' evidence-based skills—one component of the ACGME's practice-based learning and improvement (PBLI) core competency.

The term "evidence-based skills" refers to your residents' ability to locate, appraise, and understand information from medical literature. To assess their proficiency, ask your residents to create an oral presentation using PowerPoint for one of your journal club meetings. Then evaluate their presentation and include that form in the resident's file.

Assess residents' summary of the article using the following criteria:

- Research objectives
- Previous studies on this topic
- Study design
- Inclusion and exclusion criteria
- Definition of exposure categories
- Definition of outcome measure
- Potential confounding variables
- Statistical methods
- Data collection
- Results
- Interpretation of results
- Strengths and weaknesses of the article
- Applicability to current practice patterns

#### **Managing A Full Resident Folder**

Whether you're getting ready for a site visit or the twice-yearly performance reviews required by your specialty, the last thing you want to do is scramble to gather all the documents you need to include in your residents' files. By keeping your files in order, you will have less work and stress when preparing for a site visit.

However, these files can quickly overflow with documentation and become unmanageable. Knowing what information to keep in your residents' file and how long you need to keep it is the key to organization. It is up to the coordinator to create policies that streamline storage, clarify access to files, and ensure compliance with ACGME requirements.

It is also a good idea to draft a description of your evaluation system and distribute it to faculty and staff. Here are a few tips to keep in mind when developing your evaluation system:

- Click on the RC link on the left side of the home page
- Make the description document part of your resident manual
- Be sure the document describes how each evaluation fits into the residents' overall assessment
- Indicate which documents are formative and which are summative
- Use this as an opportunity to clarify the promotion criteria for moving from year to year, and what it takes to successfully complete the program

For additional information on what documents to include in your residents' folders, please see Ask The Expert.

### **Review Common Citations When Preparing For A Site Visit**

The ACGME's Web site lists the common citations programs receive after a site visit. To search their site for common citations, do the following:

- Click on the RC link on the left side of the home page
- Select your RC
- Select the link referring to frequent citations

If your RC does not have a list of common citations posted, contact the RC executive director via e-mail and request the information.

During your site visit, be ready to address the citations on your RC's list. Because your RC frequently cites these issues, you can assume that they are areas of emphasis for your RC and challenges for programs like yours around the country.

Additionally, ask your GME office or DIO what citations other programs at your institution commonly receive.

### **Keep Your Program Letters Of Agreements Up-To-Date**

The ACGME requires every residency program to have a program letter of agreement (PLA) with its participating institution or the entities involved in resident education. The institution and its programs must review and renew or terminate PLAs at least every five years. You also need to modify your PLA anytime there is a major change to your program. Although institutions must have up-to-date forms available during an institutional review, it is often up to the program directors and coordinators to keep the PLA for their program current. With so many programs to keep track of, it is helpful to create a database that identifies important information and dates in the agreements. Sample fields for the database include:

- Name of the participating institution
- Participating institutions' accreditation status
- Name of the program and service on which the resident is rotating
- Program's accreditation status
- Date the agreement is initiated
- Durations of the agreement
- Renewal dates of the agreement, if continuous
- Program or service requesting the agreement

Additionally, it may be beneficial to review agreements two times each year:

- During each program's internal review
- When programs submit resident's rotation schedules for the academic year

### **Use The GME Office To Complete The Program Information Form [PIF]**

The program information form (PIF) is the crux of an ACGME site visit. The program director--often with the help of the coordinator--must complete this specialty-specific document, which is a compilation of information that reflects the current status of your program.

However, if you get stuck on a question in the PIF, or are uncertain of how to access the required information,

ask the GME office for help. Chances are they know the answers or will know whom you can contact to get them. Remember, although your program may have a site visit only once every five years, your GME office may go through a survey of one of their programs every month. Don't hesitate to use the GME staff members' expertise.

### **Review Your Program's Goals and Objectives**

Most residency programs review their goals and objectives once a year during their annual program review. When reviewing your goals, ask yourself the following questions:

- Do the goals and objectives address all competencies? Which ones are addressed? Which are missing?
- Do they reflect the six core competencies?
- Are all goals relevant to the program?
- Do competencies or skills need to be added?
- Do the goals and objectives reflect the most recent ACGME expectations?
- Does the program effectively measure and document residents' success meeting the stated goals?

### **Help Residents Manage Debt**

Medical student debt is often an unavoidable problem for residents. An Association of American Medical Colleges (AAMC) report issued in October 2007 says medical students who graduated in 2006 from a public school will on average owe \$120,000, and private school graduates will owe \$160,000. Although you cannot alleviate residents' debt, you can help them find resources on how manage their money. Here is how:

- Direct residents to the AAMC's DEBTHELP Web site at [www.aamc.org/students/financing/debthelp/start.htm](http://www.aamc.org/students/financing/debthelp/start.htm).
- Ask your medical school's financial aid office to make a presentation for residents about what they can expect financially when they graduate. Also, have the person talk about loan repayment plans and options.
- Recruit faculty members who have experience running their own private practice to speak with residents about financial issues.
- Ask reputable banks or financial institutions to make presentations to your residents.

More information about disruptive resident policies can be found in *The Residency Coordinator's Handbook* by **Dianna Otterstad, BA**, available in the GME Library.

### **System Changes Can Help Your Program Meet Duty-Hour Requirements**

It is no secret that meeting resident work-hour requirements is difficult for many programs, but modifying your systems may make adhering to those requirements a little easier. There are several creative strategies for trimming hours, including the following:

- Reorganize the workday by employing hospitalists, physician assistants, and nurse practitioners.
- Stagger the times these helpers come in-not everyone needs to start and end the day at the same time.
- Utilize other team members, like social workers, to make patient care more efficient. Letting these strategic partners do their jobs may improve patient care quality while reducing the amount of work a resident has to do on some patient cases. That means residents can move on to another patient more quickly.

Lastly, look at how patient care settings that do not employ residents handle their work load. You may be able to emulate one of their solutions in your own facility.

### **Meet the ACGME Requirements For Resident Scholarly Activities**

The ACGME's common program requirements state that residents must take part in scholarly activities. Therefore, it is important for program administrators to keep track of any scholarly activities residents participate in. Here is a list of scholarly activities that should be documented:

- Publishing case reports

- Attending education sessions, lectures, and workshops
- Conducting teaching activities
- Participating in quality improvement and other research projects
- Submitting posters for exhibit at conferences
- Presenting at conferences

Do not forget to check in with your specialty's professional society. Many sponsor research programs, scholarly competitions, and help cover travel costs to professional meetings.

More information about disruptive resident policies can be found in *The Residency Coordinator's Handbook* by **Dianna Otterstad, BA**, available in the GME Library.

### **Use Alumni Surveys To Improve Your Program**

Assessing your graduates' performance is one of the best ways to measure the quality and success of your program. Alumni surveys are a popular way to find out what graduates think about the training they received from you. The results can give program administrators insight into which areas need improvement so current residents will be better prepared. Equally important, the survey may highlight the areas where your program excels. Here are some things to keep in mind when creating an alumni survey:

- Allow respondents to remain anonymous-you'll usually get better data
- Use Scantrons and Web sites that electronically generate surveys to make taking the survey easier for alumni, and to simplify gathering and analyzing the results
- Consider combining the survey with an offer for the graduate to update their alumni database, so they will continue to stay connected with your program
- Send the survey one and five years after graduation
- Ask graduates' employers to fill out a survey about how well equipped graduates were for their current position

More information about alumni surveys can be found in *Insiders' Guide to ACGME Site Visit, Second Edition*, by **Kathryn Andolsek, MD, MPH**, and **Shepard Cohen**, available at <http://www.hcmarketplace.com/prod-5754.html>

### **Prepare Your Program Information Form**

The program information form (PIF) is a document specific to your specialty that you must complete before ACGME site visitors arrive at your facility. While the program director is ultimately responsible for the preparation of the PIF, often times, the director and program coordinator work together to compile the vast amount of information required. Filling out a PIF can be a daunting task, but there are some simple things you can do to make it go more smoothly. Consider the following five tips when putting together a PIF:

- Check the [ACGME website](#) to ensure you have the most up to date PIF as well as any addendums.
- Go through the PIF sections and gather all pertinent documentation so you know early on what you're missing and need to track down.
- Save the PIF on your computer's desktop and update it as needed.
- Have a copy of your most recent program requirements nearby so you can easily reference them.
- Consider delegating portions of the PIF to senior faculty, but set a strict deadline so all materials have time to be edited.

More information about site visits can be found in *Insiders' Guide to ACGME Site Visit: Second Edition* by **Kathryn Andolsek, MD, MPH** and **Shepard Cohen**, available at <http://www.hcmarketplace.com/prod-5754.html>

### **Highlight ACGME Requirements**

A good tip for coordinators or directors new to a residency program is to know the ACGME common program requirements backwards and forwards. These administrators should consider printing out program requirements and using highlighters to differentiate requirements that are common to all programs (for example, highlight common requirements in yellow) from requirements that are specialty-specific (for example, highlight specialty-specific requirements in green).

Such preparation will not only help you know where to go to seek answers to any requirements-related questions, this system will also help you prepare for the ACGME institutional and program reviews.

### **Comply With New Requirements**

The ACGME's new common program requirements state that competency-based goals and objectives for each assignment at each post-graduate year (PGY) level must be distributed annually to residents and faculty; and should be reviewed by the residents at the start of each rotation. Due to these new requirements, make sure to create goals and objectives for each rotation at each PGY-level.

### **Discuss Cultural Competency Issues With Residents**

A recent study published in the online version of the Journal of General Internal Medicine contends that unconscious racial bias found in physicians-in-training may cause a decrease in the quality of patient care and treatment for African-Americans.

To help recognize bias and increase cultural competency in your residents, encourage residents and other healthcare personnel to sit down and discuss these issues in an open group forum.

### **Recognize Faculty, Residents, and Administrators For Their Hard Work**

Recognition-saying thank you in public and perhaps giving a tangible gift along with the words-has multiple functions beyond simple human courtesy. To the rest of the organization, recognition creates role models and communicates the standards: These are the kinds of things that constitute great performance around here. Consider the following tips for recognition:

- Emphasize success rather than failure.
- Deliver recognition and reward in an open and publicized way.
- Deliver recognition in a personal and honest manner.
- Tailor your recognition and reward to the unique needs of the people involved.
- Timing is crucial. Recognize contribution throughout a project.
- Strive for a clear, unambiguous and well-communicated connection between accomplishments and rewards.

### **Accurately Document For Coding and Billing**

When dealing with coding, billing, and reimbursement, residents should document when care is provided, and understand that history & physicals, operative reports, diagnostic tests, and treatment orders are critical for accurate coding.

Residents should document the patient's severity of illness and his or her clinical rationale for ordering the intensity and level of care he or she is prescribing. He or she should also be open to suggestions regarding appropriate language for documentation made by case managers and coders in your facility.

### **Tie Documentation To Your PIF**

When preparing for an ACGME site visit, the program coordinator should organize documentation in a way that ties it to the program information form (PIF). Consider putting together a file that corresponds with the first part of the PIF that deals with faculty credentials. The PIF does not require that you include faculty resumes, but you may want to gather such information and put them into a file for the surveyor. If the second part of your program's PIF asks about conferences, put together a separate file that includes conference titles, logs, and sign-in sheets.

### **Conduct An Alumni Survey**

Many programs conduct an alumni survey to find out what professional roles their graduates are pursuing, to measure how well the graduates believe they are doing, and to learn how the graduates perceive the education received during their residency training.

The results of your alumni survey can serve as an early warning system for new areas of the curriculum that you may want to develop to better prepare your residents for the life after residency. The results can also identify areas in which your graduates feel you did a particularly good job.

## **Recruit For A Younger Generation**

While salary and earning potential certainly play a part in any job candidate's search, residency programs may recruit more top candidates by offering a position that fits their needs. Administrators may focus on the following trends in structuring their policies and programs:

1. Legitimize less than full-time appointments
2. Respect work-life balance
3. Develop rewards for overtime work
4. Explore ways to make some specialties more attractive for younger generations
5. Implement alternative training methods
6. Request feedback from both faculty and trainees
7. Discuss definitions of 'professionalism'
8. Assist trainees to develop skills to build bridges across patient generations
9. Focus on orientation
10. Focus on communication

## **Review The Dress Code With Incoming Residents**

As your new residents arrive, don't assume interns know how to dress appropriately and professionally. Don't forget to review departmental or institutional dress codes as a part of orientation-you don't want to have to remind residents that halter tops and exposed chest hair are not appropriate!

VCU School Of Medicine: Professionalism [Link](#)

## **Be Aware Of The Rules Of The Resident Survey**

Program directors and coordinators should know the following information about the recently revised resident survey:

- The survey is not administered in conjunction with a site visit, although information from the survey may be used at the time of a program's site visit.
- The ACGME will notify programs directly when their participation in the survey is required, and will include detailed information for accessing the survey and a deadline for completion. It is the program's responsibility to ensure residents and fellows complete the survey.
- Residents will have 4 weeks to complete the survey.
- The ACGME requires a 70% response rate.
- Summary data from the survey will be available to program directors, the review committee (RC), and the surveyor for the program's next site visit if at least 70% of residents complete the survey.
- Programs are not required to send the survey report to site visitors or the RC.

Source: ACGME Web site, [www.acgme.org](http://www.acgme.org).

## **Improve Recruitment**

Include information on your Web site specifically addressed to international medical graduates. The more information you have online, the fewer phone calls and emails you will receive from prospective applicants seeking additional information.

Also, consider sending compact discs or slide presentations to applicants or give those to them at the time of interview. These could highlight aspects of your program that are particularly strong, include curriculum and contract information, policies and procedures, and salary and benefits information. You could also include information on your city and the surrounding area.

In addition, any medical schools host residency fairs for their senior students. Programs are invited to send representatives to host a booth or provide materials about their program to prospective students who may be interested.

## **Help Residents Manage Loans**

Residents should know their grace periods, deferment options, and forbearance options. These tools will help residents manage loans throughout residency and will most likely vary by loan type. They may even vary depending on when a resident borrowed them and from which lender or loan program.

Once grace, deferment, and forbearance options are used and exhausted, residents should be given a number of repayment options. Residents should be sure to know:

- 1) The monthly payment amount
- 2) Estimated total repayment amount for any option chosen

### **Tips For Moonlighting Residents**

Moonlighting residents should understand ACGME regulations. In addition to the 80-hour rule, residents must have:

- One day off in seven, and cannot be on call more than once every three nights.
- A 10-hour time period between all daily duty periods and after in-house calls.
- Cannot be continually on-duty for more than 24 hours, plus six additional hours for patient hand-offs and paperwork.

In addition, moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical sites must be counted toward the 80-hour weekly limit on duty hours.

### **Develop PBLI Assessment Tools**

When developing an assessment tool for practice-based learning and improvement (PBLI), ensure pre-and post-test design with a comparison group. The strategy should include open-ended and closed-ended questions. The tool should emphasize:

- Knowledge of improvement
- Application knowledge and skills in continuous quality improvement (CQI)
- CQI experience
- Self-efficacy related to CQI

### **Peer-To-Peer Professionalism**

Consider allowing residents to evaluate the professionalism of their peers. Peer evaluations will give an unprofessional resident a chance to modify his or her behavior before it reaches higher levels of administration.

Vacation and leave time for residents:

Offer residents vacation time up-front, instead of allowing them to earn as they go. That way, they can better plan for when they choose to use the time.

Orientation tips:

Look for new orientation ideas year-round. In addition, be sure to divide up the day and the materials that residents will be receiving. Finally, optimize the days after orientation and survey residents on what they liked and did not like about orientation.

### **Help Residents Avoid Incidental Disclosures**

To help residents avoid incidental disclosures (in accordance with the Health Insurance Portability and Accountability Act of 1996), the hospital can put up signs in the elevators, health club, and shuttle buses as reminders to be aware of patient privacy.

### **Compile A Resident Learning Portfolio**

Compile a resident learning portfolio in order to meet ACGME's practice-based learning and improvement competency requirement. Include:

- Presentations
- Diary of several situations demonstrating what was learned through research
- Published articles/abstracts
- Evaluate resident competency in systems-based practice

## **Evaluate Resident Competency In Systems-Based Practices**

Strategies to evaluate resident competency in systems-based practice include the following:

- Require a research poster or presentation
- Make residents members of hospital committees
- Encourage or require volunteer work in underserved areas

## **Protect Confidentiality**

Residents can protect patient privacy by turning computer screens away from the view of the public or people passing by, keeping posted or written patient information covered, and holding discussions about patient care in private.

## **Orientation Tips**

Look for new orientation ideas year-round. In addition, be sure to divide up the day and the materials that residents will be receiving. Finally, optimize the days after orientation and survey residents on what they liked and did not like about orientation.

## **Document Informed Consent**

Residents should adhere to the following guidelines when documenting informed consent:

1. Personally document in the medical record that you provided the patient with a description of your assessment and treatment recommendations, including a description of the risks and benefits of your recommended approach.
2. Don't count on facility staff to obtain a patient's signature on an informed consent form.
3. If a language barrier exists, document in the medical record how the issue was addressed.
4. Particular types of procedures should receive additional attention. For example, if a patient is pregnant, note any added risks. In addition, if the procedure is new or experimental, that information should be noted in the informed consent.

## **Increase Coordinator Communication**

Consider establishing a monthly meeting for all program coordinators within a given institution. Such an organization may provide networking opportunities, updates on systems operation, and a forum for coordinators to update each other on each program's progress.

## **Manage Time Effectively**

Avoid these pitfalls when managing your time:

1. Phone call
  - a) Keep phone calls short and to the point.
2. E-mail and mail management
  - a) Handle each e-mail and piece of mail only once.
  - b) Don't leave e-mails unread or unresponded to in your inbox.
3. Meetings
  - a) Be sure each meeting that you attend has an agenda and limited time to meet.

## **Create A Clear Vacation Policy For Residents**

Make sure you delineate vacation time from sick time and time-away without pay in your vacation and leave policies. Make paper copies of the policy and go over it with residents during orientation.

## **Implement A Resident Research Day**

In order to ensure compliance with ACGME's resident research requirement in the common program requirements, choose one day out of the year to organize a resident research day for your program or institution. Make up flyers, offer food and drinks, and develop a prize for the best resident poster. Not only will such an event encourage residents to work on a research project, it may serve as a break from the daily

grind.

### **Implement A Remediation Plan**

Try implementing a remediation plan using a SOAP format.

**SOAP** stands for:

- ❖ **S**ubjective evidence: Ask for perceptions from the resident in question, faculty, and other health care team members
- ❖ **O**bjective evidence based on evaluations, test scores, other documented incidents
- ❖ **A**ssessment of resident based on evidence
- ❖ **P**lan for resident based on assessment

### **How Can I Create Valid Evaluation Forms For My Program?**

When you evaluate resident performance, the goal is to get accurate information no matter who is doing the rating. When creating forms, keep in mind the following tips:

- ❖ Evaluate one behavior at a time
- ❖ Avoid judgmental terms (i.e. use “never, sometimes, always” rather than “poor, fair, good”)
- ❖ Balance the scale (the number of positive and negative responses should be equal)

### **Check With Specialty Boards When Crafting A Leave Of Absence Policy**

When crafting a leave of absence policy, first find out the requirements of your specialty board. Next, contact your institution's graduate medical education (GME) office to find out if there are any institutional requirements. Lastly, sit down with relevant GME personnel and discuss expectations and consequences for residents who do not adhere to the policy.

### **Provide Vacation Time For Residents**

Offer residents vacation time up-front, instead of allowing them to earn as they go. That way, they can better plan for when they choose to use the time.