Welcome to the 2020 Chief Residents Workshop

Leadership Training for Physicians In the Middle of a Pandemic

LOMA LINDA UNIVERSITY HEALTH
EDUCATION CONSORTIUM

Congratulations!!!

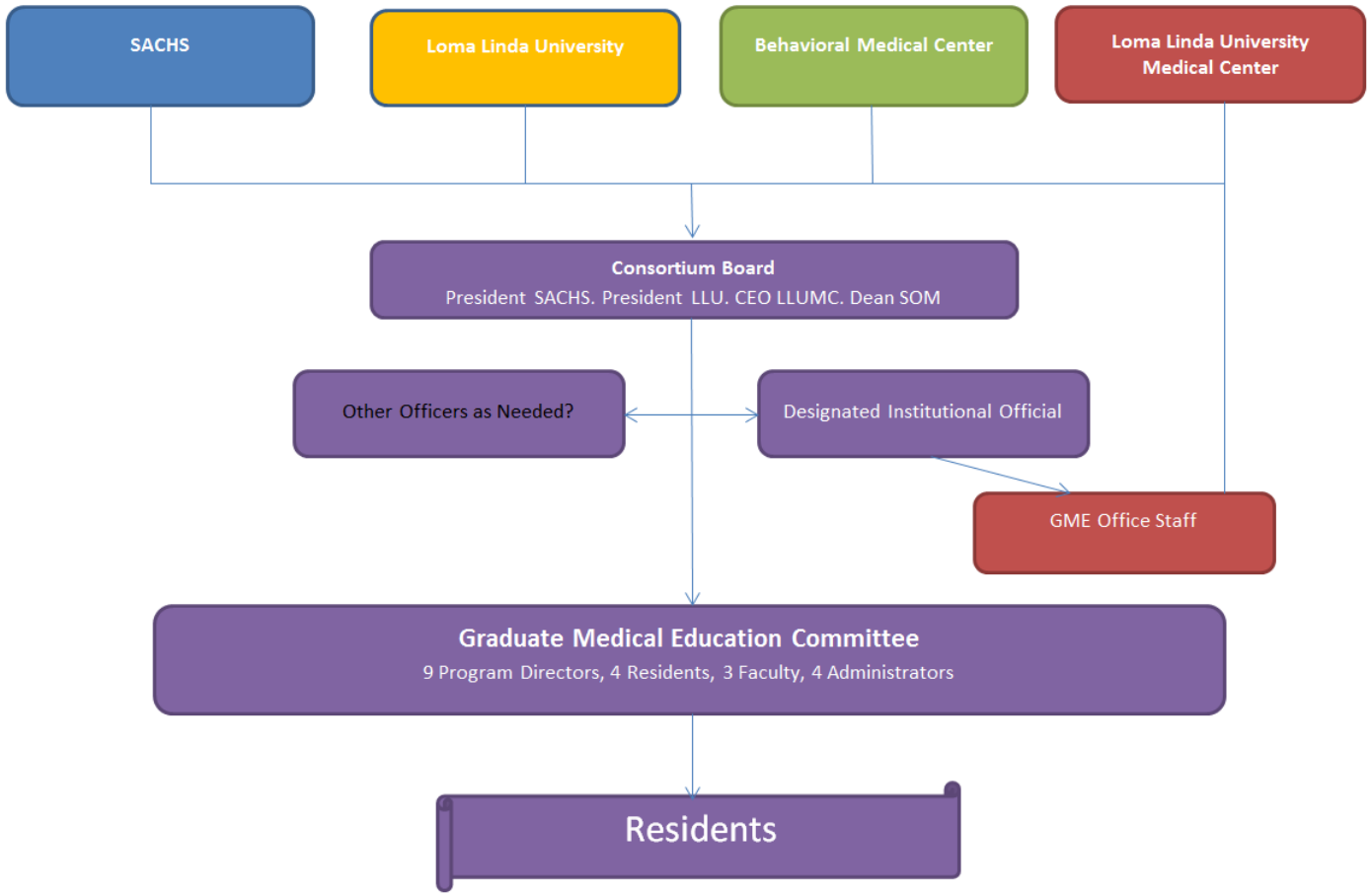
- It is an honor to be designated Chief Resident
- It looks great on your CV
- Opportunity to Learn and Grow in your leadership skills
  - Like taking an executive MBA program—only we pay you to do it!
  - (Okay, not that much pay)

Chief Residents Job Requirements

- Take good care of your residents
- Help them to take good care of their patients
- Enhance communication between residents & PD
- Reduce Readmissions; Reduce Hospital-associated infections
- Reduce Healthcare disparities in the IE
- Change the world

LOMA LINDA UNIVERSITY HEALTH
EDUCATION CONSORTIUM

LOMA LINDA UNIVERSITY HEALTH
EDUCATION CONSORTIUM



Kelsey Martin, Neuroscience, UCLA

Laura Mosqueda, Family Medicine, USC

Tammi Thomas, Emergency Medicine, LLU

Deborah Prothrow-Stith, Public Health, CDU

Allison Brashear, Neurology UCD

Deborah Deas, Psychiatry, UCR

Paula Crone, Family Medicine, WUHS

ACGME and You

What chief residents need to know.

Daniel Giang, MD

Justin Kerstetter, MD

Who is the ACGME?

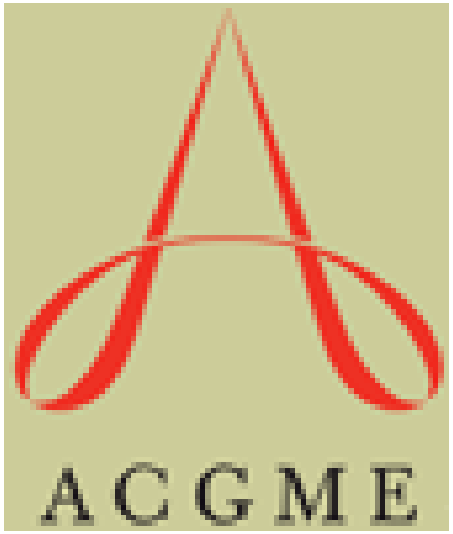
- Founded in 1981 (previously LCGME 1971)
- Member Organizations:
  - American Board of Medical Specialties
  - American Hospital Association
  - American Medical Association
  - Association of American Medical Colleges
  - Council of Medical Specialty Societies

ACGME Organization

- 27 Residency Review Committees
  - 26 specialties + transitional programs
  - 6 to 15 members each
- Institutional Review Committee

Who the ACGME is not?

- Government
  - State Medical Boards
  - Potential federal regulation
- Specialty Boards
  - Certify individual physicians
- “The Joint Commission”
  - Hospitals
- LCME (medical schools)



What is the ACGME doing?

- Evaluate and accredit residency programs
- Try to improve the clinical learning environment in teaching hospitals
- New Accreditation System (NAS)
  - Focus on outcomes rather than process
  - Board Pass Rate
  - Resident & Faculty Surveys
  - Procedure Logs
  - Milestones
  - Clinical Learning Environment

Why are they changing GME?

- Responding to Public Concerns
  - More humanistic physicians
  - Increased patient safety
- Maintaining its authority as an accreditor
- Avoiding restraint of trade charges
- Trying to get out of the way of innovation

Requirements

- Institutional Requirements
  - Institutional Review Committee
  - Designated Institutional Official (DIO)
- Common Requirements
- Specialty Specific Requirements
  - Residency Review Committees (RRC)
  - Program Director

I. Introduction

- Definition
- Duration & Scope of Education

II. Institutions

- Sponsoring Institution
  - Loma Linda University Health Education Consortium
- Participating Institution
  - "Program Letter of Agreement"
    - Identify faculty
    - List their responsibilities
    - Duration and educational content
    - Policies

III. Program Personnel

- Neurosurgery has a specific reference to the Chairman
- Program director
- Faculty
- Others

Program Personnel

- Program Director
  - Time
    - Time requirements & tenure
  - Qualifications
    - Educational & administrative experience
- Responsibilities
  - Selects & supervises the faculty
  - Statistics & curriculum
  - Policies
  - ACGME communications

Program Personnel

- Faculty
  - Competent clinical care & teaching abilities
  - Board certified
  - “Environment of inquiry”
    - Discovery
    - Dissemination
    - Application
  - Regular participation in didactics that “promote a spirit of inquiry”

Program Personnel

- Professional, technical and clerical personnel
  - Coordinators are key
- Resources
  - Research labs
  - Clinical facilities

IV. Residents

- Eligibility
- Number
  - NEVER exceed without clear permission from ACGME
  - Based on cases available
- Other learners
  - Does not refer to having NPs and PAs around

V. Curriculum

- There must be a written, well-thought out curriculum for the residency program
- There must be measured outcomes (“assessment”) based on this curriculum

Curriculum

- Goals and Objectives
  - Written statements of educational goals
  - Specific for each major assignment
  - Specific for each PGY level
  - Distributed to residents & faculty
  - Reviewed prior to each assignment
  - Based on the general competencies

Curriculum

- GOAL: Provide effective patient care for neurology patients
- OBJECTIVE: Demonstrates the ability to obtain and transmit accurate histories
- OBJECTIVE: Demonstrates the ability to conduct focused, appropriate physical examinations

Curriculum

- Specialty Curriculum
- Resident Scholarly Activities

Six Core Competencies

- **Patient Care**
  Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **Medical Knowledge**
  Residents must be able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- **Practice-Based Learning and Improvement**
  Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
- **Interpersonal and Communication Skills**
  Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates.
- **Professionalism**
  Residents must be able to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- **Systems-Based Practice**
  Residents must be able to demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

SAFETY/SUPERB

- Seek input early
- Active clinical decisions
- Feel uncertain
- End of life decisions
- Transitions in care
- Help with the system

- Set Expectations
- Uncertainty is the time to call
- Planned Communication
- Easily Available
- Reassure it is good to call
- Balance supervision with autonomy

LLU GME Speakers Bureau

- Fatigue
- Patient Safety, PI, QI, etc.
- Education
  - One Minute Preceptor
  - Evaluations
- Lifestyle Counseling
- Spiritual Care
- How to assess practice opportunities

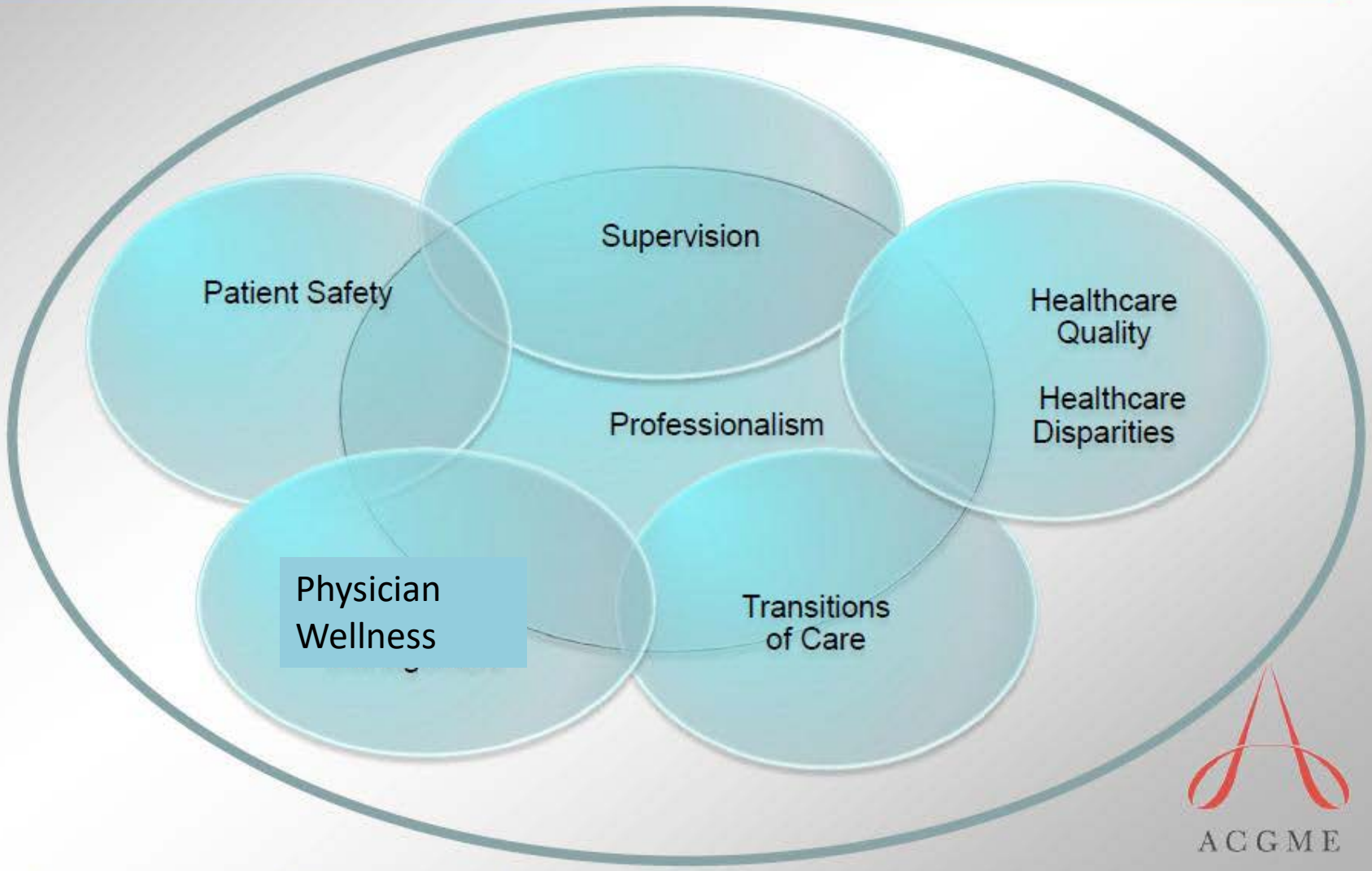
VI. The Learning and Working Environment

- Excellence in the safety and quality of care rendered to patients by residents today
- Excellence in the safety and quality of care rendered to patients by today's residents in their future practice
- Excellence in professionalism through faculty modeling of:
  - the effacement of self-interest in a humanistic environment that supports the professional development of physicians
  - the joy of curiosity, problem-solving, intellectual rigor, and discovery
- Commitment to the well-being of the students, residents, faculty members, and all members of the health care team

Clinical Learning Environment Review (CLER)

- Every 18 months Site Visit Aimed at:
  - Safety and quality of care for the patients under the care of residents today
  - Safety and quality of care for future patients cared for by our residents after they graduate
  - Provision of a humanistic educational environment where residents are taught to manifest professionalism and effacement of self-interest.

CLER Focus Areas



ACGME

Quality and Patient Safety

- Culture of Safety
- Event Reporting
- Quality Improvement
  - Reduce health disparities

Supervision

- **Each Patient must have an identifiable supervisor**
  - Who this is must be known to everyone
  - Patients need to be told who is who
- Progressive responsibility assigned by the program
  - ePriv is on line
  - Individual “capabilities” that residents can perform under supervision authorized
- Programs set guidelines for communication between residents and supervisors
- Faculty assignments must be long enough for faculty to assess residents’ knowledge and skills

Four Levels of Supervision

- Direct
  - Supervising physician is “at the elbow” of the resident
- Indirect with Direct immediately available
  - Supervising physician is in the same facility
- Indirect with Direct NOT immediately available
  - Supervising physician is available by phone
  - AND can come in
- Oversight
  - “I’ll see you tomorrow morning”
- In all of these cases, the attending physician retains responsibility for everything the resident does.

Supervision

- Fluoroscopy Permits

California Fluoroscopy
Permit Explained

Professionalism

- Showing up fit
- Learner mistreatment

Wellness

- Care for your own health needs
- Time off for personal health appointments
- Attention to work compression
- Detecting and addressing burnout or mood disorders
- “Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week”

LLU Well Being Resources

- EAP
- Confidential Advisors for Residents
  - Cynthia Tinsley
  - Molly Estes
  - Naveen Solomon
- Well Being Committee (Mickey Ask or Doug Deming)
- Director of Physician Vitality

LOMA LINDA UNIVERSITY HEALTH
EDUCATION CONSORTIUM

Alertness Management & Fatigue Mitigation

- Educate faculty & residents on fatigue
  - SAFER
  - Internal Speakers Bureau
- Back up plan for when resident can't pull a scheduled shift
- Sleep rooms and transportation
  - Taxi cab, Uber, Lyft ride home AND back
  - Loma Linda Inn

Transition of Care

- Minimize transitions
- Monitor transitions
- Programs must ensure residents are competent
  - Epic form available
- Tell other health care workers who is on call.

Teamwork

- Maximizes effective communication
  - TeamSTEPPS
    - CUS instead of yelling
    - SBAR
  - “Thank you for bringing that to my attention”
  - Hidden messages
    - “Call me if you need me”
    - “I’ll be at my son’s basketball game until 9”
- Includes effective communications with other team members (e.g. nurses, CDI, consultants)

Duty Hours – Made Simple

- Maximum number of hours
  - Still 320 hours over 4 weeks
- Moonlighting
  - Counts toward the 320 hours (no matter where it's done)
  - Interns can't moonlight
- Days Off Duty - 4 over 4 weeks
  - 5 in Jul, Sep, Oct, Nov, Dec, Jan, Feb, May

Duty Hours

- Maximum Time on Duty
  - maximum of 24 + 4 (NOT 6)
    - No new patients after 24 hours
    - No continuity clinic
    - “Get Out of Jail Card”
      - Case of the century
      - Comforting the dying
      - Seminar of the century

Duty Hours

- Minimum Time Off between shifts
  - 8 hours between shifts
- Maximum Frequency of Night Float
  - Must have 1 day off in 7
- Maximum Frequency of In House Call
  - 9 overnight calls in four weeks
- At Home Call
  - Not for interns*
  - Time in the hospital counts toward 80 hour limit
  - Must still have 4 days off per 4 weeks averaged
  - “Will not initiate a new off-duty period”

Work at Home

- “I check on Mrs. Lee’s K because I wonder if the Kayexalate worked.”
- “I need to finish writing up my clinic patients from SACHS.”

VII. Evaluations

- Residents
- Faculty
- Program

Evaluation

- **Resident**
  - Methods produce accurate evaluation of general competencies
  - At least semiannual written evaluations (face-to-face)
  - Available to resident
  - 360 evaluation
  - Final: “demonstrated sufficient professional ability to practice competently and independently”
- **NAS requires evaluations of attainment of milestones to be by a Clinical Competency Committee (CCC)**

Evaluation

- **Faculty**
  - Must be evaluated by residents at least annually
  - This should be confidential

Evaluation

- **Program Evaluation Committee (PEC)**
  - Annual Program Evaluation (APE)
  - Committee of PD, faculty & residents
  - Must consider IRRC, RRC, comments from faculty, resident's confidential written evaluations, goals & objectives
  - Must consider outcomes (board pass rate)
  - Must include "faculty development"

VIII. Experimentation and Innovation

- Ask RRC about innovative deviations from requirements

Legislated Leaves

≠

Board Eligibility

Role of Chief Resident in Facilitating Communication

- Chief Residents are often the beneficiary of confidential or semi-confidential information from residents
- **Quality of Care** information goes to the Service QI chair
- **Violence in Workplace or Sexual Harassment information** goes to Employee Relations
- **Self-disclosed substance abuse** concerns go to directly to Resident Well-being Committee. Mickey Ask, MD mickey_ask@archwireless.com
- Malpractice concerns go to Deanna Walters 4-4388
- YOU are often the confidential method residents use to bring concerns to the program


PTL
IS
COMING

Postgraduate Training License

- PTL required by August 31, 2020
  - Valid for the first 36 months of ACGME training
  - Jointly issued to resident and PD
  - All LOA, remediation, etc. must be reported to MBC/OMBC
- Medical License
  - Requires 36 months of training & Step 3
  - 24 months of GME in the same program
  - OMFS Exception

Reporting Responsibility

- PTL
  - Leaves of Absence
- Licensed Physicians
  - Impairment
  - Substance Abuse

Chief Resident's Calendar

- July
- August
- September
- October
- November
- December
- January
- February
- March
- April
- May
- June

- Elect residents Resident Advisory Council
- Review Essential Physical Requirements
- Check each intern for depression/burnout
- Program Director's Retreat Cancelled for 2020
- Interview Season
- Celebrate holidays.
- Check each resident for signs of depression/burnout
- NRMP ROL Due, ACGME Resident Survey Review
- SOAP/Scramble: March 15, 2021
- Plan for the Program Evaluation Committee
- Program Evaluation Committee
- Plan and conduct New Resident Orientation

LOMA LINDA UNIVERSITY HEALTH
EDUCATION CONSORTIUM