



The Complete Residency Program Management Guide

RUTH H. NAWOTNIAK, MS, C-TAGME

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Ruth H. Nawotniak, MS, C-TAGME

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About the Author

Ruth H. Nawotniak, MS, C-TAGME, is a cofounder of the National Board for Certification of Training Administrators of Graduate Medical Education Programs (TAGME) and its first president. She spearheaded the creation of TAGME to establish standards for the profession, to acknowledge the expertise needed to successfully manage graduate medical education programs, and to recognize those training program administrators who have achieved competence in all fields related to their profession. Nawotniak also serves as the training program administrator for the general surgery residency program at the University at Buffalo–SUNY (UB).

In addition to developing and facilitating coordinator workshops at UB, and working with certification development and communications for TAGME, Nawotniak has presented at teaching hospitals and academic centers across the country on the role of the professional coordinator, coordinator certification, the challenges of new program coordinators, and the various activities and tasks of a program administrator.

She has authored and/or coauthored many publications on various facets of graduate medical education, with particular emphasis on aspects of managing residency training programs. She also holds a master's degree in English education.

Foreword

This book is written for administrators—program directors and coordinators—of GME training programs. It is intended to provide an overview of the management process and an understanding of why effective management of a training program is important. It will be beneficial for all administrators, but particularly for those new to GME.

When readers finish this book, they should have a broader knowledge of the global world of GME, especially where their residents came from, where they are going, and how the program coordinator and director fit into that process.

Because the Accreditation Council for Graduate Medical Education (ACGME) accredits the majority of all training programs in the United States, most of the information in this book will be based on the ACGME's requirements and policies. However, program directors and coordinators of training programs accredited by other agencies will see similarities in the management of their training programs as well.

Managing any physician training program, at any level, is a monumental task. Regardless of the accreditation or the number of residents or fellows in the program, the concepts are similar. This idea was brought to the forefront when the ACGME wrote the *ACGME Common Program Requirements*, to which all training programs adhere. These requirements are then expanded upon within each specialty's specific program requirements, and this affects the complexity of program management.

Most chapters include a list of acronyms used in that chapter, as well as a list of possible resources for more information. Most chapters also include a series of questions. These questions will help the reader apply the information given to his or her training program. Utilize the Glossary of Terms at the end of the book when you don't understand what a term means.

Enjoy the book and your career in GME. You will rarely have a dull moment.

Orientation of Residents, Program Directors, Faculty, and Coordinators



Orientation is an exciting time for program directors and coordinators. It's nice to see all of the hard work you did during recruitment pay off when the incoming residents walk through the door. It's also a crucial time to communicate the essential information residents need to know to care for patients on their first day. A well-organized, comprehensive orientation lays the foundation for residents' success.

Similarly, an orientation for new program directors and coordinators is equally as important for helping them get comfortable in their new position. This chapter will discuss how to organize a new resident orientation, how coordinators can help new program directors adjust to their new position, and resources for new coordinators.

Orientation for New Residents

Most program administrators think of orientation as the process of introducing incoming residents to the training program, hospital, or sponsoring institution when they arrive to start their training. However, I like to think orientation actually begins with the interview process. As discussed in Chapter 8, interview candidates pick up on several important subliminal messages during recruitment, such as the program's expectations for meeting deadlines and adhering to policies and procedures. These first impressions set the tone for the residents' training, much like orientation does.

Orientation continues after Match Day as you communicate with residents before they begin training. The organization, clarity, and thoroughness of the packet of information and instructions that you send to incoming residents are examples of how the program is managed. It also conveys your expectations for incoming residents. For example, following up with soon-

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to-be residents to ensure they return completed forms and other requested information by the deadline sends the message that tardiness will not be accepted.

The program director, department chair, or graduate medical education (GME) office of the sponsoring institution may consider consequences for those residents who are late with their paperwork. For example, in my institution, the GME office runs a weeklong incoming resident orientation. There are several online modules the incoming residents must complete before they arrive for this orientation. If those modules are not completed, residents cannot attend orientation and cannot start their residency. So, for my residents, compliance with deadlines is crucial and follow-up from my office must be timely.

Information sent to incoming residents prior to orientation varies among programs and sponsoring institutions but can include:

- Contract
- Employment paperwork, including the W-2 and other forms for ID badges, parking, health insurance, etc.
- Medical and immunization information—typically, this goes directly to the health officer responsible for resident health, but it's one less piece of paper to worry about during orientation
- Forms specific to your program/institution
- Licensing, if applicable—state requirements vary
- Information on housing
- Timeline of activities for institutional and department orientations

Orientation at the institutional level

Formal orientation is done on several levels: institution, department/program, and hospital. For some training programs, the sponsoring institution is the hospital. Sponsoring institution orientations, sometimes called Incoming Residents' Orientation, or Incoming Resident Week usually cover:

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- Salary and benefits
- Issuance of identification badges
- Parking
- Policies and procedures, such as sick leave, vacation, leaves of absence, and grievance
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Patient safety
- Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS), and Pediatric Advanced Life Support (PALS) courses
- Institution-specific activities

During hospital orientations, residents receive access to patient-tracking programs and a review of the hospital management system, as well as state and federal reporting requirements. This information may be given to residents during sponsoring institution orientation if the hospital and sponsoring institution are the same. If they are different, the hospital orientation may also give information about ID badges and parking issues.

The GME office makes the schedules and provides the agenda and personnel. In some activities, program directors and coordinators may have a role, but it is usually limited. For example, my institution's orientation includes a session on giving feedback. This is usually a roundtable activity facilitated by program directors and program coordinators. Most institutions have an informal get-together for the new residents, program directors, and coordinators.

Orientation at the departmental or program level

Department/program orientations typically cover program handbooks and manuals, program policies and procedures, the curriculum and its goals and objectives, resident rotation, conference schedules, and documentation processes for resident activities.

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The program coordinator structures most department/program orientations. He or she works with the program director to create the format and agenda for the orientation. Department orientation should be mandatory, especially if residents in your program rotate through multiple hospitals. This may be the only time your residents are together in one place.

Dedicate a session to reviewing the policies and procedures, the resident manual, and goals and objectives so that all residents understand what is expected of them. Distribute these materials and ask the residents to sign an attendance sheet stating that they received the policies and procedures, manual, and goals and objectives of the training program. This attendance sheet becomes the documentation you will need to show the accrediting agency to prove that all residents have received this information. Rather than simply reading these materials to residents, discuss the expectations and allow residents to ask questions.

I suggest that the program director review the training program's policies and procedures, emphasizing any changes that have taken place. Although new residents may have already had training on HIPAA and patient safety issues, the program director should also discuss how these issues affect the program on a local level.¹

Invite the department chair to address the residents, discussing how he or she views medical education and how it fits into the department.

The program coordinator is an integral part of the department orientation. The coordinator discusses the day-to-day management expectations of the program with the residents, including logging case and patient encounter information, credentialing activities, and online evaluation and scheduling tools.

Dependent upon institution and state requirements, you may also choose to cover the following topics during orientation:

- Visa processes
- State licensing requirements
- The Joint Commission requirements
- ATLS, for surgical training programs

See Figure 9.1 for pointers on planning resident orientation.

Figure 9.1 · Planning Resident Orientation

When planning resident orientation, keep the following pointers in mind:

1. **Reduce redundancies and inefficiencies.** Don't be afraid to question the tried, true, and traditional. If you think or receive feedback from residents that some orientation sessions are unhelpful, see if you can eliminate or combine them.
2. **Gather information early.** The fewer surprises you have leading up and during orientation, the better. E-mail a survey to incoming residents right after the Match asking any questions that will help you prepare for orientation, such as whether they need ACLS, BLS, Advanced Trauma Life Support (ATLS), or PALS certification. This way you can provide those who need certification with registration information. On the survey, also ask new residents to indicate any vacation time they already know they will need, and use this information to create schedules for the following year.
3. **Eliminate nice-to-know information.** There's no question incoming residents have a lot to learn to get completely up to speed, but that doesn't mean you have to cover it all during orientation. Only present what your incoming residents need to know to be effective immediately. As you create the orientation schedule, scrutinize each activity, asking whether the information is essential for residents or whether you can cover it later without compromising patient care.
4. **Encourage residents to do what you ask.** Many programs ask residents to complete online modules, readings, or other tasks, such as picking up lab coats, prior to orientation. Although most new residents will do what you ask because they want to start off on the right foot, providing a little motivation doesn't hurt.

If your institution provides a stipend for participating in orientation, stipulate that residents must also complete any additional preorientation activities to receive the payment. If the institution does not provide a stipend, ask the program director/department chair to decide on a consequence if a resident skips orientation, but be sure you follow through. Not following through sends the message that it's okay for residents not to respond to the program coordinator's requests, which is not the tone you want to set on day one.

5. **Give foreign medical graduates (FMG) a little extra TLC.** As if adjusting to a new culture isn't difficult enough, FMGs must also navigate how to obtain drivers' licenses, Social Security cards, bank accounts, work visas, and more. If they don't have these documents, they may not be able to travel to work, get paid, or even start working. Coordinators should set aside a little extra time to help FMGs fill out all of the appropriate paperwork and make them feel welcome. Consider offering a special orientation session just for the FMGs. Ask faculty members originally from other countries to discuss cultural differences and answer any questions they may have.

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There is no right or wrong way to structure a department/program orientation session. Many programs use one of the following models:

- One large session in one room
- An overview session for everyone, then a follow-up session for new residents only
- A breakout session for residents to meet in the teams they will be working in for the first rotation of the clinical year
- Breakout sessions on focused topics
- Preorientation activities for new residents followed by a general session for all residents

New Program Director Orientation

As of January 2009, there were 8,643 training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). Between July 1, 2008, and January 11, 2009, there were 657 new program directors or a 7.6% turnover rate with a range from 0% to 19.05%. For the core programs only, not counting the subspecialties, the range was from 3.03% to 12.98%, with the mean at 7.7%.²

Coordinator's role in orienting a new program director

With this turnover rate, in most programs the consistent member of the administrative team is the training program coordinator. It is not uncommon for coordinators to have had two to three directors within their tenure. Ideally, the new program director should have two orientations: one with the institution and one with the program coordinator.

To start off on the right foot with your program director, learn about him or her. If you have the opportunity to interview candidates for the position, ask the following questions at that time; if you are not a part of the selection committee, then find out the answers:

- Where did you come from?
- What led to your interest in GME?

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- Did you run a training program before? If so, where?
- What are your academic and clinical interests and past achievements?

These questions give you a basis for discussion and opportunity to build rapport and a working relationship. The answers will also give you insight as to how the new program director may perceive his or her role and responsibilities as well as how he or she may perceive the training program coordinator's role and responsibilities.

Communication is paramount between the training program coordinator and the program director, regardless of whether they are new. Honesty, trust, and availability foster positive communication. Assumptions and a lack of face time result in negative communication.

Program coordinators should take the initiative to schedule regular meetings with the new program director. Ideally, you want to meet on a daily basis until the new director is comfortable and familiar with the program and ACGME requirements. If daily is not possible, meet at least once a week, at minimum. During these meetings, explain what you do by reviewing the responsibilities you had with the previous program director.

In addition to the regularly scheduled meetings with the training program coordinator, the program director should meet with all residents as a group and then with residents in each level of training.

Consider scheduling one-on-one file reviews with the residents and the program director within two to three months of the program director starting the position. This provides the program director an opportunity to meet and establish a relationship with each resident in the program.

Suggest that the program director also meet with faculty members. The program director will want to know the faculty members, as they are an integral part of curriculum development and compliance to program requirements.

QUICK TIP

When you meet with a new program director, share your knowledge of the ACGME requirements, both common and program-specific, by creating a transition book for the program director and reviewing it with him or her. Consider including the following in the transition book:

- Lists and contact information for faculty, residents, and staff
- Copy of the last site visit and internal review documents
- Copies of the *ACGME Institutional Requirements*, *ACGME Common Program Requirements*, and clinical specialty program requirements
- *ACGME Policies and Procedures* and *Glossary of Terms*
- ACGME Web site, information found there, and program-specific login information

Also include in the transition book program-specific program information such as:

- An overview of the educational program and philosophy
- Curriculum with goals and objectives
- Three to five years of procedural data
- Board results
- State and federal requirements that affect GME
- Sponsoring institution requirements for their GME programs

Although the program director can access most of this information using online program-driven databases or the ACGME Web site, there is nothing like reviewing the information one-on-one. This can spark discussion about the issues involved in managing a training program, and the program director and coordinator can come to an understanding regarding their roles, responsibilities, and expectations.

Give the program director a tour of your office and show him or her the filing system you put in place. This serves two purposes: It gives the program director a sense of all the information you must track and monitor, and he or she will know where all the important files and documents are in case you're not available to access them.

During this tour, also demonstrate all of the online systems that the program is using. Explain how you monitor compliance with deadlines and what methods you use to follow up with the faculty and residents. Also, review any reports you will be preparing for the new program director, including:

- File review reports
- Summaries of evaluations
- Procedural case reports
- Exit interviews
- Interview reports

The program coordinator should continue the orientation process by being aware of what the program director will need before he or she needs it. A good motto to follow is, "The program director should never have surprises."

Prepare the program director for meetings and issues by providing support and compiling data or reports when needed. Anticipate the program director's requests. Copying the program director on important e-mails to the residents and faculty will keep him or her informed as well.

The program director will value the coordinator as a critical administrative team member once he or she sees the coordinator as a professional who has an in-depth understanding of the requirements, the management needs of the training program, and the concepts of GME.

Faculty Orientation

Faculty orientation is just as important as resident orientation. In many programs, the program director is a part of the interviewing and selection of faculty members. During the interview, the program directors should discuss the program and philosophy for running it, so the candidate knows from the beginning how seriously trainee education is taken in the program.

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Program directors should also meet with new hires again to be sure they understand their role in the education of the residents and the program director's expectations. Topics to cover in this meeting include:

- Relationship between education and service
- Importance of feedback
- Timely completion of resident evaluations
- Compliance with duty-hour regulations
- Policies and procedures of the program

Some programs have a faculty handbook, similar to the resident handbook, that outlines the duties and responsibilities of a member of the faculty. The program coordinator should have a face-to-face discussion with the new faculty member regarding the use of the online tracking/evaluation system. Emphasize the importance of those management tools and encourage participation and compliance. A follow-up discussion regarding duty hours may also be beneficial depending upon the background and experience of the new faculty member.

Program Coordinator Orientation

As mentioned in earlier chapters, the coordinator position can be overwhelming to those who are new to GME. That's why individuals new to these positions need training that covers their responsibilities, how to manage their programs, regulatory requirements, and the relationship with the sponsoring institution. To meet this need, many institutions hold workshops or training sessions for their program coordinators in varying degrees of regularity. Members of the GME office often run these workshops.

If your institution does not hold regular coordinator meetings, many institutions support workshops that coordinators organize for themselves as part of a peer support system. Additionally, many institutions develop a guidebook for new coordinators, sometimes called a Residency Coordinator's Resource Guide, Coordinator's Manual, or Coordinator's Handbook. Typically, these guidebooks include overviews of responsibilities and information about agencies and organizations with which the coordinator will often interact.

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Additionally, many of the clinical specialties have program director associations, which have corresponding coordinator associations, as well. Some of these associations are independent but affiliated with their program director's associations. Examples include:

- Association of Residency Coordinators in Surgery
- Emergency Medicine Association of Residency Coordinators
- Association of Residency Coordinators in Orthopaedic Surgery

Other coordinators' associations function under the auspices of the program directors' association, such as the Association of Pediatric Program Directors' Coordinators Section.

To find out if there is a coordinator association for your clinical specialty, network with other coordinators. If you do not know other coordinators, the best resource is the ACGME Web site. All accredited training programs have their demographic information listed on the Web site, including the program administrators' contact information. New coordinators should not be afraid to reach out to other coordinators within their specialty with questions and concerns, or just to say, "Hi, I'm new at this." The networking and support is invaluable. Look for coordinators within your state first, as they will also be dealing with any state regulations that may impact your training program.

An additional way to receive an orientation to GME is by attending the ACGME workshops. There is one for new coordinators, as well as the annual Educational Conference held in March. Both of these opportunities are described on the ACGME Web site.

Program director's role in orienting new coordinators

When a program director has a new coordinator starting with little or no experience in GME, he or she should do the following two things:

1. Make him or herself available to the program coordinator for weekly meetings, at the very least
2. Send the coordinator to a national meeting in their first year—either the clinical specialty meeting or the ACGME Educational Conference

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Before meeting with the coordinator for the first time, the program director should ask the coordinator to read the program requirements. This introduces him or her to some GME terminology and will be a starting point for the orientation. During the first meeting, the program director should give an overview of the following:

- What GME is
- What the training program is all about
- Medical education concepts
- How the program meets its clinical specialty's program requirements

The program director also needs to explain what he or she expects from the coordinator in terms of managing, reporting, resident support, and other assigned tasks.

Program directors should also introduce the new coordinator to the faculty. This will help establish the coordinator's role, and send a message that the program coordinator is a valuable part of the program and an extension of the program director.

Although useful, program directors need to keep in mind that the GME office can only teach coordinators what the GME office requires of its programs coordinators. The largest percentage of the coordinator's time and tasks are program-related, not GME office-related. The director is the best person to work with the coordinator during the initial year to help him or her learn about and understand the coordinator role. The bond and mutual support system nurtured during these meeting times can have long-term benefits for the team management of the training program.

RESOURCES

On the Web

The ACGME Web site, www.acgme.org

Publications

Schultz, G., "Improving your new resident orientation program." A perspective from the University of Missouri-Columbia. *Journal of Surgical Education*. Vol. 4. No. 2. March/April 2007.

The Residency Coordinator's Handbook by D. Otterstad, published by HCPro Inc., 2007.

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2. Accreditation Council for Graduate Medical Education Web site, www.acgme.org. Accessed April 10, 2009.

Orientation Case Studies**INSIDE LOOK AT YOUR PEERS' ORIENTATION ACTIVITIES****University of Virginia Health System • Charlottesville, VA**

*Diane Farineau, Director of Administration for Medical Education and Faculty Affairs,
Department of Medicine*

For most of us, orientation is one of the only times during training when all of our residents are gathered in one place and free from clinical responsibilities. It is a crucial opportunity for you to inform and acculturate your new recruits. This is the one chance to outline your expectations for them. Wasting this time with sleep-inducing talks or ancillary information is something you must try to avoid.

Start Planning Early

The key to a successful orientation is advance planning. For me, the process begins six months in advance. Although this is before Match Day occurs, I set our orientation dates and reserve the rooms we'll need. Because we are such a large program—about 95 trainees total, and about 40 participating in orientation—we are limited in the rooms in which we can conduct orientation sessions. I reserve early so that I can get the large spaces I need.

At this time, I also check in with the individuals who plan the institutional orientation to make sure I don't schedule our program orientation on the same days as their orientation or present the same topics.

I also convene an orientation planning committee about six months before orientation. I think that involving others in the process gets them invested, and planning often goes more smoothly. The following individuals sit on the committee:

- Program director
- Rising chief residents
- Current first-year residents
- Program coordinator
- Additional program staff

Of course, you may add others, but my advice is to keep this committee to fewer than eight people—any more than that makes the group difficult to manage.

Orientation Case Studies

The committee's initial planning steps include:

- Determining how many days we need and have available for orientation activities
- Identifying a list of topics to cover
- Identifying and solving any logistical challenges, such as room or speaker unavailability

Deciding on Topics to Cover During Orientation

I find the biggest challenge to be reducing the topics to cover down to a reasonable and manageable list. To do this, the committee first identifies which items we must cover so that the new residents will be able to perform their duties safely and which items can be discussed later.

Once we have our list of must-cover-during-orientation topics, we consider the best way to present each topic. We ask ourselves questions such as: Does someone need to give a presentation? Should we cover it in a small or large group? Can we assign an online training module instead?

During orientation, we cover many policies, but we spend a little more time going over our evaluation and remediation process, and leave, vacation, and maternity policies. All of our policies are in our resident handbook, which we post on the New Innovations residency management system so residents can access them at any time. We also review board requirements so that residents know what expectations and requirements they will have to meet to graduate.

I make a list of the important topics we chose not to present during orientation and keep them in a tickler file. This helps keep them on my radar, and I can make sure we present them after orientation. I also keep a list of the subjects we train residents on during orientation but require additional follow-up. For example, we review the duty-hour policy with the new residents in person, give them a copy of the policy in the handbook, and post the policy on our program's Web site.

When creating the agenda for our orientation, I try to balance the availability of the speakers with the residents' attention spans. I limit presentations to 45 minutes and always give breaks in between. We also provide snacks and caffeinated beverages.

I find that residents are generally more alert and attentive in the morning and sleepy and less focused in the afternoon. Save heavy topics delivered in a lecture format for the morning. We encourage speakers to inject a little variety in their presentations by using videos or

Orientation Case Studies

demonstrations. We make an effort to schedule interactive presentations in the afternoon in an attempt to hold residents attention. Active exercises typically include:

- Case studies
- Procedure workshops
- Tours
- Role playing

Icebreakers are also an important part of the morning activities. We have a tradition where the program director introduces each new resident to the rest of the residents. The onus is on him to learn about the newbies before they arrive and present what he has learned—without notes—to the group. Although the presentation is about the resident, the pressure is on the program director. This makes the activity fun and comical. Also on the first morning, the second-year residents show a welcome video they made that offers advice for the new class. This too is very comical and a huge hit.

We have a social event on each of the orientation evenings. While these are not mandatory, we make them fun and family-friendly, and most residents attend. Typically, we hold a cocktail party at one of the event venues on the university grounds and a cookout at the program director's house or at a park.

Preorientation Activities

It's also important to note a few preorientation activities we offer. The first is a preorientation shadowing experience that most new residents take advantage of. They come in to the hospital the week before orientation and round with a team. This gives them some perspective on how the program functions, which then enables them to focus their questions during orientation a little more. It also provides a frame of reference for the orientation subject matter.

In addition to shadowing, we organize a very casual social event prior to orientation so that the residents can meet each other. We take advantage of an event our city puts on every Friday night during the summer at a park. There is music and food, and it gives new residents a feel for the area. I send an e-mail inviting them to the event, and I include a time and place where they can meet one of our chief residents. I send a picture of the chief resident as well as a map to help them figure out where to go. This event really helps create a connection that helps residents feel more relaxed during the orientation day.

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I also send residents an e-newsletter every week between Match Day and orientation. Most editions include:

- Reading assignments covering topics such as the Accreditation Council for Graduate Medical Education (ACGME) core competencies
- Surveys and self-assessments covering residents' medical knowledge and patient care skills, which flag those who may need extra help
- Online training modules on fatigue or how to use residency management systems
- Reminders to turn in credentialing documents
- Information about our area

In each of the newsletters, I try to build a sense of community among the residents even though they won't meet for several more months. I send a survey out in the first issue asking them basic information, such as where they're from, where they went to medical school, who they're bringing to town with them, and their hobbies and interests.

Residents e-mail me back the surveys, and I write profiles for each one and include a few in each of the subsequent issues. Feedback from the residents indicates that they enjoy getting to know their colleagues before they arrive. Some even use the information in the profiles to connect with one another prior to orientation.

Virginia Commonwealth University • Richmond, VA

Andrea M. Perseghin, C-TAGME, Medical Education Team Leader, Department of Neurology

It is important to note the context of my program to understand our orientation process. We are an advanced program, meaning that our residents start their training in neurology at the postgraduate year (PGY) two level after completing an internship. Our incoming residents are typically not able to come to an orientation until July 1, after completing their internship requirements.

Our graduate medical education (GME) office holds an annual institutionwide orientation for all PGY2 residents on July 1. We hold our neurology program orientation on July 2–3 to cover all program-specific orientation and computer training, which is not included during the institution orientation. If July 1 is a Friday, we give our new residents the weekend off and resume orientation activities on Monday, July 5.

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Various stakeholders involved with resident education come to the neurology orientation to teach new residents about their specific areas, including:

- Inpatient nursing staff
- Outpatient nursing staff and clinic practice manager
- VA rotation site chief and clinic manager
- Medical student rotation director

The program director spends the majority of orientation reviewing our resident handbook and policies, giving instructions on how to read our various department schedules, reviewing goals and objectives for each rotation; and explaining what we expect of our residents. The program director hosts a welcome barbecue at his home one night during orientation for the new residents and their families. I attend this barbecue and facilitate icebreaker and get-to-know-you-type activities.

My role in orientation is to schedule the dates, reserve rooms for orientation, facilitate computer training, and coordinate all of the speakers. I start this process in February to get the preferred training time in the computer labs. I build the department orientation schedule around the time slot we get. I spend some time with the residents during orientation, primarily to obtain any required paperwork and reiterate policies. I also schedule a separate session in early July to train all residents on the New Innovations residency management suite our program utilizes for duty-hour tracking and resident evaluations of faculty. I schedule this training in a computer lab so that residents can practice using the software as I walk them through the instructions.

Here's an example of our orientation schedule:

- July 1: GME institutional orientation
- July 2: Computer training for both locations, barbecue at program director's home
- July 3: Neurology program orientation
 - 7:30–8:00 a.m. Welcome breakfast
 - 8:00 a.m.–12:00 p.m. Stakeholders speak with residents
 - 12:00–1:00 p.m. Working lunch with program administrator/coordinator
 - 1:00–5:00 p.m. Program director portion of orientation

Orientation Case Studies

Tips for Planning Orientation

In my experience, I have found the following tips make my life easier when planning orientation:

- Set the date early. I try to establish orientation dates as soon as I finish interviews. At my institution, every program is vying for valuable computer training time, as the sooner the residents are trained on the computer system, the sooner they can be fully functional on their rotations.
- Identify and schedule speakers for your orientation early. If you wait too long, one of the speaker's schedules may be booked and he or she may not be able to present at orientation.
- Ask speakers to submit any packets they want to give to the residents in advance. This way you can have copies and packets already made before the speaker arrives, rather than scrambling.
- Set aside time during orientation for the program coordinator to ask residents to complete any required forms. I tried to send new residents the forms prior to their arrival so they could bring them back completed. This did not work for my program. My GME office sends incoming residents a huge packet of forms, and mine got lost in the mix. Now, I have all residents gather in a room during orientation and complete all of the forms.
- Provide meals, sugar, and beverages. Our orientation is a three-day marathon of information. Providing food, candy, caffeinated beverages, and water helps keep everyone's—both the new residents' and the presenters'—energy up.

Bridgeport Hospital • Bridgeport, CT

Diane Slosser, Residency Program Coordinator, Radiology Department

Preorientation Communication

As with many things, the key to a successful orientation is staying organized and planning ahead. In April of each academic calendar year, I send an informational memo to incoming residents detailing what they need to do and what documents they need to provide prior to the start of their residency. We all know how hard it can be to get busy residents to provide information, so getting the information before they start ensures a smooth transition.

Our HR department requires residents to fill out several forms before they can begin work. I do not send these forms in the packet, but I do list the items incoming residents need to complete prior to orientation. I also provide them with contact information for HR personnel so that residents can set up an appointment to complete the documentation. Examples of the HR forms include:

Orientation Case Studies

- Preemployment physical and drug-screening clearance
- Application
- Applicable tax forms and Homeland Security forms

I also include information I need for my office files prior to the start of residency, including:

- Medical school diploma
- Verification of PGY1 training (radiology residents must complete a preliminary year of training)
- Summative competency-based evaluation and list of rotations/procedural experiences
- Updated curriculum vitae
- Staff appointment/privileges forms
- Clinical privileges forms
- Advanced Cardiac Life Support (ACLS)/Basic Life Support (BLS) certification
- Radiation safety badge request forms
- Personal and confidential contact information form, providing me with their current address and contact numbers
- E-mail address, and institutional information, and contact information for preliminary year institution
- Forms need to be given access to our online systems and intranet

Several of our incoming residents request help to find housing. I send contact information for realtors. We recruit some of our current residents to answer new trainees' housing-related questions, so I include their contact information in the packet as well.

I track which residents turn in their documents and forms using a spreadsheet, which lists the items requested, the date they were requested, and the date they were received. This sheet tells me exactly where I stand with each resident so that I can easily see which residents I need to follow up with.

In addition to program-specific information, I give incoming residents information regarding our hospital's two-day institutional orientation in the packet. I indicate the dates, times, location, and list the ACLS/BLS recertification dates and course registration instructions.

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Two-Day Housewide Orientation

Before our program orientation, the institution holds a two-day housewide orientation for all incoming residents during the last week in June. Our residents are paid for attending these activities.

During this hospitalwide orientation, individuals from several hospital departments provide informational presentations on the following topics:

- Library and multimedia services
- Benefits
- Patient relations
- Ethics
- Laboratory services
- Medication reconciliation
- Diagnostic radiology
- Emergency department
- Resident privileges and responsibilities
- Infection control/sharps exposure
- Pharmacy services
- Medical records
- Regulatory agencies
- Emergency preparedness
- Health Insurance Portability and Accountability Act of 1996
- Scrub measuring
- Security and risk management issues
- Professionalism in the workplace

Department Orientation and Welcome Reception

On the residents' first official day in the program, we have an informal continental breakfast reception during which the current residents, staff, and faculty gather to welcome the new residents. An all-day department orientation follows the breakfast with the program director, managers, and staff. Topics discussed by the managers and staff include:

Orientation Case Studies

- Department policies and procedures
- Radiation safety
- Systems access
- Quality management
- Patient satisfaction

New residents also go on a tour of the department and receive instructions on how to operate the various pieces of equipment.

One thing we have come to realize about orientation is that because new residents are provided with so much information in such a short span of time, important topics need to be revisited in the coming months. We plan to hold informational noon “refresher” conferences to be sure they know what’s expected of them during their residency to be compliant with ACGME requirements.

Apply Your Knowledge

1. Does your sponsoring institution have a new residents' orientation?

2. What is covered in that orientation?

3. Are there activities that you do in your orientation that are common to other programs that could be done in the sponsoring institution's orientation?

4. Are there activities that you have your incoming residents do before they start in your program?

5. How long have you worked with your program director?

6. How often do you meet with your program director?

7. Does your institution have an orientation program for new program directors?

Apply Your Knowledge

8. Does your institution have an orientation program for new training program administrators?

9. Does your clinical specialty have a networking organization for their training program administrators?

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