

A Program Director's Perspective:

- *A DAY IN THE LIFE OF A PROGRAM DIRECTOR*
- *SERVICE EDUCATION BALANCE*
- *PROGRAM DIRECTOR TURNOVER*

PRESENTATIONS BY:

- Sonja Potrebic MD PhD FAAN, Southern California Permanente Medical Group: *Small Program Perspective*
- Lyell K. Jones, Jr. MD, FAAN, Mayo Clinic: *Large Program Perspective*
- David K. Urion, M.D., FAAN, Boston Children's Hospital: *Child Neurology Perspective*

A day in the life of a Neurology program director(PD)

Perspective from Small Programs

SONJA POTREBIC MD PHD FAAN

RESIDENCY PROGRAM DIRECTOR

REGIONAL HEADACHE SPECIALIST

CO-ASSISTANT CHIEF, NEUROLOGY

SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP

DISCLOSURES - NONE





Large HMO

Permanente physician group

Long history of Graduate Medical Education

- Medical school to open 2019

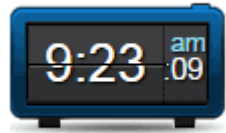
Salaried physicians – research/service typically not part of practice

Single hospital

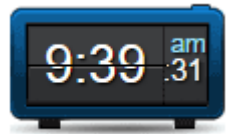
13 -> 16 subspecialist attending staff

2 -> 3 residents/year

A day in the life of a PD



Text – who is covering resident clinic this PM?



Email – you have 2 patients out of compliance

Service vs Program Responsibilities



Admin Time Requirement – 20% + 1%/resident

Requirements

ACGME

54 pages of detail

Near yearly revisions

Yearly accreditation cycle

Institutional, not program site visits

10 year self study

Local GME

Oversight

Resident satisfaction

Reports

Semiannual

- Competency Com
- Resident Evaluations

Yearly

- Program Evaluation
- Curriculum Evaluation
- Faculty Teaching evaluations
- Response to surveys
- Response to accreditation

Updates

Handbook revision

Goals and objectives

Department Policies

Letters of Agreement

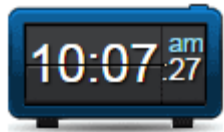
PerCert

WebAds

Compliance

Curriculum

Schedules



“I have to cancel my lunch lecture.....”

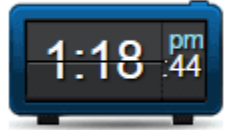


Faculty Participation in resident teaching

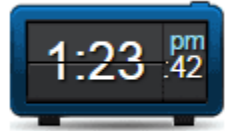
- Not enough time
- Low priority for didactics
- Lack of motivation to improve
- Lack of resources for faculty development
- Lack of interest in attending resident conferences
- PD lack of leverage with staff

Kaiser Permanente Medical Center Neurology Meeting/Conference Schedule

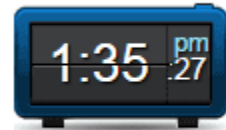
| Conference | Frequency | Duration (Hours) | Presenter |
|-----------------------------------------------|-----------------------------|------------------|-------------------|
| Resident Staff Meeting | Monthly | 1 | Potrebic |
| Resident Meeting | Quarterly | 1 | Potrebic |
| Neuropathology (Gross & Microscopic) | Bi-Monthly | 2 | H. Vinters |
| Clinical Case Conference | 1-2 Monthly | 1 | Staff, Residents |
| Journal Club | 1-2 Monthly | 1 | Staff, Residents |
| Interventional Neuroradiology Case Conference | Bi-Weekly | 1 | L. Feng |
| Neuroradiology Case Conference | Monthly | 1 | F. Torres |
| Radiology for Neurologist | Prior to RITE exam | 4 | Staff |
| ICU/NICU/Neuro Journal Club | Quarterly | 1 | Residents |
| Grand Rounds | Quarterly | 1 | Invited |
| M & M | Monthly to Quarterly | 1 | Residents, staff |
| Pediatric Neurology | Weekly PGY2 | 1 | R. McGinnis/Sarco |
| Neuroscience | 1-2 Weekly | 1 | Staff |
| Clinical Neurology | 1-2 Weekly | 1 | Staff |
| Clinical Neurophysiology | 12 weeks (every other year) | 1 | Wang |
| Evidenced Based Medicine | 12 weeks (every other year) | 1-3 | Potrebic |
| Neurology PGY 1 Boot Camp | May | 1 week | Staff & Seniors |
| Code Stroke Meeting | Weekly | 1 | Roundtable |



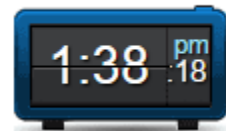
Dr A - Do you know that resident B did?



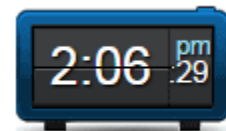
Resident B - Do you know how Dr A talked to me?



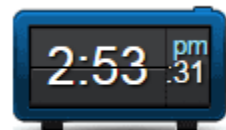
Did you write my letter of recommendation?



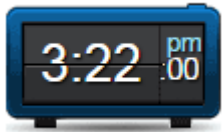
I need to change the rotation schedule



Can I talk about my headache patient?



This will be a great retreat. How can I help?



Meet with program administrator

Local Graduate Medical Education Support



Per ACGME ... must provide adequate time and funding for a program coordinator who will assist the program director in the administration.....

Limited resources

Emphasis on larger residencies

Scope of responsibilities

Turnover



Competing & conflicting goals of residency and department

Success comes with partnership between program director and Chair

What Do Your Neurology Residencies Need?

Perspective from Large Programs

LYELL K. JONES, JR. MD, FAAN

ADULT NEUROLOGY RESIDENCY PROGRAM DIRECTOR

ASSOCIATE PROFESSOR OF NEUROLOGY

MAYO CLINIC, ROCHESTER, MN

Goals

By the end of this talk, you should be able to return to your home institutions and:

- Have a data-driven discussion with your faculty about the challenges facing larger neurology residency programs
- Develop a plan to understand and meet the needs of your large residency program

Neurology Residencies: Large Program Perspective

Graduate medical education has enormous strategic value for academic departments

- Each of your graduates will display a physical and virtual certificate with your institution's name on it
- They will collaborate with you and refer patients to you
- You will grow your faculty from the ranks of your training programs
- The return on education investment (RoEI) is decade-by-decade (not quarter-by-quarter or year-by-year)

Neurology Residencies: Large Program Perspective

Education is not an accident of clinical care

- While most clinical activities have educational value, programs need resources to structure a complete educational experience for trainees
- Faculty engaged in the education mission, particularly PDs/APDs, need protected time to nurture the program and comply with regulatory requirements
- Large programs especially need administrative support (EPC, time, support for faculty development)
 - Not all support is financial!

Neurology Residencies: Large Program Perspective

Teaching is not an accident of an academic appointment

- Educators can be trained rather than simply found, and programs need support for meaningful faculty development
- Find a way to recognize and if possible quantify the academic value of education among your teaching faculty and your program leadership

Neurology Residencies: Large Program Perspective

Framing the question(s):

- What do large neurology programs need to succeed?
- What challenges, if any, are distinctive to large neurology residencies?
- In general, do neurology residency program directors feel supported by their leadership?

Neurology Residencies: Large Program Perspective

Methods:

- Electronic survey of program directors of large neurology programs (top quartile by program size listed in FREIDA/Doximity)
- Assurance of confidentiality
- Single email reminder
- Quantitative and qualitative elements
- Descriptive summary of quantitative results and thematic analysis/summary of narrative comments

Neurology Residencies: Large Program Perspective

Methods:

- Four questions asked of all PDs:
 - 1) On a scale of 1-10 (with 10 being the best) to what extent do you receive enough resources from your department to run your residency program?
 - 2) On a scale of 1-10 (with 10 being the best) how well does your department support the ideal balance between service and education?
 - 3) If you could ask for one thing from your department chair to better support your program, what would it be?
 - 4) From your perspective, what are the distinctive needs of large neurology residency programs?

Neurology Residencies: Large Program Perspective

Results:

- Survey distributed to 35 adult neurology program directors
- Response rate: 43%

| Question | Mean | Range |
|------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|
| On a scale of 1-10 (with 10 being the best) to what extent do you receive enough resources from your department to run your residency program? | 7.5 | 4-10 |
| On a scale of 1-10 (with 10 being the best) how well does your department support the ideal balance between service and education? | 7.1 | 5-10 |

Neurology Residencies: Large Program Perspective

Results:

| Question | Responses (organized by theme) | Frequency |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------|
| If you could ask for one thing from your department chair to better support your program, what would it be? | Rebalancing service/education needs | 27% |
| | More administrative support | 20% |
| | True protection of time | 13% |
| | Research/travel support for residents | 13% |
| | Autonomy | 13% |
| | Faculty development | 7% |
| | Geographic consolidation | 7% |
| | Greater chair participation in program activities | 7% |

Neurology Residencies: Large Program Perspective

Results:

| Question | Responses (organized by theme) | Frequency |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| From your perspective, what are the distinctive needs of large neurology residency programs? | Large programs are more complex and need extensive administrative resources (PD, staff, technology) | 53% |
| | Greater clinical intensity for large programs by virtue of hospital size, service design, patient population (inpatient/outpatient balance) | 40% |
| | Mentorship needs for large programs can outstrip PD resources | 20% |
| | Unanticipated events/emergencies occur more frequently in larger programs, need for PD flexibility | 20% |
| | Broad faculty engagement and development are critical for larger programs (variability) | 20% |

Neurology Residencies: Large Program Perspective

Conclusions:

- Neurology resident education is a critical strategic investment for institutions, our specialty, and our patients
- Large neurology program leadership is generally satisfied with its support, with room for improvement
- Administrative demands and service-education balance are particular challenges for large programs
- The consistent themes in the needs for large neurology programs suggest system-level interventions may be effective

What Child Neurology Program Directors hope Neurology Chairs Know

Perspective from Child Neurology Programs

DAVID K. URION, M.D., FAAN

DIRECTOR OF EDUCATION AND RESIDENCY TRAINING PROGRAMS IN CHILD NEUROLOGY AND
NEURODEVELOPMENTAL DISABILITIES

CHARLES F. BARLOW CHAIR
DEPARTMENT OF NEUROLOGY
BOSTON CHILDREN'S HOSPITAL

Disclosures

Editor of Neurology Section, AAP Grand Rounds

Immediate Past President, Professors of Child Neurology

Fierce Red Sox Fan

Child Neurology

Just that - we are neurologists who see children and adolescents (and many young adults and older – more on that later)

We do not embrace the European concept of “neuropsychiatrist” and “neuropsychiatrics”

What has happened over the last several years

Child Neurology now considered a 'core specialty' by the ACGME RRC, akin to neurology and psychiatry

The ACGME has declared that training in pediatrics or medicine/pediatrics be finished BEFORE starting a child neurology program

Implications

Child Neurology PD should have 0.2 FTE supported for their work as PD

Child Neurology programs can now sponsor ACGME-approved fellowships - e.g., epilepsy

Financial support from local GMEC is now in play; this will vary considerably from general hospitals to free-standing Children's Hospitals

In many places, the waters are significantly muddied in terms of funding reporting structures

Implications

Later converts are now a bit more difficult, as are IMG's joining child neurology

Education

Are we training child neurologists optimally in the adult neurology they will need to know?

Are we training adult neurologists in the child neurology they need to know?

Are we dealing with the massive issues of transition to adult care the therapeutic triumphs of the last two decades have now created?

Workforce issues

The number of child neurologists leaving the workforce annually is roughly equal to the number entering

The FTE of those leaving is a mean of 0.7 FTE clinical work;

The FTE of those entering is a mean of 0.3 FTE clinical work

Questions and Discussion

