

## Notes from the floor at the Program Director Grassroots Session March 25, 2015

- I. Discussion of delayed start date for fellowships
  - a. All except Heme-Onc and Cardiology have moved to a fall match. Many wonder when these final 2 will also move
    - a. Several PD's commented that a consolidated interviewing season can stress coverage models in some programs
  - b. Institutional GME's want a unified start date across programs including those outside of Pediatrics. We continue to work with our Internal Medicine colleagues
- II. Acceptance of delayed abstract deadline for trainees
  - a. Helpful but February a bit too late to arrange work schedules and make travel arrangements
- III. Strategies to promote wellness
  - a. Resident in "trouble" (?on corrective action) gets an automatic referral to Provider Wellness resources and institution
  - b. Residents organize an Zumba class
  - c. Resident health insurance has wellness incentives that are popular
  - d. Add elements of wellness to intern orientation including: time management, conflict resolution and communication
  - e. Program schedules monthly "conference" time to allow residents time to take care of personal issues.
  - f. Program provides yoga classes, treadmill in Senior call room, and replaced ice cream Fridays with smoothie Fridays
  - g. Program Director/ Advisor encourage establishment of care with a primary care provider and knowledge of available mental health resources
  - h. One program directly addresses expectations of workload in intern year during orientation. This program repeats this session in the evening for significant others of the new interns and this session is led by the significant others of current residents.
  - i. Group of APPD members contributing to the creation of an AAP approved Resilience curriculum
  - j. Development of Resident Wellbeing Committee
  - k. Well being survey done anonymously that is scored by psychologists who can provide timely feedback
  - l. One individual recommended reviewing an article in JGME entitled "Challenges and Opportunities Teaching Gen Y"
- IV. Providing data to trainees on Personal Clinical Effectiveness

- a. One program labels comparative milestone performance data as personal clinical effectiveness
- b. A request was raised to have the AGME mandate tech support at the institutional level to support this.
- c. The Affordable Care Act's requirements around medical home will provide financial encouragement to provide this data to all providers
- d. Insurance companies can drill down to the resident level and provide data
- e. Some self-insured systems have been providing this data
- f. In continuity clinic every resident can collect their own HEDIS measures to develop a self-report
- g. Residents may misinterpret this question on the ACGME survey as patient satisfaction data
- h. One program has outgoing PGL-3's choose the clinical measures for their peers to track
- i. Question was raised about getting Press-Ganey survey data for residents
- j. Several programs commented on the specific challenges for programs that use multiple continuity clinic sites

V. Educational Incentives

- a. One program described a metrics package where faculty accrue points that make up 0.1FTE. Others accrue points that add up to \$100 to several thousands
- b. In some the faculty provide their own evidence of accomplishment
- c. In others the Chair's office or Vice Chair of Education gathers the data for the incentives
- d. Development of an "honor roll" of educational excellence if your name is mentioned twice by a medical student in an evaluation.
- e. Stanford has a robust metric system with a form that is very quick to complete. It provides validation as much as incentivizes.
- f. Consider reviewing "Educator Evaluation Guidelines" published on MedEd Portal in 2012. Authored by Baldwin C, Chandran L, and Gusic M.