

# The APD – PD relationship

How High Achievers Can All Get Along

September 23, 2016

# The PD side of the story...

You are a new Program Director and have been in the position now for a couple months. You are still finding your own way. You have carefully chosen your team of APD's to include a diverse skill set but you're not completely sure how to divide the workload. You are a little OCD but you've been trying (successfully, you think) to be "hands off" and let your team come up with their own methods of accomplishing things. But, you aren't totally happy with how things are going. Your team seems disorganized. You asked one of your APD's to re-vamp your QI curriculum and the result just wasn't what you had in mind. You feel confident you are working with the right people, you just aren't sure how to maximize their talents.

# From the APD...

You've been an Associate Program Director (APD) for two years and you enjoy it. You spent the first couple years getting to know the position and now you are ready for some new challenges. You are working with a brand new PD, who kept you in your current position but you feel lost. Your new boss is taking a "hands off" approach which is nice on the one hand, you get to be creative. But on the other hand, you don't know exactly what your PD expects of you. The other APD's are brand new and are totally overwhelmed. You are frustrated because you have been assigned a lot of tasks that aren't very interesting to you and don't have time to work on the area you are really passionate about. How do you start this conversation?

# Discussion Questions

- What are the factors contributing to this scenario from both sides?
- How could you navigate this as a PD?
- How could you navigate this as an APD?
- Specific strategies?

# Contributing Factors

## **Program Director**

- Afraid to micromanage
- Lack management experience
- Want to maximize results without being overbearing
- People pleasing
- Afraid of confrontation

## **Associate Program Director**

- You want some autonomy
- You still need guidelines
- Deference to authority
- Fear of losing your own position
- People pleasing
- Don't want to trouble anyone

# Leadership Practices Inventory

- Inspire a Shared Vision
- Enable Others to Act
- Challenge the Process
- Encourage the Heart
- Model the Way

# Inspire a Shared Vision

## PD

- Know your personal and program mission, vision, values(MVV)
- Know your program goals, both long and short term
- Make sure your team knows your program MVV and goals

## APD

- Think about how your personal goals and strengths align with program goals and MVV
- If you don't know the program MVV and goals...ASK!
- Schedule a meeting with your PD at the beginning of your relationship and at least once a year to review

# Enable Others to Act

## PD

- Avoid the under-management trap
- Set clear and reasonable expectations...then let them work!
- Allow team to make decisions within set guidelines
- Provide necessary resources and support

## APD

- Ask specific questions
  - What is my deadline?
  - When would you like me to follow up?
  - What is your expectation of the end product?
  - What is your gold standard?
- Keep your PD “in the know”



# Challenge the Process

## **PD**

- Establish measurable goals/milestones for projects
- Provide accurate, specific, timely and honest feedback
- Learn from mistakes
- Reflect and improve

## **APD**

- Push for measurable goals with each new project/assignment
- Be a problem-solver, not a complainer
- Anticipate issues
- Ensure taking risks is acceptable to your PD

# Model the Way

## **PD**

- Ask for feedback
- Be a good listener
- Set a personal example of what you expect in others
- Follow through on commitments
- Respect everyone's time

## **APD**

- Don't take feedback personally
- Be a good listener
- Vent in appropriate settings only!
- Be giving of your time, energy, talents

# Encourage the Heart

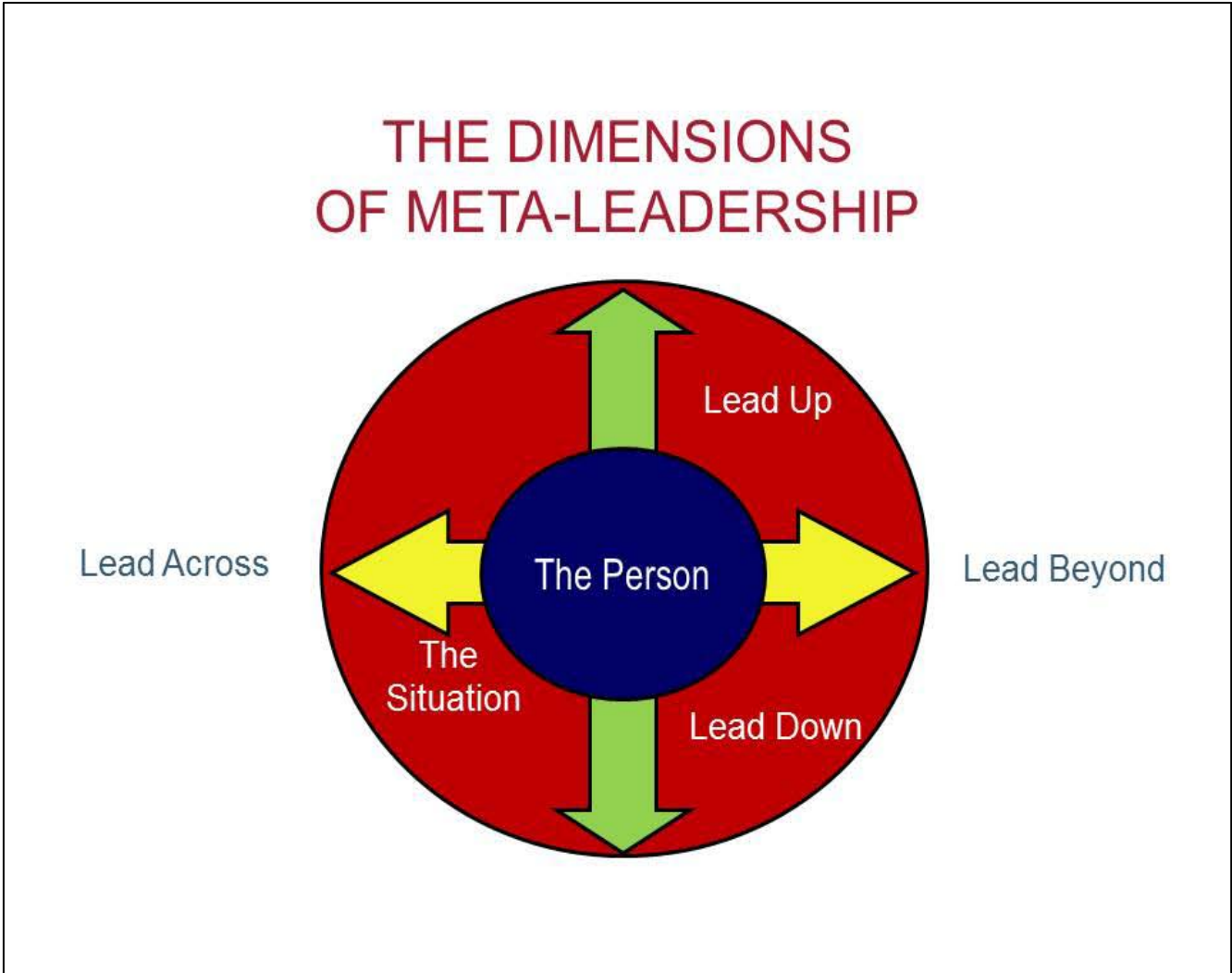
## **PD**

- Praise a job well done
- Celebrate accomplishments
- Reward and publicly acknowledge those who truly go above and beyond

## **APD**

- Insist on measurable goals
- Take credit when you have accomplished something really great
- Track your performance in writing

# Tips for Both



# The PD side of the story.....

After 7 years in the role as PD and developing yourself as a medical educator, you are settled in for the long haul (you plan on another 5-7 years). You have reached a comfortable, stable point in the program and in your position. You now have a new APD who is a real “go-getter.” He is always coming up with new ideas for the program and sharing these (poorly developed, and often impossible) ideas with the residents and other faculty – frequently without mentioning them to you first. Your residents are starting to ask you why you aren’t trying these ideas. Your chair has mentioned how impressed she is with your APD, and she sees him as someone who would be excellent in the role of PD. You try not to take it personally (does she not see you in the role for much longer?), and admit to yourself you feel threatened. You know you should be mentoring your APD as well as planning for succession, but wonder how you do that without sabotaging your current position.

# From the APD.....

You finally have your dream job – getting into residency program leadership! While you don't have any experience as a medical educator other than as a faculty member, you are brimming with ideas....to the point you think you may annoy your PD sometimes with all the things you want to try. You aren't really sure where to start, so you eagerly talk about your possible projects to anyone who will listen - even your chair seems receptive. You aren't sure why, then, your PD doesn't ever seem to want to support your ideas. Long-term (or maybe even more short-term?), you definitely see yourself in the PD role. One of the residents even said they wish you were the PD!

# Discussion Questions

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# Contributing Factors

## **Program Director**

- Settled into status quo
- Wants to stay in role of PD
- Has expertise / experience as both PD and medical educator
- Knows some of APD's ideas won't work
- Feels threatened
- Feels conflicted
- No existing plan for succession

## **Associate Program Director**

- Novice in the APD role
- Novice in the medical educator role
- Doesn't know what he doesn't know
- Eager
- Unfocused
- Aspires to PD role



# What's needed?

- Transparency
- Collaboration
- Development of APD
- Succession Plan

# Collaboration, not Competition

with! 

## PD ~~versus~~ APD

- clarify roles
- each should have own area(s) of expertise that fill each other's gaps
- figure out how to have scholarly benefit for all



## Most common APD activities

- counseling trainees
- teaching
- recruitment
- curriculum development
- evaluation/assessment/feedback
- faculty development
- education research

# APD Career Development Recommendations

- APPD – meetings, task forces, regional involvement, LEAD, LEARN
- Send to training sessions at regional / national level
- Establish mentor(s): set ILP, review semi-annually
- Develop area of clinical and educational expertise
- Align with Institutional appointment and promotion criteria
- Help Support participation in obtaining additional degree(s) MPH, MEd, etc.
- Assist with developing skills to effectively balance their GME responsibilities with competing clinical or other demands APD

# Succession Planning 101

- Strategic planning
- Groom most likely candidate(s)
- Data organization
- Policies and procedures
- History/people and relationships
- Sample succession timeline / table:

Succession Timeline	Position: Potential Candidates	Status and Ongoing Development Needed	Strategic Plan (SP) Impact
<b>Immediate Need:</b> (acute, unspecified length of illness, sudden and unanticipated loss of leader)	PD: Joe Smith, Jane Doe  APD (current Joe Smith): Sally Sue, Jim Bob	Add Jane to PEC, send Joe to LEAD  Add Sally Sue and Jim Bob to CCC	Stabilize present initiatives, no new SP expected  Self-Study in 2021, assure all policies and documentation updated
<b>Intermediate Need:</b> 2 to 5 years	Need is anticipated, consider individual candidates	What do they need to develop the skill sets the strategic plan suggests are needed? e.g. MBA, MEd, other development programs (AAMC, LEAD, APA)	Transition of leader – will there only be in-house candidates? If anticipate external search, plan for it  Pending new leadership may impact SP – what needs stabilized? What can or should wait for new leadership?
<b>Longer Term Need:</b> ≥ 5 years anticipated	Consider individual candidates	Similar	Identify changes in practice / discipline/ education/ research (and associated skill sets) needed for the future

# The PD side of the story...

You have been a program director for 15 years and are starting to feel burnt out. You are tired and frustrated by the constantly changing ACGME requirements and do not understand why “fix it when it ain’t broken.” Your APD has been in the role for 3 years and is still full of energy with new and innovative ideas. You believe you have done a great job mentoring your APD but you are starting to feel like your APD doesn’t need your mentoring anymore and doesn’t appreciate all you have done to help further the APD’s career. The ACGME has once again changed the duty hour regulations and has given all programs one month to implement the changes. Your APD immediately comes up with multiple solutions, and although you like some ideas for the future, none seem feasible to implement in a short time. You tell your APD these ideas won’t work and implement your “quick fix” solution. Your APD does not seem happy with this approach and you later learn the APD has voiced his concerns to the residents and other key faculty stakeholders. You wonder how to proceed to maintain a productive working relationship with your APD.

# The APD side of the story...

You have been an APD for 3 years and you have learned so much from your PD. Recently graduating from the APPD LEAD program, appreciative your PD supported your professional growth, you are inspired to implement your new skills and continue to grow your residency program. You can sense your PD is feeling a bit burnt out. With the new ACGME duty hour requirements, you see this as an opportunity to impress your PD with your ideas as well as lighten the PD's busy load and ease some of the PD's voiced frustrations towards the ACGME. In the past you feel like many of your ideas have been shot down by the PD, and although you may not have known why, you chalked it up to inexperience and went along with the PD's suggestions. Once again your ideas are not accepted and you believe the PD did not even allow the opportunity for discussion. You do not voice your frustrations or concerns about the PD's ideas because you feel they will land on deaf ears. The PD implements the new schedule. The residents and faculty complain to you that the new schedule is not working. You respond that it was not your idea, you agree it is was not the best solution, and they should talk to the PD. You wonder how best to proceed to maintain a working relationship with your PD.

# Discussion Questions

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# Contributing Factors

## Program Director

- Burnt out
- Prefers status quo
- Feels threatened
- Feels unappreciated
- Feels time constraint
- Dismissive
- Poor communication
- Incorrect Assumptions

## Associate Program Director

- Overeager
- Frustrated
- Became complacent
- Feel unappreciated
- Wasn't being a team player
- Allows emotions to get in the way
- Poor communication
- Incorrect Assumptions

# Conflict

- Conflict is an inevitable part of work.
  - Occurs when goals and needs are not aligned
  - Leads to animosity
- The fact that conflict exists, however, is not necessarily a bad thing.
  - When you resolve it effectively, you can also eliminate many of the hidden problems that it brought to the surface.

# Other benefits to conflict

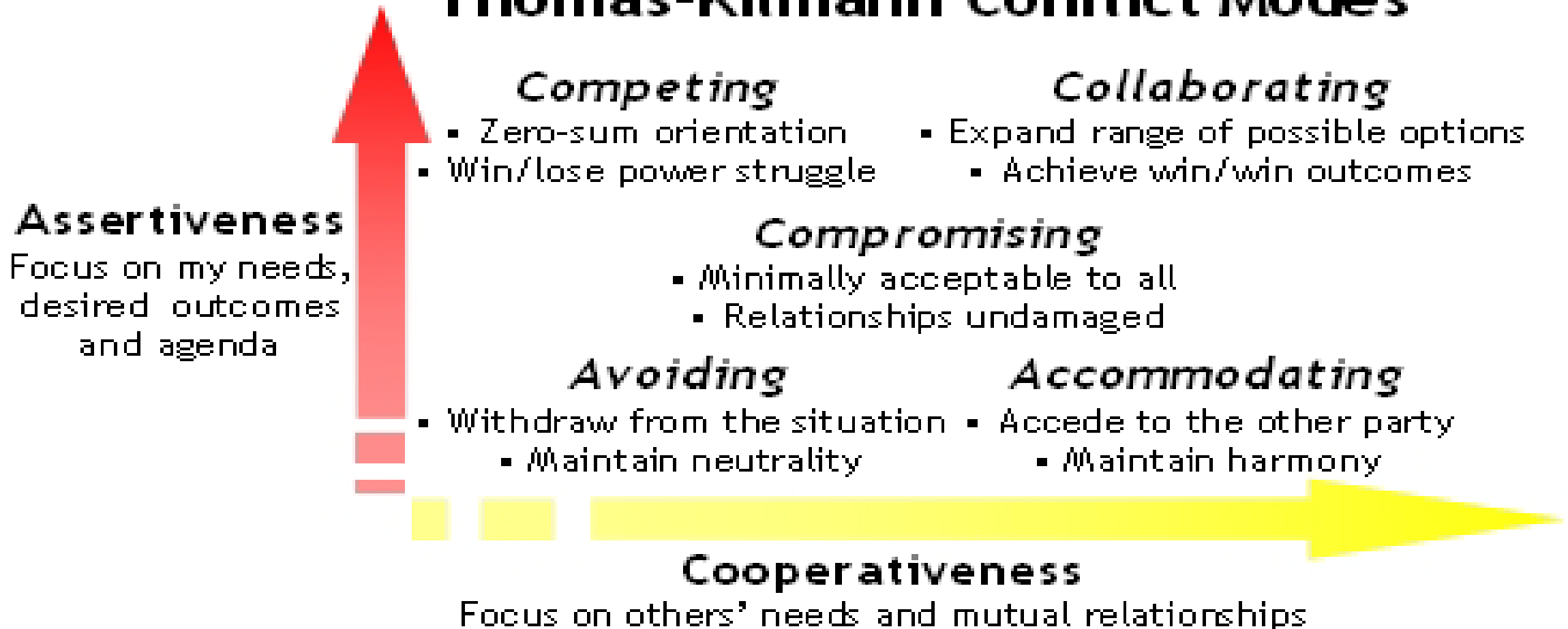
- Increased understanding.
- Better group cohesion
- Improved self-knowledge.

# Conflict can also be damaging

- If you don't handle it effectively:
  - turns into personal dislike
  - teamwork can break down,
  - talent may be wasted as people disengage from their work and leave.
- Although sources of conflict are innumerable, certain recurring themes underline most:
  - Deficiencies in communication,
  - Lack of trust,
  - Incorrect assumptions.

# Thomas Kilmann Conflict Mode Instrument

## Thomas-Kilmann Conflict Modes



# Thomas Kilmann Conflict Modes

- **Competing**
  - Assumes that only one individual can win potentially at the expense of team morale or patient concerns.
  - Individuals who aggressively pursue personal concerns or agendas may do so at the expense of others.
  - This approach is often described as a “win-lose” approach.
- **Avoiding**
  - Involves repeatedly denying the existence of conflict
  - Suppressing feelings in the short term
  - Ultimately fails to solve the problem.
  - May result in dangerous or disrespectful situations and undermine teamwork

# Thomas Kilmann Conflict Modes

- Collaborating
  - Requires confronting the issue and problem solving in a team-oriented manner.
  - This approach provides the most possibilities for constructive solutions but may require the most energy
- Accommodating
  - Occurs when individuals neglect their personal concerns to satisfy the needs or demands of others
  - A kind of “smoothing over” of the issue
  - May require placing the requests of others first

# Thomas Kilmann Conflict Modes

- Compromising
  - Achieves a mutually acceptable solution that partially satisfies both parties
  - Reaching a middle ground



# Interest- Based Relational Approach

- Developed by Roger Fisher and William Ury, published in their book, “Getting to Yes”
- Resolve conflict by:
  - Separate people/emotions from the problem
  - Build mutual respect and understanding
  - Be united and cooperative
- Ensure that team members feel respected and understood, and that you appreciate their differences.

In particular, you and the conflicting parties need to follow these six steps:

- 1) Make sure that good relationships are a priority.
- 2) Separate people from problems.
- 3) Listen carefully to different interests.
- 4) Listen first, talk second.
- 5) Set out the "facts."
- 6) Explore options together.