Stanford Developing Faculty Competencies in Assessment

Co-creation  Co-production

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https://stanford.cloud-cme.com/CompetenciesAug2022
Program Case Study

Ann Dohn
Jie Li
Lizzie Greer
Matt O'Neill
Pedro Tanaka
Trey Huynh-Ngo

ptanaka@stanford.edu
80 Hours per week

Common Program Requirement:
Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

A Program Citation in 2018:
The compliance rate for this item on the 2018 Resident survey demonstrated dissatisfaction with the maximum hours per week. The program is advised to monitor and adjust schedules and non-clinical work as needed to mitigate excessive service demands.
More Citations in Future Years

• Review of the 2019 Resident Survey demonstrated continue concerning. The ACGME has determined that any violations of maximum hours worked per week are intolerable.

• Review of the 2020 ...and site visit moderate compliance on the item less than 14 hours free after 24 hours call. However, some services remain resources poor.

• 2021 Resident survey did not demonstrate substantial compliance with the 80-hour week requirement. Program advised to continue monitoring and adjust schedules to mitigate service demands.
Responsibilities of Program Director

Common Program Requirement
The Program Director must provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without a fear of intimidation or retaliation. (Core)

A Program Citation:
Review of the 2021 Resident survey did not demonstrate substantial compliance with the requirement. Specifically, the item “satisfied with the process for dealing confidentially with problems and concerns” was non-compliant. The program is advised to investigate this item with residents (and faculty) and ensure policies and procedures are in place so residents can confidentially express concerns and provide feedback without fear of intimidation retaliation.
Questions

- Able to raise concerns without fear of retaliation
- Satisfied with process for dealing confidentiality with problems and concerns

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<tbody>
<tr>
<td>Appropriate Amount of Teaching in All Clinical and Didactic Activities</td>
<td>83%</td>
<td>86%</td>
<td>87%</td>
<td>85%</td>
<td>83%</td>
<td>82%</td>
<td>87%</td>
<td>84%</td>
<td>87%</td>
<td>79%</td>
<td>83%</td>
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<td>Appropriate Level of Supervision</td>
<td>94%</td>
<td>95%</td>
<td>95%</td>
<td>93%</td>
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<td>91%</td>
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<td>Faculty Effectively Creates Environment of Inquiry</td>
<td>79%</td>
<td>84%</td>
<td>84%</td>
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<tr>
<td>Able to Raise Concerns without Fear of Intimidation or Retaliation</td>
<td>78%</td>
<td>82%</td>
<td>84%</td>
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<td>80%</td>
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<td>75%</td>
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<tr>
<td>Satisfied with Process for Dealing Confidentially with Problems and Concerns</td>
<td>73%</td>
<td>82%</td>
<td>81%</td>
<td>78%</td>
<td>79%</td>
<td>78%</td>
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<td>81%</td>
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Able to raise concerns without fear of intimidation or retaliation 2019/20: 71% 2020/21: 73%
Satisfied with process for dealing confidentially with problems and concerns 2019/20: 59% 2020/21: 68%
What could programs do to investigate the problem? What solutions could programs implement?
GME Survey: Reasons for “I would not recommend my training program here at Stanford to others”

2020-21
• None

2021-22
Clinical Volume (Hours)

Quality of the training

Residents are consistently not listened

Atmosphere and culture seems worse

Adversarial relationship between the residents and the program leadership.
GME Survey: “Other areas of concern or suggestions”

**2020-21**

- Compensation, childcare support, and retirement benefits
- Retirement matching to residents as it does to other staff members.
- Lactation rooms
- Ton of money for parking
- Hospital census increased
## Anonymous Reporting System:

- 360 anonymous feedback
- Surveys (APE GME; 2x year?)
- Town Hall meetings with anonymous questions.
- Digital form (Google Doc, Message Box, Box link, Department Website link)
- MedHub link
- PD15"" model of direct anonymous feedback to the PD
- Maybe bypassing Chief residents, directly to PD/Chair/Faculty
Regular Scheduled Check-ins:

- Quarterly built-in teaching activities
- Group checks
- Facilitated by the Chiefs or PD/APD
- CRR monthly meeting
- Monthly fellows meeting
- Open Door Policy
- Institution Chief Resident Council
- Annual Resident Feedback retreat
Program director/APD:

- Bi-weekly meetings, available by phone, e-mail, or in person
- Open-door policy (Office hours)
- Monthly/Quarterly meetings
- Anonymous PD question portal
- Diversity within leadership

Chief Resident/Fellow:

- Direct communication
- Resident-only check ins reporting to chiefs to bring concerns to the program leadership
- Anonymous feedback to the chiefs
- Administrative chief residents appointed for this role
Accountability:

- Transparency with processes ongoing in the hospital (Dispersing fact sheets about the process of escalation of reported incidents, tracking system, dashboard)

- Issues with mistreatment from nursing staff were escalated this year and due to different leadership between MD and RN groups, it seems that constructive solutions were never achieved.

- Sense of concerns are not adequately addressed

- Limited communication, documentation and transparency on the items that do get addressed.

- Faculty evaluations from residents and fellow transparency on actions taken
External resource:

• External resource as moderators for those discussions (Another PD)
• Program ombudsman or something like that -- someone dedicated to confidentiality and supporting trainee concerns (Assistant PD, Faculty person not part of the leadership)
• Impartial 3rd party mediator
• Social Work
• Wellness Coordinator
Communication on existing channels:

- More information on if there is an anonymous way of giving feedback throughout the year
- More clarity on who to go to about particular issues (what is in the scope of a person's influence)
- SAFE reporting system is also not anonymous
- Give us a chain of command to report mistreatment at each facility

**Institution resources:**
- Anonymously Report a Concern
  [https://med.stanford.edu/gme/housestaff/all-topics/anon_report.html](https://med.stanford.edu/gme/housestaff/all-topics/anon_report.html)

**The Anonymous Hotline**
Please call the compliance hotline for SHC (anonymity maintained):
1-800-216-1784