

Stanford Developing Faculty Competencies in Assessment



Co-creation

Co-production



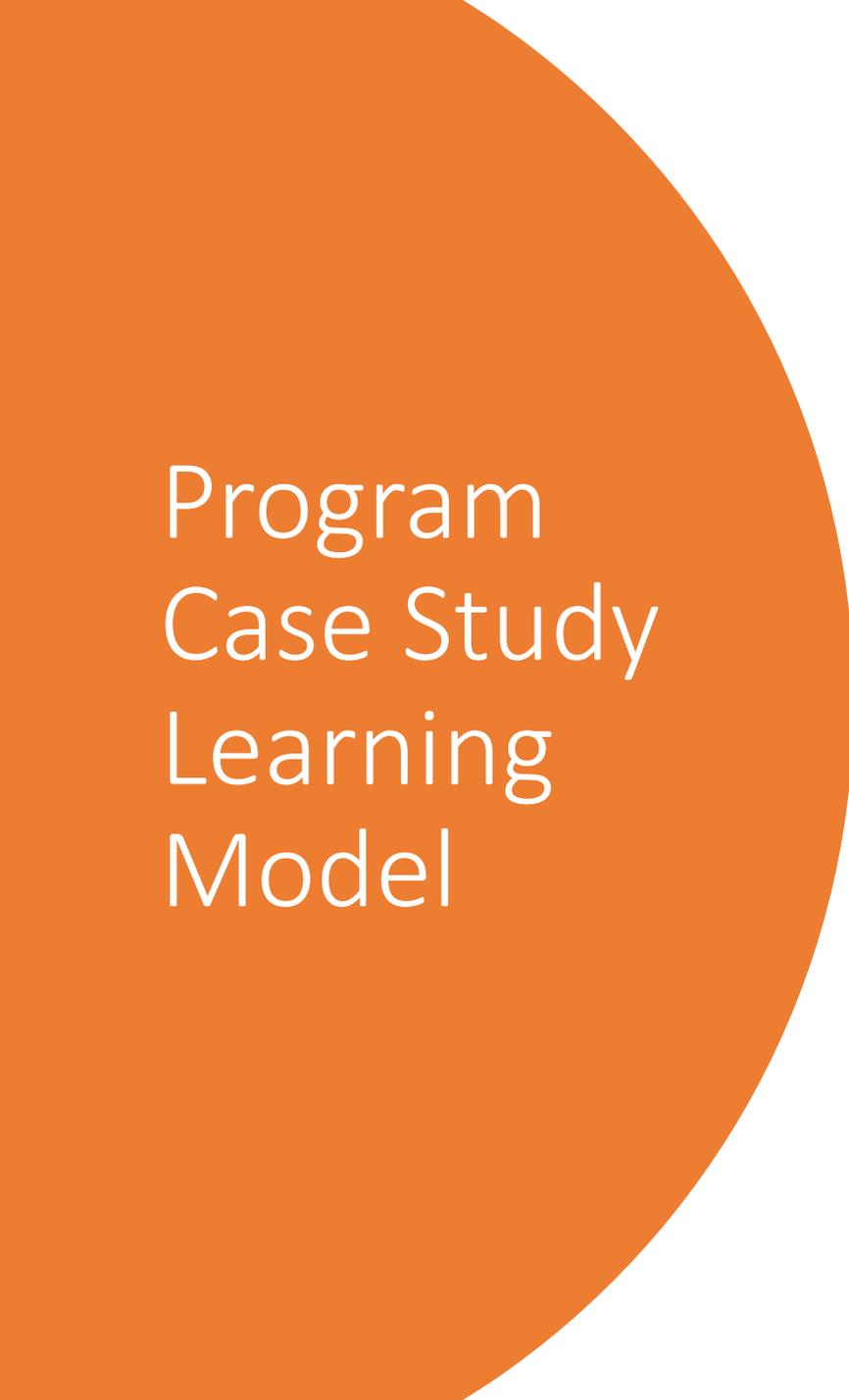
- August 19 and 20, 2022 (Virtual)

<https://stanford.cloud-cme.com/CompetenciesAug2022>



Program Case Study

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



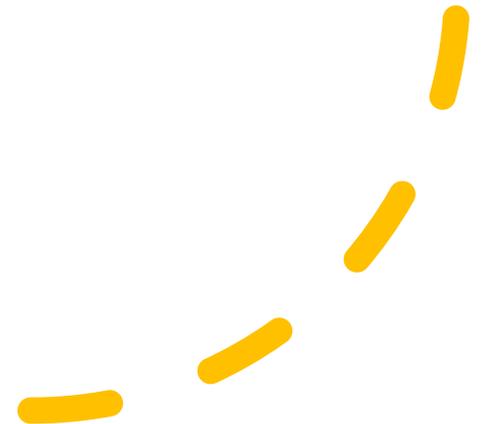
Program
Case Study
Learning
Model

PURPOSE

To create a learning community

To encourage group problem-solving

To develop best practices



INSTRUCTIONS

1) Read case study describing program and its challenges.

<https://docs.google.com/document/d/1lKNpyKGuyp-h97r2fxObTSnk4Bby-gxj/edit?usp=sharing&oid=102815204008610701333&rtpof=true&sd=true>

2) Discuss in breakout rooms what approaches should be used to:

- a. Investigate the problem
- b. Resolve the problem

3) Return to whole group for discussion.

"Once Upon a Time"

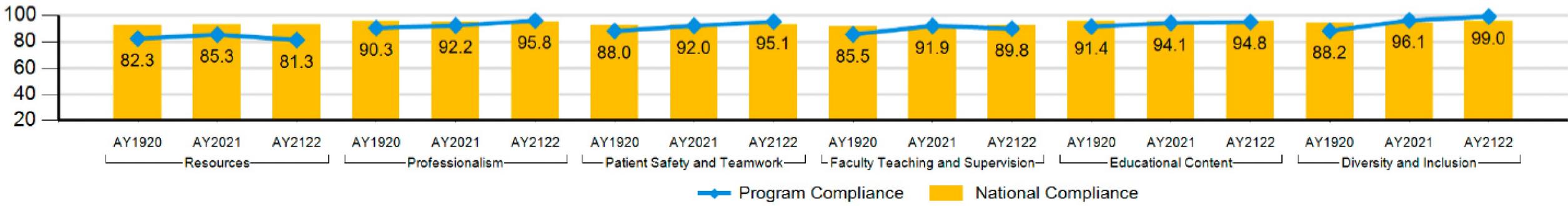
BACKGROUND: Program A is a mid-size and program B is a large size residency program at Stanford. Both have recently received a citation for service education imbalance.

2021

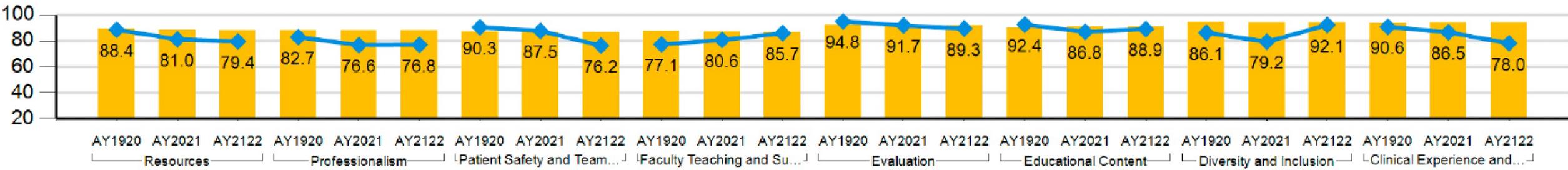
Program A: ACGME resident survey indicates resident dissatisfaction with the time they have to interact with patients. Faculty survey indicates fellows' workload exceeds the available time they have for work.

Program B: The ACGME Resident Survey demonstrated only 64% of residents felt there was an appropriate balance between education and patient care.

ACGME Survey - A Faculty

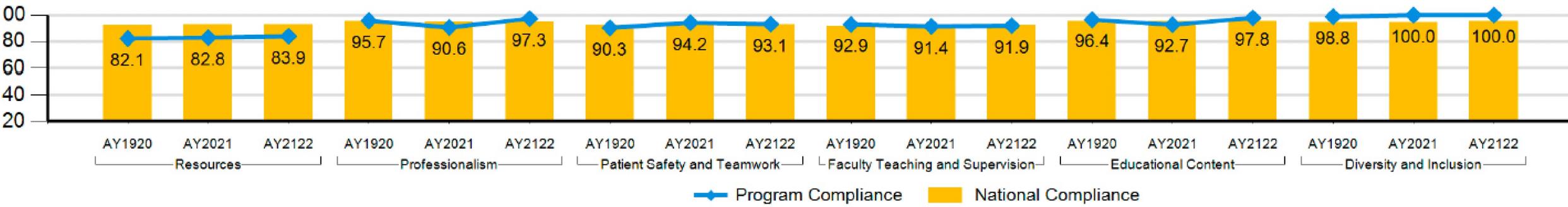


Resident

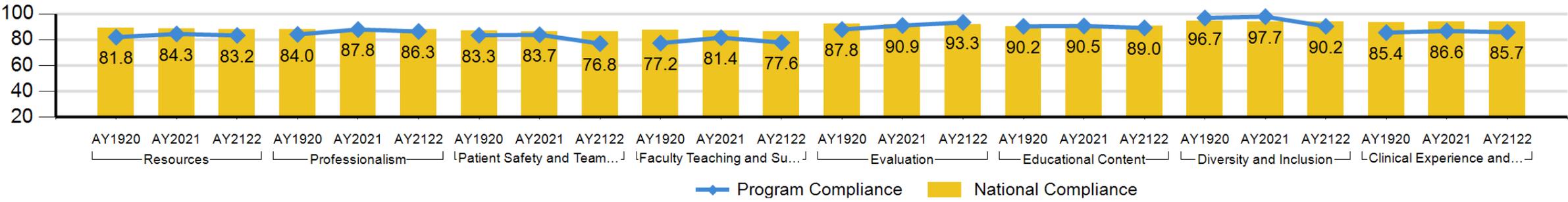


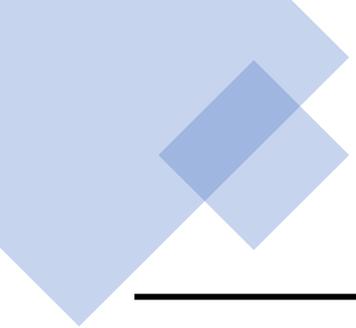
ACGME Survey - B

Faculty



Resident





**Appropriate balance
between education and
patient care**

2019-2020

2020-2021

2021-2022

Program A

79%

79%

48%

Program B

54%

64%

54%



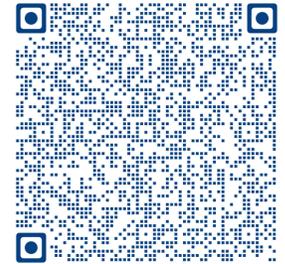
Program A	79%	79%	48%
Program B	54%	64%	54%

What should the programs do?

In breakout rooms with other PDs, you will discuss the following questions:

- ***What should Program A and B do to investigate this issue?***
- ***What solutions could Programs A and B implement to resolve this issue?***

You will have 10 minutes to discuss in breakout rooms. We will then return for a whole group discussion. The case study can be accessed for your reference at the link in the chat or using the QR code.



What could Programs A and B
do to investigate this issue?

What could Programs A and B
do to resolve this issue?

GME Annual Program Evaluation 2022

- The current number of personnel in my program (including trainees, faculty attendings, nurses, other health professionals, administrators) keeps an appropriate balance between my responsibilities teaching, supervising, and research.

Responses	Satisfied
50 Trainees	78%
85 Faculty	85%



Resources

- Advanced Practice Providers
 - *“Having dedicated APP support helps to support a good balance for the residents to have dedicated operative time and focus on the educational aspects. Would focus on promoting retention of current APPs and recruitment if this is possible.”*
- Administrative Support
 - *“The support staff seem stressed. I am not sure what will help them - more time off, more support staff to help with work.”*
- Residents/Fellows
 - *“Increase number of trainees or have the ability to have clinics without residents - I think the latter drives much of the inherent tension between educational opportunities and needs to have bodies in clinic.”*
- Clinical Faculty
 - *“Hire more attendings to relieve residents for protected education time.”*
- Low Case load
 - *Competition with NPs, too many fellows, overlapping services coverage*

Solutions:

Protected Time: *“Give more protected time for teaching. Not have ground rounds at 7 AM, which is not conducive to work-life balance.. Even my surgery colleagues says that's not reasonable these days.*

Workload: *“Clinical workload can sometimes affect our ability to teach, supervise, and conduct research.”*

Process: *“We would benefit from a clear understanding of the roles of all members of the team so that we can determine where there are gaps and who should be filling those gaps to ensure appropriate patient care and follow up, time for teaching, to avoid redundant work, and to avoid team members from working outside of their scope or performing the role of other team members, thereby decreasing their time to perform their own job.”*



Comments from breakout rooms

- Getting trainees feedback on what they think would be ideal and what solutions they feel would help solve the imbalance rather than assuming we know the best solution
- Be explicit about teaching activities (e.g. “now I am teaching”)
- Asking the trainees to explain what activities they would find higher value, problem-solve with the trainees.
- Block educational time (no pages, outpatient clinic scenario)
- Service caps (average among team size), attending only team covering clinical care.
- Balance in adding educational experiences, something needs to be taken away and decision is based on strengths and weaknesses.
- Allowing residents to debrief as a group (alone) and aligning the survey scores with qualitative comments from



