Chairpersons, Program Directors, and Clerkship Directors: How this Triumvirate Can Make or Break the Educational Mission of a Department

Michael Chansky, MD
Andrew Nyce, MD
Sundip Patel, MD

The Unique roles/responsibilities of chairpersons, Program Directors (PDs), and Clerkship Directors (CDs) as they pertain to education

1. Chairs
    a. Answer to the dean if there are specific issues with faculty/residents
    b. Departmental goals may be affected by certain education benchmarks
        i. Student evaluations of rotation
        ii. AAMC Graduation Survey results
        iii. Match rate of students going into EM
        iv. Board passage rate for graduating residents
        v. ACGME Resident and Faculty survey
        vi. Faculty scholarly activity
    c. Balance revenue generation with faculty satisfaction with patient satisfaction with education which is not easy
2. PDs
    a. Answer to the DIO for resident issues/concerns
    b. Set the resident curriculum / education program
    c. Ensure a balance between service and education
    d. Also must balance faculty satisfaction with resident education
    e. Monthly reviews of residents, creation of remediation plans
    f. Handle all issues involving residents ranging from illness to delinquent paperwork to off-service rotation complaints
    g. Ensure compliance with evaluation process: both quality and compliance within RRC standards
    h. Resident scholarly activity
    i. Get the best students to come to the residency program
3. CDs
    a. Set the student curriculum / education program
    b. Ensure that there is enough space / preceptors for student education without overburdening faculty
    c. Get timely evaluations from faculty in order to provide mid-clerkship feedback, write formative/summative feedback, and spot trouble students
    d. Mentor students trying to match in EM
    e. Mentor 1st, 2nd, 3rd yrs thinking about EM as a career

Describe how Chairs, PDs, and CDs can create a culture of education in the department which can help solve many issues

1. Creating a culture of education
    a. It is a hard, ongoing process that is not easy with many barriers
        i. You must be patient and understand that you will have some issues that may not be solved
        ii. There must be buy-in from all faculty if this is to work well
        iii. However, when everyone commits to this, many issues can be solved
2. As the leadership goes, so goes the dept
    a. Chairs, PDs, and CDs need to be the flag bearers for creating this culture
    b. Faculty must be supported in their attempts to improve their teaching prowess
        i. Encourage participation in med school and/or hospital faculty development events
        ii. Support the pursuit of a Masters in Health Profession Education, ACEP Teaching Fellowship, etc.
        iii. Use faculty meetings to go over ways to improve teaching and praise those that are doing well
3. Have there be consequences for faculty that are routinely bad educators:
    a. Decrease or loss of a bonus
    b. Decreased CME money
    c. More shifts without residents
4. Emphasize to your faculty the "Farm System" idea
    a. In baseball, the "Farm System" is where players are drafted to play in the minor leagues to learn their craft so that they can improve and eventually reach the major league team
    b. In medicine, students (players who are drafted) who have a great experience in your department can become residents (minor league players) who develop and become future faculty members (major league players)
    c. This idea that a good student experience leads to good residents leads to good faculty is a huge argument to the creation of a warm learning environment

Identify ways Chairs, PD, CD, can work together to improve education

1. Communication
    a. Must be open and constant
    b. No fear to bring up issues
    c. Each side must understand the other's concerns when trying to push their agendas
2. Collaboration
    a. Geography of offices
        i. Put the PD, CD, and chair offices very close to each other with an open-door policy
        ii. This enables constant communication and a collaborative approach to issues
        iii. It creates a center for other faculty to gather to discuss issues as well as work on solutions

b. Monthly medical education meeting
    i. CD, PD and other core faculty invested in education meet
    ii. Discuss issues with regards to resident/student education and work on solutions
    iii. Not required for Chairs to attend this meeting (they already go to many other meetings). Only get involved when necessary

3. Evaluation
    a. Multidisciplinary approach to resident/student evaluations of faculty
        i. PDs, CDs, and Chairs should periodically discuss evaluations of faculty by students and residents and look for areas for improvement
        ii. A team approach can be very beneficial in crafting a remediation plan for faculty that need it with unique perspective from all 3 individuals

Examples of issues that lead to tension between Chair, PD, and CD and how we worked together to make it work:

Teaching Shifts

Issue – They are an amazing and a great way to teach students but require faculty time and can be expensive

a. CD
    i. Wants more teaching shifts as students get dedicated one-on-one with faculty
    ii. Opportunity to observe H&P in a busy ED and meet LCME requirement
    iii. Students <u>love</u> these shifts due to the direct faculty interactions and teaching
    iv. Also provides additional student shifts in a cramped shift schedule / ED
b. PD
    i. Am I losing my best educating faculty to student teaching shifts and now resident education suffers?
    ii. Or do my residents get better education as the other faculty will be able to teach my residents more since the students are on the teaching shift?
    iii. This could be a great opportunity for residents to be on this shift and work on their teaching skills
    iv. Is there enough flexibility in the resident schedule for residents to do teaching shifts?
c. Chair
    i. Teaching shifts are great for education and faculty like the “slower pace” as working with students who won’t see as many cases as residents
    ii. They lead to good student evals of the rotation
    iii. Cons
        1. Cost – you are paying for a faculty member to just hear student cases
        2. How do these RVUs get factored in?

Take home points

- Teaching shifts help provide one-on-one teaching to students and meet the LCME requirement of direct observation of H&Ps
- These shifts can be expensive to fund

- If the decision is made to do teaching shifts, Chairs, PDs, and CDs need to work together to ensure the logistics of education and cost

Overnight Shifts

Issue – Overnight shifts have become busier and busier. Students need to be on overnights for learning purposes as well as for schedule issues and residents cannot just see patients and not receive any teaching. Increasing overnight coverage seems to be the simple solution, however it is very costly to create new shifts and faculty may not be happy working more overnights. Solution?

a. When we were single covered for 4 hrs on an overnight
    i. CD
        1. Need students on overnights
            a. They experience different pathology and issues on overnights
            b. Need shifts to put them on in the ED
            c. They get a bit more autonomy on overnights
            d. More procedures (especially suturing)
        2. Understand that teaching could be compromised
            a. Single attending
            b. Pendulum can swing too far towards service

    ii. PD
        1. Ensure resident autonomy vs education
        2. If students scheduled on all overnights with single attending, brunt of teaching the student falls on resident (good/bad)
        3. Probably limit students on overnight to balance of service/education
        4. Convince chair that numbers 'do lie', and need to look at flow/volume curves to get true 'snap shot' of educational environment
        5. Started trial in summer months overnight on Friday/Saturday to see effects on balance of service vs education
    iii. Chair
        1. Balance of costs vs employee satisfaction vs education
        2. Double cover nights
            a. Need more people to do overnights
            b. Higher costs
            c. Are there enough pts for each attending to make it cost effective? Numbers don't always tell the truth
            d. Teaching benefits with double coverage
            e. Need to convince administration that the costs to double cover overnights is outweighed by
                a. Patient satisfaction (pts seen quicker on double covered night)
                b. Patient safety (Work divided between 2 attendings who can pay closer attention to details)

c. Faculty morale improved, less chance of them leaving
d. Balancing service with education

b. When we double covered overnights
    i. CD
        1. More overnights open for scheduling but still did not flood overnights with students to allow people to adjust to double coverage
        2. Students getting more education due to 2nd attending
    ii. PD
        1. Teaching improved
        2. Less pressure on team: overall resident wellness better
        3. Residents not dreading nights
        4. Better feedback from faculty post shifts
    iii. Chair
        1. Happier faculty and residents leads to the creation of a warm learning environment in addition to good patient care
        2. Creates a Balance between service and education
        3. Must monitor census to keep justifying coverage

Take home points

- Ensuring adequate faculty coverage was necessary to achieve balance between service and education
- CDs, PDs, and Chair worked together to explain to faculty why we were double covering nights and why everyone would be doing more overnights
- Faculty unanimously approved of double coverage nights as less stressful and allowed them to teach

Simulation Sessions / Lectures for Students

Issue – Students need to be taught but it requires faculty time and ultimately cost

a. CD
    i. Students love sim and lectures and it is necessary
    ii. Need residents/faculty to volunteer
    iii. Creation of learning environment and emphasizing “farm system” has gotten enough volunteers without the Chair to get involved
b. PD
    i. Great opportunity for residents to teach, gain confidence
    ii. Some of our residents were students who went through the student curriculum and now want to “pay it forward)
    iii. Is there time for residents to do this?
    iv. Possibly integrate into admin rotation / teaching rotation
c. Chair
    i. Understand the usefulness of faculty teaching students
    ii. Does fulfill faculty obligations towards med school
    iii. Lose faculty/residents for few hours each week
    iv. Lose flexibility in case of illness / major event

v. Protect time for faculty for this?
vi. Are faculty sacrificing scholarly activity to do this?

Take home points

- Sim and student lectures require faculty / resident time and effort
- If you create a learning environment, it makes it easier for faculty and resident to get involved without coercing them