# RESIDENTS AS TEACHERS

**Teaching Toolbox: Resident as Leader**

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# ROLES OF THE LEADER

- Magically overnight interns become senior residents and team leaders

- What are some of the expected leadership roles?
  - Lead the team
  - Run work rounds efficiently
  - Manage and teach interns and medical students
  - Communicate with the attending physician(s)
  - Ensure good patient care

# REFLECTION

Take 3-5 minutes to reflect on the following:

- Consider a resident with whom you have worked who seemed to have good leadership skills
  - Write down a few characteristics that made him/her a good team leader
- Consider a resident with whom you have work who seemed to have poor leadership skills
  - Write down a few characteristics that made him/her a poor leader

# OBJECTIVES

- Recognize the skills that constitute good leadership
- Be able to invoke them as you move forward working in teams
- Apply four simple steps to L.E.A.D.

# INTRODUCTION

- Effective teachers are also good leaders

- Without an effective leader, potential learners will often lack direction to move forward

- Leadership needs to be established at the beginning of a rotation, especially that on an inpatient service (ward or ICU) or even in clinic where team work is critical

# EFFECTIVE LEADERS

- Set expectations
- Are organized
- Delegate tasks
- Manage time effectively
- Are professional in their interactions
- Model good behaviors
- Provide regular feedback
- Interested in the learning of the team

# DAY 1 OF ROTATION

- Confirm the leadership position – (in a non-controlling manner) delegates tasks, manages time
- Establish expectations and roles for each team member
- Provide direction for the team
  - Work rounds
  - Attending rounds
  - Teaching rounds
  - Presentations
  - Notes

# DAY 1 (continued)

- Request each learners' goals for the rotation

- Develop a plan to help meet learning goals

- Let each team member know how and when to ask for help – provide numbers and easy access, reassure that asking for help is okay

- Discuss the importance of feedback and plan for giving it often

# SETTING EXPECTATIONS

- Being explicit is **not** a bad thing

- Give each team member some specific examples

- People like to know their boundaries and exactly what is expected

# EXAMPLE: MEDICAL STUDENT

- "As the third year student you will follow 2-3 patients and they are *your patients*"

- "On pre-rounds, read the chart for overnight events, check pending and morning draw labs, examine the patient and ask directed questions"

- "On rounds, present the patient clearly, without notes and ask me any questions ahead of time…"

# EXAMPLE: INTERN

- Although the intern may have been an intern for a while, he/she may not have worked with you – everyone's expectations differ
  - "Admit all patients on call"
  - "Update sign-out regularly"
  - "Write daily notes, review student notes"
  - "Dictate all admission notes immediately and discharge summaries as soon as possible after patient leaves"

# MAKE LEARNING A PRIORITY

- All clerkships in third year have goals and objectives reviewed annually

- All residency programs have goals and objectives for each learner at each level of training

- Engage the team to set up individualized learning goals for the rotation
  - Have learners write down learning objectives
  - Refer to them throughout the month

# MAKE TIME FOR LEARNING

- Carve out time dedicated to teaching
- Involve the team in the process
- Assign short talks – 2 minute talks require a lot of skill to distill the information and make it relevant to the patient
- Provide teaching on topics as the team leader
- Integrate bedside teaching – especially with interesting patients

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# DELEGATE TASKS

- There is always a certain amount of scut work that needs to get done
- Although sometimes it is easier to do it yourself, avoid simply **doing** tasks and teach them *how to get them done efficiently*
- Employ a tracking system
  - Check-list "to-do" list
  - Running patient list with pending labs, orders, etc.
  - Excel spreadsheet

# PROVIDE DIRECTION

- Direction equals organization
- A well crafted calendar with team members' commitments listed will prevent crises:
  - Daily team events such as work and attending rounds
  - Resident didactic sessions
  - Student lectures and other responsibilities
  - Miscellaneous team needs

# ENGAGE IN FEEDBACK

- Feedback is critical to improving performance

- Remember
  - Reinforce behaviors done well (positive feedback)
  - Correct behaviors that need improving (critical feedback)

- Feedback is like voting in Chicago – it needs to be "*done early and often*"

# MORE FEEDBACK

- Some feedback needs to be done with the whole group

- Other feedback needs to be done in private

- Engage the learner in self assessment with Ask-Tell-Ask
  - Ask what they thought of the encounter/situation
  - Tell what was observed
  - Ask what will be done next time based on what feedback was provided

# FRAMEWORK

- Orientation on Day 1 of a rotation provides a format where learning can be fostered

- The role of each team member is established and goals are presented

- Key elements of organization have been established

# L.E.A.D

- **L**      establish **L**eadership position
- **E**      establish **E**xpectations for team members
- **A**      **A**ssess and plan for meeting learners' goals
- **D**      **D**evelop a feedback plan

# PROFESSIONALISM

- Model behaviors as team leader
- What is professionalism?
  - Competence
  - Engagement
  - Reliability
  - Dignity
  - Agency
  - Dual focus on illness and disease
  - Concern for quality in health care

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# PROFESSIONALISM (continued)

- *Practical descriptions*:

- Good communication: with patients, with nurses, with other ancillary health care personnel and other teams

- *"This is how I would want my mother treated if she were in the hospital."*

- Professionalism also involves respecting educational time and the processes of teaching and learning

# "TOP TEN" EXAMPLES OF UNPROFESSIONAL BEHAVIOR

1. Poor conference/didactics attendance
2. Poor documentation (H&P's, notes, sign-outs; late or incomplete discharge summaries)
3. Signing out early with things left undone
4. Coming in late on a consistent basis
5. Ignoring the attending's instructions
6. Not answering pages in a timely fashion
7. Complaining about "soft" admits, "rocks" on the service
8. Disrespectful of nursing, social work, ward clerks
9. Disrespectful of other medical specialties
10. Poor communication with other MDs, patient/family

# Copies of Descriptors of Team Leaders Based on APDIM Workshop – Time Trap

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# TIME WASTER PERSONALITIES

- The Crisis Manager
- The Undisciplined Procrastinator
- The Easily Distracted
- The Perfectionistic Resitern
- The Systematically Inefficient
- The Non-Communicator
- The Impulsive Wanderer

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# THE CRISIS MANAGER

Recognition:

- Constantly putting out fires
- Doesn't plan ahead
- Disorganized
- Doesn't learn from mistakes

- Potential Fixes:
  - Organize tasks on a daily and **weekly** basis
  - Identify issues on work rounds
  - Help anticipate problems
  - Help structure rounds

# THE UNDISCIPLINED PROCRASTINATOR

Recognition:

- "It can wait"
- Likes to socialize
- Little self-discipline

Potential Fixes:

- Set timelines
- Build in time for educational activities, socializing

# THE EASILY DISTRACTED

Recognition:
- Is derailed by interruptions
- Tends to leave tasks unfinished

- Potential Fixes:
  - Help them prioritize
  - Emphasize completing each step
  - Consider taking cross cover pager

# THE PERFECTIONISTIC RESITERN

Recognition:

- "I can do it best"
- Attempts too much
- Can't delegate tasks
- Fear of failure

Potential Fixes:

- Constructive Feedback
- Convey the importance of delegation
- Emphasize role of team leader, educator

# THE SYSTEMATICALLY INEFFICIENT

Recognition:

- Tied up with paperwork
- Tied up in meetings
  - Educational conferences
  - Health Team Rounds
  - Attending rounds
- Inadequate support

Potential Fixes:

- Enlist help (other residents, dayfloat, fellow, attending)
- Prioritize tasks
- Learn the system
- Protect conference time

# THE NON-COMMUNICATOR

Recognition:

- "Who's in Charge?" "What's the Plan?"
- Doesn't communicate back to team; or,
- Does things without input from resident or attending
- Delays in care

Potential Fixes:

- Constructive feedback
- Address the attitude behind the behavior
- Make suggestions for change

# THE IMPULSIVE WANDERER

Recognition:

- Off the wards frequently
- Work related: tracking down patients, charts, studies
- Personal reasons
- Physical space, travel time

Potential Fixes:

- Access to information
- Enlist help of nursing staff, ward clerks
- Make "rounds" in lab, X-ray
- Address outside concerns

# TIME MANAGEMENT

- Focus on specific daily activities
- Bigger issues are staying **on** schedule if there are no crises to avert
- Work rounds **must** be efficient
- Attending rounds should be set up ahead of time

# WORK ROUNDS

- Need to be efficient

- Should not last more than an hour

- Primary purpose is to gather data and make a plan

- Write orders in timely manner either as one goes or immediately afterward

- Track things that need to be done
  - Tests to be ordered
  - Consults to be obtained
  - Appointments that need to be made

# ATTENDING ROUNDS

- Determine the point of attending rounds
  - Teaching points and sit down rounds
  - Bedside teaching with specific patients to visit
  - Presentation of a formal case followed by seeing patient
  - Running list may not be the best use of the attending's expertise
  - Plan ahead with the attending to establish goals/objectives for the rotation

# SUMMARY

- LEAD
  - Establish **L**eadership position
  - Establish **E**xpectations for team members
  - **A**ssess and plan for meeting learner's goals
  - **D**evelop feedback plan
- Include time management, organization and routinely check in with the team