



Almost anything is easier to get
into than to get out of.

AGNES ALLEN

....Getting into trouble

Louis Ling, MD

Partner, Superior Value in Program
Accreditation (SVinPA.com)

Formerly, SVP-A of the ACGME

Formerly DIO, HCMC and UMMS



Learn from the mistakes
of others. You can't live
long enough to make
them all yourself.

Eleanor Roosevelt



Case 1

Famous research institute program for many years has been fully accredited and doing fine, but fellows are unhappy now because they feel like their complaints have fallen on deaf ears. In frustration, they share their true feelings on the ACGME survey in 2020 and 2021. After two years, the RC asks for a site visit and places the program on probation.

What happened?

Citations (a sample)

Responsibilities of Program Director

II.A.4. Learning environment free of intimidation

Culture of Professional responsibilities

V.I B.7. Process for fellow education regarding unprofessional behavior

Responsibilities of faculty

II.B.2.a. Role models of professionalism

II.B.2.c. Interest in fellow education

II.B.2.g. Faculty participation in faculty development

Evaluation of Residents and Fellows

V.A.1.a. Fellow formative evaluation/feedback during each rotation

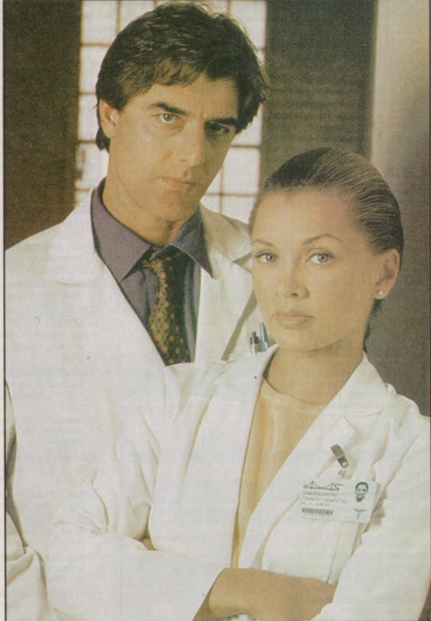
What do the fellows say?

- Lack of respect for fellows, Lack of communication and attention
- Faculty cancel lectures
- Favoritism, women treated differently
- Microaggressions
- “Some of the fellows have certainly gotten opportunities that I didn’t”


November 5 to November 11, 1995

TV
WEEK

StarTribune



Special
"Forbidden City: The Great Within" / Sunday 8 p.m. DSC



Special
"Jacques Cousteau: My First 85 Years" / Sunday 8 p.m. TBS

Miniseries
Resident doctors struggle to succeed
"Sidney Sheldon's Nothing Lasts Forever" / Sunday and Tuesday 8 p.m. CBS
Chris Noth and Vanessa Williams star as doctors in a big-city hospital in the four-hour miniseries based on the best-selling novel. Cover story, page 5.

What do the fellows say?

- Faculty don't intervene when another faculty misbehaves
- Unclear expectations of the faculty: work vs teaching and feedback
- "We are doing super-resident work"
- Some of the faculty are great teachers
- Lack trust that a young PD can change it

March 12 to March 18, 1995

TV
WEEK

StarTribune

Special
"The Music of Ireland"/
Friday 7 p.m. TNN

Movie
"Young at Heart"/
Sunday 8 p.m. CBS

Series
First-year residents begin their training
"Medicine Ball"/ Monday 8 p.m. Fox
Sam McMurray, Donal Logue and Harrison Pruett are featured in the new Fox series about a group of medical residents beginning to practice medicine. Cover story, page 5.



What do the faculty say?

- They aren't ready
- We have to protect the patients.
- I can't wait for them.
- We got good training here.
- I don't have enough time.



What do the faculty say?

- They are gone too much from service.
- They can't take a joke.
- We do give feedback, they don't want to hear it
- They have to take responsibility for their own education.
- I am trying to get promoted which only depends on research



What do you change?

- “Culture” of trust and respect
- Transparency
- Fire someone and coach the rest
- What the Faculty do and say is important
- Leadership support for change
- Structure/curriculum, protected time, faculty involved
- Over communicate, close the loop”

What did they change?

New senior PD that the fellows have trusted in the past

Meetings with ER, DEI, CMO and monthly with new PD, APD

Fellows help develop the plan

Had external legal review and fired one division head

Coach several other faculty about microaggressions

Protected time Friday conferences and wellness days/monthly

Faculty development ongoing and required

Strategic plan includes education and money for protected time to teach

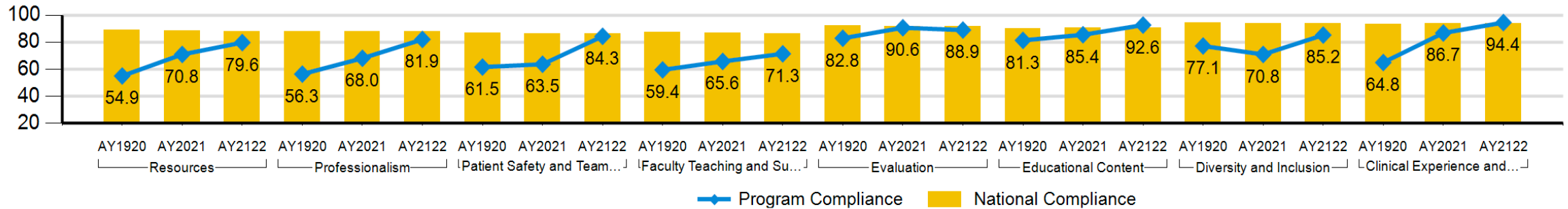
TF to fix the clinic

Outcomes of change?

Internal feedback and surveys

Site Visitor report

ACGME Survey



Site visit

Outsider to explain the SV purpose, process and outcomes

Share the ADS Update and Response to Citation

Share the ACGME survey

Never suggest the answer, ask for truth

The program right now, not as it was

Final outcome

Continued Probation For 2nd year

Review Committee likes to see sustained change

Continued accreditation with warning

Extended citations

Case 2

Surgical specialty program has loss of faculty and cases, at the primary site and the site director at the VA is sexually harassing women residents. The faculty member at the children's hospital is overprotective of patients and refuses to let senior residents operate. The new replacement faculty are slow and unable to get block time because of OR staffing shortage. A busy nearby program has expanded their complement and willing to take all of the current residents as transfers.

Before we arrive, a new program director is appointed, the VA is closed as a site, The didactic program is improved, Despite adding outside sites, residents do not feel they see enough cases.

What do the residents say?

- Harassment has improved
- New program director is too junior to make changes
- New program director has improved the didactics
- Too many residents have to share cases
- Faculty are interested in teaching
- The new faculty are too slow or cannot make decisions
- There are too many outside rotations
- There are not enough residents at the primary site for call coverage
- Pediatric faculty refuse to give more responsibility to residents
- Residents do not feel prepared at graduation

What do the faculty say?

- They need more cases, especially for new faculty
- They need block time in the OR at main site
- Faculty do not respect each other
- Residents are not skilled enough to do the pediatric patients.
- Other pediatric surgeons do not stay in toxic environment
- “They” have to take responsibility for their own education.

What is the underlying problem?

- Culture of research and “old boys bias”
- Residents do not respect slow faculty
- Three multiple-hour long cases
- Pediatric faculty do not trust resident skills
- Primary Hospital does not reserve OR time if it is not used by the specialty
- Other services do not want to refer patients
- Another local program trying to poach the residents!

What do you change? Really!

Need more cases

Hospital should review outlier cases

Need new pediatric faculty

Suggest new primary site

Faculty development

Over communicate, close the loop



Outcome after site visit

Continued probation
Letter of notification pending



Case 3

Small primary care program formerly DO program is now ACGME accredited. The senior residents feel that the private attendings lack an interest in teaching, that residents are only there to work.

The faculty complain about the changes made by the program director. The PD will become head of nephrology


The DIO asks for advice.

What do the residents say?

- New program director expects more than the old program director
- New program director has improved the didactics
- New rotations reconfigured and duty hours reduced
- Senior residents don't want to change the rotations
- Two of four services are fine
- Interns feel unsupervised during the day and in ICU
- Faculty are too busy

What do the faculty say?

- Four private practice services
- I am busy with my own patients
- We got good training when we trained here
- Independent learning is good,
- Nothing bad has happened



What is the underlying problem?

Controversial PD has pros and cons

No obvious successor or experienced APD

Most faculty trained here in the previous pre-ACGME system

Faculty not incentivized to teach or not paid to teach

Lessons learned

Remember Eleanor's quote to learn from other's mistakes

Common risk factors?

- Resistance to change among (senior) faculty
- Isolation of program leaders, chair who is distant
- Successful Faculty stay a long time
- Program doesn't keep up with trends
- Microaggressions and harassment not addressed
- Inadequate reward or incentive for teaching
- Complicated structures and for-profit owners
- Attendings in private practice
- Resident gets lost in big programs and tiny programs

Warning signs?

Watch the resident survey trends closely

When the PD gets too many other jobs

When faculty egos get to be too big

When a resident gets fired

When one class of residents gets too stressed or burnt out

When residents don't get input into problems

When residents stop talking, they have lost trust

Beware of complaint letters to the ACGME (need to be signed)

Hints?

When a resident complains, don't respond. Just listen.

When a problem comes up, close the loop

When a resident needs remediation, plan carefully

Don't fire a resident, extend them

When a class of residents gets stressed or burnt out

Watch the Resident survey

Ask residents input into problems and solutions

Hints 2?

When residents stop talking, they have
lost trust

Have a succession plan

When bosses stop supporting you,
use your succession plan



Learn from the mistakes
of others. You can't live
long enough to make
them all yourself.

Eleanor Roosevelt



Thank You.

Questions?