Teaching Toolbox: Resident as Leader

Residents As Teachers – RATS

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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 the 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

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

▶ *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

▶ Poor conference/didactics attendance

▶ Poor documentation (H&P's, notes, sign-outs; late or incomplete discharge summaries)

▶ Signing out early with things left undone

▶ Coming in late on a consistent basis

▶ Ignoring the attending's instructions

▶ Not answering pages in a timely fashion

▶ Complaining about "soft" admits, "rocks" on the service

▶ Disrespectful of nursing, social work, ward clerks

▶ Disrespectful of other medical specialties

▶ 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

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 <u>and weekly</u> 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