



Teaching Toolbox: Resident as Leader

Residents As Teachers – R~~A~~Ts

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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 Resister
- ▶ 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 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

Please click on the link below to take
the assessment.

[Presentation Assessment](#)

