1. Name your educational leadership role(s)

Site Director at Moffitt-Long Hospital, Internal Medicine Residency Program.

2. Your role(s)

My responsibilities as the Site Director for the Internal Medicine Residency at Moffitt include:
- Directly supervise and mentor the 2 Internal Medicine Chief Residents at Moffitt
- Oversee all inpatient clinical rotations at Moffitt for educational value, service/education balance, quality of life, and duty hours compliance
- Act as liaison between the Internal Medicine Residency and other clinical services (e.g. Division of Hospital Medicine, Cardiology, ICU, Transplant Hepatology, Emergency Department)
- Participate in resident remediation, serve as a faculty advisor for 3 residents, and sit on the residency Clinical Competency Committee
- Participate extensively in interviewing and applicant selection for the residency program

3. Groups served and amount of contact:

- Stakeholders: I directly oversee all 8 inpatient rotations at Moffitt, with at least 50 residents per month. This is our major site for rotations within the residency. The rotations are Medicine Wards, Cardiology, ICU, Liver Transplant Unit (LTU), Med Consult, Emergency Department, Float, Procedures/Quality.
- Contact: I interact informally with residents on a daily basis at morning report and noon conferences. I also interact with residents formally when attending on the medicine service, during monthly feedback sessions with all Moffitt residents, on an ad hoc basis for troubleshooting various issues that arise on the clinical services, in my role as a faculty advisor, and in cases where remediation is necessary.

4. Builds on best practice/evidence

Preparation/use of best practices:
- I consult with and collaborate closely with the Site Directors from SFGH and the VA and with the Internal Medicine Residency Associate Program Director for Inpatient Affairs.
- I review all of the inpatient E-value Reports semi-annually and prepare a summary of strengths and areas for improvement. This serves as a springboard for making curricular and structural changes.
- I lead a monthly feedback session with all Moffitt residents to solicit real-time feedback.
- All of the structural changes I have spearheaded were done following the PDSA rapid cycle improvement model for instituting change: Plan: I use the above feedback sessions, E-value data, and anonymous survey results to identify areas for change. I then review the academic medicine literature to draw on best practices and the experiences at other academic medical centers. Next, I work with chief residents and residents to create several proposals for structural change. I then collect feedback on the proposals via survey data and focus groups. Do: The proposal is then chosen and instituted. Study: After a proposal is instituted, I lead multiple feedback sessions and post-change surveys with stakeholders to gather informal and formal feedback on how the intervention is working. Act: I use post-intervention feedback to make additional changes if needed.

Professional development: DOM Education/Residency Leadership Workshops that included sessions on self-assessment, conflict resolution, and a one-on-one session with an executive coach.

5. Vision and goals

- Vision: My vision as the Site Director at Moffitt is to ensure all rotations provide rigorous and vibrant educational opportunities, promote intellectual curiosity, provide a supportive and collaborative environment across all levels of training, promote high quality and evidence-based patient care, and foster quality of life for trainees.
- Goals: One of my main directives is to ensure that all rotations at Moffitt comply with ACGME requirements, including compliance with duty hours and limits on workload. I also work to ensure all rotations meet pre-specified goals that are congruent with ACGME Internal Medicine Milestones that have been chosen specifically for each rotation.

6. Methods

I spearheaded the following major structural changes to rotations at Moffitt due to issues with workload, duty hours compliance, poor conference attendance, and negative effects on resident quality of life:
- Medicine: I spearheaded a major change in early 2013 to change the medicine call structure to a “drip” system. Changes at that time included distributing holdover admissions to multiple teams each day, creating a “day call” team to offload the call team, having attendings present for signout of holdover patients (to streamline workflow and allow for educational interactions with the night team), and creating hourly caps at the end of the admitting day to promote duty hours compliance. I have also worked closely with the Division of Hospital Medicine leadership over the last year to create a robust non-teaching (faculty only) service that helps to offload and is complementary to the resident teaching service and is well integrated into the larger medicine service as a whole. I have created numerous other smaller changes over the past 3 years, including instituting a “protected” day from holdovers, having late admissions done by the resident only in order to increase duty hours compliance, and setting up guidelines for attendings to make teaching rounds shorter and at more flexible times.
- Cardiology: I spearheaded a major change in the cardiology structure in early 2014 to change from a 3-team to 4-team structure. Additional changes at that time included having the resident stay overnight (instead of going home) on the call day, having attendings present during holdover signout in the morning (for the same reasons as for medicine), creation of a short call team, and ensuring there are always 2 cardiology residents in-house each night.
- LTU: I worked with LTU leadership to institute several major changes in the LTU rotation structure in 2012, including strict caps on intern census and number of notes, changing the time of rounds to allow for later intern arrival, shifting administration tasks away from interns, and protecting interns during medicine conferences (interns are now pager-free during all daily medicine conferences). I have worked closely with LTU leadership to sustain these changes over time.

7. Results and impact

These interventions have led to increases in rotation scores for overall educational value (scale 1-5):
- Medicine: Baseline 4.39 (2011-12, N=261) --> 4.51, 4.55, 4.57 (2012-15; N=249, 259, 170)
- Cardiology: Baseline 4.21 (2013-14, N=71) --> 4.49 (2014-15, N=41)
- LTU: Baseline 3.69 (2011-12, N=36) --> 4.03, 3.66, 4.43 (2012-15; N=34, 38, 23)

Resident rating of the Moffitt site overall has also increased since I have been Site Director (scale 1-5): Baseline 4.54 (2010-11, N=86) --> 4.62, 4.59, 4.68 (2011-14; N=82, 121, 95)

My efforts to improve Moffitt have been reflected in the ACGME survey resident rating of the program as “very positive”: Baseline 75% (2010-11, N=129) --> 72%, 77%, 82% (2011-14; N=142, 154, 149)

8. Dissemination

- Our best practices for creating and structuring the new medicine call system and non-teaching services have been shared with program leadership at other major internal medicine residency programs across the country.
- The process and content of the major structural changes are shared frequently with the Site Directors at the VA and SFGH to assist them in planning and implementing structural changes at their sites.
- The Moffitt rotation evaluations are compiled into an Annual Program Report for the Internal Medicine Residency that is reviewed by faculty throughout the Department of Medicine.

9. Reflective critique

The changes I have made to the inpatient rotations at Moffitt over the last few years have made a significant impact on the educational environment at Moffitt, and I am actively working on disseminating this work more formally. I am currently working on:
- Developing an poster/workshop for the UCSF Education Showcase as well as a workshop for the APDIM meeting on using the PDSA model as a method of instituting educational change.
- Developing innovative evaluation strategies for the “cross-cover” intern role. I plan to write an abstract for presentation at a national meeting and a manuscript for an academic or hospital medicine journal.
- Implementing another structural change on cardiology to more effectively pair attendings with teams, to go into effect starting in July 2015.