

## Chief Resident Leadership Workshop

Tuesday, August 23, 2016 | 8:00 am – 2:30 pm

Chestnut Conference Facility | 89 Chestnut Street | Giovanni Room – 2<sup>nd</sup> Floor

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# Welcome & Introductions

**Dr. Glen Bandiera**

Associate Dean, PGME

Post MD Education

# Opening Remarks

**Dean Trevor Young**

Faculty of Medicine

University of Toronto

# Leadership: Pearls, Pitfalls and Rewards

**Lynn Wilson** MD, CCFP, FCFP

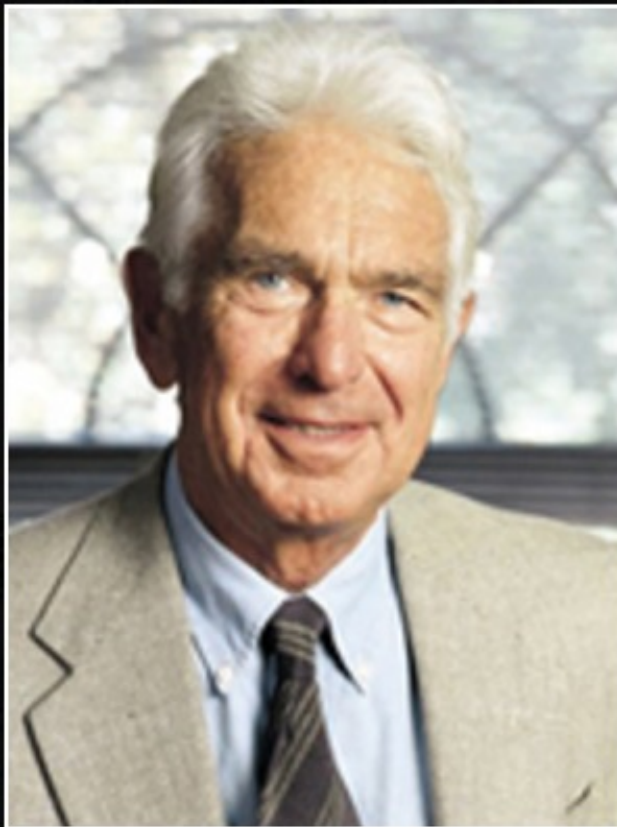
Vice Dean, Partnerships, Faculty of Medicine

Associate Vice Provost, Relations with Health Care Institutions





# Leadership



The most dangerous leadership myth is that leaders are born—that there is a genetic factor to leadership. This myth asserts that people simply either have certain charismatic qualities or not. That's nonsense; in fact, the opposite is true. Leaders are made rather than born.

— *Warren G. Bennis* —

AZ QUOTES



# Studying Leadership

- Can be problematic
  - Many books and articles rely on personal experiences or anecdotes
- There is no unified science of leadership
- Good clinical leadership is associated with high-quality and cost-effective care



# Is it Possible to Be a Leader Without Being a Hero?



“...honor the reality of imperfect people grappling with difficult problems in imperfect institutions”

Wergin J, Leadership in Place



# Characteristics of Innovative Leaders

- Value diversity and inclusion
- Excel at teamwork
- Ask lots of questions and listen to answers
- Set things in motion sooner rather than later
- Set high goals
- Jointly create a vision with their colleagues
- Build trust
- Constantly challenge the status quo
- Have deep expertise

Jack Zenger



- Integrity
- Responsibility
- Honesty
- Collaboration
- Empathy
- Equity
- Courage
- Compassion
- Optimism
- Persistency





# Leadership Pearls



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VISION INSIGHT ENERGY BOUNDLESS



# My Belief About Leadership and Medicine

The qualities that make a person a good physician and the lessons learnt from practicing medicine make many doctors well-suited to leadership roles.



# Relationships

- Effective leaders build relationships of trust.
- Relationships are an essential part of medicine.



# Communication

- Strong leaders are effective communicators.
- Being a good communicator is a core skill for a physician.



# Collaboration

- “Collaboration is the new competition”
- Inter- and intraprofessional collaboration are essential in team-based primary care



# Adaptability

- Being an adaptable leader is about being ready for change
  - “The wise adapt themselves to circumstances, as water molds itself to the pitcher”

(Chinese proverb)

- Physicians are adaptable professionals



# Courage

- Courage comes from facing and overcoming fear
  - “Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen”  
(Winston Churchill)
- It takes courage to cope with the rapid pace of change in medicine, to be an advocate, and to attend to your own needs





# Patience and Persistence

- Effective leaders are patient and persistent.
- These qualities facilitate patient-centred care.



# Reflection

- Self-reflection is key to effective leadership.
- Reflection is an important tool in the practice of medicine.





# Leadership Pitfalls



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# Some Leadership Challenges Physicians May Experience

- Saying “no”
- Mediating conflict
- Balancing clinical practice with leadership roles
- Partnering beyond our own specialties and discipline
- Achieving “work-life harmony”
- Asking for help
  - Peers and mentors
  - Friends and family



# Important Lessons I've Learned (1)

- Family medicine prepared me for leadership roles
- The ongoing practice of family medicine makes me a better leader
- Pay huge attention to culture
- Don't rush decisions AND don't wait for "perfect solutions"
- Don't be afraid to say, "I don't know" and to ask for help
- Empower and delegate!



# Important Lessons I've Learned (2)

- The best part of leadership is mentoring others
- Be clear about your values and communicate them frequently to others
- Believe people when they say you are capable of being a leader
- Leaders are formal and informal
- Followers are just as important as leaders
- Be humble
- Be grateful







# Leadership Rewards



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# My View on Leadership Rewards

- Opportunity to make a difference for patients, students and colleagues
- Creation of leadership opportunities for others
- Constant learning
- Personal growth
- Provides variety to career
- Relationships



# Final Thoughts on Leadership

- It takes a team
- *“The purpose of a leader isn’t to make better followers, it’s to make better leaders.”*

Ralph Nader



***Thank You!***



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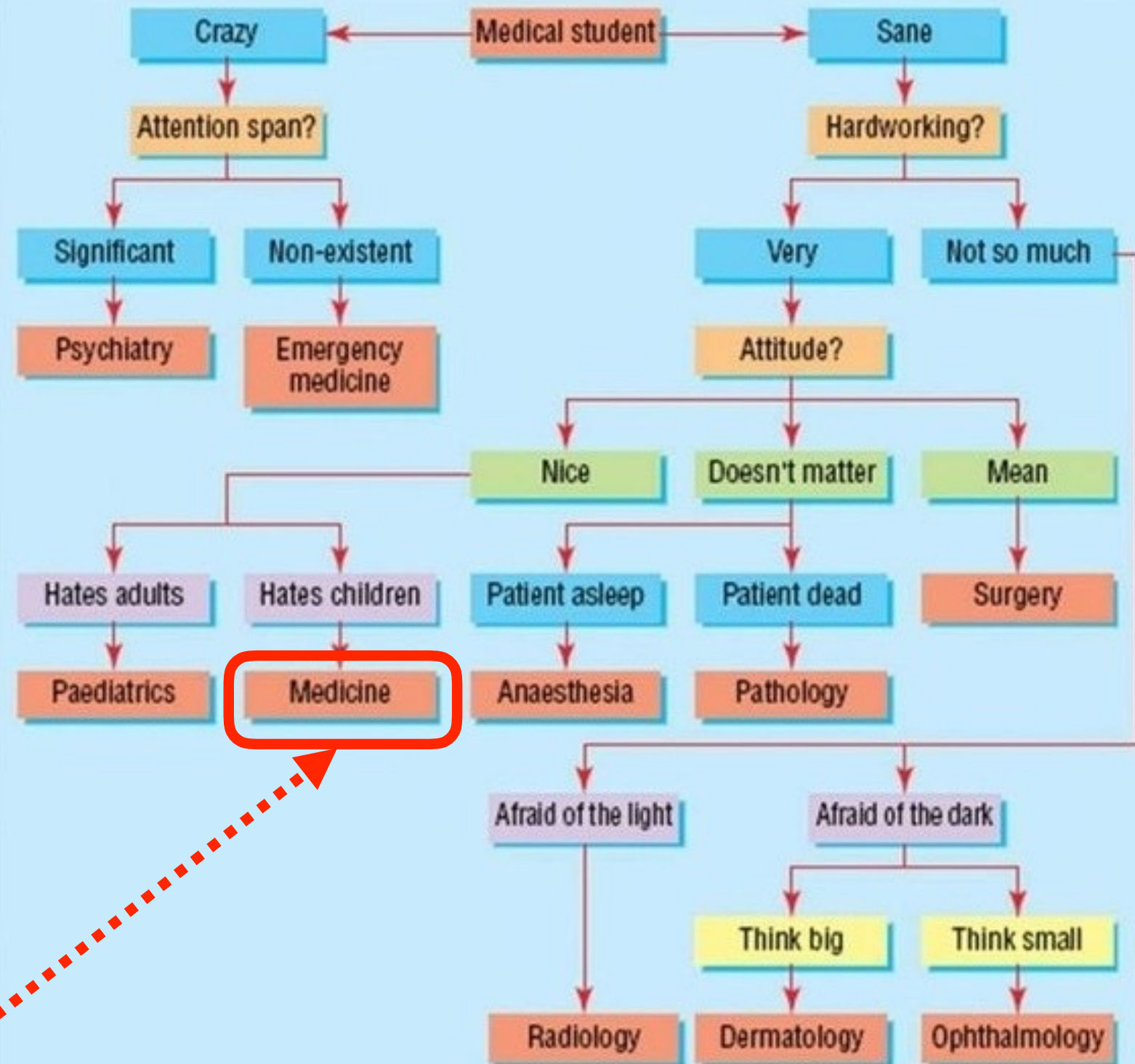
# HOW TO BE THE BESTEST COMMANDER IN CHIEF

University of Toronto Chief Residents' Workshop

Jonathan Ailon

(and Jeff Jaskolka)







# OVERVIEW

- The job description of a Chief Resident
- Top 5 general tips
- Case-based Chief Challenges and strategies

# THE JOB DESCRIPTION

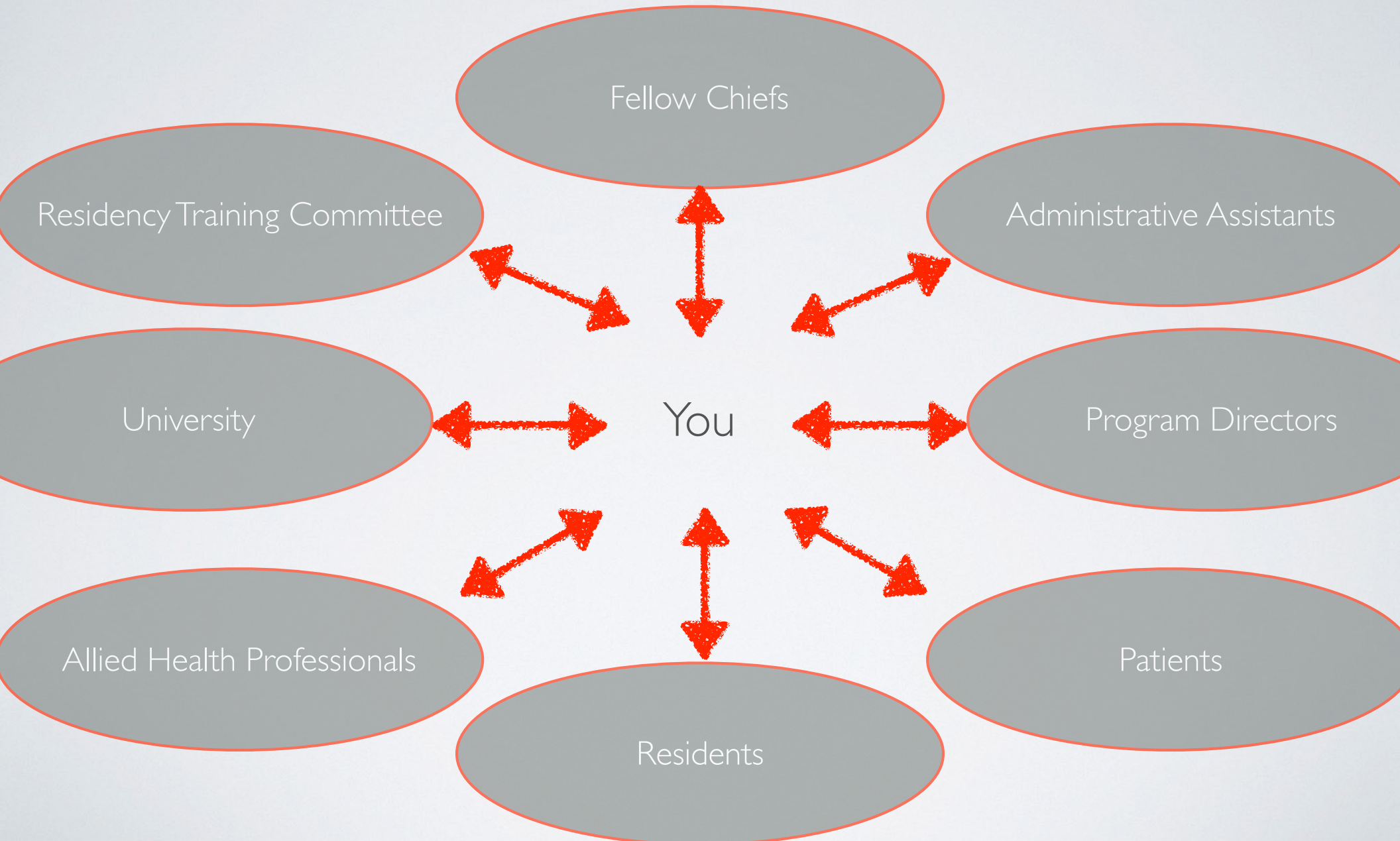
- Dual appointment to both University and Hospital
- Responsibilities often poorly defined (or 'flexible') and program specific
- Time commitment 0.2-0.5 FTE!

# TYPICAL ROLES

- Create fair call and clinic schedules in accordance with PARO regulations
- Manage coverage absences (vacation, illness, emergencies)
- Be a 'know it all' for questions (medical expert, 'the system', hospital policies, PARO, etc.)... without coming across as a 'know it all'
- Be a mentor - 'the chief resident'



# HOW IT LOOKS



# THE LIFECYCLE OF A CHIEF RESIDENT

0-3 Months	“Authorizing”	<ul style="list-style-type: none"><li>• Establish your identity as Chief</li><li>• Learn the job</li></ul>
3-6 Months	“Problem Solving”	<ul style="list-style-type: none"><li>• Start projects: (hospital, postgrad, undergrad, quality improvement)</li></ul>
6-9 Months	“Surviving”	<ul style="list-style-type: none"><li>• Managing responsibilities</li><li>• Managing exam</li></ul>
9-12 Months	“Transitioning”	<ul style="list-style-type: none"><li>• Handing over the torch</li></ul>

# SOME UNEXPECTED RESPONSIBILITIES:

- Diplomat
  - You are the face/voice of the residents to the program
  - You are the face/voice of the program to the residents
  - CONFLICT RESOLUTION

**dip·lo·mat** \ˈdi-plə-,mat/ *noun* :  
a person who tells you to go  
to hell in such a way that you  
actually look forward to the trip



# SOME UNEXPECTED RESPONSIBILITIES:

- Advocate
  - Many perspectives to be listened to
    - Patients
    - Residents
    - Medical trainees
    - Attending staff
    - Hospital staff
  - Firstly advocate for groups with the smallest influence (students/residents)

# THE ART OF SAYING NO...

- Many potentially interesting projects as Chief Resident
  - Can't be good at everything
  - Limited time
- Three ways to cope:
  - Say no...
  - Delegate
  - Reflect it back to them...  
“so... how are you planning on proceeding with this great idea?”





# THE MIDDLE MANAGER

1. Up Work
  - Relationships with staff, program
  - Relationships with PARO
2. Down Work
  - Relationships with residents and students
  - Mentor, role model, teacher, supervisor
3. Lateral work
  - Other 'middle managers' - administrators, allied health
4. Internal work
  - Personal work and career goals

# CHALLENGES AS THE MIDDLE MANAGER

1. The professional see-saw
  - Stay in the middle
  - To be a balanced advocate, don't align yourself too closely with the 'up work' or 'down work' groups
2. The “Bourgeoisie” move
  - Stay connected with people, meet face-to-face
  - Emails suck! Don't hide behind them, be careful what you write
3. Narrow view of problems
  - Before trying to fix problems, 'always check the weather'
  - Look for 'systems-level' solutions

# SO WHY DID YOU (WE) SIGN UP FOR THIS?

- Fun and rewarding
- Building political capital
- Learning important administrative/  
time management skills
- Building your educator skills/  
qualifications
- Interesting projects
- NETWORKING!
- ... Your reasons...



# TOP 5 TIPS FOR YOU AND THE RESIDENTS (TO AVOID A NUCLEAR APOCALYPSE)

# TIP # 1

- Passing your exam and being a good physician are similar but not parallel processes
  - If you become a good physician, you will pass your exam
  - If you pass your exam, you will not necessarily be a good clinician

# TIP # 1

- *Study this year, but not just to be a good exam taker...*
- *But don't squander opportunities to learn from your patients*

# TIP # 2

- *You will almost certainly pass your exam*
- I hated when people told me this
- But basically it is true



# TIP # 3

- *Take advantage of everything your program has to offer*
  - Go to every rounds and special lecture you can
  - Go to every Toronto and local conference/retreat
  - Try to go to one national/international conference per year... especially if there is funding!



# TIP # 4

- *Don't be afraid to ask for help*
  - From your trainees
  - From your residents
  - From other chiefs
  - From other attendings

# TIP # 5

- *Be mindful about how your behaviours may be perceived by others (trainees, staff, nurses)*
  - “If you are going to be late for rounds, don’t show up with a coffee in hand...”
  - Behaviours establish your reputation
  - This happens VERY early on and is VERY hard to change
  - “Be kinder than is necessary...” (-Socrates)

SOME CASES THAT I  
EXPERIENCED AS A CHIEF  
RESIDENT



# CHIEF CHALLENGES - I THE TROUBLED INTER-SERVICE INTERACTION

- 59 year old man in ED with fevers and back pain
- Referred to medicine for pneumonia
- Medicine starts antibiotics, notices leg weakness, orders spine MRI
- Pages neurosurgery for consultation. No call-back after 3 attempts

# CHIEF CHALLENGES - I THE TROUBLED INTER-SERVICE INTERACTION

- Next day, MRI performed...
- Staff to staff discussion, transfer of care, and urgent surgical intervention
- Medicine staff asked me to 'fix this problem so that it doesn't happen again'...

# CHIEF CHALLENGES - I THE TROUBLED INTER-SERVICE INTERACTION

- Strategies...?
  - May be as simple as sending a detailed and factual email (MRNs, involved residents, etc.) to department heads in involved services who will in turn investigate
  - Otherwise, read the chart, reach out to involved residents, nurses. In a non-confrontational manner, try to understand the SYSTEMS-level issues that contributed to the incident
  - Make SYSTEMS-level recommendations to the department heads



# CHIEF CHALLENGES - I THE TROUBLED INTER-SERVICE INTERACTION

- So what happened?
  - Neurosurgery was performing their third subdural evacuation
  - The three pages got lost amongst ~20 ward pages for non-urgent issues
  - One of the solutions - non-urgent ward issues written down on a sheet for team to address during morning rounds

# CHIEF CHALLENGES - 2

## THE TROUBLED RESIDENT

- Second year resident asks to meet with me
- The resident was dissatisfied about their residency experience and wanted to switch programs



# CHIEF CHALLENGES - 2

## THE TROUBLED RESIDENT

- Strategies:
  - LISTEN
  - Try to understand the circumstances, both personally and professionally that are contributing to the resident's difficulties
  - Explore options to address these circumstances
  - Use resources:
    - Office of Resident Wellness
    - Office of Health Professions Student Affairs (OHPSA)
    - Program Directors (with permission)
    - Other...



Resident Support

Career and Financial Resources

Fatigue Management

Performance Enhancement Tools

Mindfulness in Medical Training

Stress Management

Board of Medical Assessors (BMA)

Wellness Library

Wellness Workshop Series

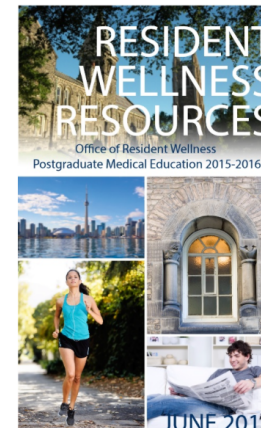
Urgent Advice for PGME Trainees

## RESIDENT WELLNESS

Established in 2006, the Office of Resident Wellness was created to help support the well-being of the University of Toronto's Post Graduate Medical Education trainees and to offer assistance to those encountering difficulties during training.

Residency training can sometimes elicit a variety of challenges to personal and professional well-being, including: emotional and physical exhaustion, heightened anxiety, feelings of inefficacy, and social disconnection. One of the roles of the Office of Resident Wellness is to help residents develop the skills needed to maintain their own wellness as a resident and as a practicing physician.

The Office of Resident Wellness supports and works closely with The Health Arts and Humanities Program, which strives to advance a deeper understanding of health, illness, suffering, disability, and the provision of healthcare by creating a community of scholars in the arts, humanities and clinical sciences at the University of Toronto. The Program offers many events that are open to residents. For more information about their program and initiatives, please take a look at their [website](#).



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<http://www.pgme.utoronto.ca/content/resident-wellness>

# CHIEF CHALLENGES - 2

## THE TROUBLED RESIDENT

- So what happened...?
  - The resident suffered recent illness and loss
  - The resident did not feel supported by their residency program
  - After connecting with Office of Resident Wellness, (personal and career counselling) the resident did decide to switch programs for personal and professional reasons



# CHIEF CHALLENGES - 3

## THE ENTITLED RESIDENT

- 3rd year resident is asking/  
demanding for 3 consecutive  
weekends off call within one  
block
  - Friend's wedding, then
  - Vacation (7 days approved  
but wants last weekend  
off due to differences in  
the cost of flights)

# CHIEF CHALLENGES - 3

## THE ENTITLED RESIDENT

- Strategies...

# KNOW YOUR PARO-CAHO



# PARO

Inspired by our  
love of medicine

STARTING RESIDENCY | DURING RESIDENCY | AFTER RESIDENCY



HOME

ABOUT PARO

YOUR CONTRACT

CONTRACT FAQ

24 HOUR HELPLINE

PARO Awards

CONTACT PARO

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GENERAL COUNCIL 2016/17

PARO Store

Print

**2013-2016 PARO-CAHO AGREEMENT**

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General Purpose and Definition of Parties

Recognition

Postgraduate Consultation Committee

Terms of Agreement and Negotiation

Letter of Appointment

Association Dues

Procedures Re: Work Assignment

Grievance

Dismissal

No Discrimination/Harassment/Intimidation

Vacation

Professional Leave

Statutory Holidays

Salary and Benefit Continuance

Pregnancy and Parental Leave

Maximum Duty Hours



# CHIEF CHALLENGES - 3

## THE ENTITLED RESIDENT

- Strategies...
  - Know your PARO-CAHO
  - FIRST make sure that 'the entitled resident' is not actually 'the troubled resident'
    - "Try to understand the circumstances, both personally and professionally that are contributing to the resident's difficulties"
  - Rather than dismissing their 'unrealistic requests' try to make them feel heard... check in frequently... acknowledge their concerns
  - Focus on the needs of the service, the 'team of residents' and their roles within this team
  - Remind them about TIP # 5 ("If you are arriving late to rounds...")

# CHIEF CHALLENGES - 3

## THE ENTITLED RESIDENT

- So what happened...?
  - The resident admitted to feeling very burnt out and was having relationship problems
  - They hoped that the vacation would help
  - They were referred to Office of Resident Wellness
  - Their call requests were not granted, however, they switched with another resident to get their desired time off

# CHIEF CHALLENGES - 4

## THE TROUBLED STAFF

- A strong senior resident expresses concerns about the competency of an attending staff
- Treatments are unconventional and 'outdated'
- Teaching is sporadic and 'low-quality'
- Discharge plans felt to be inadequate



# CHIEF CHALLENGES - 4

## THE TROUBLED STAFF

- Strategies...
  - Go straight to the division or department head
  - Get specifics (MRN numbers, specific circumstances)
  - We are a self regulated profession. All concerns about competency need to be taken seriously. It is the division/department head's responsibility to investigate



# CHIEF CHALLENGES - 4

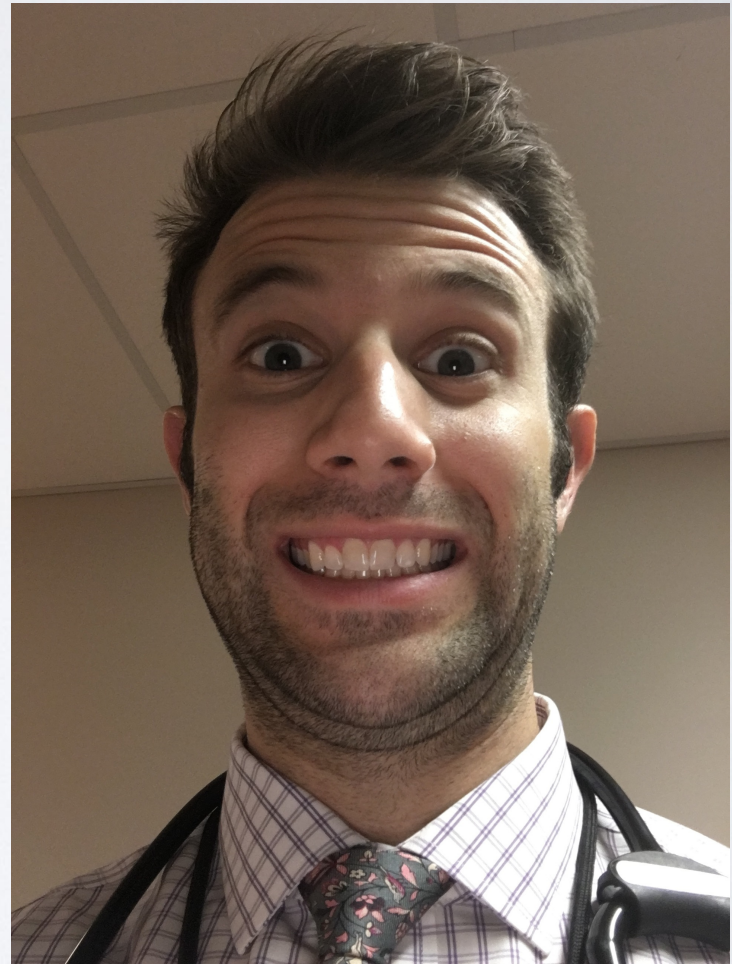
## THE TROUBLED STAFF

- So what happened...?
  - This was not the first expressed concern about this attending staff
  - The department head reduced their clinical service and subsequently removed their admitting privileges

# CHIEF CHALLENGES - 5

## THE OVERWORKED CHIEF

- 30 something year old with many duties/responsibilities

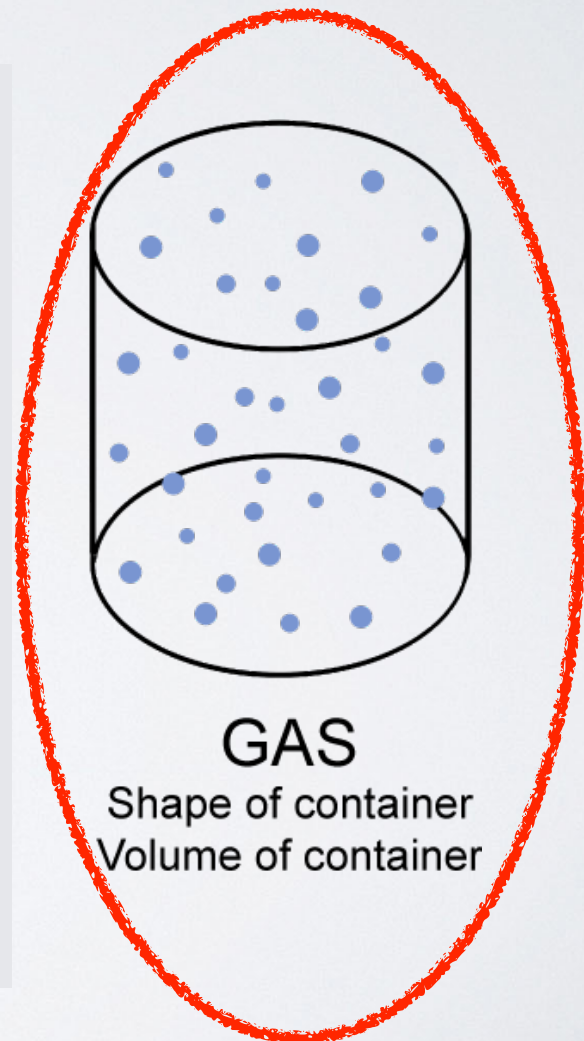


# CHIEF CHALLENGES - 5

## THE OVERWORKED CHIEF

- So what happened...?

Medicine =











[www.pgme.utoronto.ca](http://www.pgme.utoronto.ca)

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# The Chief Resident's Guide to Supporting Health and Well- Being in Training

CRLW

August 23, 2016

Office of **RESIDENT**  
**wellness**

# Wellness Issues Specific to the CR Role

- Resident mistreatment
- Interpersonal work conflicts
- Leaves and accommodation for illness, disability
  - Modified call/training schedules
- Safety Issues

# “Intervention” Quick Tips

- Find the right time and space to have the conversation
- Clarify your role
- What do you need to know in order to proceed?
- Who can help you?

# Speaking with a Learner...

- Think “ill”, not “evil”
- Clarify that you are *concerned*
- Normalize, avoid pathologizing
- Consider patient safety as a priority



## ... Staff

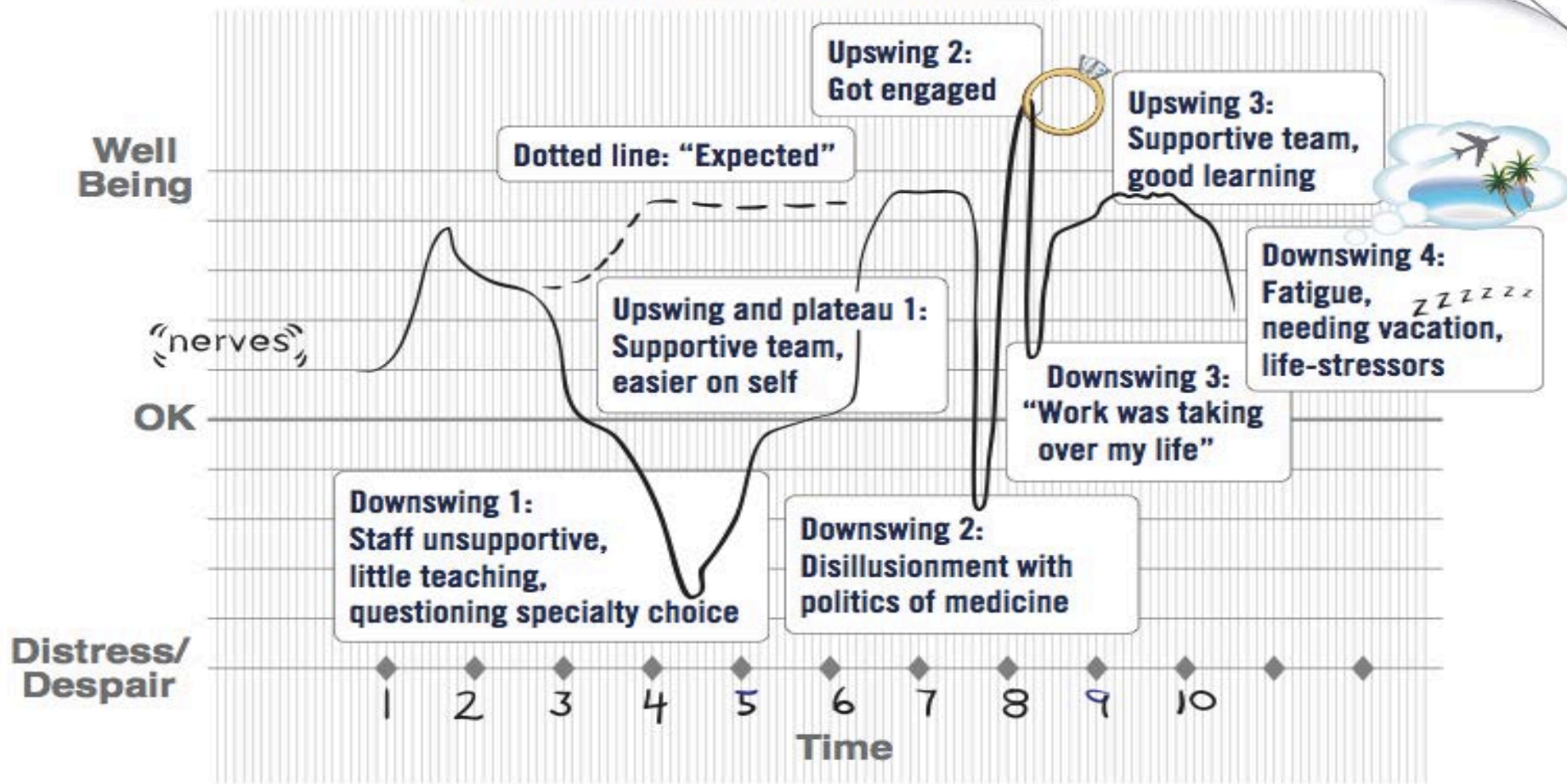
- Don't feel badly, it's your job
- Be careful about disclosure and confidentiality
  - Are you identifying someone who doesn't want to be identified?
- Be solution focused

# Know Where to Find...

- Program policies
  - Safety - Travel to and from work, workplace injury, personal safety in clinical encounters
- PGME policies
  - Intimidation and Harassment
  - Safety
- PARO-CAHO agreement
- Hospital Policies
  - Occ Health, HR, Med Ed Offices

# Upswings and Downswings

Figure 1: R005 Transition Graph



Adapted from D. Williams <http://eoslikework.co.uk>

# What Helps Residents Through Transitions?

## Personal Strategies

- Cognitive
- Behaviourial
- Social
- Self care
- Confidence with medical knowledge

## W/L Environment

- **Team support**
- Good orientations
- Quality learning opportunities
- Engaging teachers
- Enthusiastic supervisor
- Clear expectations



# How to Promote a Culture of Wellness

- Regular time and space for communication
- Mentorship programs/opportunities
- Educational activities
  - ORW workshops\*
  - Faculty panels
- Program Wellness Lead/Committee
- CR Network

# BE NICE

<http://pg.postmd.utoronto.ca/>



Postgraduate Medical Education  
UNIVERSITY OF TORONTO

Office of **RESIDENT**  
**wellness**

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# Office of Resident Wellness

(416) 946-3074

[pgwellness@utoronto.ca](mailto:pgwellness@utoronto.ca)

- Diana Nuss- Coordinator
- Susan Edwards- Director (T/Th)
- Chris Trevelyan- Counsellor/Educator
- Christian Martin- Counsellor (M/W)
- Mariela Ruetalo- P/T Research associate

*“There’s a whole lot of craziness and then you survive.”*

PGY1

*“At first it’s like ... oh my god this is crazy...  
But it all worked out...”*

1st Year Faculty



# Leadership and Teamwork

**Dr. Dante Morra**

Chief of Medical Staff

Trillium Health Partners

# THE JOURNEY TO THE SUMMIT OF HIGH PERFORMANCE

5

Character(Values)  
*What kind of  
person are you?*

4

Mindsets  
*How do you think?*

3

Habits  
*What routines do you keep?*

2

Skills  
*What can you do?*

1

Knowledge  
*What do you know?*

Increasing complexity,  
difficulty, value, and  
scarcity

## Teaching Residents to Teach

**Dr. Danny Panisko**

Co-Director, Master Teacher Program,  
Professor of Medicine,  
Department of Medicine, U of T

Annual Chief Resident Leadership Workshop,  
Postgraduate Medicine, U of T

August 2016

## Teaching Residents to Teach: Agenda

- Introductions, Agenda, Objectives
- The Stanford Educational Framework
- Video Analysis of Teaching: Model Tape 1
- Minilecture: Setting the Learning Climate
- Video Analysis of Teaching: Model Tape 2
- Minilecture: Feedback
- Questions/Discussion

## Teaching Residents to Teach: Objectives

After this session, you should be able to have an understanding of how to teach residents to:

- List options and techniques to enhance the learning climate of a teaching session
- Describe the ideal characteristics of, importance of, and process for the delivery of feedback
- Set personal goals that enhance the creation of a more favourable learning climate and that enhance feedback in the teaching environment

## Stanford Faculty Development Center (SFDC)



## Stanford Faculty Development Center

### Clinical Teacher Model

## EDUCATIONAL FRAMEWORK

LEARNING CLIMATE

CONTROL OF SESSION

COMMUNICATION OF GOALS

PROMOTION OF UNDERSTANDING &  
RETENTION

EVALUATION

FEEDBACK

PROMOTION OF SELF-DIRECTED LEARNING

*Stanford Faculty Development Center*

## Putting Teaching into Practice: An Educational Framework

- Video Analysis
- Watch this famous teacher  
in action !

## Putting Teaching into Practice: An Educational Framework

- Which teaching behaviours
  - work well ?
  - do not work well ?
- We'll brainstorm on your thoughts  
after the video !

## Setting the Learning Climate: Minilecture

Adapted from:  
The Stanford Faculty Development Center's  
Clinical Teaching Seminar Series

- I Definition
- II Timing

## Setting the Learning Climate

III Key Components and Specific  
Teaching Behaviours:

- Stimulation
- Learner Involvement
- Respect and Comfort
- Admission of Limitations

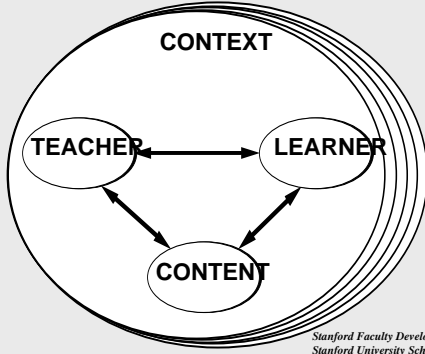
## Setting the Learning Climate: Definition

Learning Climate is

the tone or atmosphere of the  
teaching session

(including whether it is stimulating and  
whether learners can comfortably  
identify & address their limitations).

## CRITICAL ASPECTS OF TEACHING



## Setting the Learning Climate

Timing:

When is it important to consider setting of the learning climate ?

Why ?

## Setting the Learning Climate

KEY COMPONENTS

AND

SPECIFIC TEACHING BEHAVIOURS

## Setting the Learning Climate

STIMULATION

(Teaching Behaviors):

- show enthusiasm for topic and for learners
- show interest through body language
- use animated voice
- provide conducive physical environment

## Setting the Learning Climate

LEARNER INVOLVEMENT

(Teaching Behaviours):

- look at learners
- listen to learners
- encourage learners to participate
- avoid monopolizing discussion

## Setting the Learning Climate

RESPECT AND COMFORT

(Teaching Behaviours):

- use learner's names
- acknowledge learners' problems/situation
- invite learners to express opinions
- state respect for divergent opinions
- avoid ridicule, intimidation, or interruption



## Setting the Learning Climate

### ADMISSION OF LIMITATIONS

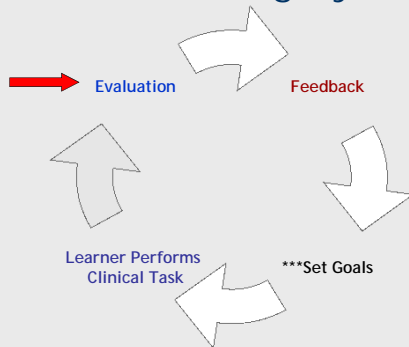
(Teaching Behaviours):

- acknowledge learner limitations
- invite learners to bring up problems
- admit own errors or limitations
- avoid being dogmatic

## Putting Teaching into Practice: An Educational Framework

- Video Analysis
- Watch this resident teacher in action !
- Which teaching behaviours
  - work well ?
  - do not work well ?
- We'll brainstorm on your thoughts after the video !

## Clinical Learning Cycle



## Feedback:

Partially adapted from:  
The Stanford Faculty Development Center's  
Clinical Teaching Seminar Series

Emphasis:  
Feedback in the clinical teaching situation.  
Practical Application.

I Definition

## Feedback:

- II Characteristics of Effective Feedback
- III Levels of Feedback:
  - Minimal Feedback
  - Behavioural Feedback
  - Interactive Feedback
- IV Other Models
- V Summary

## Feedback: Definition

Feedback:  
is the process by which the teacher  
provides the learners with information  
about their performance  
for the purpose of  
improving their performance.

(from Ende and SFDC)

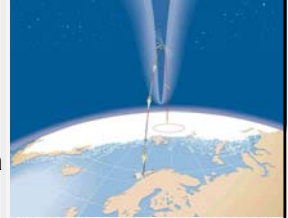
## Feedback: Original Definition (????)

## Feedback: Original Definition (Engineering)

Feedback:

Information that a system uses to make adjustments in reaching a goal.

(from rocket engineering in the 1940's)



## Feedback: Characteristics of Effective Feedback

From Stanford Faculty Development Center:

### 1) Specificity:

- precise
- include specific examples / behaviours
- emphasize behaviours rather than person

### 2) Timing:

- frequent
- but not too frequent (why ?)
- don't leave just to the end

## Feedback: Characteristics of Effective Feedback

### 3) Timing

- close in time to the incident
- (exceptions to this ?)

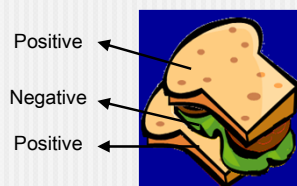
### 4) Positive/Negative

- use both positive (reinforcing) and negative (corrective)
- consider order P – N – P ("the feedback sandwich")

## Feedback – Visual Models

"Sackett Sandwich" PNP Model

Positive  
Negative  
Positive



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## Feedback Sandwiches...

How much filling?

How much bread?



Or... ?

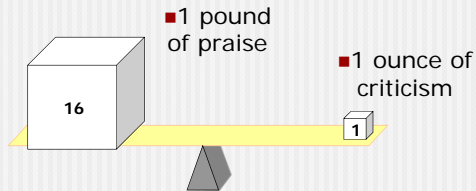
Scandinavian open faced?



## Feedback – Visual Models

### ■ “Feelings Balance”

■ 1 pound (16 ounces) of praise = 1 ounce of criticism



(H.Batty 2006)

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## Feedback:

### Characteristics of Effective Feedback

- 5) Learner Reaction
  - feedback session to include active learner participation
  - learner should be allowed to react
- 6) Action Plan
  - plans for learner improvement
  - teacher to pre-plan ideas, involve learner
  - set timetable for completion

## Feedback:

### Characteristics of Effective Feedback

**From Berquist and Phillips: Handbook for Faculty Development. Michigan State U**

- 7) Descriptive
- 8) Authentic
- 9) Focus on Modifiable Behaviour
- 10) Share Information
- 11) Limited

## Feedback:

### Characteristics of Effective Feedback

**From Berquist and Phillips: Handbook for Faculty Development. Michigan State U**

- 12) Verifiable – by recipient, with others
- 13) Avoid collusion
- 14) Be aware of consequences
- 15) Solicited

## Levels of Feedback: Minimal Feedback

### SPECIFIC TEACHING BEHAVIOURS:

- tell learner performance is correct or incorrect
- agree or disagree with learner's opinions
- use non verbal cues like nodding

### EXAMPLES:

- “No”, “Good”, “You made a mistake”
- “That’s correct”

## Levels of Feedback: Behavioural Feedback

### SPECIFIC TEACHING BEHAVIOURS:

- describe learner performance as behaviours
- tell learner why performance is correct or incorrect
- give reasons for agreement/disagreement
- offer behavioural suggestions for improvement

## Levels of Feedback: Behavioural Feedback

### EXAMPLES:

- "Your case presentation was clear and well organized".
- "Your report does not include all of the important test results".
- "I agree with you because...."
- "Next time, I would try...."

## Levels of Feedback: Interactive Feedback

### SPECIFIC TEACHING BEHAVIOURS:

- give feedback on self-assessment
- elicit learner reaction to feedback
- develop an action plan with the learner

### EXAMPLES:

- "Do you agree with my observations ?"
- "What do you want to change ?"
- "Let's decide how to do it the next time".

## Feedback: Other Models: Six Step (Toronto)

- Teacher **observation** of student behaviour or work
- Ask student for their **self-assessment**
- **Describe** the desired behaviour
- Ascertain that student **understands the difference** between current behaviour and desired behaviour
- **Elaborate a plan** to close the gap (an educational prescription)
- **Follow-up** on improvement

Merrilee Brown, Brian Hodges, J. Wakefield, Effective Feedback, 1995

(H.Batty 2006)

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## Feedback: Summary – General Rules

- observe learner
- review aims and objectives
- focus on behaviour rather than interpretation
- give specific examples
- aim to be non-judgmental rather than evaluative
- ask learner to self-assess
- end with negotiated action plan for learner

## Teaching Residents to Teach: Objectives

After this session, you should be able to have an understanding of how to teach residents to:

- List options and techniques to enhance the learning climate of a teaching session
- Describe the ideal characteristics of, importance of, and process for the delivery of feedback
- Set personal goals that enhance the creation of a more favourable learning climate and that enhance feedback in the teaching environment





PARO

# Chief and Senior Resident Workshop

**Dr. Tara Baxter – Orthopedic Surgery - CIP**  
**Dr. Melanie Bechard – Pediatrics**  
**Tuesday, August 23<sup>rd</sup>, 2016**

# Session Topics

- PARO's Mission
- Keys to Success
- Building Leaders of Today
- Your Role
- When & How to Contact PARO

# Our Mission

PARO champions the issues that create the conditions for residents to be their best to ensure optimal patient care.



# PARO Keys to Success

- Optimal working conditions
- Optimal training
- Optimal transitions

# Optimal Working Conditions

*We will be successful, when*

- Residents enjoy working and learning in a safe, respectful and healthy environment
- PARO-CAHO Collective Agreement is available  
[www.myparo.ca](http://www.myparo.ca)

# Optimal Training

*We will be successful, when*

- Residents feel confident to succeed
- Residents feel competent to achieve excellence in patient care.

# Optimal Transitions

*We will be successful*, when we help with

- The transition into residency, through residency and into practice
- Informed career choices
- Equitable access to practice opportunities
- Acquire practice management skills for residency and beyond

# A Recipe for Success

## Successful Chiefs are:

- Enthusiastic about their work
- Confident and trustworthy
- Treat others the way they want to be treated
- Committed to excellence in the program and to other residents
- Are not silent bystanders, but step in for others in times of need
- Aware that others look to them during times of uncertainty and unfamiliarity for reassurance and security



# PARO 24 Hour Helpline

The intensity of residency can put stress on residents and their families. PARO has a number of supports and programs to help you.

The PARO Helpline is:

- 100% confidential and anonymous helpline referral service
- 24/7

You should:

- \* Ensure sure residents, resident's families, and medical students are aware of this service
- \* Be able to identify and recommend this service to residents who might benefit from it

## 1-866-HELP-DOC

# PARO Leadership Program

- 8 sessions over 2 years; to be eligible to be a graduate of the PARO Leadership Program.
- Focus on individual skills development: effective leadership styles, communication, trust; dealing with change & conflict; gaining personal insight.
- Teaching you management and leadership principles to help you build *high performance teams*.
- And helping you to optimize your influence!



Limited enrollment.

**September – look for the call for general applications for the 2016 PARO Leadership Program**

# Did You Know...?

Most commonly asked questions deal with:

- Call Schedules & Shift Schedules
- Call Stipends
- Maximum Duty Hours
- Vacation & Lieu Days
- Pregnancy & Parental Leave

# The PARO-CAHO Agreement

## Call Stipends for Shorter In-Hospital Call:

- Until 11pm = home call stipend
- After 11pm = in-house stipend

## Family Medicine Residents:

Normal work week + ER shifts, above provisions apply

- Rounding on weekends when not on call = Home call stipend

PARO is currently in the process of negotiating a new Collective Agreement with CAHO.



# When Should I Contact a PARO GC Representatives or PARO Staff?

- Contact PARO reps & office whenever you seek clarification about contract or non-contract related issues

**PARO is your “GO TO” organization!**

In the PARO office is a professional staff to help or direct you to the resources which can help you be the best you can be!

# Contact PARO

Phone: 1-877-979-1183

(local: 416-979-1182)

Email: [paro@paroteam.ca](mailto:paro@paroteam.ca)

Website: [www.myparo.ca](http://www.myparo.ca)

**OR**

Local GC Reps or Board of Directors