

## **STANDARD OPERATING PROCEDURE- POLICY**

### **RESIDENCY PROGRAM CHIEF RESIDENT STRUCTURE AND RECRUITMENT**

#### **SCOPE/APPLICABILITY:**

This policy applies to the UNM OB/Gyn residency program

#### **PURPOSE:**

To describe the UNM OB/Gyn residency program Chief resident leadership structure, procedure for recruitment, selection and remuneration.

#### **PROCEDURES:**

1. Administrative Chief residents (x2)
  - Must be an incoming R4
  - Letters of interest will be solicited
  - Applicants will be interviewed by the PD and APD
  - All qualified candidates will have their letter of interest distributed to the residents and faculty of the Department of OB/Gyn
  - A vote of all residents and faculty will be held (only voted position due to the important role of communication liaison between faculty and residents)
  - Final decision announced by Program
  - One year position
  - \$2,000 stipend
2. Educational Chief resident (x2)
  - May be a R2 – R4
  - Letters of interest will be solicited
  - Applicants will be interviewed by PD and APD
  - Final decision announced by Program
  - May be one year or multi-year position
  - Incumbent Chiefs will be expected reapply for subsequent years' position
  - \$500 stipend
3. Quality Chief resident (x1)
  - May be a R2-R4
  - Letters of interest will be solicited
  - Applicants will be interviewed by Department Quality and Safety Officer
  - Final decision announced by Program
  - May be one year or multi-year position
  - Incumbent Chiefs will be expected reapply for subsequent years' position
  - \$500 stipend
4. Ambulatory Systems Based Practice Chief (x2)
  - May be a R3 – R4
  - Letters of interest will be solicited
  - Applicants will be interviewed by Women's Service Line Ambulatory Leaders

Final decision announced by Program

May be one year or multi-year position

Incumbent Chiefs will be expected reapply for subsequent years' position

\$500 stipend

5. Clinical and Educational Work Hours Chief (x1)

May be a R3 – R4

Letters of interest will be solicited

Applicants will be interviewed by PD and APD

Final decision announced by Program

May be one year or multi-year position

Incumbent Chiefs will be expected reapply for subsequent years' position

\$500 stipend

6. Anti-Racism, Equity, Diversity and Inclusion (REDI) Chief (x1)

May be R2-R4

Letters of interest will be solicited

Applicants will be interviewed by the REDI Committee Leadership

Final decision announced by Program

May be on year of multi-year position

Incumbent Chiefs will be expected to reapply for subsequent years' position

\$500 stipend

## **JOB DESCRIPTIONS:**

### **1. Administrative Chief Resident**

#### **Description:**

The Administrative Chief Residents for the department of OB/GYN act as advocates for the house officers and promote house officer interests in conjunction with program needs and functions. The Chief Residents work closely with the Program Director, particularly in coordinating house officer rotations, call and vacation schedules, conferences, social functions, and maintaining resident morale. Additionally, they act as a liaison between residents and faculty and between residents and administrative/clerical staff.

#### **Who Can Apply:**

Two house officers from the fourth year class share the responsibilities and serve as co-chief residents. Responsibilities of the Administrative Chief Residents are delineated by the Program Director.

#### **Roles and Responsibilities:**

#### **Communication**

1. Maintain regular communication with the Program Director and inform the Program Director and Division Chiefs, when appropriate, of important issues involving the house officers.

2. Maintain communication with other house officers in the form of meetings, electronic or written memoranda, or by other means. This will include conducting “Chief Meetings” with the entire residency at least twice a year, but more frequently if needed, to confidentially determine ongoing needs of house officers and residency program in general.
3. Query the house officers about issues as requested by the Program Director or Chair.
4. Attend and participate in regular meetings with the Program Director, Associate Program Director, Chair, and Division Chiefs and provide feedback on issues discussed.
5. Represent the house officers at REC meetings (Resident Education Committee) and any necessary Faculty Meetings.
6. Strive to maintain morale among the house officers.
7. Assist in conflict resolution. If a conflict cannot be resolved directly between two parties (two residents or a resident and faculty member, division, etc.) the Chief Resident should be approached as the first outside party for assistance prior to escalating to the Assistant Program Director, Program Director, Chair, the entire residency program or any other member of the Department NOT directly involved with the conflict.

### **Organization**

1. In conjunction with the Program Director, arrange the yearly house officer rotation schedules, and make appropriate changes during the year as necessary.
2. Oversee and maintain house officer work schedules, including on-call coverage and coverage for unexpected absences.
3. Maintain a tally of leave types and a resident leave calendar, along with approval/denial of leave requests.
4. Maintain and ensure accuracy of the AMION schedule by collecting each class’s call schedule, inputting the schedule into AMION and updating, as necessary
5. Coordinate house officer vacation and meeting/conference time in accordance with departmental and institutional policies, to include off-service house officers.
6. Assist the Program Director in identifying the location and developing/implementing the education agenda for the annual retreat.
7. Assist in scheduling and coordinating intra-departmental conferences and other departmental events.
8. Facilitate or assist in facilitating the confidential, twice yearly evaluation of the residency program by the residents (i.e.: SWOT). This includes compiling feedback for distribution to Departmental Leadership.
9. Provide orientation to incoming intern class in June (i.e.: scheduling details, steps for conflict resolution, how to handle professionalism concerns, resources when they are struggling, etc.).

### **Teaching and Educational Activities**

1. Help identify, update, and improve topics for a teaching curriculum given by the faculty in resident school - this may be delegated as necessary to an Education Subcommittee.
2. Coordinate and assign topics for resident participation in resident school.

## **2. Education Chief Resident**

### **Description:**

The education of resident physicians to facilitate their development into competent, safe, independent practitioners is the primary purpose of a residency training program. The ACGME specifies that this educational program must include overall educational goals for the program (as delineated in the CREOG Learning Objectives), competency based goals, regularly scheduled didactic sessions, and regular assessment of progress toward the ACGME competencies, including Patient Care and Procedural Skills, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, and Professionalism. Adult learning is best facilitated by active engagement during learning activities, and also a sense of ownership and input into the structure of the educational program.

### **Who Can Apply:**

R2 - R4 who has previously completed the Residents as Educators course. Could be a single year or multi-year position.

### **Roles and Responsibilities:**

In this role, the Education Chief will work with the Program Coordinator and under the guidance of the Program Director and Associate Program Director to develop and execute the weekly resident didactics, which includes Resident School and teaching during Preoperative Conference.

Specifically, the Education Liaison will be responsible for the following:

- Working with the Residency Program Faculty and Staff to schedule resident school didactics
- Organizing topics and scheduling speakers for CREOG Reviews, which take place during Resident School for the three weeks prior to the CREOG Exam each January
- Develop and lead four learning activities in Resident School each academic year
- In the event of an unexpected cancellation in Resident School, the Education Liaison will schedule or lead a learning activity
- Develop an independent educational project, which may include a lecture series covering a topic of interest, or any innovative change to resident education. This project is expected to be appropriate for presentation at the annual APGO/CREOG meeting
- Work with Residency Program Faculty and Staff to implement a year-long, recurring lecture series designed to develop residents' test-taking skills

## **3. Quality & Patient Safety Chief Resident**

**Description:** Quality improvement and patient safety are a fundamental component of our daily lives as physicians. The culture of quality improvement and patient safety is important because our patients expect us to provide safe, high value, and cost-effective care. Additionally, the ACGME requires integrated training in safety and quality in the residency curriculum. Education and implementation of core concepts of improvement science cultivates a culture of continuous improvement. This translates to effective multidisciplinary teams, improved systems, high quality, and cost effective care. A focus on improvement science during residency training also fosters future leaders in healthcare quality and systems innovation and endows residents with the tools to effect change in their future workplaces. As residents provide a bulk of the day to day care in the hospital, their voice is additionally important to any hospital wide initiatives at UNM.

**Who can apply:** R2-R4. Could be a single year or multi-year position.

**Roles/Responsibilities:**

- Dissemination of information to the residency and department regarding:
  - Educational material on quality improvement
  - Pearls/announcements from major quality meetings (HQSC, QEC etc.)
  - Ongoing departmental projects and real-time tracking of outcomes
- Assist in Resident Didactics - Improvement Science Curriculum
- Interface with Quality faculty (Dr. Ninivaggio, Dr. Burkhardt, K. Nardini, E. Taber) regarding higher level hospital changes and how these should best be integrated into resident practice
- Dissemination of information from meetings such as Perinatal Best Practice, OB and GYN M&M, and administration meetings
- Facilitate a residency wide Quality Improvement Project with guidance from faculty advisors
- Attend one Quality and Safety focused educational meeting during the academic year to build knowledge/resources for the residency program
- Seek out opportunities for additional mentorship/guidance in quality and safety by the departmental quality and safety officer

**4. Ambulatory Systems Based Practice Chief Resident**

**Description:** Health care does not exist in a vacuum; as soon as residents graduate, they will be participating in the health care system as a whole: working in the health care field, operating under government regulations, dealing with health insurance, maintaining certification, and more. From the moment a physician makes an appointment with a new patient, he or she is participating in Systems-Based Practice. Therefore, residents must be aware of the health care systems in which they will operate and have the ability to provide high-quality, cost-effective medical care in the context of these systems and their attendant resources.

Systems-Based Practice can be broken down into sub competencies that represent the skills and attributes that a resident must demonstrate in order to show fulfillment of this ACGME Core Competency. These sub competencies include the ability to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinate patient care within the health care system relevant to their clinical specialty
- Incorporate considerations of cost awareness and risk/benefit analysis in patient care
- Advocate for quality patient care and optimal patient care systems
- Work in interprofessional teams to enhance patient safety and improve patient care quality
- Participate in identifying systems errors and in implementing potential systems solutions

Taken one by one, the sub competencies of Systems-Based Practice make up the full picture of how a resident must learn to incorporate systems into their practice, and how they must also learn how to operate within (and perhaps even improve) the health care system in general. Residents must develop systems thinking; that is, they must understand how parts relate to a whole: how the system works, and how it can work better, with the ultimate goal of fewer errors and better performance. Using systems thinking, residents will approach problems with a goal of fixing the underlying system that causes the problem, not just creating a workaround that solves the problem at hand.

#### **Who Can Apply:**

R3-R4. Could be a single year or multi-year position.

#### **Roles and Responsibilities:**

- Collaborate with Ambulatory care team to develop processes/systems to improve clinic flow and patient access.
  - Write at least 1 SOP relative to a care process in clinic
- Attend Ambulatory Task Force and Scheduling Task Force meetings as schedule allows.
  - Attend at least 50% of all meetings
- Provide resident perspective regarding ambulatory care.
  - Quarterly meeting with clinic medical director team (any or all: Swanson/Borders/Beer)
- Disseminate information regarding any clinic changes or process changes to fellow residents at resident school sessions.
  - Any information to be added to Resident newsflash or Ambulatory newsflash
- Write a welcome letter for resident obstetrical patients describing team OB care, unique resident rotation schedule.
  - Letter
- Present a resident school session regarding the role of patient satisfaction in provider engagement.
  - PowerPoint presentation (Department administrator to help with Press Ganey)
- Develop a mechanism to report back data to residents regarding their own practice habits (ACGME survey)
- Develop a mechanism to obtain direct patient evaluations of resident performance (completing 360 evaluation)

#### **5. Clinical and Educational Work Hours (formerly known as Duty Hours) Chief Resident**

*This information is a guideline and should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care.*

### **Description:**

Programs and Sponsoring Institutions must design an effective program structure that provides work-life balance, enabling residents to gain requisite educational and clinical experience as well as reasonable opportunities for rest and personal activities. These requirements encompass the baseline priority for institutions and programs to provide a consistent opportunity for residents to experience an interdisciplinary team-based approach to patient care, safety, physician well-being, and education. Based on thorough review of the best available, current evidence, the cornerstone of these requirements, unchanged since the 2003 revision of the Common Program Requirements, remains the 80-hour weekly limit, one day off in seven, and in-house call no more often than every three days, averaged over four weeks. Programs are responsible for ensuring that residents are provided with manageable workloads that can be accomplished during scheduled work hours. This includes that residents have appropriate support from their clinical teams, and that they are not overburdened with clerical work and/or other non-physician responsibilities.

The OB/Gyn residency program at the University of New Mexico is committed to timely and honest reporting of all resident clinical and educational work hours (duty hours). We are also committed to following ACGME work hour requirements while giving residents as much autonomy as possible in determining their own call schedules.

### **Purpose of Duty Hour Chief**

Assist the OB/Gyn residency program to identify and avoid duty hour violations.

Emphasize the importance to colleagues the importance of timely and accurate duty hour logging.

### **Who Can Apply:**

R2-R4. Could be single or multi-year position. Will be excellent preparation for the role of Administrative Chief Resident, but not a requirement.

### **Roles and Responsibilities:**

1. Encourage and ensure that all residents are logging duty hours into New Innovations in a timely and accurate manner (may include educational sessions and sharing best practices with colleagues).
2. At least two months prior to the start of each rotation review call schedules and “typical hours” of each clinical rotation to determine any anticipated violations. Once identified, work with the affected class to make appropriate call changes to redistribute duty hours appropriately.
3. Approve all call switches after the two month review, considering if a violation will occur.
4. Monitor weekly the logged duty hours of each resident in the program and identify when “unanticipated” violations may occur (i.e.: over 80-hour work week) and work with APD, PD and administrative chief residents to arrange coverage for the identified resident, in order to AVOID the imminent violation.

5. Work with the Associate Residency Program Director, to respond in New Innovations to all program duty hour violations each month.
6. Attend the GME Duty Hours Task Force meetings with any resident colleague who fails to consistently log duty hours.
7. Act as an alternate to the Administrative Chief Resident to assist in finding urgent coverage for clinical assignments or call shifts, keeping in mind the duty hour implications of coverage arrangements.
8. Report quarterly to the Residency Program Faculty and staff (Staff meeting) and the residency program (REC meeting) regarding common violations, common violators, common logging errors, etc.
9. Assist the residency program in developing systems changes to resolve identified areas of common violation.

ACGME Duty Hours Requirements (excerpt from OB/Gyn Common Program Requirements 2017)

VI.F. Clinical Experience and Education

Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

VI.F.1. Maximum Hours of Clinical and Educational Work per Week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)

VI.F.2. Mandatory Time Free of Clinical Work and Education

VI.F.2.a) The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being. (Core)

VI.F.2.b) Residents should have eight hours off between scheduled clinical work and education periods. (Detail)

VI.F.2.b).(1) There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. (Detail)

VI.F.2.c) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)

VI.F.2.d) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)

VI.F.3. Maximum Clinical Work and Education Period Length

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VI.F.3.a) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core)

VI.F.3.a).(1) Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. (Core)

VI.F.3.a).(1).(a) Additional patient care responsibilities must not be assigned to a resident during this time. (Core)

#### VI.F.4. Clinical and Educational Work Hour Exceptions

VI.F.4.a) In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

VI.F.4.a).(1) to continue to provide care to a single severely ill or unstable patient; (Detail)

VI.F.4.a).(2) humanistic attention to the needs of a patient or family; or, (Detail)

VI.F.4.a).(3) to attend unique educational events. (Detail)

VI.F.4.b) These additional hours of care or education will be counted toward the 80-hour weekly limit. (Detail)

## **6. Anti-Racism, Equity, Diversity and Inclusion (REDI) Chief Resident**

### **Description:**

The UNM Department of Obstetrics and Gynecology is committed to diversity, inclusion, and eliminating inequities based on individual or immutable characteristics that lead to disparate health outcomes and underrepresentation in its healthcare provider and staff workforce. A commitment to a better future requires a review of the past, a knowledge of current broad and institutional policies, and a vision for the future.

Individual, institutional, and systemic racism is a social construct and is pervasive in our academic and healthcare institutions and in every medical specialty, including obstetrics and gynecology. There are many known advances in Ob/GYN that are rooted in racism and oppression.<sup>1</sup> In New Mexico, our history has roots in colonialism, systematic oppression and displacement of Indigenous and Mestiza communities leading to decades of disenfranchised peoples that continue to be affected today.

In order to make lasting, palpable change for ourselves and our community, everyone in our Department needs to be involved. The shame and stigma attached to any admission of prejudice has long been one of the most effective barriers to change. The work of anti-racism, diversity, equity and inclusion is a lifelong endeavor and the Department's intention is to *call people in* to this work.

### **Who Can Apply:**

R2 - R4 be a single year or multi-year position.

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<sup>1</sup> <https://www.acog.org/news/news-articles/2020/08/joint-statement-obstetrics-and-gynecology-collective-action-addressing-racism>

Letters of interest will be solicited.

Applicants will be interviewed by the REDI committee.

Final decision will be announced by the program.

Incumbent Chiefs will be expected to reapply for subsequent years' position

\$500 stipend

**Roles and Responsibilities:**

In this role, the REDI Chief will work with the REDI Committee and REDI Committee Leadership to elevate the voice of resident colleagues as it relates to personal and institutional DEI work, develop attainable DEI initiatives, participate in intra-departmental DEI collaboration.

Specifically, the REDI Chief will be responsible for the following:

- Take an active role in the REDI committee bi-weekly meeting
- Complete a minimum of 2 DEI related projects / initiatives per year.
- Present at Ob/GYN Grand Rounds / Ob/GYN Resident School and/or another departmental Grand Rounds or Resident School.
- Scholarly or Scholarship work is strongly encouraged: develop a project, lecture series, training, or innovative addition to DEI education. This project is expected to be appropriate for presentation at the annual APGO/CREOG meeting.

**APPROVALS:**

SOP Owner:	Jody Stonehocker, MD	Date: 1/11/21
Chair Approval:		Date: 6/7/21
Effective Date:	June 7, 2021	