Residents in the lead;
how to design and develop an individual training program

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Who is a

Resident
Program director
Program administrative assistant
Senior educational Administrator
Medical Educator
Goals and objectives

Main goal: Serve as an inspiration session for anyone who is involved in the design and development of residency programs and empower residents to put themselves in the lead.

Learning objectives:
1. Identify factors associated with successful implementation of residents in the lead.
2. Identify opportunities and/or barriers towards designing a curriculum fostering personal development and growth of residents in their own context.
3. Identify first steps in order to promote residents leadership in designing their personal learning track and getting involved in (inter)national issues.
‘The Why’

Residents in the lead; why is it so important?

- 1 minute of buzzing with your neighbour -

- Motivation!
- Self determination theory (Ryan & Deci 2000)
  - Autonomy
  - Relatedness
  - Competence
'The Why'

• Health care is a dynamic field of activity
• Adaptive capabilities are extremely important

• Self directed learning theory (Knowles 1975)
  • what are your individual goals?
The Netherlands

1. A nationwide curriculum (BOEG)
2. 7 Regions with regional curricula
3. Local hospitals have local curricula
4. Each resident translates this to an individual training program
Micro-level
- Individual resident

Meso-level
- Regional

Macro-level
- National
For example: Resident “Bart”

- PGY 6 Gynecology/obstetrics
- After 4 yrs on track for ‘the basics’
- Differentiation in oncology in preparation for a fellowship
- Interest in education, management and organization
- Objectives:
  - Representative of Dutch training program gynecology/obstetrics
  - Innovate Dutch training program
  - Gain insight in National board gynecology/obstetrics
  - Learn to lead a meeting efficiently
- Duration 2 yrs
- Barriers: logistic, agenda, surgical exposure
Resident “Kirsten”

- PGY 6
- Interest in Medical Education
- Learning track: Basic Qualification in Medical Education
  - Duration: 1 year
  - Dedicated time; max 20% of workload
  - Integrate courses and learning activities into rotation (Gyn. Oncology)
- Barriers: logistics
Resident “Kirsten”- continued

• Learning objective:
  • Professionalize as a medical educator: both in theory and practice

• Courses and Activities:
  • Designing assessment tools
  • Developing learning activities and assignments
  • Supervising small group education
  • Lecturing
  • Mentoring master students
  • Participating in curriculum redesign
  • (PhD-track - unforeseen)
'The How’ in the ideal world

Aspects of the ideal training program where residents are in the lead

• What would it look like?
• What are your dreams?
• Regardless resources and barriers
Resources and barriers

- Rotate one table to the left / clockwise
- Discuss about the needed resources and possible barriers of the ideas presented by your colleagues
• Try to reflect on the feedback at your original ideal training program and summarize in order to be able to pitch your idea.
Conclusions and take home message

1. Residents is beneficial as the can’t lay back
2. Improves adaptive and reflective skills
3. Needed: flexible organisation, cooperation PD
4. Risks: losing control and oversight
- Ten Cate, Medical teacher 2011: How self-determination theory can assist our understanding of the teaching and learning processes in medical education. AMEE Guide No. 59
- Ericsson, Acquisition and Maintenance of Medical Expertise: A Perspective From the Expert-Performance Approach With Deliberate Practice. Academic Medicine, Vol. 90, No. 11 / November 2015
- Katrin Saks and Äli Leijen / Procedia - Social and Behavioral Sciences 112 (2014) 190 – 198
Many thanks for participating!!
Resident “Suzanne”

- PGY 5/6
- Objective: gain insight into the functioning/operating of the Ministry of Health, Welfare and Sport
  - Organisational structure
  - Operating procedures
  - Interactions with ‘partners’
    - health insurance companies
    - health and youth care inspectorate
    - healthcare providers
Resident “Suzanne” - continued

- Planning: 3 months fulltime (on call +), supervised by policy officer at ministry
- Department of curative care management (district nursing & basic care)
- Activities:
  - Work shadowing policy officer
  - Prepare meetings, attend meetings
  - Interview leaders (talentclass leadership)
- Returns/Gains:
  - Insight in process and routes; from ‘problem’ – towards solution, dilemma’s at play (durability of care)
  - Importance of: connecting and collaborating, how a small project can initiate cultural change, no ‘blueprint’ for succesfull project exists
  - Learn to speak ‘their language’