EDUCATION SYMPOSIUM: FOSTERING CHANGE IN THE ANESTHESIA RESIDENCY PROGRAM

RESIDENT BREAKOUT ROOMS

Key Questions for Breakout Groups

The accreditation report clearly identified key areas of concerns:
1. Lack of supervision in the operating rooms and clinics leading to inadequate teaching, lack of assessments, service/teaching imbalance and safety concerns.
2. Need for increased faculty evaluation and teaching performance accountability.
3. Harassment and incivility in the learning environment.

The focused areas for how we can improve include:
1. Increase completion of resident EPAs/CEAs and provide constructive feedback.
2. Increase faculty evaluations and develop a teaching performance accountability system.
3. Enhance Faculty development (training modules).
4. Reduce systemic and institutional factors that lead to incivility and harassment.

Breakout Group: Civility in the learning environment

1. How can the department deal better with harassment/incivility?
2. How can the department address individuals who repeatedly portray harassing and uncivil behaviours?
3. What avenues should we make available to residents to deal with harassment and uncivil behaviours?
4. What tools for faculty development should be available for learning civil behaviours?
5. What actions should be taken for uncivil behaviours?

Breakout Group: Improvement in intraoperative teaching

1. How should a learning plan be structured for the day?
2. What kind of learning tools/vignettes should be available in a teaching bank to use for intraoperative teaching?
3. What resources should be available to faculty to improve intraoperative teaching?
4. Do you know of other teaching tools at other institutions that people may find helpful?
5. What actions should be taken for poor teaching?
Breakout Group: Assessments and feedback

1. How can the department ensure at least 70% of resident CEA’s are completed?
2. How can the department address individuals who are not completing CEA’s?
3. How can the department ensure that residents are completing constructive staff evaluations?
4. What faculty/resident development should be available on how to provide constructive feedback?
5. How can the faculty improve resident evaluation of staff?
6. What actions should be taken for poor completion of feedback?

Breakout Group: Single coverage with graded supervision

1. How can the department ensure that staff is immediately available in a single coverage with graded supervision model?
2. How can the department ensure that residents are not left unattended in a single coverage model?
3. How can the department address individuals who routinely show poor supervision?
4. What actions should be taken for poor supervision?
EDUCATION SYMPOSIUM:
FOSTERING CHANGE IN THE ANESTHESIA RESIDENCY PROGRAM

FACULTY BREAKOUT ROOMS

Key Questions for Breakout Groups

The accreditation report clearly identified key areas of concerns:
1. Lack of supervision in the operating rooms and clinics leading to inadequate teaching, lack of assessments, service/teaching imbalance and safety concerns.
2. Need for increased faculty evaluation and teaching performance accountability.
3. Harassment and incivility in the learning environment.

The focused areas for how we can improve include:
1. Increase completion of resident EPAs/CEAs and provide constructive feedback.
2. Increase faculty evaluations and develop a teaching performance accountability system.
3. Enhance Faculty development (training modules).
4. Reduce systemic and institutional factors that lead to incivility and harassment.

Breakout Group #1: Improvement in intraoperative teaching

1. How should a learning plan be structured for the day?
2. What kind of learning tools/vignettes should be available in a teaching bank to use for intraoperative teaching?
3. What resources should be available to faculty to improve intraoperative teaching?
4. Do you know of other teaching tools at other institutions that people may find helpful?
5. What actions should be taken for poor teaching?

Breakout Group #2: Assessments and feedback

1. How can we ensure at least 70% of resident CEA’s are completed?
2. How can we address individuals who are not completing CEA’s?
3. How can we ensure that residents are completing constructive staff evaluations?
4. What faculty/resident development should be available on how to provide constructive feedback?
5. How can the faculty improve resident evaluation of staff?
6. What actions should be taken for poor completion of feedback?
Breakout Group #3 : Single coverage with graded supervision

1. How can we ensure that staff is immediately available in a single coverage with a graded supervision model?
2. How can we ensure that residents are not left unattended in a single coverage model?
3. How can we address individuals who routinely show poor supervision?
4. What actions should be taken for poor supervision?

Breakout Group #4: Civility in the learning environment

1. How can we deal with harassment/incivility better as a department?
2. How can we address individuals who repeatedly portray harassing and uncivil behaviours?
3. What avenues should we make available to residents to deal with harassment and uncivil behaviours?
4. What tools for faculty development should be available for learning civil behaviours?
5. What actions should be taken for uncivil behaviours?