

The Guiding Ray: The Grand Rapids Radiology Residency Newsletter

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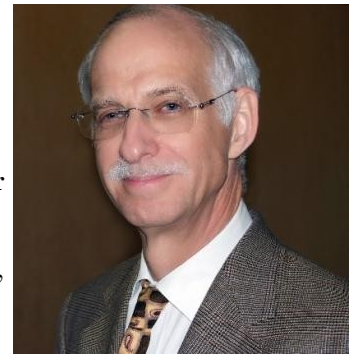
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A Word from the Program Director

Jay Harolds, Radiology Residency Director

Our ACGME site visit is over, but a great deal of time, energy and expertise from many people went into making it a success. From the GRMEP offices, I wish to express appreciation to Marte Bergman, who did a fantastic job as coordinator, and Dr. Peter Coggan, Linda Youmans, Gayla Jewell, Jaclyn Goodfellow, Virginia Riisberg, Kimberly Longstreet, Mary Sepanik and Jan Nowicki. I also want to give a big thank you to all of our faculty, especially those who met with the site visitor that day, namely, Drs. Thornburg, Luttenton, DeLano, McCullough, Doherty, Williams, and Shin. Finally, I want to thank our fine residents. The ACGME Diagnostic Radiology Review Committee will meet on November 11-12, and we should get our results within 2 months after that.



Interview Season



Interviews of prospective residents for our residency program starts on October 24. So far over 80 individuals have made appointments for interviews, which is almost everyone who was invited. This year we will be spending more time showing the applicants around the Butterworth-Children's Hospital-Lemmon Holton campus than in years past. The Power Point presentation we show and the website information is again being updated. We are also adding a "button" an interested person can press on the website so the person can see and hear 3 of our residents and the residency director giving brief comments on the program.

Leadership—part 1

There have been many discussions as to whether great leaders are born that way, or whether they are trained to be great. It is now accepted that many leadership skills can be learned. Furthermore, one can be a very good leader without having charisma, although it is true that charisma is helpful. Leaders assist the other members of the organization in determining the goals, objectives, mission, and values of the group. Fine leaders develop a network of people who can help advise him. The leader must have a strong moral compass, give credit for the accomplishments of others, be professional, and love people. He tries to achieve win-win victories rather than separating people into winners and losers. He also takes responsibility for errors made by himself or his followers. He communicates well with others and keeps the organization together. A great leader empowers others, helps others reach their potential, and appropriately uses teams. Interdisciplinary teams help break down silos in an organization and encourage innovation. By appropriately delegating authority, the leader helps others develop leadership skills, encourages loyalty, gives decision making to those who know more about certain topics than he does, and gives the leader more time to focus on critical matters. Delegation of decision making also makes those individuals sales people for the decision to the rest of the organization. The wise leader does not excessively try to control others and encourages participation of the followers in decision making. A fine leader also encourages the members of the organizations to question how things are done, and tries to find better ways to do things. This means that the leader must encourage some carefully calculated risk taking, and not punish those who take a responsible risk with permission that does not work out well. The fine leader is adept at attracting good people to the organization and best utilizing their talents. The leader must not only focus on what is wrong with the organization, but what is right with it as well, using the appreciative style. (1-7)

To be successful, a leader must be able to assess his strengths and weaknesses, and work on building on his strengths and correcting his short comings. He should not dwell too much on past failures but learn from mistakes. If he makes a mistake, or can't fulfill a promise, he should admit it and explain what happened. The leader should also learn from and take satisfaction from his successes. The fine leader must have confidence in himself. He must also be innovative, like challenges, and enjoy the ups and downs of the job. He also does not spend a lot of time thinking about how people weren't fair with him, or plotting revenge on those who disagree with him. Instead his focus is on making things better for the organization and all it serves, not himself. He is therefore what is known as a servant leader. Although we usually think of the leader as someone who is at the top of the organizational pyramid, also remember, that as health care professionals, we are all leaders. (7-12)

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Faculty Development

The Grand Rapids Medical Education Partners Graduate Medical Educational Committee has created a subset of members to participate in a Faculty Development Committee. Over the past few months, this committee has used the ACGME requirements as the basis for drafting faculty development participation expectations for faculty who teach in GRMEP residencies and fellowships. The Radiology Program created a document that outlines faculty development domains, goals for each domain, and potential activities to fulfill goals. We recognize that there are a lot of questions regarding this ACGME requirement so the goal was to give you examples to see that a number of activities that you are already doing are indeed faculty development. In upcoming newsletters, we will highlight each domain.



The featured domain this month is Teaching/Learning Skills. Examples are Bedside Teaching, Outpatient Precepting, Procedural and Operative Supervision, Evaluation and Feedback, Teaching/Applying EBM, Effective Presentation Skills/Tools, Teaching Methods & Techniques, and Cultural Diversity. The Goal would be to fulfill ACGME faculty expectations for supervision and teaching through active participation in the program’s competency-based curriculum.

Activity options and resource suggestions are listed below:

Activity Options	Resource Suggestions
<p>Teaching/Learning Skills Sessions (to be developed)</p> <p>Annual “Excellence in Clinical Teaching” series and other Visiting Professor presentations</p> <p>Program-initiated presentations and faculty meetings</p> <p>Online modules and materials</p>	<p>Online Teaching Resources: http://www.grmep.org/cme-faculty-development/teaching-resources.html</p> <p>MSU Office of Medical Education, Research & Development (OMERAD): http://omerad.msu.edu/index.php#</p> <p>MSU Office of Faculty & Organizational Development: http://fod.msu.edu/OIR</p> <p>Specialty websites</p>

Additional domains will be shared in further editions of this newsletter. Also a full listing will be shared with all faculty members via email. Please let Dr. Harolds know if you have suggestions.

Program Coordinator Corner



It is with great pleasure that the program announces that Marte Bergman will be staying with us as the Program Coordinator of our Diagnostic Radiology Residency Program. Office hours will usually be: 7:00 a.m. to 4:00 p.m., Monday through Friday in the Radiology offices. She can be reached via phone at: 391-9087 or via email at: Marte.Bergman@spectrumhealth.org.

Marte has 15+ years of ACGME experience and is TAGME-certified in her previous field of expertise, Emergency Medicine. (TAGME certification requires completing a three-month work project and a 5-hour exam on the intricacies of graduate medical education according to ACGME regulations.)

She has been married to her husband, Scott, for 27 years. They have three grown children – Mark, Rebekah and Zach – and three grandchildren – Zoe (age 7), Isaac (4) and Ariana (2). Scott and Marte are currently raising Isaac & Ariana in their home, next to the 88-acre family farm outside Sand Lake, MI. Stopper-Dawg, Jazz & Hosho are the dogs who round out this family mix. She enjoys reading, crocheting, knitting & quilting in her spare time as well as motorcycle rides with her husband when the weather is warm!



Physics Announcement



One of our physicists, Bruce Hasselquist, is leaving by the end of the month. Dr. Hasselquist gave most of the physics lectures to our residents. Yong Zhou, our other physicist, will remain in the department and give some physics lectures. However, most of the lectures in physics will be by webcast from Johns Hopkins. The radiology department is committed to eventually have three physicists, and a search for two more has begun.

Interdisciplinary Conferences

It is important to encourage the residents to participate in a reasonable number of interdisciplinary conferences. Recently the residents and the program director took over an interdisciplinary tumor board conference for surgery on the fourth Wednesday morning of every month. There are many other conferences where the residents could help prepare the cases, or present cases.

Congratulations!



Congratulations to Jennifer Rollenhagen, who was accepted for a breast imaging fellowship at the University of Wisconsin.



“What keeps me awake at night?”

By: Peter Coggan, MD, MEd

President & CEO, Grand Rapids Medical Education Partners

As I reflect on the many issues which make running a graduate medical education program difficult, and sometimes scary, here is a miscellany of some thoughts that keep me awake at night.

Medical student educational debt is now at an alarming level and still rising. The average level of indebtedness for all graduates of US medical schools is around \$160,000. This figure includes those students who are fortunate to graduate with no debt or those whose tuition is covered by National Health Service Corps or Armed Forces scholarships. The consequences of the cost of medical school are profound and driving away minorities who, in many cases, do not have the financial resources to afford medical school. Additionally, costs also discourage entry into much-needed, but lower paying specialties such as family medicine and psychiatry.

The next contributor to my sleeplessness is the projected physician shortage. We now have reasonable statistical models on which to build projections of the total numbers and specialty mix needed for the future. We will be 160,000 physicians short of predicted need by 2025 and, of this number, 66,000 should be primary care physicians. Two factors make these targets extremely difficult to achieve. The cost of medical education described above is certainly one factor. Retiring student debt at its current levels on the income of a primary care physician is a daunting task. I am not reassured by the unsatisfying viewpoint that the increasing output of graduates from US medical schools will force more students into primary care. A more positive motivation could be created through tuition relief programs to encourage students to enter primary care, and the development of primary care delivery models that offer more professional satisfaction such as the patient centered medical home. A second factor is the inability to increase the number of residency training positions to accommodate projected needs.

We are on track to producing 48% more medical students from Michigan medical schools by 2016. The expansion of MSU College of Human Medicine has already doubled the size of the entering class. The MSU College of Osteopathic Medicine has increased its entering class size by 50%. New medical schools at Beaumont Hospital, Central Michigan University and Western Michigan University will be graduating students within the next three to four years. At the same time, there is likely to be virtually no increase in the number of residency positions to train and retain these graduates in Michigan. As a consequence, on the national scene, the number of residency candidates in the Match will exceed the number of positions open to them in 2016, thus leaving some graduates of US medical schools with no opportunity to enter residency training. In itself, this is a disaster for the individuals who will be left in this position. An impending physician shortage seems to imply that more residency positions should be created. Residency is, after all, the pipeline into medical practice. I see little indication that more funds will flow from the federal government to support this effort.

Lest I leave you with the impression that I think the sky is falling, let me end with some very good news. The quality of our residency programs in Grand Rapids is outstanding. We handily exceed national benchmarks for the length of accreditation of our programs and, because of the alignment of our partner health systems and the new MSU College of Human Medicine campus, a bright future seems assured.



Evaluations

As you know, we have revised our resident evaluation forms to try to make them more clearly linked to our objectives for the curriculum for each subject, and each year. However, the most important part of the evaluation is accurate feedback from the faculty. Nationwide, across programs in different specialties, faculty often give residents inflated grades. This may perhaps be because it is faster to do the evaluations if everyone is given a wonderful grade for all parameters, or because faculty want to be popular, or do not want to have a confrontation with the resident because it may not be pleasant or it may take time. Nevertheless, if there is behavior by the residents which a faculty member considers to be below expectations, that faculty person will reinforce its continuance if inflated grades are given. You will also tie the hands of the residency director since if I point out an issue told to me orally by a faculty member, the resident can point to numerous written evaluations in which that resident was evaluated to be performing admirably.



On the other hand, if a resident does not do well in one parameter, that does not necessarily mean they are not doing well in all parameters. It has been found that written comments can be extremely valuable. Also, please remember that if there is a problem, please do not wait until the evaluation to give the resident feedback. Finally, giving people great grades and comments who are doing great is very important. Our residents are among the brightest graduates from medical school and usually do a great job.



ACGME Survey of Faculty



Starting in 2012, the ACGME will start to survey the faculty of the residency programs. They will survey the "core" faculty -- those identified as spending at least 15 hours/week total of administrative, research, clinical supervision and teaching activities. They do this partly to collect data for a variety of purposes including monitoring our program and giving us feedback. It is expected to become part of the record available to any future site visitor of our residency program, and the people reviewing our program in the Radiology Residency Review Committee, so the faculty should make sure they understand each of the questions fully, and answer them accurately.

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Featured Residents

We are privileged to have outstanding radiology residents here. In each Newsletter, we will feature some biographical sketches of several residents.

Marlene Dominguez, MD grew up in Richmond, California. She went to Stanford University in Stanford, CA for her undergraduate education and Meharry Medical College in Nashville, TN for her medical education. She is engaged to Alex, who grew up in Southfield, Michigan and is working as an Engineer at Chrysler. They both plan to marry next year in Hawai'i. They have a happy and very active baby, Alyssa Mariah who is 6 months old. Besides spending time with her family & friends, Marlene is enjoying the outdoors here at Grand Rapids and is thrilled to experience her first real "Fall season" this year. She enjoys hiking, running, reading biographies and trying new adventures. Her goal is to be more friendly with aquatic sports and plans to improve her skills in the water this year.



John Fox, MD was born and raised in Livonia, Michigan, a suburb of Detroit. He went to the University of Michigan for his undergraduate degree and a masters degree in epidemiology and Michigan State for medical school (although he still cheers for the Maize & Blue in sporting events). Following his masters, he worked in Bethesda, Maryland at the National Institutes of Health working in their cancer epidemiology and genetics research program. To relieve stress,



John enjoys going for a run, watching a movie or grabbing a local microbrew with friends. When time permits, he also enjoy traveling, scuba diving, playing trivia, camping, kayaking or entertaining his nephews.

Barrett Fricke, MD is an aspiring radiologist from Northwest Indiana, and is the younger of two sons to a middle school teacher and a nurse. His father, like Charles Darwin and Mike Tyson, raises pigeons, for reasons unknown. After attending a small, little-known but somewhat prestigious engineering school, he went on to medical school at Indiana University. Outside of work, Barrett maintains an avid interest in basketball, tennis, downhill skiing, and has plans to start playing hockey to further assimilate into Michigan culture. He has not ruled out figure skating if he finds hockey to be too rough. Despite being from Indiana, Barrett states that he has been a lifelong, die-hard fan of the Michigan State Wolverines.

