The Show Must Go On Program Coordinator Back-Up Team





The Directors

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Program Coordinator Cardiology Fellowship

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Program Coordinator Hematology Oncology Fellowship

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Program Coordinator
Internal Medicine Residency

*We have nothing to disclose.





Objectives

- Conceptualize building a back-up team/program within your own institution
- Identify the role each member plays
- Initiate the process with concepts provided





Backstage Legwork How Was The Need For a Back-up Team Identified?

- Urgent fellow questions
- Urgent Fellowship Director questions
- Coordinator feedback
 - Knowledgeable coverage
 - Extended time off situations





And The Nominees Are....

Internal Medicine/Medicine-Pediatrics

- 18 fellowship programs
- 310 residents and fellows
- 18 Coordinators between core and fellowships

Desired Qualifications of Cast Members

- Proactive spirit
- Hardworking
- Previous experience with residencies or fellowships





And the Winners are!

- 5 winners selected
- 2 residency coordinators; 3 fellowship coordinators
 - 3 at UM, experience outside of Internal Medicine
 - 1 had experience with an outside institution
 - 1 multiple UM/IM programs previously





Necessary Approvals

- Back-up team members
- Internal Medicine Leadership
- Program Directors
- Division Administrators





Read Through First Meeting

Created a list of the annual tasks Sources

- ACGME
- ABIM
- GME
- Program task lists





Script Task List Development

Job Duty	TM #1	TM #2	TM #3	TM #4	TM #5	Email Group
ABIM FasTrack						
ACGME Milestones						
Annual Program Evaluation						
Back-up System for Attendance						
Budgets						
Check-out process						
Credentialing						
Emails						
Expense Reimbursements						
Fellow Issues						
GME calls or emails						
GME Final Evaluations						
GME Track - Program						
GME Track - Residents						
Graduation						
Holiday Pay						
HR paperwork						
Leaves of Absence						
Loan Forgiveness Forms						
Meal Money						
Medhub Duty Hours						
Medhub Evaluations						
Medhub Schedule						
Orientation						
PEC - schedule meeting						
Record Conferences						
Training Grant						
Training Verifications						
VA Billing						
Vacation Issues						







Read Through First Meeting

- Created a list of the annual tasks
- Back-up team group email address was created
- Program coordinator manual
- Developed a process for team activation
 - Notification of Absence
 - Email Back-Up Team and Leadership
 - Assignment of tasks





Debut Activation: Day-to-Day Management

- Activation began on June 7th
- Duration was expected to be approximately 4 weeks
- The program was a three-year program and had a total of 17 fellows





Lines Task Assignment at Activation



- Assignments based on:
 - Immediate needs
 - Availability
 - > Time of year
 - Location
 - Areas of expertise
- Met with team after to further delegate additional tasks
- Sent copy of assignments to program





Final Script

Job Duty	Team Member 1	Team Member 2	Team Member 3	Team Member 4	Team Member 5	Email Group
ABIM FasTrack			X			
ACGME Milestones			^	X		
Annual Program Evaluation				X		
Back-up System for Attendance	X	X	X		X	
Budgets		X				
Check-out process		X				
Credentialing					X	
Emails						Х
Expense Reimbursements	All outstanding reports complete per Patty 6/5/17					
Fellow Issues						X
GME calls or emails						X
GME Final Evaluations		X				
GME Track - Program					Program data entered per Patty 6/5/17	
GME Track - Residents	Resident survey opens 7/26/17 per GME track site					
Graduation			X			
Holiday Pay				X		
HR paperwork				X		
Leaves of Absence		X				
Loan Forgiveness Forms		X				
Meal Money			X			
Medhub Duty Hours	X					
Medhub Evaluations					X	
Medhub Schedule			X			
Orientation		X		X		
PEC - schedule meeting		X				
Record Conferences				X		
Training Grant					Is not involved in Training Grant per Patty 6/5/17	
Training Verifications		X				
VA Billing	X					
Vacation Issues						Х





Opening Night Activation: Day-to-Day Management

- Out of office email message
- Program phone coverage
- Response to emails
- Walk-in needs
- Unanticipated situations





Applause Strengths of Process



- Clearly identified responsibilities
- Ownership of tasks
- Peace of mind
- Proper utilization of individual time and strengths







We Didn't Know What We Didn't Know





Critique Weaknesses of Process



- Unassigned tasks
- Process for electronic access
- Uncertain duration of leaves of absence
- Lack of structured work log for tracking





Reviews Lessons Learned

Program specific checklist

- More seamless coverage
- Eliminate delays and confusion in activation
- Easier to answer emails and complete basic tasks







Additional Items for Program Specific Coordinator Manual

Please include the following items in your own specific folder of the Program Coordinator Manual. For example, Hematology/Oncology, would include the following items in the Hem/Onc "folder".

	Task	Completed						
1.	List of Short Codes	Completed						
1.	GME salary, GME non salary, dept funds, various individual							
	31 1							
2.	discretionary funds, any other funds regularly used/special events							
3.	Telephone List(s)							
٥.	Checklists and Cheat Sheets of any kind							
	Graduation, orientation, recruitment, (including itinerary and							
4.	correspondence template)							
4.	Yearly Schedules							
	a. Include all relevant resident/fellow schedules and update them							
	twice yearly (when the IM Manual Team sends out reminders)							
	 Also include the location of where to find the current (always 							
	up-to-date) schedules. (i.e., location on the drive path,							
	MedHub, QGenda, etc.)							
5.	List of Current Fellows, Faculty, Core Faculty, Training Grant							
	Mentors, etc., if applicable							
6.	List of important people in your Department/Division							
	Administrator(s), important staff that you interact with, signatories,							
	etc.							
7.	Budget Information – Updated twice a year							
	a. GME FTE Budget							
	 Program (Residency/Fellowship Budget) within the 							
	Department or Division							
8.	Curriculum							
9.	Policies							
10.	Spending Time wantees							
	 i.e., Travel Allowance Policies for Fellows 							
	 Extra Monies available for other expenses, if applicable 							
	 Location in the office/on drive path of current fellow spending 							
	allowances							
	d. Concur approver list							
11.	Absence Request Procedure							
12.	Names of Committee Members							

	Task	Completed				
13.	a. CCC b. PEC c. Others Internal timelines – selecting recruiting date, graduation date, register with relevant societies, etc.					
14.	Evaluation distribution list and schedule					
15.	List of current grant(s) number(s) you are responsible for managing and/or providing information about and who in your department/division could provide assistance on grants in your absence					
16.	Other items that you feel are important for anyone to know specific to your own Division/Department Please List:					

Naming and uploading your information:

Please upload each of the above items as a separate item into your MBox file as follows:

Name each item with the number and your division/department.

Examples:

For Rheumatology, uploading number 10, the name would be 10Rheum For Med/Peds, uploading number 5, the name would be 5Medpeds

When complete, your MBox will have all of the numbers uploaded.

Thanks for your making this project a success!







Emotions Protective Feelings



Coordinator

- Protective
- Defensive

Back up team

MUST support NOT judge





An anonymous post activation survey was sent to:

- Fellows
- Program Director
- Program Coordinator
- Division Administrator

Results of the survey were used for team improvement as well as justification





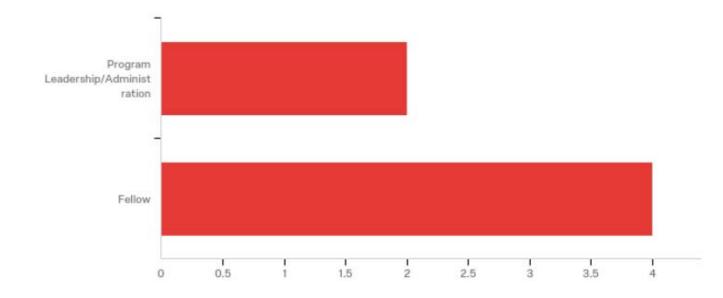
Total survey included 6 questions:

- One was demographic
- Three requested a rating
- Two were open ended





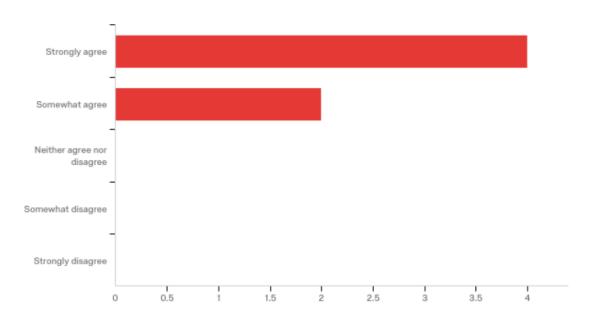
I am:







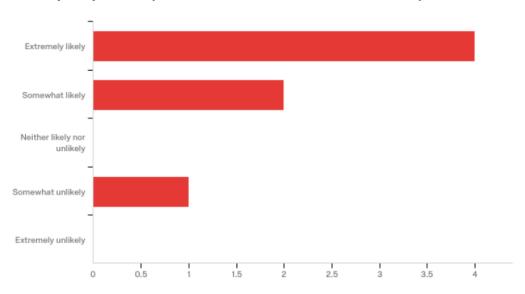
Q1 - The Coordinator Back-Up Team was helpful in maintaining continuity of Fellowship Education.







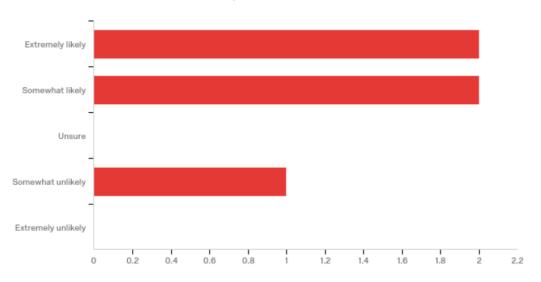
Q2 - If you were to have a vacancy in the Program Coordinator Role again in the future, how likely are you to request activation of the Coordinator Back-Up Team?







Q3 - If your Division were required to pay the administrative differential for each member of the Coordinator Back-Up Team, how likely would you be to still request activation of the Coordinator Back-Up Team?







Q-4 Please list some areas of service that the Back-Up Team executed well and should continue to do the same in the future.

The backup team was very responsive to email.

Working as a team. Communicating with each other to maintain items that required attention.

Financial schedules, Day to day assistance

Team Member 1 was tremendously helpful with reimbursement of travel expenses. Team Member 2 was very proactive and helpful with licensing issues and trouble shooting these.

Prompt and adequate follow up on e-mails.





What suggestions do you have for the Back-up Team to help improve the service we provide in the future?

Whenever possible, better planning for an expected absence and tasks that need to happen.

There were some areas that required a little more attention in arranging orientation for the fellows due to unfamiliarity with our process and simultaneous new on boarding in your own divisions. But, that is expected. Otherwise, the team coverage was very good on most of the items. Thank you.

None



A number of functions were left unfilled, or it was unclear which member should be responsible for these roles. I'm sure this would improve if additional functions/duties were itemized/delineated ahead of time so that responsibility can be delegated.



The Reviews Post Activation Debriefing

Analysis Meeting

- Back-up team lead
- Program Director
- Program Coordinator

Presented work log





The Reviews Post Activation Follow Up

Date	Email Name Address		Subject	Responsible Backup Team Member(s)
6/8/17	KL/RD		Original Parking Services Request	TM#1
6/9/17	PL		Pulmonary Critical Care Fellowship Question	TM#2
6/9/17	KC		Establishing some guidelines for answering applicants to the program	TM#5
6/12/17	СН		Expiring License - Resolved	TM#2
6/13/17	AW		Pulmonary on call	TM#3
6/13/17	AA		Final Year-end Evaluation	TM#3
6/14/17	RH		Pulmonary/Critical Care House Officer Incomplete Evaluations	TM#1
6/21/17	AA		Clinic Closing	TM#5





Coming Attractions Future Plans

More strategic way of handling emails

5 people/5 days assigned by day

Use a living document to track work completed from day one

Modified survey for fellows removing financial questions





It's A Wrap!





