



The Advisor's Toolkit

Duke Internal Medicine Residency Program

The advising toolkit contains essential elements of advising, mentoring and forms that cover the ACGME program requirements. As we continue to learn more and improve our advising processes the toolkit will continue to grow with additional resources. We hope this serves as a potential useful resource for your department.

December 2009 Version

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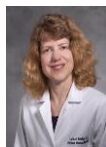
Overview of Advising Process

The increasing complexity of residency education demands a program advisor who has dedicated time, knowledge and skills. The Duke EIP (Educational Innovations Project) initiative has provided us the opportunity to reassess residency advisor roles and to identify the necessary resources to ensure the success of an advisory program. With the advent of both increasingly sophisticated evaluation systems focused on competency, as well as greater scrutiny of patient safety and resident well being, training programs need a more structured mechanism to provide residents with the right combination of direction and oversight. In response to this need, the Internal Medicine residency training program at Duke identified a select group of faculty to assist the program director in implementing a program to better meet the growing needs of internal medicine residents. This group was tasked with working with groups of residents to track training requirements and performance and to develop specific training and career objectives.

During 2007-2008, the Internal Medicine Residency Program revised the overall advising protocol and processes for residents. Changes and improvements to this process include, but are not limited to: expansion of advisors from two to ten, the creation of a virtual online toolkit for advisors, creation of new advising forms to insure that ACGME requirement are met and tracked appropriately, the creation of faculty development for advisors through three advisor retreats that included advisor development and guest expert speakers and increased resources for advisors. Advisors have used the newly developed tools for the advisee meetings, including checklists for program requirements (e.g. duty hours), a templated individualized learning plan (ILP), and a resource inventory. The ILP is a "living" document that will evolve over the course of the residency. Initially goals and objectives are general and broad early in training and they become more "individualized" during the JAR and SAR years.

Duke was invited to present a workshop at the fall 2007 APDIM Conference and currently has a manuscript in process to be submitted early fall 2008 to Academic Medicine for publication. The Internal Medicine Residency Program also received a Duke Innovation Grant to further support and improve individualized learning throughout residency. We have completed the creation of a Microsoft Access web based Individual Learning Plan that was launched in 2008-09 for housestaff and advisors. We have also added two new advisors who will be assigned to housestaff for advising.

Our Advisors 2008-2009



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Dr. Hargett is the Associate Program Director who will work as an advisor for UME and GME as well as aids Dr. Butterly with the recruiting process. He is also Associate Professor/ Faculty Medicine- Pulmonary.

Our Advisors 2008-2009 Continued



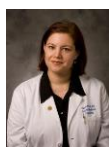
CATHERINE KAMINETZKY MD, MPH

Dr. Kaminetzky is the Associate Program Director for Veterans Association and the Associate Chief of Staff for the Veterans Association Hospital. She is also an Assistant Professor/ Faculty Medicine.



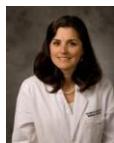
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Advisor Expectations

The role of the advisor consists of the following main areas:

1. Know your residents and know your institution's resources and how to access them.
2. Advocate when additional resources are needed- Advisors have an opportunity and can lead in change in innovation with the current advising process. We will identify advisor "areas of expertise" at the October 7 retreat.
3. Develop collaborative relationships with teaching faculty and other advisors- Advisors can learn valuable information and tips from one another and from other faculty.
4. Review and recommend innovative advising practices- Advisors can aid in the improvement of the overall advising process within the department through their ongoing feedback throughout the year and via their interactions with one another.
5. Be alert to personal issues of residents that may inhibit learning- Advisors have the ability to get closer and know more about individual residents. It is important to be attentive to situations that may impede or affect the resident's ability to learn.

Other duties include:

- Take an active part in formulating the objectives and goals of the advisee through thorough review of the Individualized Learning Plan (ILP) and feedback via the online ILP
- Attend three "Advisor Retreats" annually
- Take advising meeting notes and submit for use in the advisee's portfolio.
- Communicate via email, pager, telephone as needed with advisees
- Communicate advising times to advisees and define the mechanisms used for scheduling an appointment with you
- Initiate ideas for discussion when the advisor believes they will be helpful to the group at the large group GME that is held every 3rd Friday and at the retreats held three times per year
- Review each resident's portfolio prior to the advising meetings and verify that ACGME requirements are being met according the GME checklist
- Complete evaluations of residents as needed/ Complete the annual advisor survey

Advising Calendar Example

June

25-29- Intern Orientation

29- Advisor Introduction to New Interns

30- Interns Begin Rotation

July

1 - Intern Core Curriculum Begins

15 -Annual Report due to GME

17 -Liver Rounds (Diana McNeill's House)

18 -ACGME ADS update opens

25-Emergency lecture series schedule per chiefs (note when starts and ends...as when it ends we resume regular noon conferences)

28- PTD usually has ice cream socials at her house for new interns, PD's

August

1 - Ice Cream Social at Dr. McNeill's house (time 6:30)

3 - Ice Cream Social at Dr. McNeill's house (time 6:30)

5- Clinical Teaching Workshop (aka JAR Retreat)

15- Deadline for ACGME ADS Survey

25- Fellowship PD meetings (each one gives intro to their specialty to interested residents)

September

1 - Med Student Reception

5 - CPC meeting

9 - Update GME Track

14- Inservice Training Exam Schedule Posted

Advising Calendar Example 2008-2009

October

5 - Clinical Competency Meeting 1:30-4:00 pm

10-14 - In Training Exams

15- Meetings with JARs interested in Fellowships

18- **Advisor Retreat**

21- Global health short term elective applications to JARS and MP3 and MedPsych MP4

October 31- November 2 Fall APDIM

November

1 - CPC meeting

3- Global Health Residency Program Applications Due

Recruiting Interviews: TBA: Internal Medicine;

TBA: Med-Peds

27 - Thanksgiving Day—Turkey Bowl!

December

Recruiting Interviews: TBA: Internal Medicine

TBA: Med-Peds

December 13 - DOM Holiday Party @ Washington Duke Inn

25- Resident Christmas Holiday

30- ACR Applications Due

31- Final Notification of Global Health short term Rotation

31- Deadline for Global Health Residency Program

31- Recommend USMLE 3 Sign Up for All JARs

Advising Calendar Example

January

Recruiting Interviews: TBA: Internal Medicine

TBA: Med-Ped

19- MLK Day

25- Rotation and Preference Forms Due

February

5 - Visiting Professor

5- Rank List Due

9 - Charity Auction

15 - Clinical Competency Meeting #2

16 - CPC meeting

17 - Trivia Bowl at Grand Rounds and Intern Day Off (shhh....secret!!)

March

1 - Visiting Professor (chief)

5 - Unfilled Match slots listed on NRMP (12 noon)

15 - Match Day

16 - First Day to contact "Matched" Trainees

25 - Deadline to submit new trainee info to GME

29- **Advisor Retreat**

April

1 - Basketball Game – Faculty vs Residents at Cameron Stadium 6pm

5 - Deadline for NCMB letters to GME for new trainees

7 - "How to be a JAR" 3:00-4:00 pm (Med Ed Library) (Snacks needed)

11 - Voting for EOY Awards – Ballot to go out and return on 4-18

15- "How to be a JAR" 1:00-2:00 pm (Med Ed Library) (Snacks needed)

Advising Calendar Example

May

- 1 - CPC meeting---place TBA by Chief
- 4 - Request generated by GME for Annual Report (due in July 08)
- 5 - “How to be a JAR” 3:30-4:30 pm (Med Ed Library) (Snacks needed)
- 15- Annual DOM Photo, Chapel Steps @ 9:30am
- 18 - (late May early June) Clinical Competency Meeting (not Thurs or Fri)

June

- 1 - Chief Grand Rounds:
- 5 - Housestaff Picnic
- 7 - Chief Grand Rounds:
- 14 - Chief Grand Rounds:
- 18 - Clinical Competency Meeting 1:30-4:00 pm
- 19- SAR Dinner
- 25 - Golf Tournament
- 28- Research Grand Rounds
- 29 - Intern Picnic – Duke Faculty Club
- 29 - Hospital Intern Orientation
- 30 - New Interns Begin

Advising Forms

The following pages contain examples of forms the Internal Medicine Department uses with the residents for advising purposes.

Frequently Asked Questions/Overview

What do I need to do prior to my meeting with my advisor?

- a) Schedule a meeting with your advisor using the shared Medical Resident Advising Calendar (JARs by ____, Interns by ____ and SARs by ____)

If you need to reschedule a meeting within 48 hours of your original requested meeting time:

- You must notify your advisor via telephone or email of your cancellation
 - You must reschedule your meeting based on availability of your advisor.
- b) Your advisor will post their advising time slots on the Medical Resident Advising Calendar. Once you select, enter and save your calendar entry it will appear on the shared Medical Resident Advising Calendar. This is your confirmation that the advisor meeting has been scheduled. If you do not see the meeting on the common calendar, it has *not* been scheduled.
- c) Review and complete the Requirements Checklist
- d) Collect and prepare your reports to bring to your advisor meeting. These reports include duty hours, conference attendance and procedure log
- e) Review and update your Individualized Learning Plan (ILP)

What will take place during my meeting with my advisor?

- a) Your advisor will request your portfolio and review all materials prior to your scheduled meeting time.
- b) You and your advisor will briefly review the Requirements Checklist.
- c) For the majority of the meeting as you update your ILP, you and your advisor will review your progress in training, any specific issues or challenges, and discuss future goals.
- d) Your advisor will take meeting notes and you should too.
- e) After the meeting, you will review and continue to reflect upon and revise your ILP. It is a “living document” that will evolve as you progress through residency.

What happens after my meeting with my advisor?

Each **advisor** will:

- Provide you with a copy of meeting notes via email for you to review or each resident will sign the meeting notes at the end of the advisor meeting. You may reply to these.
- Communicate with other staff and participate in competency committee meetings
- As needed, share any pertinent information with the Program Director (E.g. Need for Family Leave, illness, etc.)

Each **resident** will:

- Update the ILP and send it to the advisor for review. It will then be placed into your portfolio.
- Continue to review Requirements Checklist as needed to insure compliance
- Continue to track duty hours, conference attendance and procedure logs
- Schedule meetings with advisor as needed

(A minimum of two are required per year)

Individualized Learning Plan (ILP)

Resident Name:

Date:

Date:

Career Paths (check all that apply):

Career areas you would like to concentrate on during your residency program.

- ☐ Primary Care
- ☐ Subspecialty Care
- ☐ Hospital Medicine
- ☐ Clinical Research
- ☐ Basic Science Research
- ☐ Clinician Educator
- ☐ Other:

Learning and Career Goals

Global professional learning outcome statements about what you would like to achieve during residency training.

Individualized Learning Plan (ILP)

Self Assessment: strengths?

Self Assessment

In what areas do you need to seek further development?

Learning Objectives

- These are specific measurable learning outcome statements.
- They describe what you would like to achieve in the short-term to accomplish your overall goals.

Individualized Learning Plan (ILP)

Objective #1- #3

Learning Resources/Strategies to Achieve

(List resources that will assist you and activities in which you will participate to complete this objective.)

Evidence of Accomplishment (What products will serve as evidence of your accomplishment of this objective?)

Advisor Comments (Brief statement from advisor on resident's progress and future plans)

GME Requirement Checklist

Resident Name:

Medical Licensure			
North Carolina Medical License (renew annually at least 30 days before birthday)	Date Due:		Comments:
USMLE Step Three (must be completed before starting third year)	Date Scheduled or Completed:		Comments:
Training Compliance & Certifications			
I have reviewed and completed my required certifications and training compliance, including ACLS and BLS. To complete or check go to: www.safety.duke.edu/OnlineTraining/Default.asp You will need your NetID and your Password associated with your Net ID.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
Board Exam (For SARs only)			
	Date	N/A	Comments:
Board Exam Registration		<input type="checkbox"/>	
Resident Reports			
Bring the following reports to your meeting with your advisor. These are available through New Innovations.			
Duty Hours	Comments:		
Procedure Log Update	Comments:		
Conference Attendance	Comments:		

Resident Advisor:

Requirements Reviewed by Advisor ☐ **Date:**

Comments:

Advisor Meeting Notes Template

Resident Name:	Date:
Advisor Name:	

Meeting Agenda Items	Highlights of the Discussion	What the Resident Will Do (What actions will the resident take next?) What the Advisor Will Do	By Due Date
Social Check-in			
Rotation (Current/Previous) - Autonomy/Supervision?			
Evaluations			

Meeting Agenda Items	Highlights of the Discussion	What the Resident Will Do (What actions will the resident take next?) What the Advisor Will Do	By Due Date
Inservice Exam Review - Preparation - Score			
Post-residency interests - 2 nd clinic: - Research: - Fellowship/employment			
Scholarly activities - SAR talk - Portfolio			
Resident Individualized Learning Plan (ILP)			

Additional Comments:

Advisor Retreat Overview

Three advisor retreats are scheduled annually. All advisors are expected to attend. The purpose of the retreat is to provide a forum for faculty development, collaboration of advisors and a community of support for our residents. The retreats are normally held for three hours in the evening at a location close to the Medical Center.

Example Advisor Retreat Agenda:

Meeting Objectives

- To engage in advisor faculty development
- To dissect and discuss individualized learning plans and objectives
- To create a formalized process for mentoring residents
- To plan for the future
-

Welcome & Dinner

Faculty Development- Resident Remediation

Individualized Learning Plan Work Session

Exploring the Duke Mentoring Process

Closing and Next Steps

Advisee Survey

Instructions:

We are seeking information regarding your experience with advising ***last year***, 2007-2008. Please respond to the statements below by choosing the appropriate numbers or answering the questions ***with regard to your experience with advising and with your advisor last year.***

The answers given are very important for us so that we can improve academic advising. Your answers to these questions will be kept confidential and you do not need to put your name anywhere on this survey. Thank you for your time!!

2007-2008 PGY Level: Intern JAR SAR

SCALE

4-Strongly Agree 3-Agree 2- Disagree 1-Strongly Disagree N/A-Not applicable

Questions:

1. My advisor was interested in various aspects of my life and how it may have affected my learning.
2. My advisor provided me with information, resources and support, such as career planning and counseling services.
3. My advisor was available and accessible as needed throughout the year.
4. My advisor was knowledgeable about potential careers in my area(s) of interest.
5. My advisor helped identify both my strengths and areas for possible improvement.
6. At this point in my training, I have clearly identified academic and career goals.
7. I have a formal system/procedure for monitoring my progress towards my academic and career goal
8. I have identified strategies/resources to aid in the achievement of my academic and career goals.
9. Overall, the sessions with my advisor were a useful experience.

Optional Comments:

Advisee Assignment Process

In the process of creating this advising system, it was identified that advising needed to be defined as a separate act from mentoring. While key similarities and differences between an advisor and a mentor exist, several tasks are viewed as unique to the role of advisor. Notably, advisors work with the advisee in the areas of planning, administrative organization, and assessment and feedback. Advisors are liaisons to the residency PD (Program Director).

Mentors for our program are described as career guides for residents. As this relationship develops, a deeper level of understanding, support and nurturing in a particular field or area of interest exists between mentor and mentee, versus advisor and advisee. Although residents are assigned an advisor, a mentor/mentee relationship is one that can be serendipitous or researched. It is found that often interns may not be aware of their area of interest and therefore the advisor assignment can be more random.

Advisees may not always be linked with an advisor from their field or area of interest. Also, residents usually have one advisor during training, but could have multiple mentors. Advisors can facilitate or recommend mentor-resident meetings.

The interns are randomly assigned to their advisor based on the number of available advising vacancies the advisor has from the graduating Senior Assistant Residents. The combined program interns are all assigned to the Program Director for the combined program. At Duke, these programs include Medicine-Pediatrics and Medicine-Psychiatry.

If there is incompatibility identified between the advisee and advisor, the advisee contacts the program's ombudsman (Education & Training Practitioner) at Duke and then is reassigned randomly.

Insight into How Resident Issues are Addressed

Specific topics we have addressed are:

1. **Corrective Action:** If a particular concern is identified that warrants a corrective action plan the advisor meets with the trainee. In advance of the meeting a corrective action plan is completed, using a templated form from the GMEC office. Specific concerns are noted and goals and objectives are listed. Expectations are outlined to allow for release from corrective action and a deadline for completion of these activities is listed.
2. **USMLE Scores:** A requirement at Duke is that all house officers must have successfully completed USMLE Step 1 and USMLE Step 2, both CK and CS prior to orientation for their first year of training. USMLE 3 must be successfully completed prior to completion of the second year of residency training. Housestaff are informed of this regulation during each semiannual meeting with the advisor, starting in intern year. Follow up occurs six months prior to the deadline to insure trainees are in compliance.
3. **In Service Training Exam Scores:** Each resident is required to take the in training exam in the fall of each year of training. Results are shared with the resident during individual meetings with the advisor. If needed, strategies for improvement and resources are given to the resident. Goals are set for the resident's performance on the exam in the next year of training.
4. **Professionalism:** Any concerns regarding professionalism are addressed with the trainee by the advisor and other members of the residency program such as the chief resident and program director. Action plans are created when necessary with specific goals, objectives, and expectations for improvement detailed.
5. **Resident Family & Personal Issues:** If the trainee chooses to confide in an advisor issues of personal or family concern, specific resources for assistance are given to the resident. These may include Personal Assistance Services (PAS), Employee and Occupational Health and others.
6. **FMLA:** The Department of Medicine has a parental and long term leave policy. This includes a description of the policy, sample time off options, and a frequently asked questions section. The advisor can inform the resident of this information and then refer the trainee to the Department staff liaison to discuss the details of the policy and complete necessary paperwork. The staff liaison is then responsible for alerting the chief residents, schedulers and others to assist in this process.

Example Bibliography

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