# Coordinator Swap: Disruptive Innovation

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Problem

Program coordinators (PCs) play a vital role in the administration and operations of their residency/fellowship program(s). When a PCs position becomes unexpectedly open, there is hardship for program directors, faculty and residents which is disruptive for day-to-day program operations. Cross-training is a frequent strategy employed to cover gaps in staffing in business but is rarely applied to medical education. Rather than one PC covering another program without preparation, PC cross-training would allow one PC to cover another program's key tasks – consistent with their established processes and procedures. The objective of this initiative was to cross-train coordinators in one other program, to identify and implement operations efficiency opportunities, and evaluate the participants' experience.
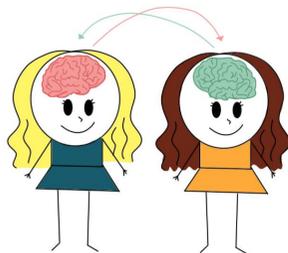
Relevance to Medical Education

The Accreditation Council for Graduate Medical Education (ACGME) and the National Board for Certification for Training Administrators of Graduate Medical Education (C-TAGME) have outlined expectations for PCs. While these expectations support the sponsoring institutions' policies and strategic vision, each program has unique approaches to recruitment, program design, process improvement, and the evaluations of program, residents, and faculty. A literature review revealed no previous reports of cross-training implementation between PCs in different residency/fellowship programs. Literature on cross-training highlights the benefits of these initiatives such as, "greater teamwork and efficiency, better recruiting and retention rates, support for succession planning, develop new skills, gain broader perspective and increased employee engagement." (Arnold, 2017)

Description of Innovation

1. Buy-in was achieved from medical education leadership and the two Program Directors (PDs) and their PCs to implement a 6-month coordinator swap.
2. PDs were in turn responsible for achieving faculty and resident buy-in for this initiative.
3. Two PCs (1 psychiatry; 1 family medicine) exchanged day-to-day responsibility for their programs and functioned as the PC foreach other's program specialty.
4. The Medical Education Manager conducted regular huddles with each PC and program leadership to discuss progress and next steps.
5. Initial efforts focused on learning new processes; evaluating existing processes; identifying opportunities for efficiencies; and ultimately creating buy-in from program leadership for change opportunities prior to any implementation.

Pre-Pilot Survey

	Program Directors	Program Coordinators
What are your stressors about participating in this pilot?	▪ Might result in disorganization of program processes ▪ It will be a major disruptor and worry about how it will affect the life of our residency in the months to come.	▪ Understanding and grasping it all and how it is going to work
What makes you excited to participate in this pilot?	▪ Our program will be exposed to new ideas ▪ Expanding support of our program ▪ Some improved skills and new ideas ▪ Coordinator learning across programs and becoming "experts"	▪ Opportunity in learning a new program and building on my current skill set. ▪ Learning best practices and how they can be incorporated in my program
What do you hope to learn?	▪ Hope to acquire ideas to manage organizational challenges in overseeing our residency program ▪ Observations of our program from a fresh eye perspective; identify new ideas to run with	▪ Hope to master residency schedules/processes and attempt to create some templates to make this process more efficient for all
What specific benefits do you think this pilot can produce?	▪ Benefit to GME – learn strategies to adapt to change more effectively, and function more as a group rather than as silos ▪ Coordinator will return with new ideas and greater confidence in her skills ▪ Less fear of future innovative projects from GME ▪ Streamlining of our processes	▪ Process improvement ▪ Cross-training ▪ Improving skill set and learning new ones ▪ Professional and personal development ▪ Ability for a coordinator from another program to step in and cover for another specialty as needed

Post-Pilot Survey

	Program Directors	Program Coordinators
What was the impact of this pilot for you and your own program?	▪ Getting to know another coordinator and learn about processes in their program was helpful. ▪ The pilot "felt" like disruptive innovation with valuable takeaways.	▪ Opportunity to grow and develop new skills. ▪ Some tension arose between coordinators, residents and faculty. ▪ Feeling somewhat displaced to come back to some newly implemented processes.
What benefits did the pilot produced for you, your own program and Medical Education?	▪ Team-building experience between Psychiatry and Family Medicine. ▪ New opportunities regarding our evaluation process and education portfolios. ▪ Building opportunity for cross program collaboration.	▪ Opportunity to build on a higher level, the utility of MedHub. ▪ Opened my eyes look at different ways to streamline processes for efficiency. ▪ Can now cover for another program when the need arises. ▪ Collaboration between coordinators was key in producing real results. ▪ Personal and professional growth.
What have you learned from this pilot?	▪ Helpful to see another program's CCC in action. ▪ Difficult to see "holes" in our program exposed. I had to watch my own defensiveness as I learned of new opportunities and open doors to new conversations that we've been procrastinating over. ▪ People and personalities matter. This was shown early in the pilot. I had to manage the tension with my own faculty, and a bit from residents who resented the pilot and its timing.	▪ Understand that collaboration, creativity, innovation and perseverance were key elements in moving this. ▪ Getting people to see things in a different way and re-frame their perspective about what better could look like. ▪ Many new ways of doing things differently and more efficiently.
What could we have done better in developing/rolling out this pilot?	▪ The timing of the year was challenging. ▪ Duration was too long. The sweet spot to try this again would be Feb-Apr, for 3 months ▪ It would have been helpful for the program directors to collaborate before, during and after the exchange.	▪ Needs assessment evaluation of the program before start of pilot. ▪ 2-3 weeks of prior training to the other program.

Results

Overall, PDs and PCs agreed that the swap benefited their programs with the PCs now able to cover for each other as needed, and with self-reported and observed "high levels of personal growth." While anticipated, the initial degree of participants' anxiety and trepidation about having someone else "inside their program" was higher than expected. In response, these anxieties were addressed early during the 1:1 huddles. Interpersonal challenges and some resistance from faculty/residents were addressed through trust building and on-going communication. The focus was then able to be successfully shifted to ideal collaboration between PCs. Assets associated with the swap included tackling inefficiencies, automation within the residency e-management system, and lean operation strategies. As one PD described it, this "disruptive innovation" brought forth opportunities for automation of operations and cross-training. Due to the conflicts with program events (e.g., complexities in launching academic year; accreditation site visit), the swap ended after 4 ½ months with PD's noting that a 3-month duration during Feb-Apr would be the "sweet spot."

Summary & Conclusion

Cross training PC's permits essential backup coverage for programs, promotes PC professional development, and offers opportunity for program improvements and efficiencies. Key issues are selecting the programs for cross-training, obtaining PD, PC, resident/faculty buy-in, and utilizing optimal timing and duration.

References

Arnold, J. T. (2017, April). Building strength through Cross-Training. *HR Magazine.*

Yvette, L. (2011, April). Job Swapping, I-9 forms, Travel Pay. *HR Magazine.*

Arnold, J. T. (2008, August). Kicking Up Cross-Training. *HR Magazine.*