Defining the Key Elements of an Optimal Residency Program

Organization of Resident Representatives

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Introduction

The Organization of Resident Representatives (ORR) serves as the resident voice in academic medicine, and is one of five governing branches of the Association of American Medical Colleges (AAMC). The membership is composed of two resident representatives from each of the 24 general specialties recognized by the American Board of Medical Specialties (ABMS). Residents are appointed to the ORR by member societies of the AAMC’s Council of Academic Societies (CAS) that represent department chairs or residency program directors.

In January 2000 the ORR Administrative Board was charged with identifying the key elements of an optimal residency program. The initial goal was to obtain the resident’s perspective of what an ideal residency training program would include. The project was extended to the ORR general membership at their professional development conference in April 2000. Ten core areas that had been previously identified by the Ad-Board were divided among several small ORR discussion groups. The small groups reconvened and presented their recommendations to the ORR membership at-large for additional discussion. This document outlines that work and is intended to assist programs in ensuring the highest quality educational experience for their resident physicians. What follows are the components important to ensure a quality program, organized by core area, though not listed in any particular order. The components are not organized by importance since each is important in and of itself.

Gail Wehrli, M.D.
ORR Chair
1999-2000
Education

Education is the key purpose of residency training. The unique specialty training resident physicians go through and the way that it is organized within the system of patient care can challenge, if not encumber, this goal. The plethora of settings, topics (curriculum), and techniques create yet another layer of challenge. Yet, throughout this educational process, the residents and faculty should maintain optimal patient care. Ensuring a high quality educational experience encompasses the following:

- Active teaching is performed during patient care in all settings (i.e., bedside teaching).
- The program curriculum has well defined goals and objectives.
- Protected time is allotted for didactic sessions.
- A diversity of patients, pathologies, therapeutic modalities and practice settings are provided.
- The educational curriculum is relevant to both clinical practice and exams. For example:
  - the education during residency training is preparation for the in-service, boards, and post-residency practice.
  - the in-service exams are preparation for the board exams.
  - the specialty board exams test knowledge required for post-residency practice in the given specialty.
- Graduated responsibility, with appropriate supervision for level of training, is provided.
- A regularly scheduled morbidity and mortality conference is held.
- Residents’ proficiency and competency in clinical skills is routinely assessed.
- Residents are given guidance in professional development, with emphasis in the following areas:
  - professionalism
  - communication skills
  - personal standards and ethics
  - errors (how to avoid and handle errors)
  - finding and using leadership opportunities
  - advocacy issues
  - contracts and negotiation
  - improving morale
  - CV and job interview preparation
  - quality assurance
  - preparation for CME (education beyond residency training)
- Didactic teaching covers the following topics:
  - research skills
  - critical thinking skills
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- teaching skills
- computers and informatics
- medical technology
- medico-legal issues
- practice management
- medical procedure skills
- evidence based medicine
- resource conservation (appropriate use of and costs for clinical supplies, labs, medications, etc.)
- documentation (i.e., informed consent, medical records, coding)
- hospital infrastructure

- Multi-disciplinary teaching throughout training.
- Resident representation on departmental and hospital committees involved with resident training, resident education and patient care (i.e., graduate medical education committee, hospital strategic planning committee, etc.).

Patient Care

Faculty and residents should maintain patient care while, respectively, teaching and learning. The challenge lies in balancing patient care with education. Maintaining optimal patient care in an environment that enhances the learning experience includes attention to the following:

- Protected time is allotted during clinical service rotations for non-service activities including:
  - teaching
  - didactics
  - research
  - education
  - conferences
  - working with case managers

- Graduated responsibility with appropriate supervision for level of training is provided.
- Activities of non-educational value (“scut work”) should be limited.
- Workload and work hours are appropriately monitored, including:
  - patient volume
  - procedure volume
  - on-call frequency
Residents experience a diversity of patients, pathologies, therapeutic modalities, and practice settings.

Faculty or other non-resident staff provide coverage for service activities when residents are absent.

Time is allotted for completion of documentation requirements, including:
- procedure logs
- patient logs
- charting and coding (i.e., CPT, ICD-9)
- dictation of medical reports and correspondence

Time is allotted for community service.
- Training programs adhere to their respective specialty RRC (ACGME) guidelines.
- Time is allotted for travel between educational sites.

Faculty

Faculty provide a critical link for residents between the scientific base of medical knowledge and the art of medical practice. Residents look to faculty for information, guidance, and mentoring. The impact of role-modeling can not be under-estimated. It is vital to the integrity of the profession that faculty be mindful of the impact that they are having on the incoming generation of doctors. To that end, programs and institutions should ensure that:

- Faculty demonstrate clinical experience and current fund of knowledge.
- Faculty breadth includes:
  - generalists
  - sub-specialists
  - researchers
  - emeritus

- Number of faculty is adequate (faculty to resident ratio).
- Faculty diversity includes:
  - age
  - race
  - culture
  - gender
  - visiting professors

- Desired faculty characteristics include:
  - accessibility
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- availability
- good rapport with residents
- exemplifies professionalism
- accountability

- Characteristics of faculty as teachers include:
  - time dedicated to teaching
  - teaching as a priority
  - consistent commitment to teaching (i.e., year long)
  - willingness to teach
  - different teaching styles

- Faculty are seen as mentors, with time for and interest in residents.
- Faculty participate in community service (as role models for residents).
- Faculty development programs are available to staff.
- Department resources designed to enhance resident education are committed to faculty, for example:
  - stability for and retention of faculty
  - compensation for teaching
  - recognition for outstanding faculty
  - fostering the strengths of individual faculty, whether teaching, clinical work, and/or research

Ancillary support

The various ancillary team members provide the support network for residents to work effectively and efficiently in providing optimal patient care. This support is fundamental to ensuring that the program focus be on quality education and on quality patient care. Proper ancillary support includes:

- Nursing support:
  - is discipline specific
  - minimizes the use of a float pool

- Ward clerks are:
  - efficient
  - professional and polite
  - knowledgeable
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- Phlebotomists are:
  - skilled in placing IV’s
  - available 24 hours

- Social workers:
  - have their roles defined for residents at the beginning of residency training
  - have their roles defined for residents at the beginning of each rotation
  - are available for rounds
  - are available, on-call, 24 hours a day

- Case managers:
  - have their roles defined for residents at the beginning of residency training
  - have their roles defined for residents at the beginning of each rotation
  - are available for rounds

- Allied health professionals (PT, OT, art therapy, RT, speech) are available for a multidisciplinary team.
- Pharmacists are accessible and available for rounds.
- Radiology file rooms have:
  - 24 hour accessibility
  - professional personnel
  - convenient locations

- Nutritionists who are available and accessible.
- Technologists (laboratories and pathology) are accessible and professional.
- Translators and/or a translating system is available 24 hours a day.
- Administrative/Secretarial services are in sufficient ratio for the department size.
- Designated personnel coordinate insurance issues including pre-approvals.
- Transcription services providing rapid turnaround time and a “STAT” option.
- Security services are:
  - accessible
  - available 24 hours a day
  - quick to respond

- Media and medical photography services are available.
- Environmental services (i.e., waste management) provide reliable, regular service.
Workplace Environment

Residents spend innumerable hours in their hospitals and clinics, arriving before sunrise and leaving after sunset. During these unusually long hours residents focus on patient care. To maintain this focus, they need assurance of a safe environment with adequate and accessible amenities.

- Parking is:
  - safe
  - adequate in number of spaces
  - affordable
  - accessible

- Call rooms:
  - are adequate in number of rooms
  - have locks
  - are cleaned daily

- Nutritious food is accessible 24 hours a day, especially for residents on-call.
- Resident lounges, workspace on patient wards, workspace in clinics, and study areas (separate from faculty, nurses, allied health professionals) are available and include:
  - phones
  - computer access to internet and medical records

- Locker rooms and showers are provided for the residents
- An exercise room for resident use is available, and is:
  - affordable
  - accessible
  - in close proximity to the hospital

- Conference rooms are:
  - adequate in number of rooms
  - readily available
  - equipped with a range of media equipment (i.e., slide projector, LCD projector, overhead projector, etc.)

- Clean scrubs and lab coats are available and accessible 24 hours a day.
**Evaluations**

Evaluations have formative components and summative components, as well as providing feedback with outcomes based measurements. All confidential evaluations are placed in files for the individual being evaluated, whether for faculty, resident, or student. Periodic evaluations are performed in the following areas:

- Resident evaluations of faculty.
- Faculty evaluations of residents.
- Resident evaluations of didactics.
- Resident evaluations of the training program.
- Resident evaluations of residents.
- Resident evaluations of medical students.

**Personal Support**

Throughout training, residents devote themselves to patient care and education, yet they also need to maintain equilibrium in their personal lives. Residents need time and support to nurture their private lives:

- An established, confidential grievance process is familiar to and easily accessed by residents.
- An established, confidential academic due process procedure is familiar to and easily reviewed by residents.
- Equality for all residents in supporting lifestyle and family issues.
- Bereavement leave time is available following the death of a relative or close friend.
- Leave time is available for unexpected crises.
- Mental health/crisis support is provided.
- An established occupational hazard program is familiar to and easily accessed by residents (i.e., a system for needle stick evaluation, testing, treatment, and follow-up).
- Childcare is affordable and accessible.

**Financial**

Financial stability at the program and institutional level is vital to fulfill patients’ medical needs and for a strong training program. In an era of uncertainty residents need to work and train within a context of:

- Stable federal and state funding for GME is provided across the country.
- Supplemental residency training program funding is provided from grants, etc.
- Appropriate and sufficient funding for the care of indigent patients.
Clinical Supplies

Residents strive to provide optimal patient care, but to accomplish this goal, residents need to have access to an appropriate range of clinical supplies, some of which extend beyond the bedside. Programs need to make available the supplies necessary to provide quality patient care, to include:

- Clinical supplies (i.e., syringes and sterile dressings) are easily accessed and available 24 hours a day. (Central supply area)

- Accessible office supplies, including:
  - copy machines
  - fax machines
  - certified mail

- Patient care information systems are available, including computerized:
  - patient data
  - medical records

- Phones:
  - are convenient and available throughout the hospital
  - dial outside the hospital
  - are private for talking with patients

- A patient education library that include pamphlets which may be given to patients regarding specific diseases.

- Multilingual patient materials, including:
  - patient education materials
  - consent forms
  - any additional paperwork used by patients

- Pagers and batteries are provided to residents.


**Educational Supplies**

The Socratic method continues to be a mainstay of resident education, but as technology rapidly progresses, residents need access to these various educational supplies. Additionally, residents need to maintain the most current medical knowledge through computers, journals, books, etc. Residents are challenged with educated patients who use web technology so they need to be similarly conversant.

- Computers have:
  - internet access
  - literature search accessibility
  - e-mail access

- A resident library:
  - is located in the hospital
  - is accessible 24 hours a day.
  - has up to date references, including the most recent editions of:
    - books
    - CD-ROMs
    - journals
    - videos

- Resident educational stipends are allotted for:
  - books
  - attending educational conferences
  - presenting at conferences

- Research support to begin and maintain research includes:
  - funding
  - time
  - opportunities (keep residents informed of the research occurring within a department and throughout other departments where residents may get involved)
  - facilities
  - access to faculty
  - access to statisticians

- Dry and wet labs are provided for practicing surgical and technical skills.
- Adequate funding for specialty specific medical supplies and equipment.
- Access to information regarding opportunities to participate in electives at other institutions is provided.