

BLOCK 4 OF INSTRUCTION: Graduate Medical Education (Residency)

OVERVIEW: Graduate medical education (GME), or residency, is a pivotal time in a physician's education. This block discusses medical residency requirements and how the federal government pays its share of the costs associated with training physicians. Participants will also learn about the unique aspects of being a medical resident.

OBJECTIVES

- Describe the Match process and inform participants about percentages of students who match. This is an opportunity to talk about the doctor shortage and if your institution has experienced it.
- Talk about how medical students choose their specialties.
- Help participants build knowledge about the day-to-day life of a resident physician by explaining the role of a resident, how the resident is supervised, and how the resident helps educate medical students.
- Improve participants' understanding of the time devoted by faculty to the education of residents.
- Enhance the perceptions of the quality of care provided by resident physicians and the health care team and the quality of systems in place to improve patient outcomes.
- Explain the role of Accreditation Council for Graduate Medical Education (ACGME).
- Describe your own residency programs.
- Provide participants with an opportunity to observe the quality care provided.

SUGGESTED PRESENTERS

- Director of GME
- Residents

SUGGESTED TIME: 3 hours

KEY MESSAGES

- Through residency, an essential step in becoming a doctor, new physicians learn the skills they will use throughout their careers, no matter where they practice.
- While medical school enrollment and the number of graduates have increased, the number of residency slots has effectively remained the same since 1997.
- Medicare supports only a portion of the costs associated with GME through its direct graduate medical education (DGME) payments.
- Medicare indirect medical education (IME) payments are patient care payments intended to offset a portion of the costs teaching hospitals face when providing patients with unique and vital services, which create a robust learning environment for residents.

KEY TOPICS

- How do students decide on a residency?
 - How do medical students select a specialty?
 - Discuss the effect clinical education has on specialty choice.
 - Discuss what medical schools and their advisors do to help medical students choose a residency that match their skills and strengths.
 - Discuss personal factors that influence specialty choice.
 - How do students select a residency program and how does that program select residents?
 - How do students select residency programs to apply to?
 - What factors impact students' selections of programs?
 - Specialty selection
 - Program size and selectivity
 - Location
 - Personal factors
 - Information from medical school advisors
 - What is the ERAS[®] program?
 - Discuss the interview process.
 - How do programs select potential residents?
 - Interviews
 - Test scores
 - Letters of recommendation
 - Holistic review
 - Other influences
 - Discuss the National Resident Matching Program (NMRP) and other matching programs.
 - Give an overview of Match Day.
- What is the purpose of residency?
 - To develop skills and knowledge in a particular field of medicine by providing multiple periods of learning and practice in which the level of resident responsibility increases and the level of faculty supervision decreases
 - To provide excellent patient care
 - To teach medical students
- What makes up a residency curriculum?
 - Patient care
 - Medical knowledge
 - Practice-based learning and improvement
 - Interpersonal and communication skills
 - Professionalism

PROJECT MEDICAL EDUCATION



- Systems-based practice
- Interprofessionalism and team-based care
- How has residency changed?
 - Demographic changes in the patient population and where those patients are seen
 - Changes in techniques and use of technology
 - Changes in the composition of the health care team
- What is the role of Medicare in financing GME?
 - DGME payments cover “Medicare’s share” of the costs directly associated with training residents, as well as faculty supervision and administrative costs.
 - IME payments are patient care payments meant to offset a portion of the costs teaching hospitals face when providing patients with unique and vital services, which create a robust learning environment for residents.
 - In 1997, Congress placed hospital-specific caps on its support for GME based generally on the number of residents training in teaching hospitals in 1996.
 - Also discuss other funding sources, including hospital and state funding of GME.
- Discuss your institution’s numbers.
 - Review the matching percentages or numbers for your institution’s most recent graduating class.
 - How many residents do you, or your affiliated hospitals, train and in which specialties?
 - Do you have any programs to address shortages in underserved or rural areas?
 - What do students who don’t match do?
- What role does the ACGME play in residency?
 - Accrediting residency program
 - Outlining core competencies for residents that factor into a residency curriculum
- What are fellowships?
 - Describe the process for selecting a fellowship.
 - Discuss why some residents choose to enter fellowships.
 - How are fellowships funded? Does Medicare also pay for fellowships?
 - Medicare pays teaching hospitals half the amount for fellowships as it does for other residents.

ACTIVITIES

- Formal presentation of the Match process and residency
- The first part of the program should be dedicated to the Match and can be done through an interactive session in which participants are “matched.”
 - Provide participants with their “Match” envelopes and residency program outlines.
- After their introduction to residency, participants may benefit from seeing residents in action or speaking with a resident.

RECOMMENDATIONS

- Be sure to gain patient consent before allowing attendees to shadow rounds. Coordinate with residents to ensure they are on message and familiar with the aim of the program. Prepare participants for what they might see.
- Be prepared for tough GME funding questions. If possible, have the director of your GME program on hand to facilitate or address these questions.
- Residents typically get many questions about an 80-hour work week, and residents usually have varying opinions on the duty-hour standards. The session leader should be prepared to facilitate the discussion.
- There may be questions about the “July effect”—new residents making mistakes with patients, which leads to a lower quality of care. This is an opportunity to talk about AAMC and medical school efforts, such as the Core Entrustable Professional Activities for Entering Residency, that ensure residents are prepared when they start their training.
- Discuss other programs that focus on improving the quality of care and patient safety at your institution.

RESOURCES:

[*The Road to Becoming a Doctor*](#) (PDF)

[*Careers in Medicine: Researching Programs*](#) (webpage)

[*The Cost of Applying for a Medical Residency*](#) (webpage)

[*Apply Smart for Residency*](#) (video)

PROJECT MEDICAL EDUCATION



[Graduate Medical Education: Training Tomorrow's Physician Workforce](#) (PDF)

[Transition to Residency](#) (webpage)

[Core Entrustable Professional Activities for Entering Residency](#) (webpage)

[Graduate Medical Education Primers](#) (video)