Resident Issues: Small Group Discussion

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Introduction

- Residents present a variety of issues
  - *Some* are addressed by program requirements
  - *Most* are *not* covered by program requirements
- Cases illustrate problems that *could* arise with residents in your program
- Each table will discuss one case
- There will be a report out from discussion of at least one table for each of six issues
- Other tables may add their thoughts
Instructions

1. Select reporter from your table
2. Open the folder on your table
3. Two sheets labeled “Resident Issues”
   a. First says “For Discussion At Your Table”
   b. Second (in smaller font) contains six cases
4. Discuss the problem “For Discussion At Your Table”
5. Prepare 5 min. report on your discussions
A resident is in her final year of the program. Early in her sixth month of pregnancy, she is ordered to bed rest by her obstetrician. She has used her full (three week) quota of vacation during each prior year but has not used any during this academic year. She returns to work two weeks after delivery having missed a total of 14 weeks of her final year.

What are the considerations?

What should you do?
You accept into your program as a PGY-1 through the scramble a student from your school. He was quarterback on a major university football team and married a cheerleader for that school. His scores and grades were adequate.

During his second month of residency on a rotation at a participating site, he is noted to be acting erratically. A urine drug test is positive for cocaine.

What should you do?
A PGY-2 resident scores in the 4th percentile on her in-training examination. She has consistently had good clinical evaluations, including high marks for “Medical Knowledge”. She is a responsible and hard-working resident who is well liked by other residents, faculty, nurses and patients. Of note, she scored in the 12th percentile on the ITE during her PGY-1 year but you and other faculty did nothing about it thinking, “She had a bad day. She’ll improve.”

What should you do now?
Report Out: Case 4

Dr. Who is a quiet resident who has previously received average evaluations, has never been counseled for any particular deficiency and has never been brought to your attention by other faculty. It is now November of his final year. Several faculty members have noted on evaluations and mentioned to your personally that Dr. Who is not able to meet typical responsibilities expected of senior residents. He must be closely supervised and supported.

What should you do?
Report Out: Case 5

It is now March in the PGY-1 year of Dr. I.B. Gone. His end of rotation faculty evaluations have been satisfactory. However, several senior residents recently told you that they have concerns about Dr. Gone’s professionalism. He frequently fails to answer pages from other residents and from nurses. He often arrives late for rounds and leaves the hospital early. When confronted with these issues, he always proffers plausible explanations. He has told other residents that he has been singled out and harassed by his seniors.

What should you do?
Report Out: Case 6

Dr. Dose is a PGY-2 in your program. She has scored well on the ITE both years. Faculty and senior residents find her capable, reliable and affable. However, junior resident and student evaluations state that she doesn’t teach, is cynical, sloughs all of her work off on them and blames them for all of the things that go wrong on the service. Morale among PGY-1s is sinking and they have begun asking you to change their rotation schedules so they won’t have to work with her.

What should you do?
Break Time!!!

15 minute break
Please return to YOUR seat on time
Resident Issues: Wrap-up