Anatomy of a Malignant Residency Program

How to choose a residency that delivers on leadership and commitment to your training.

Overview

• The players
  – US government
  – AAMC & Medical Schools
  – ACGME
  – Residencies
  – The residents

Overview

• Each perspective’s:
  – Wants
  – Fears
  – Secrets
Overview

• Define Leadership
• Health Residency Program Traits
• Define Malignant Residency Program
• Interview Day Dynamics
• Questions To Ask That Can Change Your Career!

The Players

• US Government
  – $8 Billion in Medicare dollars for residency training
  – $3.5 Billion to the “teaching” hospital
  – WANT: you to work certain number of hours
  – FEAR: you demanding a raise, based on policy of non-reimbursement

AAMC & Medical Schools

• AAMC - keeps MD schools on a tight leash
• ACCOM - not necessarily so

• Medical Students are generally protected from maltreatment!
The Players

- Accreditation Council for Graduate Medical Education (ACGME)
  - WANT: high quality standards, core competencies, just proper documentation
  - FEAR: oversight or real responsibility
  - SECRETS: want no part in resident disputes, though they’re the only one in a position to advocate

The Players

- Residencies
  - WANT: to improve their own program, competitive applicants, increase their match rankings, high scores
  - FEAR: not all have fears, what it’s really like, imposter phenomenon
  - SECRET: unhappy residents, lack of completion or commitment

The Players

- Program Directors
  - Many fabulous ones
  - Scary number of directors lack leadership and commitment to residents
  - WANT: status quo
  - FEAR: bad reputation that would decrease their rankings and their individual career
  - SECRET: hostile working environment, negative resident evaluations
The Residents

• Fundamentally the same as premeds
• Somewhat calloused by the grind
• Everyone’s experience varies
• RANGE: happy to burned out
• WANT: good training, fair environment, rewarding patient care experiences, to be prepared for their careers

The Residents

• FEAR: they can’t complete their training, bad patient outcomes, lose family and friends
• SECRET: what are your secrets?

Healthy Residencies

• L - loyalty; protect residents
• D - duty; commitment to training
• R - respect; no maltreatment
• S - selfless service; humble work ethic
• H - honor; prioritize patient care
• I - integrity; honest evaluations
• P - personal courage; standing up
Malignant Programs

- L - loyalty; hang you out to dry
- D - duty; fire residents repeatedly
- R - respect; abusive, demeaning
- S - selfless service; egotistical, lazy
- H - honor; money-driven, defensive rx.
- I - integrity; lie, biased eval. system
- P - personal courage; scared to lead

Crunch The Numbers...

- 2008 Stats

31,609 Total Residents
- 280 Dismissed

0.9% Get “dismissed”.
To Be Fair

• Let's give the benefit of the doubt and say that all residencies are wonderful:

• Then 0.9% of residents should be “bad”, right?

• So a program should fire about 1%.

Intro To Malignancy

• Therefore, programs that have 10 residents accepted per year, should fire an intern once every 10 years!

• Programs that have 20 residents, should have one “bad apple” every 5 years, and so on… Pretty rare!

Intro To Malignancy

• So, why do some programs never fire and some always fire residents!

• Ah, ha!
Bad Apples

- My program fires 1-4 people out of 30 total every year.

- Either…
  - they’re choosing all the bad residents, or
  - there’s something wrong with the program itself - both possibilities are a problem with the residency!

No, Bad Programs

- The truth is that the problem lies with the program, in most cases!

- So, the number of “bad” residents is much lower than 0.9%.

- Forums may answer the reverse stat.

Interview Day Dynamics

- Happiest residents volunteer for dinner and interviews
- Always go to the dinner!
- Everyone’s on their best behavior
- You’re excited and emotion reigns
- Get some clues, insights, and perhaps red flags
Questions To Ask

• General
  – Opposed vs. non-opposed program
  – Certification history and future
  – Curriculum
  – Call schedule
  – Relative work-load
  – Board exam pass rate

Questions To Ask

• Tough questions you MUST ask:
  – % that graduate every year
  – Number and reason for transfers
  – Mood of the people
  – Relationship of the program’s residents to nurses and other services

After The Interview

• Take notes immediately on the interview experience on the Master Cheat Sheet.
• Write thank you notes to everyone you met.
• Schedule a Second Look visit and try to talk to residents that weren’t expecting your visit.
Medical MasterMind Community

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