Lessons Learned in the Death and Birth of GME Programs

Carlton J. Covey, MD

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Over the last 6 years I have had the opportunity to be a part of something special in graduate medical education. I have a rare perspective of having been part of the final residency class at Malcolm Grow Medical Center (MGMC), as well as faculty during the initiation of a new family medicine residency. It has allowed me to reflect on what I have learned over the past 6 years.

Soon after starting residency, adding to the normal stresses that residency brings, I was told that my class would be the last. After 30+ years of training more than 300 residents, MGMC was closing their doors as a training program. While my intern year would be relatively normal with three full residency classes, things would soon drastically change, losing eight residents at graduation without an inbound class. Fewer residents, I felt, meant more call, more telephone consults, walk-ins, and of course more “scut” work. It meant less help, less opportunity to teach and mentor junior residents, and less opportunity to learn from others. There was a global sense of anxiety among my class that we would be less prepared during residency and not be ready to be an independent staff. My expectations for the next 3 years were dreary.

Some of these expectations came to fruition. With fewer residents, the workload had to be dispersed among less people, and there were fewer colleagues to interact with, learn from, and teach. Not surprisingly, the mood in the rest of the hospital was also changing to one of apathy and melancholy with expectations of contraction as many specialty clinics were closing or transferring services to larger hospitals. However, within this atmosphere our residents were privy to many unique learning experiences. Yes, there were a smaller number of residents for the same workload, and there were not as many colleagues to learn from and teach. But, by necessity we were able to work much more closely with our staff who in turn treated us like colleagues. This equality, in the past, was reserved for senior residents. In this final phase of the residency, the staff minimized busy work, maximized learning opportunities, and assisted much more than I have ever seen at other residencies. This congenial atmosphere contrasted with the hospital mood and drove me to learn more deeply, not only for my patients and myself but also to prevent letting my staff down. Further, fewer providers forced us to take more control and ownership of our patients, which led to more walk-ins and TCONs, but ultimately better continuity of care.

From the outset we were expected to train our technicians and nurses, leading to exponentially greater teaching opportunities, contrary to our initial thoughts. Home call was started, and we learned how to co-manage an inpatient service, obstetric patients, and everyday clinical duties much the way attendings will do. These experiences are a rite of passage that every training physician goes through, but they were emphasized beginning with my initial year, instead of only as a senior resident. Ultimately, this approach prepared me exceptionally well for my first faculty position.

Starting my faculty career at a new program brought its own challenges. I remember walking through those hospital doors into an equally intense, yet starkly contrasting mood than what I had just left behind. Now my feelings were ones appropriate to the birth of a new program, anticipation and enthusiasm, the sense of beginning anew with all the expected growth and prosperity that entailed. I was so excited to finally be a staff physician. However, as junior faculty with only six residents, I had more call than expected, and more “scut” work than I desired. Part of me felt as though I hadn’t graduated at all. There were fears emanating from the residents at how effective a newly implemented curriculum could be, how the learning

From the Nellis Family Medicine Residency, Nellis Air Force Base, NV, and the Department of Family Medicine, Uniformed Services University of the Health Sciences, Bethesda, MD.
opportunities of this new program would measure up, and how the hospital would respond to its first set of residents. Ironically, these concerns mirrored thoughts I had when I learned about the closing of MGMC.

Though each program was at opposite ends of the growth spectrum, the experiences and lessons learned were eerily similar. Early in the first year at my new program a critical decision was made to elect a chief resident for the initial class. This decision turned out to be essential. It gave the inaugural class a voice and helped curtail some of the initial fears about the program. The curriculum was successfully streamlined, and changes recommended by the residents were quickly incorporated, showing them that their opinions mattered. This allowed us to cultivate an environment where the new interns felt as if they were being treated like colleagues. Another favorable aspect of commencing the residency program was the established efficiency of the hospital. Many hospitals rely heavily on residents to act as providers and supplementary staff to do much of the work, but our program did not. All ancillary and professional staff worked independently, but together as a team, allowing the residents to seamlessly transition into the learning environment. The treatment of residents as adjuncts to hospital personnel was similar to my prior experience and helped foster a congenial environment.

The birth and death of residency programs have similar challenges. These include a fear of the program not measuring up, of not providing optimal learning opportunities, of increased insipid tasks, and an anxiety about fitting into a changing hospital environment. The solutions to these challenges in my experience were also similar. Give all residents a voice, and show them that their opinions matter by implementing desired changes. Show that learning and teaching opportunities are always present. Insist residents own their patients and teach their technicians early on. Finally, foster an environment that treats residents as colleagues from day one.

Reflecting on these past 6 years, I am grateful to have been on both sides of this spectrum. I hope to use the lessons learned to continue to grow both personally and professionally through challenges yet to come.

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CORRESPONDENCE: Address correspondence to Dr Covey, Nellis Family Medicine Residency, 99MDOS/SGOF, 4700 Las Vegas Boulevard North, Las Vegas, NV 89191. carlcovey24@gmail.com.