Transitions in Medical Education, Practical Strategies for Coping

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Disclosure

• None identified
Introduction

Objectives:

• Outline the 3 major transition points early in the medical life cycle

• Review the challenges that go along with these transitions

• Review some of the systems that are presently in place that help residents manage these transition points

• Work through cases of transition points and discuss some best practices to help optimize these transitions
Background

• From a PGME perspective there are three major transition points that need to be considered:
  • Medical Student to Resident
  • Junior Resident to Senior Resident
  • Senior Resident to Staff

• This process is very variable, for example:
  • Rapidly – Junior to Senior resident between PGY1 and PGY2
  • Less quick (transition point takes place in PGY3 or 4)

• What systems are in place to help with transitions?
• What systems should be in place?
Medical Student to Resident

• What is a resident?
  • Medical doctor
  • Trainee vs. care provider
  • Learner vs. teacher
  • Signing authority

• Expectation of increased knowledge and skill, and less supervision required

• No longer “pitching in”; these are your patients
Medical Student to Resident

• 60% of medical graduates match to a residency program at a different site

• At home...
  • Rent/mortgage
  • Moving
  • Cable, phone, internet
  • Social supports
  • Community services

• At “work”...
  • Laws
  • Policies
  • Passwords
  • Forms
  • Traditions
  • Personalities
  • First impressions
Medical Student to Resident

- Information gaps
  - Who do I call for...?
  - Where do I find...?
  - Who is my backup? (And will he/she be mad?)
  - What are my resources and how do I access them?

- Imposter syndrome
  - 41% of female and 25% of male family medicine residents
  - Correlated with anxiety and depression
  - Do we ever look backward?

Medical Student to Resident

- Managing your business
  - Salary, taxes & debt
  - Registration with regulatory authority
  - Malpractice insurance
  - Professional associations
  - Collective agreement

- Managing yourself
  - Increased hours
  - Work/life balance
  - Well-being: nutrition, sleep, fitness, mental health
  - Did I make the right choice?
Junior to Senior Resident

• An exciting and, at times, nerve racking time of residency

• With greater privilege comes greater responsibility

• Expectations are placed on the senior resident
  • By self
  • By staff
  • By the health care team
  • By patients

• New times pressures are added to senior resident’s busy schedules
Challenges:

• Increased independence / autonomy in decision making
  - Senior call
  - In the operating room
  - Admissions
  - Critically ill patients

• Responsibility to teach junior residents
  - Effective teaching
  - Grand rounds
  - Other formal teaching sessions
Challenges

• Expectation that technical skills can be performed independently without supervision
  - Surgical skills
  - Central Lines
  - Intubation

• Additional leadership / manager role
  - Inpatient service
  - Committee involvement
Challenges

• Ongoing research expectations
  - Little dedicated time during clinical rotations
  - Consideration of a research block or leave

• Examination preparation
  - Several months of increased reading and studying

• Additional training
  - Interests
  - Perception of job availability

• Career decisions
  - Starting to express interest in communities
Senior Resident to Independent Practice

• Major transition point early in career
• Shift from some level of supervision to independent practice
• Added responsibilities in multiple areas:
  • Administrative
  • Clinical
  • Academic
• Often involve skills and knowledge that are not taught in medical school or residency
Senior Resident to Independent Practice

Challenges

• Administrative:
  - Licensure & Hospital Privileges
  - Memberships (mandatory vs. not mandatory)
  - Added paperwork
  - Finding a practice location
  - Setting up/negotiating practice environment
  - Different fee structures – FFS vs. AFP etc.
  - Billing & Financial Management
  - Insurance needs
  - Opening/Setting up an Office
  - Additional meetings and departmental responsibilities
Challenges

• Clinical:
  - Most responsible physician
  - Autonomy in decision making (mostly)
  - Added dimensions of hospital politics/bed management
  - Possible move out of academic teaching hospital or to a new academic hospital
  - Need to develop new role as MRP/Attending
  - The need to follow up on labs and patients that may not have been present previously
  - Managing the team at a level not previously expected
  - Added responsibilities in handling complaints
Challenges

• Academic:
  - Added teaching responsibilities
  - Expectations to do Rounds, online teaching etc. with learners
  - May have specific requirements within hospital and ground for Grand Rounds, M&M rounds
  - Ongoing CME
Often skills and knowledge that are not taught in Residency:

- Learn from mentors or more senior colleagues
- Look up information from a variety of sources:
  - Provincial Housestaff Associations (PHO)
  - Provincial and National Medical Associations
  - Family
  - Financial and other professional advisors
Questions:
1. What are the transition issues in the case?
2. What could your program do to help alleviate the problem?
3. What solution would you recommend?
Best Practices – Medical Student to Resident

• Administrative Orientations
  • Site Specific Details
  • Service Details
  • Admin Details
  • Support Structures

• Clinical Orientation
  • 6 weeks since end of medical school, likely longer since last clinical experience
  • Review of common presentations/red flags
  • Review of order sets – Pre/Post Op, Admission etc.
  • Preferred Medications
Best Practices – Medical Student to Resident

• Teaching & Supervision Orientation
  • Who is responsible for teaching/supervising medical students
  • Best practices in teaching (TIPS, RATS etc.)
  • What backup is available
  • What to do if you disagree with your senior resident or staff

• Graduated orientations at appropriate stages, does not need to all be at once
Best Practices –
Medical Student to Resident (IMG)

• Orientation to Canadian health care system
  • Working in inter-professional teams
  • Teaching methods
  • Physician-patient relationship
  • Universality and stewardship of shared resources

• The different players on the team

• Expectations on Canadian Physicians and Canadian Medical trainees

• “Things I wish I knew” from more senior IMG Residents
Best Practices – Medical Student to Resident (IMG)

• Opportunities to shadow Canadian Residents to learn the “lay of the land” and identify potential gaps in knowledge before they start

• Clear expectations around Assessment Verification Period (AVP)

• IMG specific Support Structures

• Orientation to a Canadian City
Best Practices - Junior to Senior Resident

• Orientation to the Role of Senior Resident
  • Specific responsibilities
  • Supports Available – Chief, Staff, ICU, ER Staff
  • Team management
  • How to manage challenges within the team

• Hospital/Bed Management:
  • Working with hospital administrators, charge nurses etc.
  • Resources available when there are bed issues and where to turn when faced with increased pressure
• Advanced Resuscitation
  • ACES Course
  • Advanced in Hospital Resuscitation Course (Mac)
• Available online Resources
• Teaching and Supervision
  • How to teach on call
Best Practices - Senior Resident to Attending Physician

• During Residency Training:
  • Discussions around practice types
  • Increased exposure to non-academic, non tertiary care practice
  • Leadership/management/administration curriculum
  • Teaching Curriculum

• Final Year:
  • Practice management curriculum
    - Different payment structures available
    - Insurance needs
  • Managing Complaints
Best Practices - Senior Resident to Attending Physician

- After Exam
  - Billing Structure
  - Finances as staff
New Residents

As you enter Postgraduate Medical Education you are embarking on a very exciting stage of your career in medicine - you are learning to achieve the highest standards expected in Canadian healthcare and at the same time you are a service provider, putting your knowledge into action, learning by doing to gain and perfect the essential skills of a physician.

In order to be appropriately prepared for your role as a resident you must take care of the following:

GETTING STARTED - FORMS & IMPORTANT INFORMATION

Contained in the links below are forms for both Memorial and Eastern Health which require your attention. These forms must be returned to the Postgraduate Office by June 1, 2011.

- Orientation Schedule 2011 - 2012
- MUN Requirements (forms for completion)
- Eastern Health Requirements (forms for completion)

OTHER IMPORTANT INFORMATION

- Return-of-Service Contract
- PAIRN
- Update Your Contact Information

All forms can be returned to the Postgraduate Office by:

FAX: 709.777-8377
EMAIL: lucindab@mun.ca
MAIL: Postgraduate Medical Education
       Faculty of Medicine
Maritime Lifestyle
For Medical Students » Maritime Lifestyle

Peppered with top universities, the young culture thriving throughout the Maritimes provides for a lifestyle of excitement, growth and experience. The nightlife is fabulous with a rich taste for culture and food. The shopping is as diverse as you are with boutiques lining downtown streets and shopping centres looming in the outskirts. There are countless places to steal away for the weekend to enjoy the uplifting pristine scenery. But above all, there is a friendly face waiting for you around every corner.
Main Residency Match (R-1)

About the R-1 Match - Introduction

The following video presentation is an introduction on how residency training is organized in Canada as well as CaRMS role in the process.

CaRMS video (.wmp format, 25MB, length: approx. 11 minutes) - click here 🔗

The match for entry level (R-1) postgraduate positions in all 17 Canadian medical schools will be offered in two iterations. The first iteration will include all graduating students and prior-year graduates from Canada and the US who meet the basic eligibility criteria of CaRMS.

The First Iteration of the Match will also be open for International Medical Graduates who meet the above-mentioned basic eligibility criteria. If you satisfy these criteria, click here to learn more about how the application & selection process is organized at a provincial level. To be eligible in the first iteration of the CaRMS Match, you must have no prior postgraduate training in Canada or the United States.

The second iteration is offered for positions and applicants that were not matched in the first and also includes applicants who have had previous North American postgraduate training who wish to apply for an R-1 position in Canada.

All applicants who plan on participating in this or future Matches should read the AFMC motion as well as provincial criteria and specific program descriptions when applying since eligibility for a postgraduate training program is ultimately determined by each Canadian medical school.

Please view the R-1 (PGY-1) First Iteration Match Timetable.
Prepping for Residency

Congratulations on matching to Ontario! You are about to embark on an exciting phase of your life where you will be acquiring new knowledge, honing your skills, caring for your patients and being paid for your contribution to the workplace, not to mention preparing for your certification exams!

The life of a resident can be extremely busy but also very rewarding. New levels of responsibility are expected of you while opportunities to teach others what you know and have learned are readily available.

Friends, family and patients easily understand medical school but now you will be faced with that age-old question:

What is a resident?

Well that’s easy to answer:

We are Doctors training to be specialists.

And as part of the future of medicine, there are some things that we strongly believe:

- We don’t intimidate, harass, or devalue people,
- We lead the way we want to be led,
- We support and mentor members of the team,
- We speak up when things negatively affect the workplace,
- We are clear on expectations and are aware of our limitations,
- We collaborate to get better team and patient results, and
- WE FOSTER OUR SHARED LOVE OF MEDICINE.

To help you prepare for residency, we have assembled some information that we hope you will find useful. We have divided them into the following sections:

- Things you will need to do BEFORE YOU CAN START residency,
- Things you will want to know, such as what you’ll be paid as well as some contract basics,
- Other organizations that you may wish to join,
- Information you should review on benefits and Long Term Disability,
- PAIRO special offers such as gym membership discounts,
- Advice from colleagues on how to make the most of your residency experience.

And finally, the Resident Financial Primer, designed to help you master the art of personal financial management.

(Click on the links to access the information.)

Remember, PAIRO is your organization. If there is information that you think we should provide that isn’t included here please let us know.
Starting Residency

Under Construction

- Residency Information
- AMA/CMA Residency Guide (December 2010)
CMA Practice Management Curriculum for Medical Residents

PMC Seminars

Working in partnership with your medical school, Practice Solutions educates medical residents about the principles of personal and professional management and financial planning.

- Program overview
- Family medicine program content
- Specialty medicine program content
- Schedule of events
- Our Speakers

PMC Modules

Our PMC modules will introduce you to the many personal and professional issues that must be addressed when evaluating your future practice options

- Module 1: Getting Started as a Professional
- Module 2: Financial Planning
- Module 3: Personal and Professional Insurance
- Module 4: Personal and Professional Accounting and Taxation
- Module 5: Legal Issues for Physicians

Resources for medical residents

- Resident Timeline Tool - Family Medicine Program
- CaRMS Match Travel Costs
- So You Are Finishing Residency
- Fee-for Service Contract Example
- Salaried Contract Example
Support Materials

Practice Management and Advisory Services (PMAS) recognizes that while physicians have spent many years acquiring life-saving professional skills, there is a need for further development in administration and practice management. PMAS offers services, each with the objective of providing the physicians with a sound basis for making important practice management decisions, which in turn helps them take better care of their patients.

PMAS can also help facilitate the resolution of questions, issues or concerns between physicians and the Ministry of Health and Long Term Care concerning OHIP billing.

Topics include:

- Patient Care
- Practice Planning
- Human Resourcing & Staffing
- Financial Management

Key Contacts

Practice Management
Toll Free: 1.800.268.7215
Main Line: 416.599.2580
Fax: 416.340.2857
Email: practicemanagement@oma.org

By Mail
Ontario Medical Association
150 Bloor Street West, Suite 900
Toronto, Ontario, M5S 3C1
Canada
Transition into Practice Service (TiPS)

HOW TiPS WORKS

- Sign up for this free service
- The TiPS team will register your requirements: what you want in a practice, your preferred practice location, and any other family needs.
- We will contact recruiters across the country, on your behalf, to investigate what positions are available.
- If any of the options interest you, we will arrange for you to meet the recruiters and visit the communities.

TiPS Program Manager Bryan MacLean became a Physician Recruiter in 1999, when he was tasked with finding physicians and nurses to staff field hospitals and Sustainment Villages during the Kosovo Refugee Airlift. Bryan has worked as a physician recruiter on contract with the Canadian Forces; a business development manager and physician recruiter for a private staffing company; and as a recruitment advisor to the Professional Association of Residents in the Maritime Provinces (PARMP). Bryan is currently the Vice-Chair of the Canadian Association of Staff Physician Recruiters (CASPR).

A New Service for Residents

Do you have employment when you finish residency? Are you having difficulty finding out exactly what your options are when you’re ready to practice?

CAIR recently launched the “Transition into Practice Service (TiPS), a new pilot program designed to help find the right position for you, anywhere in Canada.

Whether you are a first or last year resident, it’s never too early to start planning your future.
Transition to Practice

Congratulations on completing your residency and moving on to the next phase of your career (whether that be more training, or independent practice).

As you enter that next phase, PAIRO is pleased to offer some useful information to help you navigate this process. Click on the sidebar headings to navigate through the content.

For an up to date listing of locum and permanent positions in communities in Ontario, please check out the new HFOJobs web site. Job postings for specialists and physicians in urban centres and contacts for out of province are available by contacting the PAIRO office as well.

Should you have any further questions regarding transition to practice, please do not hesitate to contact the Transition to Practice Coordinator.

Once again congratulations and best of luck with your future endeavours.

PAIRO Transition to Practice Team
In Summary -

• Information and resources provided to residents through:
  • Orientation
  • Core curriculum
  • Orientation Sessions to new Roles
  • Provincial and National Professional Organizations
  • Specialty Societies
  • Provincial Housestaff Organizations

• Work with organizations to ensure that appropriate information is provided to residents
Wrap-up and Conclusion

• Personal & professional development occurs through exposure to novel situations along the medical education continuum

• Transitions do not need to be traumatic

• Patients, practitioners and the healthcare system benefit from residents who confidently and competently move forward
Thank You!

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