Family Medicine Resident Expectations by Year from Faculty and Resident Perspectives: A Quality Improvement Initiative

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PROBLEM
There are certain academic requirements that residents are expected to complete for graduation that are set by the ACGME and standardized among US residency programs. Faculty expectations of residents according to year, however, are not among these standardized requirements and can cause some confusion for residents.

BACKGROUND
Research on standardized expectations for family practice residents is sparse. One study of a Canadian family medicine residency program assessed characteristics of “troublesome” residents and described faculty expectations of residents in the program as being implicit. Another study assessing intern orientation in family medicine residency programs demonstrated a disconnect between residents and program directors on orientation goals. With few articles available on expectation setting, it is clear that there is opportunity to expand this area for quality improvement purposes.

PURPOSE
Twofold purpose of this quality improvement initiative:
1. Determine what the expectations of residents are based on feedback from faculty members and the current residents of the Aurora Family Medicine program
2. Present the expectations to the program residents in hopes of providing a guide for residents as they progress through the program

METHODS
1. Program faculty and residents were surveyed on resident expectations, according to year in the program, via email.
2. Questions posed to both faculty and residents are listed below:
   - What do you expect from new interns as they progress through the year?
   - What do you expect from new 1st year residents as they progress through the year?
   - How do your expectations of specific areas of growth from intern year to 2nd year training differ?
   - What do you expect from new 3rd year residents as they progress through the year?
   - How do your expectations of specific areas of growth from 2nd year to 3rd year training differ?
3. The responses were de-identified and analyzed.
4. The expectations were put in a document according to year and presented to the residents during scheduled didactic time.
5. The residents who responded to the initial survey were sent a post-presentation survey to evaluate the document and presentation's efficacy of expectation dissemination.

RESULTS
Of the 28 residents surveyed, 19 responded. Initial surveys of the residents showed 95% of the residents believed faculty had expectations of them, but 42% said they did not know what those expectations were (32% said they did know; 21% replied unsure). Of the faculty surveyed, 14 responded. 79% of faculty reported having expectations of residents with 79% also thinking residents did know what those expectations were.

Fifteen of the 19 residents who responded to the initial survey responded to the post-presentation survey. 93% of the residents believed faculty had expectations of them, and 80% of residents reported they now knew what those expectations were. 13 out of 15 residents thought the handout helped clarify faculty expectations, 2 residents reported they did not see the handout or attend the didactic session.

CONCLUSIONS
The overall consensus of the residents and faculty was that there were expectations of the residents as they progress through the program, but those exact expectations had not been discussed. Despite the lack of discussion, the expectations from both groups were surprisingly similar.

INTERVENTION
An in-person didactic session was scheduled to explore themes that emerged from the data, and to provide a handout with expectations and goals, divided by year. This was done in an effort to increase awareness of explicit expectations by faculty for progression throughout the course of residency.

INTERN YEAR - CONFERENCE
Second year residents, achieving a minimum of 3 in all competencies by the end of second year
1. Furthering Independence
   - Less reliance on faculty/colleagues for work (assessment and plan)
   - Able to efficiently handle higher patient load compared to intern year
   - Less reliance on supervising physician's opinions
2. Team development (approaching systems-orientated care)
   - Continual development on skills developed in first year by focusing on ways to improve system-based care within a group
   - Developing concept of needed patient care and systems
   - Self-education - able to identify areas of growth to focus on
   - Development of effective communication and feedback
   - Development of leadership skills - teaching, mentoring, work group involvement
   - Considering leadership role/expectations and involvement
   - Assessing position as a role model
3. Wider population perspective
   - Challenging daily agenda setting in clinic
   - Start experience with handling urgent and emergent medical situations
   - Community service
   - Cost consideration
4. Progressive learning experience
   - Long-term planning
   - Career path after graduation
   - Community service
   - Developing a personal "style"

SECOND YEAR - COMPREHENSIVE
Third year residents, achieving a minimum of 4 in all competencies by the end of third year
1. Independence
   - Preparing for independence after graduation
   - Identifying weak areas for improvement and finding opportunities to do so
   - Time and responsibility management - day, patient volume, chart completeness
   - Conflict of care and communication with existing and new patients
2. Systems-based integration
   - Leadership
   - Role modeling and supervising junior residents
   - Teaching
   - Medical team work in the residency
3. Population management
   - Navigating the "big picture" of seeing special issues mixed with care of patients
4. Specified areas of practice
   - Expand knowledge with independent study
   - Anticipation of patient needs
   - "Nuturing" phase

REFERENCES