# Post-grad surveys help improve quality of program, director says

What better way to determine the quality of your program than to see how residents fare after they leave? That's what one program in Detroit is doing, with a strong emphasis on assessing residents' success by surveying the residents and their new employers.

Surveying residents after they leave a program isn't unusual, but surveying employers and fellowship directors isn't as common, says **Eric Scher, MD**, vice chair and RPD in internal medicine at Henry Ford Hospital in Detroit. Scher was one of 10 RPDs awarded the ACGME's Parker J. Palmer Courage to Teach Award.

"We survey the residents post-grad and also whoever they are working for at that point, and then we compare the results," he says. "The resident may think he's doing great but the employer doesn't agree, or vice versa, but actually we've found a strong correlation between the results."

Scher's program has just finished its third year of the post-grad surveys, accumulating enough data for meaningful results.

## Get informed consent

The effort begins before the residents leave the program, when the hospital gives residents a copy of the survey and asks them to sign informed consent. Scher lets them know that around the middle of their first post-grad year, no matter where they are, they will receive a survey in the mail. So will their immediate supervisor.

"These surveys are aligned along the ACGME's six general competencies," he says. "So we ask about interpersonal skills, their knowledge, how they work with others, whether they work well in an interdisciplinary team, and so on."

Much of the language is lifted from the ACGME competencies, but it is fashioned in a way to address practical aspects of how well the resident is doing in the real world. Questions determine whether the resident searches medical literature as part of finding the proper course of care and whether the resident has a good understanding of managed care.

The program graduates 36 residents a year, and the survey participation level is over 80%.

"There is a lot of correlation between the two sets of results, so we think that is a validation of the survey instrument and tells us that we're getting useful information," he says. "When the resident reports that he or she is lacking in some area, the employers usually agree. And when the residents report that they're doing fine in another area, we don't usually see the employer with a different opinion."

## Collect multiple addresses

To facilitate sending the surveys, the program collects multiple addresses for each resident before he or she leaves the program—work and home addresses, e-mail, and any other contact information the resident volunteers. Once the surveys are sent around January of the following year, it takes about two months to get the completed forms back. In the meantime, the program sends a few reminders to make sure the survey isn't overlooked.

Scher notes that the informed consent is necessary to send the surveys to employers.

The goal of the project, he says, is fairly simple: to find out whether the residency program is adequately preparing doctors for the real world.

"We want to know if we prepared them well," he says. "And even if, overall, we prepared them well, we want to know if there are specific areas in which we could have done better. For instance, we found out early on that we didn't do as well in the business of medicine that we had hoped, particularly for those who went out into practice. So we altered our curriculum accordingly."

## Room for improvement

The business of medicine—issues such as billing and the intricacies of starting a practice—gets more attention in Scher's program now, as a direct result of the post-grad surveys. Those issues can easily get lost in a residency program, Scher says, as you concentrate on the clinical training and other "must do" topics. But the post-grad survey found out that the business issues became a real hurdle once the doctors left the program.

The employer side of the survey acts as sort of check and balance system. The resident may think he's doing okay, but what does the employer think? In addition to asking for an assessment of the resident, the program asks employers to make broad suggestions for improving the program. Is

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there any aspect of medicine that we should be teaching more or teaching differently?

"That's useful because sometimes the employer has valuable input that doesn't apply to that resident necessarily," Scher says. "They may say this resident is okay with the business aspects, but he just seems skilled in that area and they've seen plenty of other young doctors who aren't. That tells us that that topic is something we have to emphasize."

## Didactic month reinforces basic skills

Scher's program also uses the following techniques to improve program quality:

- **A didactic month**—At the beginning of the first resident year, the program devotes a month to teaching evidence-based medicine, research design, biostatistics, and clinical epidemiology. The residents spend one day a month in continuity clinic and the rest is spent in didactics. Scher's program spends much of this time in team-building exercises and reinforcing basic skills such a EKGs, x-ray interpretation, lab tests, and even physical diagnosis.

  The residents spend a couple of months on the floors before the didactic month begins because Scher thinks it is important to have clinical background before tackling some didactics.

  "We want to make sure some core principles are reinforced before we teach them new stuff," he says. "For some of them, it's the first time they're getting good clinical epidemiology and lessons in how to design a research project. A lot of the applicants who interview all over tell us they haven't seen a didactic month before, and it's fairly well received by the residents."

- **Three days in a health maintenance organization (HMO)**—To look at some common clinical issues from the HMO side of things, all residents spend three days working with an HMO that is closely aligned with the program. The time is spent doing classroom activities, but Scher says the interns respond favorably to seeing how they will to be evaluated by HMOs later in their careers, as well as some of the innovative work in disease management. ■

# NRMP news: Second match, board expansion, and fee reduction

The idea of a second Match is still alive but you'll have to wait a few months to see if this idea throws your whole schedule into a tizzy.

During its October, 25, 2004 meeting, the National Resident Matching Program's (NRMP) board of directors reviewed preliminary data from a Web survey completed by applicants, program directors, medical school officials, and institutional officials registering for the 2005 Main Residency Match. The NRMP reports that three-quarters of all respondents endorsed a two-phased Match, but those numbers don't tell the whole story of what the NRMP calls "sharp differences among participant groups."

Residents and students seem to like the idea a lot more than most RPDs do. In fact, the NRMP reports that about 70% of U.S. senior students and 85% of independent applicants favor a second Match, compared with only 44% of RPDs, medical school officials, and institutional officials.

"A majority of all groups support a phase-one rank-order list deadline that would be two weeks earlier, but only independent applicants endorse a later Match day," according to an NRMP report. "No group favors making phase one matched applicants wait until after phase two to receive their Match results. Finally, a majority of all groups believe unmatched applicants should be required to participate in phase two, but 53% of program directors oppose requiring unfilled programs to participate in phase two."

The NRMP says a decision about whether to implement the second Match will be made during its May 2005 meeting, when board members will review final survey data as well as comments from medical education organizations.

## Board to include program directors

The NRMP board also voted to expand its membership, and, for the first time, designated slots will be made available for RPDs and resident physicians.

The board currently has 14 members and will expand to 19. The American Board of Medical Specialties, American Hospital Association, American Medical Association (AMA), Association of American Medical Colleges, (AAMC) and Council of Medical

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