



PREPARING FOR THE TRANSITION TO PRACTICE: A COMPILATION OF ADVICE FROM PROGRAM DIRECTORS TO RESIDENCY GRADUATES

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INTRODUCTION

Each year, a graduating class of senior emergency medicine (EM) residents enters the workplace, marking an important milestone in the development of practicing physicians. This transition from senior resident to attending physician is an exciting time, but bears with it daunting challenges for even the most seasoned resident. Financial decisions, personnel management, clinical autonomy, and patient care are just a few of the challenges with which new graduates are faced. Although residency training programs strive to prepare residents for these challenges, there remains a gap between the theory of medicine and the practice of health care. This gap represents the “transition to practice.”

Program Directors serve as important guides during the development of resident physicians. As mentors, Program Directors help shepherd residents through the challenges of residency training and help prepare these residents for their transition to practice. Not only have Program Directors made this transition themselves, but they have witnessed hundreds of residents make the same journey. The collective experience of Program Directors serves as an invaluable resource and helps new graduates navigate this challenging period.

We tapped into the collective wisdom and asked the members of the Council of Residency Directors (CORD) in EM to reflect upon their experience with the transition to practice, both personal experience and the experience of their programs’ graduates. We asked, “What advice do you give to your resident graduates as they are leaving your program?” In addition, we asked, “What pitfalls should young physicians avoid as they make the transition to practice?” The response from the members of CORD was overwhelming, and we are grateful that they are willing to freely share their experience and guidance. We have been asked on several occasions to compile and publish the advice—we chose this forum to disseminate the information. Comments fell into several general categories, and we combined and paraphrased comments to create a resource that we hope will help graduating residents navigate their transition to practice successfully, and provide a reference for program directors of all specialties to provide advice to their graduates.

Responses were categorized as follows: 1) outside activities/personal; 2) finances; 3) isolation after graduation; 4) compassion; 5) burn out; 6) interpersonal interactions; 7) clinical practice skills; 8) academic endeavors; 9) professional development; and 10) passing Board certification examinations.

Program directors from >48 EM residencies responded to our questions. Program director experience among

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respondents ranged from 3 to >20 years in the position. Responding programs represented all major geographic areas of the nation, and all EM program formats.

SUMMARIZED ADVICE BY CATEGORY

Personal Activities Outside of Work

The pitfall is not taking care of yourself—physically, mentally, or spiritually.

- Graduates should rediscover their passion outside medicine so that they can rely on it to remove stress and add dimension to their life. For some it may be ballet, but many others do sports, music, church groups, community organizations, art, etc. The nice thing is that they get a circle of nonmedical friends to add perspective to their lives. For most people, other interests were suppressed during clinical training.
- Make time for yourself (separate from time for your family). Get back into that exercise routine that fell by the wayside during residency.
- Find a balance between work and play; do not forget to take care of yourself.
- Do not take a job that you end up loathing for whatever reason and then not having the courage to leave and find another one.

Finances

The pitfall is getting in over your head.

- Start saving up during residency for the first year out. There are many expenses no one tells you about. Moving, security deposits, first and last month's rent, board examination fees, cost of licensure. It adds up to several thousand dollars, and you should be prepared for it.
- Do not spend more than you earn. Spending quickly rises to match income. Do not live beyond your means now that you are getting a real paycheck. Do not buy a house too soon; buy a modest one initially. Owning a home can get you in over your head faster than you can imagine. Do not buy a \$60,000 BMW right away!
- Do not underfund your savings plan, and do not overpay for a car. Too many recently graduated residents buy a big ticket item as soon as they become attendings but do not put money into savings. You need to max out 401k/403b and similar plans from day 1.
- Pay off some debt, live like a resident financially for a while, which allows for saving money so you can travel, change jobs if needed, etc.

- Start saving for retirement as early as possible, and start college funds for your kids the minute they are born.
- Continue short-term disability plans from residency, if possible, because they are often fairly inexpensive, and some companies offer a guaranteed issue disability policy to residency graduates; take advantage of it!
- Many residents do not understand their contracts or sign ones that may get them into trouble (i.e., agreeing to restrictive covenants). Do not feel like you will not get the job if you do not agree to all the provisions; in the end almost everything is negotiable. Look to your specialty societies if you have questions.

Isolation after Graduation (You are not Alone)

The pitfall is being afraid to ask questions or ask for help.

- You can always call “home.” If you are out moonlighting or on your own and just want to bounce something off one of your colleagues from where you trained, you can always call. Someone from your department is on 24/7. Stay in communication with the mothership!
- Never lose your humility or be too afraid/too proud to ask for help. Just because you have graduated does not mean you know/can do it all. Medicine is the most humbling of professions; if you do not know the answer, ask!
- If you are not sure about a patient case, ask your colleague. It is not a sign of weakness. Your colleague has one thing that a new graduate does not: experience.
- The first 5 years out of residency represents a steep learning curve; you will see stuff you have not seen before, you may do procedures you have never done before. Better to admit you are not sure than to make something up and potentially cause patient harm. Remember: there are no stupid questions!

Compassionate Care

The pitfall is forgetting why you got into medicine in the first place.

- Take the time to make a true connection with a minimum of 1 of your patients per day or shift. Take the extra time and make the extra effort to create a connection and find out something about them as a person. It helps you keep your humanism and remember why you got into this business: to help people.

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