

Bridging the Generation X Gap in Plastic Surgery Training: Part 2. A Proposed Solution—Identifying a “Best Practice” in a Plastic Surgery Training Program

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After we established the characteristics of residents past and present and identified the traits of effective program directors, we addressed the real areas of concern and misunderstanding in a training program. These included the following: communicating, relating and interacting, teaching, critiquing and providing feedback, disciplining, mentoring, and demonstrating integrity. A frequently used approach for viewing such subjects in a critical manner is to evaluate what an ideal (best) program would look like in each of these areas. The thoughts offered below represent a compilation of comments and discussions by attendees and resident interview feedback obtained by the facilitator.

COMMUNICATION

Resident handbook. At the beginning of the training program, all residents should receive a handbook that outlines the expectations and responsibilities during their tenure. The handbook might include policies, procedures, clinics, operating room schedules, goals of different clinical rotations, and assessment methods, to name a few. It is important that the handbook be updated regularly, taking into account the generational perspectives mentioned above. For example, what messages are being communicated about the program, the working environment, work hours, and inter-relational exchanges between the faculty members and the residents?

Use of technology. How well established are the lines of communication between residents and faculty members, among faculty members,

and among residents? How easy is it to get everyone “on the same page” when an issue of importance needs to be communicated? Is this accomplished by e-mail, alphanumeric beepers, written memos, or just word of mouth?

Interactive feedback. It is important that communication not be viewed as a one-way flow to the residents; open lines of exchange must be maintained so that there can be a flow of information back from the residents. This can be facilitated by technology, but faculty members must be sensitive to this fact and not be defensive regarding criticism related to the training program that is offered by the residents. This feedback can be delivered informally in oral exchanges, in conferences, during rounds, or in the operating room. Formal evaluations of the residents by the faculty members, of the faculty members by the residents, and of the program by everyone involved in it are already requirements of the Residency Review Committee in Plastic Surgery. There should also be regular open discussions of problems as they arise and similar meetings of all concerned participants even when there are no apparent problems in the program. Such meetings facilitate interactive feedback.

RELATING AND INTERACTING

Open-door policy. It is extremely important to let residents come in whenever they think it is important to talk. This policy should be announced to all residents during the orientation period.

Interactions in clinical settings. These daily opportunities in the operating room, at the scrub

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sink, or in the clinic are viewed as being very important for personal interactions with faculty members who would not otherwise be available. These opportunities for interaction are frequently lost on faculty members, who might have their minds on things other than this effective means of interaction.

Regular (weekly/biweekly) meetings with residents. This is a way to share with the residents in an informal semididactic manner (e.g., CoreQuest) and is also a way for the program director to find out more about what is “really going on.”

Limited social interaction. Although residents like, and truly appreciate, occasional Friday pizza/beer-type sessions, an event that is regularly planned is viewed more as a burden (a “command performance” event) than as it was intended. It should be remembered that the residents have lives beyond medicine, which should be nurtured with the limited free time they have.

TEACHING

Surgical skills laboratory. A facility that provides the residents with “hands-on” experience in the areas of microsurgery, endoscopy, plate fixation, and laser treatment is vital in this era of decreased surgical opportunities, as dictated by both patients and their insurers.

Planning of surgical procedures. Residents appreciate faculty members having them prepare for interactive discussions before surgical procedures. Having them come with a prepared plan that includes the indications for surgical treatment, an individualized plan for the patient, alternatives for therapy, contingency plans for complications, and expected outcomes is a very effective, albeit time-consuming, teaching method that Generation Xers truly appreciate.

CoreQuest. This is a most effective way to cover the entire spectrum of plastic surgery in a 2-year or 3-year period. This tool can be used in a variety of ways, but when it is used in a group setting with a question-and-answer format, the residents can actually present the conference themselves, with comments by faculty members who are in attendance. This is an extremely valuable means of teaching, which has been demonstrated to complement didactic lectures most effectively.

Residents' bedside manner. With the busyness of our outpatient world, the art of bedside patient interaction is being lost by today's residents. Occasional sessions with faculty members modeling good bedside manner and observing

residents' interactions with patients while providing feedback were thought to be useful.

CRITIQUING AND PROVIDING FEEDBACK

Clear identification of feedback. Although faculty members frequently share their thoughts, both positive and negative, with residents, the residents still seem to think they are not getting enough feedback. Sometimes they do not recognize it for what it is. Therefore, faculty members must state the obvious (e.g., “I am now going to give you feedback”).

Debriefing sessions. When problems occur, faculty members should have short but pointed conversations with the resident on a personal basis (i.e., one on one). When such teaching moments occur, faculty members should take advantage of them at the time, rather than waiting to bring the matter up days or even weeks later, when the moment will be lost. Such teaching should be personal, frequent, immediate, and routinely practiced.

Critiquing against known goals and objectives.

Faculty members should make reference to previously defined and agreed-upon standards or criteria. After critiquing, a plan for improvement should be created, to serve as a contract for either remediation or further advancement and improvement, with follow-through to ensure that the expectations are being met. In general, by being explicit and providing ongoing and nonjudgmental criticism, we can demotionalize feedback while drawing the residents' attention to valuable information that can make them the kind of physicians and surgeons we want them to be.

DISCIPLINE

Setting. Discipline should always take place in a private setting.

Definition of the problem. The problem should be clearly defined.

Due process. Proactive documentation should be provided. Faculty members should be fair and impartial. There should be an opportunity for representation in the process (e.g., the resident's mentor). One suggestion was to provide an ongoing record of the resident's activity. When a resident does something positive, a green card describing the occurrence is placed in his or her file; similarly, for a negative action, a red card is placed in the file. The cards are then reviewed during the resident's quarterly review, providing a proactive continuous process.

Please rate the degree to which each statement is true of the Plastic Surgery training program:

	Consistently True	Somewhat True	Somewhat UNtrue	Rarely True	Unable to Judge
Patient Care					
Mentors/guides residents in caring for patients	_____	_____	_____	_____	_____
Provides a full complement of patient diseases to learn spectrum of specialty	_____	_____	_____	_____	_____
Provides opportunities to develop/enhance skills through simulation/surgical skills lab	_____	_____	_____	_____	_____
Structured curriculum/learning opportunities appropriate to this competency	_____	_____	_____	_____	_____
Medical Knowledge					
Program faculty are up-to-date in the field (including findings from scientific evidence for the care of patient's problems)	_____	_____	_____	_____	_____
High quality teachers who use appropriate instructional methods to achieve intended objectives (e.g. initiates discussion about patients: pre-op, intra-op, and post-op)	_____	_____	_____	_____	_____
Structured process for design and implementation of resident's research project	_____	_____	_____	_____	_____
Formal and informal opportunities for resident to teach students, peers, and others	_____	_____	_____	_____	_____
Structured curriculum/learning opportunities appropriate to this competency (e.g. M & M, didactic lectures, j-club, core curriculum)	_____	_____	_____	_____	_____
Practice-Based Learning and Improvement					
Training environment supports/reinforces the value of life-long learning strategies	_____	_____	_____	_____	_____
Graded levels of autonomy/supervision to facilitate resident growth	_____	_____	_____	_____	_____
Access to tools (e.g., computer, internet, electronic medical records) to efficiently/effectively manage information	_____	_____	_____	_____	_____
Continuously monitor and improve strategies for management and delivery of care.	_____	_____	_____	_____	_____
Structured curriculum/learning opportunities appropriate to this competency	_____	_____	_____	_____	_____
Communication and Interpersonal Skills					
Two-way communication between resident and faculty without fear of reprisal	_____	_____	_____	_____	_____
Program faculty/staff provide explicit, constructive, and timely feedback referenced to agreed-upon standards/criteria	_____	_____	_____	_____	_____
Faculty have sincere interest and commitment to professional development in trainees	_____	_____	_____	_____	_____
Residents receive a handbook/orientation package	_____	_____	_____	_____	_____
Effectively utilizes technology (particularly e-mail) to disseminate information	_____	_____	_____	_____	_____
Regularly scheduled meetings with residents to talk with faculty and staff	_____	_____	_____	_____	_____
Appropriate balance of opportunities for social interaction between faculty/staff/residents	_____	_____	_____	_____	_____
Structured curriculum/learning opportunities appropriate to this competency	_____	_____	_____	_____	_____
Professionalism					
Program faculty demonstrate the highest levels of moral and ethical values in dealing with patients, families, and other health care providers.	_____	_____	_____	_____	_____
Residents are expected to demonstrate the highest levels of moral and ethical values in dealing with patients, families, and other health care providers.	_____	_____	_____	_____	_____
Program faculty constructively initiates discussions with resident, when needed, re: errors in judgment, commitment to service, and patient responsibility by defining problem and outlining action plan as needed	_____	_____	_____	_____	_____
Provides structured curriculum/learning opportunities appropriate to this competency	_____	_____	_____	_____	_____
Systems Based Practice					
Patient care discussions, regularly considers cost relative to effectiveness of care	_____	_____	_____	_____	_____
Provides information that would help resident in considering different employment opportunities	_____	_____	_____	_____	_____
Provides information that will aid in establishing a practice following training	_____	_____	_____	_____	_____
Demonstrates ability to work effectively as health care team member or leader	_____	_____	_____	_____	_____
Program faculty model highest standards for patient advocacy	_____	_____	_____	_____	_____
Responsive to the larger context and system of health care and the ability to effectively call on system resources to provide optimal care	_____	_____	_____	_____	_____
Provides structured curriculum/learning opportunities appropriate to this competency	_____	_____	_____	_____	_____

FIG. 1. Evaluation of a good plastic surgery training program. *M&M*, mortality and morbidity conference; *j-club*, journal club.

Action. Faculty members should take action early, not letting what might seem to be a minor occurrence escalate into something more. Faculty members should make sure that actions are fair and measured (instructional, rather than punitive). Specialized or remedial programs that address the issue should be defined and used.

Remediation plan. A plan should be provided (“you have done _____, I would like you to do _____, and here is how we will monitor this”).

MENTORING

Developing a relationship over time. Faculty members should ensure that the relationship is founded on familiarity and respect, while they act with integrity and behave as role models.

Learning to listen. Faculty members should truly get to know the residents and understand their environment, challenges, concerns, and professional goals, offering perspective and positive feedback when appropriate.

Ensuring flexibility. Faculty members must be responsive to the mentoring needs of the residents, by having regular meetings to provide an opportunity to simply share “how things are going.”

Calibrating the relationship. The appropriate degree of familiarity and closeness must be individualized among faculty members and residents. Some personalities engage well, whereas others do not; however, it is always important to keep this relationship on a professional but personal level.

INTEGRITY AND ETHICS

Maintaining a high level of integrity within the program. This begins with the chair and program director but continues to the level of all employees.

Working with Current Procedural Terminology codes. Residents should understand Current Procedural Terminology codes and their ethical application.

Coaching and modeling regarding difficult issues. How do you, as a program director, resolve conflicts? Can you admit that you are wrong? Do you apologize when you are in the wrong? Do you practice being honest and direct? Integrity is not a one-time event but is an ongoing overarching attitude. Generation Xers are looking for evidence of people actually (and consistently) doing what they say they are going to do.

GENERATION X RESIDENTS’ REQUESTS FOR FACULTY MEMBERS

The residents offer the following simply applied approaches that would help bridge the Generation X gap.

Appreciate Us: Be generous with your positive feedback. Try to make sure that even negative feedback is presented constructively. In short, let us know you are glad to have us.

Be Flexible: Avoid being dictatorial, rigid, or overly directive. Consider changes and/or broader options. Be willing to acknowledge and (within reason) accommodate our lives outside plastic surgery.

Create a Team: Think in terms of engaging us in a meaningful team dynamic. This would enhance our sense of involvement and contribution.

Develop Us: Consider how you can make every day a learning experience for each resident.

Involve Us: Regularly ask residents for their input and ideas, particularly in areas that directly affect us. Build our participation in decisions and solutions.

Lighten Up: Work to sustain a level of creative (rather than stressful) tension. Make learning a fun experience. Do not take yourself too seriously; learn to laugh at yourself. Learn how to admit you are wrong and apologize for an error or misjudgment you might have made.

Walk the Talk: Be a model of integrity. Be courageous in your convictions. Treat patients and residents with the same respect you would ask for yourself.

ASSESSMENT TOOL

On the basis of this best practice description, I offer a tool that program directors might use to critically evaluate how close their program comes to this goal. The six competencies of the Accreditation Council for Graduate Medical Education were used for organization of the instrument (Fig. 1).

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