

U.S. Graduate Medical Education - Overview



Graduate Medical Education (GME) programs are highly organized teaching and learning environments. Residency training programs and fellowships must be approved and accredited by the Accreditation Council for Graduate Medical Education (ACGME). This national organization sets strict requirements for what must be learned, the clinical experiences that must be made available, how many and what kinds of patients must be seen, and general working conditions (including a maximum of 80 working hours per week). Underlying all the requirements for training programs are six core competencies:

1. Patient Care
2. Medical Knowledge
3. Practice-based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-based Practice

Although physician residents and fellows in GME training programs have a great deal of responsibility and may even be licensed physicians, ultimate responsibility for patient care and safety rests with the attending physician. For this reason, attending physicians must always be kept informed of all patient care issues, and it must be recognized that they have final authority in directing patient care and management. As physicians advance through their training, attending physicians tend to give them more autonomy and responsibility for patient care. However, it is critical to communicate clearly and frequently with the attending physician, especially for the junior resident or fellow.



Acculturation Program:

The One Dozen Most Important Things You May Not Have Known, Understood, or Realized About American Medicine

U.S. Graduate Medical Education - Overview (continued)

GME training programs are designed to be learning environments in which mistakes are expected and where the physician in training may be lacking in some knowledge relevant to the care of the patient. This is feasible only because of the redundancy and oversight built into the system. However, in such situations, it is mandatory that the resident or fellow be completely forthright in acknowledging a mistake or the lack of knowledge to the attending physician. Honest mistakes or deficiencies in knowledge or skill can always be appropriately addressed; conversely, hiding mistakes, blaming others, faking knowledge, or any form of dishonesty is always wrong and could lead to termination from the training program and could preclude medical licensure.

U.S. Graduate Medical Education - Scenario Script

A patient, wearing a gown, sits on an exam table. Three residents and an attending stand around the patient.

Attending: Alright Mr. Lopez, we appreciate you allowing all these young doctors to talk with you and hopefully getting all the information we need to come up with the best course of treatment for you. We are gonna step out into the hall right now to discuss your case and your resident, Dr. Klein [motions to Resident 1], will be back in to bring you up to date. Do you have any questions?

Patient: No, I don't think so. I hope you can help me...

Attending: We're gonna do the very best we can. Okay, bye for now. Thanks.

[All doctors say goodbye and thank the patient as they leave the room. Cut to the hallway where the doctors stand in a group.]

Attending: Ok, folks. Jackie, he's your patient. What's your working differential? Why don't you start with the anemia, since that's clearly one of his problems.

Resident 1: Well, he's definitely anemic so we're thinking... I always want to think first of occult blood loss... then some kind of malabsorption syndrome... anemia from chronic disease... I don't think there's anything in his labs or his story to suggest any red cell production disorder... hemolysis.

Attending: Very good. So John, how are you going to differentiate between the anemias?

Resident 2: Uh... I'm not sure...

Attending: Sam, help him out.

Resident 3: You mean like red cell indices?

Attending: Exactly! So, John, redeem yourself...what are those indices gonna tell you?

Resident 2: Well, a low MCV goes along with iron deficiency, and a high MCV, like 120, is B12...

Resident 3: ... and I think a low MCV can also be sickling or something like Thalassemia...



U.S. Graduate Medical Education - Scenario Script (continued)

Attending: Well, that would make things more interesting! Although I'm not sure about sickling, [to Resident 3] why don't you look that up.

Resident 3: OK.

Attending: So, Jackie, what does the MCV tell us? Does it fall in the middle?

Resident 1: Pretty much normal... I guess it doesn't help much.

Attending: Okay, so what other indices do we need to consider then?

Resident 3: Well, it's always possible that his anemia could be caused by... [scene fades out as discussion continues].

U.S. Graduate Medical Education - Discussion Questions

1. When a team of doctors takes leave of a patient in a setting like this, what needs to be communicated to the patient?
2. As the case discussion begins, to whom does the attending pose the first question? Why does she choose that person first?
3. How does the attending bring the other people into the discussion?
4. What does the attending do when one of the students seems to be at a loss for the appropriate information?
5. How does the attending re-engage that student?
6. One of the other students volunteers some information without being asked. Is that appropriate? Are there circumstances where volunteering information may not be appropriate?
7. How does the attending handle the situation when a question arises that she cannot answer?
8. How do the members of this team address each other? What forms of address might be appropriate when a resident or a student is speaking to an attending?

U.S. Graduate Medical Education - Scenario Analysis

This scenario demonstrates the typical dynamics and interaction of a group of residents and students with their attending physician in the clinical teaching setting. After the team has spoken directly with the patient, they appropriately and courteously thank the patient and inform him that they will be discussing his case and that his resident will return later to update him. The team then leaves the patient's room and reassembles in a hospital corridor.

The attending physician initially asks the patient's resident for her differential, but she eventually involves everyone in the discussion. Her questions are generally open-ended and are meant to encourage the students to think as they speak rather than to provide formulaic answers. When one student is at a loss for an answer, the attending turns to another student but then comes back to the first student offering him an opportunity to "redeem himself" by answering a follow-up question. Although the attending physician is clearly in charge, her questions are not delivered in a demeaning or threatening manner. Instead her questions are meant to encourage the unsure student not to be too discouraged by his prior faltering.

This brief scenario demonstrates a fairly common pattern of give-and-take between the attending, residents, and students. This style of teaching is not meant to be a quiz or oral examination as much as an exercise in critical thinking and problem-solving. All participants are expected to contribute in a manner consistent with their level of medical knowledge and training. Although residents and students may not be expected to be able to answer all questions about potential diagnoses, treatments, or tests, they are expected to be well-versed on the information specific to their patients. Because of this, residents should always review their patients' information before rounding with attendings or senior residents.

Residents or students should be willing to admit when they do not know something and should be willing to track down the information just as the attending recommends in this scenario. It is also acceptable to question or challenge the attending, although this should obviously be done tactfully, recognizing that some attendings may be more or less receptive.

The general tone of teaching rounds in U.S. medicine is more relaxed and less formal than the didactic style in some other medical cultures. The participation of all residents and students is not only encouraged but expected.