
Internal Review of the General Surgery Residency Program – Summary Findings and Recommendations
April 6th, 2023

Review Committee Members

Tom Gearan (Chair, Program Director, IM), Kristen Johnson (Program Manager, Anesthesia), Katie Diamond-Falk (Program Director, Med/Peds), Casey MacVane (Program Director, EM), Carly McAteer (Program Director, FM), Linda Chaudron (VP Medical Education), Kalli Varaklis (DIO), Cynthia Gaudet (EM Resident)

Background

The internal review was conducted prior to a Program Director change. Dr. Jaswin Sawhney will be assuming the role of Program Director on July 1st, 2023 after serving for many years as Associate Program Director. The Committee is most appreciative of Dr. Whiting's long commitment to the program and advocacy for learners and education.

Findings and Recommendations

Strengths:

The Review Committee would like to acknowledge the overall “good health” of the residency program, and commends the hard work and commitment that is obvious in the administration of this program. The residents, in particular, appear to be very satisfied with the program, well-connected with each other, and appreciative of their faculty and residency leadership. Specific strengths include:

- Residents are part of a team, comfortable with each other, and demonstrate lots of comradery.
- The program has demonstrated substantial commitment to, support for, and outcomes related to DEI.
- The Chair meets with the residents weekly. This is unusual among residency programs, and unanimously lauded as an excellent point of contact with the residents.

- As he transitions to the PD role, the Review Committee suggests that Dr. Sawhney also meet with residents regularly in order to establish his own connections with the residents as the program leader.
- Residents report that their educational sessions are much improved since they were re-vamped post-COVID.
- The Review Committee commends the program for its creativity and commitment to offering flexible resident schedule models (5 in 6, stepping out for research, etc).
- Dr. Sawhney has engaged in multiple activities for Program Director development, and has a good plan for mentorship and support moving forward.
- Dr. Sawhney is committed to focusing on improving research opportunities and outcomes for all residents (not just those who ‘step away’). The Review Committee commends the decision to make a research project mandatory for all residents, and informing intern candidates about this new expectation.
- The Review Committee supports Dr. Nolan’s plan to hold monthly meetings with the surgery-specific Program Directors.

Weaknesses

1. Outpatient clinic experiences:
 - The residents and faculty are concerned that the current residency curriculum does not include enough outpatient experiences, potentially leaving graduates less prepared for unsupervised practice in this realm. Current barriers include residents’ ability to be freed up from inpatient responsibilities to attend these outpatient experiences.
 - Dr. Sawhney has already announced his intention to revive the General Surgery resident clinic, which had been a feature of the outpatient clinics in the past. The Review Committee is very supportive of this plan, as it will be very beneficial for the residents and for the patients served by the MMC Clinics.
2. Research:
 - Although many residents are able to produce excellent scholarly output, most need to leave the program for a dedicated research experience. Up until now research has not been a requirement for all residents.
 - Dr. Sawhney has identified this area as a focus for the program – which the Committee commends. Specific suggestions to support this endeavor include:

- Define research expectations and requirements for residents and core faculty.
- Consider having one APD dedicated to Research/Scholarly activity. This APD would help direct residents to appropriate resources, track progress, conduct quarterly research meetings, etc.

3. Documentation:

- The Review Committee heard that residents do not consistently dictate operative reports, with some raising concern about graduate preparedness for this responsibility post-residency. If this is true, the Review Committee suggests re-evaluation of this policy from an educational perspective, and consider having residents do at least some dictations during their training (consider 50% rule: Whoever does >50% of the actual procedure does the dictation).

Opportunities

1. Residency Expansion – this was heard from all interviewed groups:

- The surgery program is approved for expansion from the ACGME and from the GME GAP committee.
- Awaiting funding – continue to advocate.

2. There were pointed questions about how educational FTEs are shared within the faculty and what the expectations are for use of that FTE.

- The Review Committee recommends re-evaluation of the existing educational FTE's within the department, to whom they are awarded, and what will be achieved with those education FTEs (research, mentoring, lectures, etc.). This re-evaluation should include clarification of the difference between administrative time vs. education time, and expectations therein.
- Clarification and transparency about who are actually 'core faculty' and what the expectations are for that role.

3. Associate Program Directors:

- There are 2 APDs and a third that is yet to be filled. The Review Committee commends Dr. Sawhney's decision to wait to fill the third position for ~6 months to better understand what the program needs.
- The Review Committee recommends careful determination of what each APD will 'own' – *based on the needs of the program* – with clear job descriptions and expectations for FTE provided. As mentioned previously, a 'Research APD' may be one consideration.

- Consider regular (such as monthly) PD-APD meetings to maintain a closely connected senior residency leadership team, and to help PD oversee the educational responsibilities of the APDs.

Threats

1. Faculty discontent:

- There are obviously pockets of faculty discontent that were evident during the Internal Review and that are apparently shared openly and frequently with the residents. Residents are concerned about some of this discord, which was described as “It’s like parents always fighting in front of the kids”. Although the Review Committee appreciates that there are many factors leading to discontent (robot time, nursing turnover/travelers in the OR, etc.), faculty attitudes are very contagious and can set the tone within a residency program. The Review Committee respectfully suggests that the Department review available opportunities for faculty to vent frustrations that are not residency-specific to department leadership and not directly to the residents.

2. Program Manager/Coordinator support:

- Ms. Jackson notes that she is concerned that her role and time commitment as PM will increase during the transition to a new Program Director, which is very reasonable and to be expected. The ACGME requires that a General Surgery program of this size have a 1.0 FTE program manager dedicated to the program. Ms. Jackson is also a CoOP Manager, and although there is an additional 0.1 FTE from a program coordinator to support Ms. Jackson, there is concern that this may not be enough support.
- The Review Committee reminds Dr. Whiting to transfer all residency files off his personal F drive, if not already planned, to assist in the transition process.

3. Culture:

- There were concerns expressed by residents, faculty and leadership about issues of discrimination against women and residents of color. Specific examples included the perception that RL Solutions are used “against” residents of color. Women expressed different standards than men and several complained that they were passed over for leadership positions (it was not made clear if those women were qualified for those positions).
- The ACGME survey for both residents and faculty indicate that ~25-30% of residents and faculty feel that there are cultural concerns with harassment, retaliation, mistreatment or abuse.

- There was frustration that these concerns have been brought up many times. Program leadership has been exceptionally receptive to concerns and has advocated many times within the institution. A recent micro-aggression training – prompted by a resident project – was well received.
- Dr. Nolan frustrated by lack of ability to get data from Risk Management about aggregate RL Solutions on professionalism. Dr. Whiting has reported this several times and Dr. Varaklis has also expressed concern about the disproportionate number of RL Solutions filed against residents of color or different culture.
 - The Review Committee supports the collection of data from RL Solutions to investigate this alleged concern.
 - This concern will be shared with the VP of Human Resources who has just recently joined the institution and unaware of these concerns.

4. Vice Chair for Education:

- It is clear from faculty and residents that Dr. Whiting's current role as Vice Chair for Education is very impactful, particularly in the advocacy and support for junior faculty.
- Discussion with Drs. Nolan and Mallory indicate that this position will remain unfilled in the short term. Thoughtful recruitment for this position will be important to continue this advocacy and support of junior faculty in the future. In the interim, available supports for faculty mentorship and development should be reviewed, including available supports outside the department.

Conclusion

Finally, it was obvious that the transition from Dr. Whiting to Dr. Sawhney has been very well planned and implemented over the past year. All interviewed groups are very pleased that Dr. Sawhney was selected as the next Program Director and all expressed great confidence in his ability to lead the program moving forward.

Respectfully Submitted,

Tom Gearan, MD

Chair, GME Program Evaluation Committee