

## IN TRAINING: PART I

# Six Precepts for Becoming a Good Senior Resident

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The responsibilities of the internal medicine senior resident—to patients, the team, interns, and medical students—are many. To our surprise, there is little<sup>1</sup> in the medical literature providing guidance on this topic. As we approached the important and anxiety-provoking transition from intern to senior resident, we sought feedback from colleagues and classmates and developed this collection of attributes of a “good” senior resident and suggestions on how to become one.

### 1. Make patient care paramount.

- Lay eyes on patients early.
- Always go back to the source: “Trust but verify.”
- For each patient, identify one or two key interventions that must be done correctly and in a timely manner.

### 2. Expect leadership to do as much work as your intern does. (No shopping or playing online.)

- State expectations and set ground rules on day one.
- Be helpful to your intern without being asked and without judgment.
- Make your teammates look good! When wrong, own up to it. When right, remain silent.
- Know enough, but be okay with showing you don’t know everything.
- Recognize and acknowledge it when others have a better idea.
- Demonstrate that you value and respect each member of the health care team, and expect the behavior you role model from others.
- Begin with the premise that everybody in the hospital is

smart, hard working, and cares about the patient; avoid complaining about colleagues.

- Make it fun. Many ridiculous things happen every day; your team has to be able to laugh about at least some of them.

### 3. Guide, don’t direct.

- Give your intern enough “rope” to feel free but not enough to hang from.
- Recognize the difference between style and mistake.
- If not critical, let interns make their own decisions—and if not harmful, their own mistakes.
- Review key points of the plan so you don’t contradict each other on rounds.
- Bite your tongue. Do not interrupt a presentation. Write down your thoughts, and wait until the end.
- Force your intern to make decisions (e.g. “You don’t have to be right, but you need to take a position.”)
- Gradually expand responsibility; by the end of the year, the intern needs to be ready to do your job.

### 4. Teach daily without fail.

- Plan a teaching nugget from each patient and for each learner in the group.
- Review the classic, but teach the unexpected.
- Avoid “guess what I am thinking” questions. If you catch yourself asking this type of question, just tell them what you are thinking.
- Remember that by explaining your thought process you are teaching.
- It’s your job to adjust to

differences in interns’ learning styles, needs, and point in the year.

### 5. Model how to care for patients safely while getting home in time for dinner.

- Be mindful of your intern’s time; be ready to go when you said you’d be ready.
- You are the team’s time setter and keeper: Figure out how much time to spend on each thing, and ensure you stay on schedule.
- Manage your intern and your attending (e.g. “Thanks for that input, but I think we should speed things up here and keep moving. Maybe we can discuss that more at attending rounds.”).
- Protect the little “sacred time” interns have (e.g. intern report).
- Permit and encourage “discovery rounds” when the schedule requires it.
- Round as a team, but recognize the instances you need to round with each intern individually.
- Get your team to educational conferences. Set this expectation, and help to ensure your team is there.
- If it’s going to be a late night, bring food, order in, or do whatever it takes to have a team meal.

### 6. Be private with criticism, public with praise, and specific with both.

- Work principally behind the scenes: Double check your interns’ work, ideally without them knowing and absolutely

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without them feeling you are breathing down their necks.

- Allow the intern to “own” the patient. Ask permission before making major changes, and ensure that the intern is always “in the loop.”

While specifics may vary from program to program and team to team, we hope these precepts will

guide you well in your role as senior residents. We end with a pearl from our program’s former chief resident Bob Dickson: “Whatever your leadership, management, or teaching style, as long as your number one priority is ensuring patient care and safety, your style is the right style.”

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### References

1. Wipf JE, Pinsky LE, Burke W. Turning interns into senior residents: preparing residents for their teaching and leadership roles. *Acad Med* 1995; 70(7):591-6. *SGIM*