

Commentary on “And Now, Please Sign on the Dotted Line: Teaching Residents About Professional Life After Residency”

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When is a resident's training complete? When her test scores prove she has retained a set of medical knowledge? When she attains behavioral milestones in communication skills, inter-professional teamwork, and quality improvement? When she embraces diversity, listens for unspoken pain, and satisfies the standards set by Hippocrates and HIPPA (Health Insurance Portability and Accountability Act)?

We used to think of the business aspects of medical practice as “filthy lucre,” or like axle grease that is necessary to keep the machinery going but not a noble topic to pursue. With maturation in practice, however, we grew to realize that business decisions can affect medical practice in so many ways. At the extreme, bad financial stress can lead doctors to be tempted to compromise their professional behavior.

As such, introducing “business-of-medicine” issues during residency training does make sense. As American physician practice patterns shift from owning a medical practice to joining larger practices, the business of medicine is the contract. Just as the on-the-job, learn-from-your-mistakes approach is no longer the way doctors learn to perform advanced life support resuscitation, learning about unfair employment contracts by signing several bad contracts should not be the way that doctors learn to negotiate for jobs.

In this issue of the *Southern Medical Journal*, Salib and colleagues¹ present one institution's approach to presenting internal medicine residents a focused session on business contracts for their first job postresidency. Their residents had expressed concern about a gap in their education on topics such as physician employment contracts, including restrictive covenants, malpractice insurance, job searches, and interviewing skills. The curriculum

was packaged in a 1-hour session entitled “Life after Residency,” presented by local faculty so that the information was relevant to their local situation. It was presented twice in this two-phase project: at a 2015 noon conference and then at a 2016 regional meeting. In their first phase, the Life after Residency conference was delivered to the residents from a single program in 2015 as part of their regular noon conference series. In the second phase, the Life after Residency conference was presented to residents from six residency programs attending a regional academic meeting in 2016. The content is outlined in the article's Appendix. The sample sizes are moderately large numbers of internal medicine residents.

The project does have a few shortcomings. The outcome focus is simply the residents' perceptions of their knowledge, not the knowledge acquisition or change in behavior. It would be much more powerful to obtain data from residents 1 year later and assess whether they actually applied the knowledge and skills. Only about half of the surveys/questionnaires were returned, and this response rate weakens the data. The study design changed a little from the first phase, when the questionnaire was only presented postconference, to the second phase, which asked residents to complete both pre- and postconference anonymous questionnaires.

Other residency programs have developed curricula on the business of health care, as reviewed by Zarrabi and colleagues.² Residencies in surgical specialties appear to be ahead of nonsurgical residencies in terms of formal publications describing business curricula. The formats included series of talks on business principles, weekend retreats, and simulation games. In the review by Zarrabi et al, the subjects covered in these curricula appear to emphasize practice management in 22 programs and systems-based practice in 6 programs.

In summary, the novelty of the article by Salib and colleagues¹ is the focus on business contracts, presented to residents in a single hour. This could be relatively easy to incorporate into any residency program. Perhaps helping residents find appropriate business arrangements in their first jobs will become another mark of an excellent training program.

References

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