



BY JARROD SHAPIRO, DPM

Advice for the New Residency Attending

Here's some tips from a residency director.

Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice

Practice Perfect 920 provided some advice for new residents to help maximize their success while adapting to a new stage of training. Thinking about this leads one to also consider new residency attendings. It's not uncommon for a new residency graduate to start practice and work with residents or even students. Unfortunately, there's very little formal training for the new residency trainer, so here's some advice and recommendations to hopefully make this part of your new job both rewarding and less stressful both in the operating room and the clinic.

Don't Forget to Focus on Yourself

Residents always want to work with that attending who lets them do a lot of work, especially in the operating room. It's easy, then, to feel pressure to let them do a lot of your surgical cases. However, this is the first time that you'll be doing surgery without the safety net of your attendings around, and it takes a little time to work out those initial nerves and build your own flavor of practice. Depending on your volume as you start practice and your overall comfort with surgery, spend at least that first year in practice doing a large portion of cases yourself. It's okay to have a resident assist, but until you feel comfortable, do the work yourself. Don't worry; a good resident can learn a lot from assisting.

Remember, the Patient Always Comes First

You have a legal and ethical responsibility to do your best for your patient. *Primum non nocere* (first do no harm) is your first rule. You need to learn to ask yourself the question, "Can I repair whatever the resident is doing if they make a mistake?" If the answer is no, then don't



let them do that part. Trust your gut—if something makes you feel uncomfortable about what's happening during a procedure, stop the resident and take over.

Residents Must Prove It Before They Do it

Just because a resident is around doesn't give them the right to just walk in and do a case skin-to-skin. They should prove that they are ready to work with you and do a particular surgical procedure. One option is to give them specific milestones before they can go further. If you can answer "yes" to the following hierarchical questions, then your resident is ready to move to the next number in the sequence:

- 1) Did they contact you beforehand to discuss the case in whatever way you find appropriate?
- 2) Do they understand the pathology behind the procedure you're about to do?
- 3) Do they know the patient-specific info (history and physical)?
- 4) Did they ready the operating room in your preferred way (table, lights, gloves, injections, splints, etc.)?
- 5) Were they a good assistant in prior cases, actively helping, using the fluoroscope, and anticipating the next steps?
- 6) Can they suture properly during and/or at the end of a procedure?

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PRESENT Podiatry

PRESENT Podiatry (podiatry.com) is a podiatrist-owned-and-run company that proudly serves as the largest provider of online CME to the podiatry profession. One of the key lectures in their online CME collection is highlighted below.

Featured Lecture

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In this Lecture...
This lecture provides an in-depth analysis and details the epidemiology, social, and economic impact Chronic Wounds have in today's wound care space. The lecture also provides literature-based modalities and new methodologies in the treatment of Chronic Wounds geared towards the reduction and eradication of Biofilm.

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Attending (from page 31)

7) Can they make an incision and dissect properly (with the aim of a proper closure), understanding the anatomy and at-risk structures?

8) Can they manipulate bone (joint prep, osteotomy, deformity/fracture reduction, etc.)?

9) Can they choose and apply fixation properly?

These steps can be satisfied in whatever method you prefer, either verbally or physically demonstrated, but if the resident can't do a step, then they're not ready to proceed to the next steps.

Give Them Feedback

If your job is to teach someone how to be a foot and ankle physician and surgeon, then it is also your job to give them feedback. You can do this during an action (for example, ongoing feedback during a procedure) or afterwards. Make sure your feedback is specific and actionable. "You did well during that procedure" is a useless comment that doesn't give them anything to work on for the future. Instead, "you did an efficient dissection but had trouble with the osteotomy because your saw control wasn't good; you didn't use negative pressure" tells the

resident exactly what they should work on.

If not certain what to say at the start of a feedback discussion, ask the resident for their perspective. "How do you think the procedure went?" is a good start. "What do you think you could have done better?" is another useful phrase that can jumpstart a discussion.

Demand Follow-Up

If you discuss anything when working with a resident, either clinical or surgical, make sure they follow up with you in whatever format you prefer in a specific timeframe. You might, for instance, NOT allow them to email you with an explanation but rather speak with you directly within a week. Having someone cut and paste an explanation into an email doesn't prove they know anything. It's also a waste of time to read the email. Similarly, if it is a surgical skill, the resident should be able to demonstrate improvement or mastery before you should let them do more.

Communicate With Your Residency Program Director

A good program director wants to know what you think of their resident. Specific feedback about a resident's progress in a written form is gold for your director. If you're

having a problem with a resident, tell the director. Too often attendings are not comfortable giving negative feedback, but it is so important that you do so. If a program director needs to remediate a resident or take disciplinary action, but they do not have a paper trail, then they are very restricted in their actions. Your specific and timely feedback empowers the director to act to help problem residents and protect the public.

A Final Tip: DON'T Leave Them Alone

It's common practice for an attending to leave the OR during the closing stages and let the resident finish. Until you absolutely know the resident AND they're doing things exactly as you want, don't leave the OR. Remember, it's your patient, no matter what happens, and you are responsible.

Working with residents is a highly rewarding but also challenging pursuit. Creating that powerful learning environment that allows residents to grow while allowing you to remain comfortable takes balance, honesty, and a lot of patience and deep breaths. **PM**

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Dr. Shapiro is editor of PRESENT Practice Perfect. He joined the faculty of Western University of Health Sciences, College of Podiatric Medicine, Pomona, CA in 2010.