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*The Do's
& Don'ts
of Residency Training
For International Medical Graduates*

Preamble

The rigors of residency training are well known to those who have gone through it and survived. This document has been prepared to provide the International Medical Graduates (IMG) as incoming residents with guidelines to help complete their training successfully whilst avoiding simple mistakes that can result in potentially serious consequences.

This work comes through the combined effort of the Committee for Young Physicians (YPC) of Association of Pakistani Physicians of North America (APPNA) and The King Edward Medical College Alumni Association of North America (KEMCAANA).

The Task Force was headed by M. Haseeb, MD; FACC, Clinical Assistant Professor of Medicine, SIU School of Medicine, Springfield, Illinois, representing APPNA and KEMCAANA.

“We greatly appreciate contributions made by all those who spent their time in sharing their experiences for proper guidance of the incoming residents”.

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SECTION I

INTRODUCTION TO U.S. HOSPITAL SYSTEM

The hospitals that offer Residency Programs can be classified into:

University Hospitals

Community Hospitals

Private Hospitals

Regardless of what kind of hospital it is, the system works the same in all the U.S. Hospitals and is quite different from the rest of the world.

THINGS TO REMEMBER

- The chain of commands from the program director, attending physicians, chief resident, senior residents and interns is the same all over.
- Hospitals have to meet high standards in all areas of patient care to get accreditation by the Joint Commission for accreditation of hospitals. You are a part of the hospital and will be looked upon as such for quality issues directly related to your working
- The hospital administration and the attending physicians have a close working relationship. Residents should not get involved in situations pertaining to the hospital and the attending staff issues.

PATIENT RIGHTS

- The patients have the absolute say for their care/management regardless of what the caring Physicians think in terms of options.
- **MUST KNOW**, HIPAA- Health Information Portability Accountability Act. Your program should tell you about this, if not, go to GOOGLE.com and search the term "HIPAA".
- Every patient has a code status: Full code versus Do Not Resuscitate. You are obligated to honor the patient's wishes/ living will.

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SECTION II **GENERAL SECTION**

BEFORE STARTING, GET SETTLED

- Try to reach USA as early as possible (1st week of June).
- Contact your program for registration with ECFMG. Make sure your program or yourself inform ECFMG about your arrival and joining the program.
- Apply for Social Security number after doing the above. Please wait for at least 10 days from the time of arrival into US, as it takes that much time for your information to be processed.
- Try not to miss the “Orientation” given by the program.
- Some programs require **DRUG SCREENING**. If you are taking opiates or Barbiturates as necessary medications, please notify the program in advance lest you are caught in a surprise.
- **BE PROACTIVE**: Request permission to rotate with current residents, perhaps a week in advance before you start.
- Read your **HOUSE STAFF POLICIES AND PROCEDURES MANUAL** before you start your first day. Read carefully the sections pertaining to Standard of Conduct, Leave policies, Tips/Gifts, Infection control and Moonlighting. You should know how to access it online.
- Try to find an apartment close to the hospital in a safe neighborhood. If your place is at a walking distance (not more than ten minutes) that would be perfect as you don't have to depend on transportation (private or public).

CONVERSATION/ LISTENING ETIQUETTES

- Practice your spoken English: It has been observed that people who are not fluent in spoken English can express themselves better if they rehearse well prior to an important presentation. It can be in the form of practicing reading out loud when you are by yourself or before a friend, if you are not shy.
- Never break in before other person ends his/her conversation.

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SECTION II GENERAL SECTION

- Be a good listener
- Never shout or speak loudly unless you are calling for help in a code situation.

POLITICAL/RELIGIOUS DISCUSSIONS

- Avoid getting into any religious or political discussion with patients, colleagues and nursing staff.
- Respect everybody else's opinions even it is totally opposite of yours.
- Please avoid making comments about people's sexual orientation, their views about abortion, Democrats/ Republicans or a Political figure / Government authority.

SOCIAL ACTIVITIES

- It's OK to get involved in social activities with other residents, as networking goes a long way.

MUST AVOID:

- **You must avoid dating** fellow Residents/Nurses or medical students in your hospital.
- **NEVER EVEN THINK** of dating your patients, or their families. If you do so, you may regret this silly mistake for the rest of your life. Not only will you lose your position in the program but may also **lose your license**. **There are several examples of such cases.**
- Do not smell of **cigarettes**.
- When on call, do not come to the hospital smelling of **alcohol** because you will be sent home with a disciplinary action.

PERSONAL PHONE CALLS OR INTERNET USE WHILE AT WORK

- If a friend of yours calls and you are among others who will not understand your native language, it is just polite to speak in English and keep the conversation short.
- **It is advisable to avoid** using cell phones or making personal phone calls at your work place.

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SECTION II

GENERAL SECTION

- **Don't** browse on Internet for news, personal emails and chats, shopping, or restricted sites whether you are on floors or library. Use Internet at work only for literature searches, work related tasks, or official emails.

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SECTION III YOU AS A RESIDENT

EXPECTATIONS FROM YOU

YOUR 1ST DAY

- Look professional from Day 1.
- Remember you want to be an ICON of “**Role Model**” for your Alma Mater.
- Be well groomed and well dressed (not over-dressed).
- Please try to avoid body odors/halitosis. Consider using deodorants and mouth fresheners
- Avoid strong colognes/perfumes.

RESPECT FOR ALL

- Regardless of how the patient looks or how he/she treats you, the patient must be respected. You must know patient’s rights.
- Respect everybody around you including students, nurses, **housekeeping staff** and **unit clerks/secretaries**.
- Greet others in the hallways, elevators or floors even if you are not directly dealing with them.
- Address your Attending Physicians or seniors by their last names unless they tell you otherwise. For example, Dr. John Smith should be addressed as Dr.Smith. If the person requests otherwise then you may call him by the first name as John (and not Dr. John).

KNOW THE DIFFERENCE

Don’t be **personal** with anyone but be **professional**. Learn the difference between the two.

ACCOMMODATE OTHERS

- VOLUNTEER to help others. This may be vague, but you will realize its importance when you are faced with a situation.

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SECTION III YOU AS A RESIDENT

- Remember your **patients by their names** and not by their room numbers. Although, while presenting in grand rounds or other major conferences you should not use the name of the patient as this is a violation of the HIPPA regulation.
- **When presenting a case**, make sure you have a good differential diagnosis and ready to answer **anticipated questions**.
- **Read, read and read** from all resources available including “up to date”, pub med, access medicine and MD Consult.
- Before presenting the case, do **rehearse the** presentation.
- **For conferences** prepare the power point presentation in advance and discuss it with your resident/attending if necessary.
- **If for technical issues your PowerPoint presentation cannot work out**, you should be able to present the entire case without needing help. It is helpful to have your presentation in atleast two formats, for example, CD and thumb-drive and always keep a hardcopy (just in case).

HOUSE STAFF'S GEARS

- Have a palm or pocket PC available for quick access.
- If you don't have a palm, carry hand-books depending on the specialty, quick access phone numbers, pagers and calculators. As an Intern people expect that you should have a hammer, torch light and measuring tape with you.
- Check with your program, if they will allow you to carry a **digital camera** to take pictures of important clinical situations for subsequent publications and your records. If they do, carry it with you **all the time**, because you may not have an opportunity the next day to capture the same situation.

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SECTION III YOU AS A RESIDENT

soliciting their help.

PUNCTUALITY

- Always be on time. **We cannot overemphasize this point.** You should be done with your “pre-rounds” in a timely fashion, before the work rounds, so that you have enough “window period” to put your thoughts together about your patients. Make sure you always have breakfast before rounds. If you are hungry and hypoglycemic your performance may be affected.
- Try to arrive in the morning report 5-10 minutes before it starts.
- When on call, try to get there at least 10 or 15 minutes before your actual sign out starts.

RESPONSE TO PAGES/CODES

- Never delay answering a page whether it is a nurse or attending or a fellow resident. You can be reported to the program for not replying to pages. Your attending may be the first to tell you this!
- Volunteer to be a part of the code team and whenever a code is called, be there.
- Though you have certification in ACLS, keenly observe how code is conducted in reality. Volunteer for chest compressions or central lines, never lose attention and always follow UNIVERSAL PRECAUTIONS for infection control.

CALLING IN SICK/VACATION/PERSONAL DAYS

- Try your best not to call in sick.
- If you want certain days off (paternity, personal, vacation, EID, fellowship interviews, etc) let the chief resident know well in advance.
- **Never lie about being sick.**

CREATING FUTURE OPPORTUNITIES

- Find a mentor, search your entire faculty on www.pubmed.com; see who has the most publications or has active research grants.
- Approach them for possible research projects. Identify research interest and express your willingness.
- It's vital for you to know your subspecialty of choice early on in your residency. You must demonstrate your interest by going that extra mile.
- Get yourself familiar with IRB (Institutional Review Board) which is usually standard amongst hospitals and regulates research.
- You must make a special effort to finish research in a timely manner, and get your recognition by getting it published. Same is true for case reports, posters, etc.
- Never falsify your CV with fake case reports/unpublished studies because these can be easily verified. **Doing such a thing can have adverse outcomes.**
- It's okay to recommend qualified candidates to your program if you yourself are doing well.

CREATING DIFFICULTIES FOR OTHERS

Please remember your limitations. You are **not in a position to write a sponsorship letter** for a friend of yours, inviting him/her from your home country to come and do a rotation in your program. **You do not have that authority.** If it is discovered that sponsorship was not from the institution but from a Resident, then the sponsored person may be deported from port of arrival.

Unfortunately such instances have occurred.

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SECTION IV DEALING WITH PEOPLE

DEALING WITH PATIENT'S FAMILY AND UNDERSTANDING CULTURAL ISSUES

- It is important to understand that the patient's families are very closely involved with the patient care. The immediate families (those who have the privilege of knowing the patient's health information records) need to be kept informed about what is going on. However, this is not really the role of the resident. The residents may convey significant changes in the patient's condition to the patient's families. However, they should refrain from giving opinions about the patient's differential diagnosis. In particular, the Resident should never try to thrust his or her opinion over that of an attending in terms of diagnosis and management.
- Make sure that you do not disclose any **information about your patient** without patient's consent. You must know from your patient as to who is privileged to know about his or her condition. This is in accordance with the HIPAA Act.
- Most of the management and decision making issues are conveyed to the family by the attending physician, however, the attending may designate the resident as well.
- Never assume a relationship the patient may have with the people coming to visit or accompany them. For example, when you see a man and a woman they could be father and daughter, mother and son or married etc. You may not ask the relationship directly for example "Are you his wife/daughter?". You may ask politely, "**May I ask what's your relationship with** Mr. John Doe"?
- Refrain from making comments about age differences between couples.
- If an ex-wife or an ex-husband comes to see their sick ex spouses, do not make any comments, it is wise to mind your own business.
- Do not lecture the patient/families on what you believe and what they practice as this is purely their business.
- **Your impression on the patient's family** will be conveyed to the nursing staff and also to the attending staff.

DEALING WITH THE PATIENT

- Regardless of how the patient looks or how he/she treats you, the patient must be respected.
- Respect the patient, whether male or female, while doing physical examinations.
- When examining a **female patient, male residents** should always have a female nurse as a chaperone with them while examining the patient.
- No matter whether you are a female resident, seeing a female patient or you are a male resident seeing a male patient, if you are examining the genital areas you **MUST** have a chaperone with you. People can get sued for sexual harassment very easily. **Please take these matters seriously.**
- When encountering a young female patient, *do not perform unnecessary or unrelated examinations* (rectal exam or pelvic exam in a patient that was coming with a severe headache or chest pain).
- Absolutely, avoid anything inappropriate while examining a patient especially if it is of intimate nature.
- Avoid making comments about their dress up/makeup and how they look.
- When doing a procedure on a patient: Please make sure that the patient is cooperative and you have the patient's informed consent, by **fully explaining** the procedure. This should apply for minor procedures as well such as starting an IV line or drawing blood.

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SECTION IV

DEALING WITH PEOPLE

DEALING WITH NURSING STAFF

- **Nurses are the back bone of the hospital.** They do a lot of hard work and must be recognized and treated with utmost respect. .
- **If the nurse makes a mistake/error**, do not confront or use her/his error as your defense. Try to handle tactfully without making her feel **“incapable” or inferior** in any way. If so needed, discuss with your Senior Resident.
- **If you are attending grand rounds**, it is a good idea to let the floor nurses know to call you only if things cannot wait. However, if you do get paged and the nurse tells you, “The laxative that you ordered on your patient has resulted in a good BM”, don’t get irritated. Just respond by saying, “Thank you” and go back to the conference.
- **If you don’t treat the nurses well**, they may ask you to do things more frequently than they would otherwise (e.g starting IVs, putting NG tubes, etc). Remember this can be done both by nurses and Interns and you cannot refuse.
- On the contrary, if you treat them well, they can help you in a lot of ways and make your life easier by timely reporting patient’s condition, getting charts ready for rounds, putting up labs, etc.
- Attendings and Program Directors frequently get **feedback from the nurses**. Be mindful of this.

DEALING WITH MEDICAL STUDENTS

- **TEACH YOUR MEDICAL STUDENTS:** Attendings get feed back from the medical students at the end of their rotation and it is reflected on your evaluation.
- Take the time to teach your medical students about the practical aspects of medicine.
- Try to get them involved in all procedures and discussions. This is the way you learned medicine and **now it is your turn to teach others**.

DEALING WITH YOUR COLLEAGUES

- When you arrive in the morning, always contact the **cross covering resident** to find out what happened to your patients overnight.

IN CONCLUSION

You have all worked very hard and earned your spot in Residency training. It now all depends upon you, how you perform and live up to the expectations from your respective programs.

This is just the beginning; there is a lot more fun and pleasure after Residency. You should look forward to enjoying your career, years after successful completion of your training.

The best is yet to come!

Wishing you all the very best!