



Utilization of a 'Transfer Readiness Program Checklist' to facilitate a seamless integration for transfer residents.

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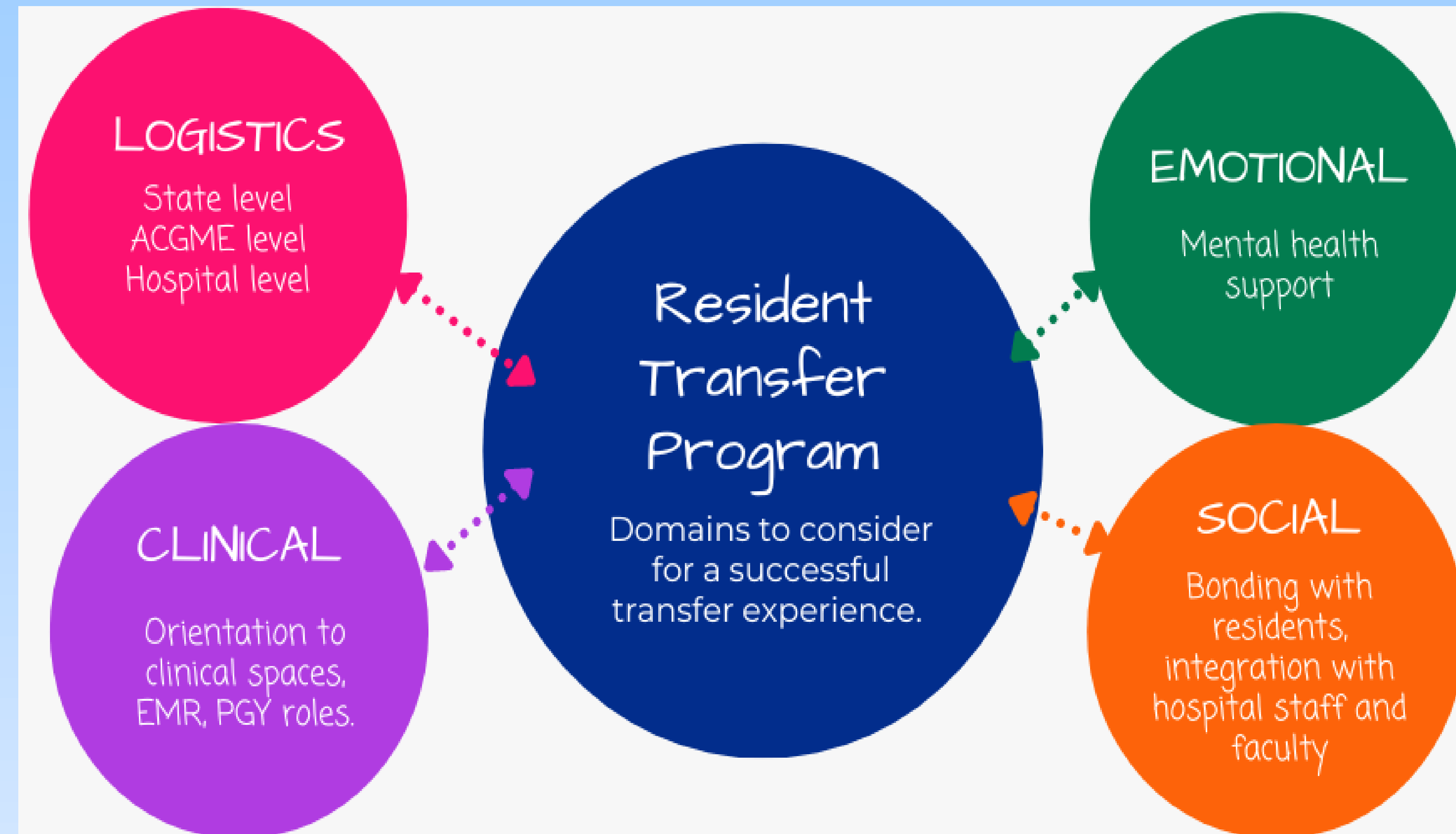


INTRODUCTION

Transferring residency programs can be overwhelming for the transferring resident and the receiving program. A protocolized transfer process may be helpful for programs to facilitate a smooth transfer process with transfer rates now approaching 25% (1,2). A Transfer Readiness Checklist was developed to help alleviate stressors relating to the transfer process.

METHODS

Program leadership in the department of OBGYN at Harbor-UCLA developed a comprehensive guide based on experience and feedback to help facilitate integration of future transfer residents. A Transfer Readiness Checklist was designed and implemented prior to receiving three additional transfer residents (PGY 2, 3, 4) due to an ACGME approved increase in resident compliment. A linear scale and free response satisfaction survey was administered to the transfer residents after completion of one year in the new program.



RESIDENT TRANSFER CHECKLIST

LOGISTICS

- STATE MEDICAL LICENSE
- ABOG/ACOG RECORD OF TRANSFER
- GME REVIEW (CASE LOGS, COMPETENCIES, TIME AWAY)
- ADD RESIDENT TO WEB-BASED RESOURCES (MYTIPS, ETC)
- HOSPITAL ORIENTATION: BADGE, EMR ACCESS, HR ORIENTATION

EMOTIONAL

- MEET GME BEHAVIORAL HEALTH SPECIALIST
- SCHEDULE FACULTY MENTOR CHECK INS
- ADDITIONAL URM FACULTY MENTORSHIP
- PEER SUPPORT SERVICES INTRODUCTION
- WELLNESS COMMITTEE INFORMAL CHECK-INS

CLINICAL

- EMR ORIENTATION
- MEET PROGRAM LEADERSHIP, FACULTY MENTOR
- TOUR CLINICAL SPACES
- SHADOW IN CLINICAL SPACES
- LIMIT CALL AND NIGHT SHIFTS INITIALLY

SOCIAL

- DIRECTORY WITH PHOTOGRAPHS OF RESIDENTS
- INTRODUCTIONS TO FACULTY, NURSING STAFF
- ORGANIZE "GOLDEN WEEKEND" FOR CLASS BONDING
- PERSONALIZED CHECK INS WITH RESIDENTS AND FACULTY

RESULTS

A multi-faceted guide was developed including a Transfer Readiness Checklist comprised of four key domains: Logistical, Clinical, Social, and Emotional Integration. Logistical integration includes compliance with the medical board, ACGME requirements, and review of surgical case logs and competencies. Clinical integration includes orientation to the clinical care including EMR training and touring clinical spaces. Social integration describes efforts to facilitate inclusion of the transfer resident. Emotional integration highlights the importance of mental health support with an introduction to support services. Additional mentorship for URM residents should be provided. Survey results demonstrated that the residents were either satisfied or very satisfied with all domains of integration except for clinical integration which ranged from dissatisfied to satisfied.

DISCUSSION

This comprehensive guide has the potential to improve the resident transfer experience. Additionally, the Transfer Readiness Checklist provides program leadership with a structured process for integration of transfer residents.

RESOURCES

1. Cirincione E, Woods RJ, Kuo LE, Nelson PW, Patel K. APDS Task Force on Resident Transfers: Guidelines for Program Directors. J Surg Educ. 2021 May-Jun;78(3):795-800. doi: 10.1016/j.jsurg.2020.08.040. Epub 2020 Sep 18. PMID: 32958419.
2. Schwed AC, Lee SL, Salcedo ES, Reeves ME, Inaba K, Sidwell RA, Amersi F, Are C, Arnell TD, Damewood RB, Dent DL, Donahue T, Gauvin J, Hartranft T, Jacobsen GR, Jarman BT, Melcher ML, Mellinger JD, Morris JB, Nehler M, Smith BR, Wolfe M, Kaji AH, de Virgilio C. Association of General Surgery Resident Remediation and Program Director Attitudes With Resident Attrition. JAMA Surg. 2017 Dec 1;152(12):1134-1140. doi: 10.1001/jamasurg.2017.2656. PMID: 28813585; PMCID: PMC5831434.