

What to expect when you're expecting (residents)

Gina Agarwal

It seemed so simple and so certain. I would walk into the postgraduate office and emerge a few days later as a new resident supervisor. The role that had come naturally to generations of preceptors would surely come naturally to me, since my MD would magically endow me with all the expertise needed to care for my resident. I consulted every available resource — magazines, TV shows, the postgraduate office, deans — and eventually came up with a resource that every new preceptor should have. This abridged review is a comprehensive, month-by-month guide that clearly explains everything supervising staff need to know about the first year with their new resident.

Part 1: Get ready, get set: the new resident's layette

When we are expecting a new resident we all have that urge to “nest” within our practices. To do this well, you will have to make some investments.

First, plenty of white coats. The new resident always seems to get through a number of these in the day, so you must be prepared for frequent changes and lots of laundry.

Second, alcowipes. You will feel obsessive about trying to keep everything clean in the first few weeks, but don't worry. After your resident has been with you a few months, you will feel more relaxed about hygiene.

Finally, a Palm Pilot. You must familiarize yourself with this piece of equipment before the resident arrives. Otherwise, you may not be allowed to have her in your practice when she comes “home” from hospital.

Another way of coming to grips with what you need is to attend pre-arranged classes that offer lessons in self-relaxation and breathing exercises, help you deal with the pain and joy of receiving a new resident, and provide a chance to meet some fellow supervisors-to-be.

Part 2: Your new resident

You are finally face to face with the new bundle of joy. In the next month you will go through many trials and tribulations, and the information that follows will help you navigate during these difficult times. You

will begin experiencing different feelings for your practice partners — they are no longer your sole colleagues. Instead, you will share a wonderful experience as you help a new resident mature into a fully independent practitioner.

There will be times when you wonder why you have done this — it is expensive because your billings will suffer — but you know that society will benefit in many ways. The first 12 months will be the hardest. You will face sleepless nights and fatigue, and you will learn to take all the help you can get. When colleagues ask if they can help out with a session here or a session there, or offer to clean up your consulting rooms, the offers should be humbly accepted.

Part 3: Month by month

All new supervisors want to know how their resident is doing. The next few paragraphs relate to month-by-month developments and address the common concerns of new supervisors.

The first month: spit up, projectile vomiting

First-arriving males are more at risk for projectile vomiting. During their first few days it becomes evident that



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there is something wrong when they vomit after every patient consultation. Minor spit up after consultations is normal and disappears after a few months as the resident matures and becomes less nervous.

The second month: surviving the cocky resident

When there is no real problem but your resident keeps having screaming fits, you may be dealing with cockiness. Some will say that nothing can be done. Other experts say that this should disappear after about 3 months, but it may last much longer. Typically, this manifests itself when your resident screams about something for hours on end, causing others to tell you to keep the noise down. You may feel at the end of your tether, but hang in there! Things will get better as your resident matures and can deal with the information he is digesting after consultations improve.

The third month: postpreceptor depression

Roughly 50% of new supervisors complain of weepiness, unhappiness, anxiety and mood swings during the first week of preceptorhood, a condition known as “resident blues.” More lasting but less common, about 20% of new preceptors will experience an uncontrollable low feeling due to the incredible responsibility and burden they feel has been placed upon them. These feelings must not be taken lightly and should be discussed with your family doctor or another supervisor. Any feelings that you may have about possibly harming your resident will be taken seriously.

The fourth month: weaning

At some stage you will need to introduce your resident to the concept of seeing patients without your support. It is not recommended to start this process before 4 months of residency, and to start with easy patients (such as those who speak English and have URTI as a presenting problem). After 6 months you can move your resident onto more difficult problems (such as chronically ill patients who speak no English). If you are concerned that your resident may be allergic to a patient, withdraw that patient from the resident's care immediately and do not let them meet again.

The sixth month: separation anxiety

At a certain point, usually around 6 to 8 months after arrival, a new resident will start to show signs of separation anxiety when you go away. To minimize your guilt and the resident's anguish, you may need to limit your time in the bathroom and drink less coffee, or let him know that you will be coming back if you have to be absent. Sometimes you will simply have to stay in sight all the time. Making a game over parting may help. The phrase “see you later, alligator” can help diffuse the tension, especially if the resident is able to respond appropriately with “in a while, crocodile.”

The seventh month: sleeping through the night

This is one area for special consideration. You may find that your resident is unable to sleep through the night for many, many months and she may wake you continuously at different times. Often, she will start by being hungry for advice, but if you offer it she will expect the advice to be on tap all the time. Therefore, you must be prepared to withdraw it when she no longer needs it. At this point, offer the reassurance that you are there, but nothing else. She will soon realize that waking up for nothing is no fun, and you will find that sleep returns for you, too. Some supervising staff find they have a resident who insists on waking them up at 5 am. Leaving a small snack beside their bed, or perhaps a reference book, may help.

The tenth month: sharing a room

“Our 10-month-old resident has been sharing a room with us since we've had him. When should we move him to his own room?”

This is a common concern. It is often easier to have your resident room with you than to let him have his own room — chances are that they will be bothering you in the midst of your consultations anyway. The answer is that whatever is comfortable for you is what you should do. Some preceptors enjoy having the resident in their consulting room, but others feel that a little space or down time is required. Your partners in practice will also have an opinion that must be respected. If you find that your relationship with your partners is being affected, work out a compromise. You can make residents more interested in their own room by putting up posters of the latest guidelines and pictures of labelled anatomical drawings.

The twelfth month: discipline

When your resident shows aggression toward patients or repeatedly does something she shouldn't, you may feel it is necessary to discipline her. Some would advocate a short sharp smack on the back of the hand, others the withdrawal of a treat (such as Tim Horton coffee and Timbits). However, the best method is the time out. I find that sitting residents in a corner of the clinic wearing a conical hat with the initials UR (Unruly Resident) is very effective.

Part 4: Is it worth it?

This has to be your decision, but many supervisors find this role both rewarding and special. In fact, many enjoy it so much that they ask questions such as, “When is a good time to plan for a second resident? Will there be jealousy issues?”

But those answers will have to wait for my next article, “What to expect: the resident years.”

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