

The vital role residents play in health care during pandemic

Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

In honor of AMA's resident recognition week, AMA Chief Experience Officer Todd Unger discusses the importance of residents' roles in our health care system.

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Speakers

- Susan E. Skochelak, MD, chief academic officer, AMA
- Tani Malhotra, MD, maternal fetal medicine fellow
- Tyson Schwab, MD, chief medical resident

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today's the third episode in our week-long series focused on residents and COVID-19, part of the AMA's resident recognition week to honor and thank residents for all they've done and continue to do for our country. Today we'll discuss the important, sometimes overlooked, role residents play in our health care delivery system both during the pandemic and beyond. I'm joined today by Dr. Susan Skochelak, the AMA's chief academic officer in Madison, Wisconsin, Dr. Tani Malhotra, immediate past chair of the AMA's Resident and Fellow Section and a maternal fetal medicine fellow in Cleveland, and Dr. Tyson Schwab, chief medical resident in Salt Lake City. I'm Todd Unger AMA's Chief Experience Officer in Chicago. Residents have always been an essential part of the health care workforce, but sometimes they've been particularly important especially in the country's response to COVID-19. Dr. Skochelak, how have residents played a vital role through this pandemic?

Dr. Skochelak: Well Todd, first let me say residents are a unique and valued group within our health care team. They are fully qualified. They've received their MD or DO degrees, but they're doing additional training for being able to be specialists and receive their certification. And most of that training, three to seven years is through graduated independent practice. They are on the frontlines in COVID-19 response. They're in the ERs, in the ICUs. They're managing ventilators, they're screening patients in the clinics. And sometimes they're the ones that are with the patients alone as they take their last breaths from COVID. So it's important that we value them and understand the things that they have gone through being on the frontline in this pandemic.

Unger: Dr. Malhotra?

Dr. Malhotra: Yeah, thank you. To kind of build upon that, not only are residents and fellows always taking care of these patients in a graduated manner, during the pandemic ACGME actually released new guidelines while the hospitals were going into the surge planning. Allowing fellows, those are physicians who have completed their residency training in their specialty but are going on to pursue further subspecialty things but are still considered trainees, in hospitals to utilize 20% of their time to function as attendings in their primary specialty. And so lots of hospitals we're actually asking fellows who are typically younger than long term faculty to step in and take on those attending roles so that they can mitigate some of the risks that older physicians might face by participating in direct patient care.

Unger: Dr. Schwab?

Dr. Schwab: Yeah. One thing that's very interesting to see right now is residents actually have a lot of technology background and this is being very apparent and very helpful at this time where a lot of things are shifting into telemedicine and a lot of video-based care. This is new territory for a lot of people, including residents and even seasoned attendings. So it's given a lot of great opportunities for residents to step up and help with that technology and innovation.

Unger: A lot of people don't realize how much residents contribute to health care even when we're not in crisis. Dr. Malhotra, what do people need to know?

Dr. Malhotra: So residents, as was mentioned earlier, will spend anywhere from 10,000 to 25,000 hours of training compared to somewhere between 500 to 1,000 for non-physician providers. They spend so much time in their hospital that it becomes their second home. Most of them, lots of them, actually end up in their early years making almost just a little over minimum wage based on their hourly rate because of the number of hours they work. Physicians or new residents and fellows are required by ACGME to do research projects and therefore they are propagating and develop research ideas to come up with new cures, to come up with different ways to improve the quality with which we provide care to our patients. My fellows actually just developed a model that predicts how many pregnant women are going to be admitted to the ICU or die of COVID-19 in the time between now

and December. And this is stuff they worked on on their own time.

Unger: Dr. Schwab?

Dr. Schwab: Yeah. In addition to what has been said going off of the quality improvement, that's something that is a core principle of residency. And just at our program we have done an initiative with the pandemic, communication is overwhelming and part of what we wanted to do is in addition to the copious amount of emails that are coming out is to also do a text-based system on our phones that delivers real time public health updates and policy updates so that we can stay on top of the changes that are happening. And this project has shown that it improves outcomes, decreases errors, and improves safety. So that's just one of the things that residents do, not only during a pandemic but all the time is continuing quality improvement projects that ultimately improves medicine.

Dr. Skochelak: So if I could just add. Residents are training in teaching hospitals which provides 40% of our uncompensated care. They're on the front line for our veterans, for our seniors, and for those that often don't have the access to health care that they need. In addition, we have a large core of residents that come to us as international medical graduates. They are fully qualified, have passed all the qualifying exams, and now are doing additional training here in our hospitals to obtain their specialty certification. So they're an important part of the workforce. And then I can't say enough about how important residents are for teaching. They are the backbone for teaching medical students and other health care professionals in our hospitals and clinics and they really are leaders in that regard.

Unger: Those are amazing statistics. Dr. Skochelak, What do people need to know about the funding for graduate medical education? And has that been impacted by the pandemic?

Dr. Skochelak: The federal government, by and large, is the biggest funder for residency training slots. It's not been directly impacted by COVID, but every year the budgets are put to the federal government. There are requests to cut that funding at a time when we have a shortage of physicians projected into 2030. So AMA has worked very hard to not only try to preserve that funding, but also to try and increase it in important ways. But I must say the hospital systems are being stressed financially right now because of the changes with COVID reimbursement. And so some of the hospital funded slots may be at risk and we are aware that some residents are taking salary cuts right now because of shortfalls in funding from COVID.

Unger: Dr. Schwab or Dr. Malhotra, are you seeing this kind of impact?

Dr. Malhotra: Yes. Actually with the Hahnemann closure last year and now with this impact of the hospital losing a lot of money during the pandemic, there is a lot of concern amongst residents that their residency programs will close down because the hospital closed down. Those things happen, unfortunately not infrequently. We don't hear about them quite as often because they're smaller hospitals, but those concerns are rampant. They're also worried, as Dr. Skochelak mentioned, about

losing their salaries or having decreases in their salaries. And as I mentioned, they're already making just a little over minimum wage when you look at them at an hourly rate. And we just can't afford to be treating our physicians like that.

Dr. Schwab: Todd, I'd like to just add that even before the pandemic there was a natural bottleneck for residency slots because there was more medical students than there are residency slots and the pandemic has just worsened this. And it's important for specialty, but also primary care, this has been an important issue with the American Academy of Family Physicians and other primary care specialties. And this will impact also rural medicine, which is very important for a lot of populations that already have a decreased amount of physicians and a shortage that's coming down the pipeline. And I feel like the pandemic is just putting that more at risk so it's very important.

Unger: Dr. Skochelak, can you talk a little bit about what the AMA is doing to help raise awareness of these issues and support residents through the pandemic and after?

Dr. Skochelak: Let me mention three things. First AMA has put together resources on guidelines and recommendations for residents and students to be involved safely in patient care during the pandemic. And those guidelines and resources are available on the AMA website in addition to the advocacy that we've been doing in this area. Second, we have worked ceaselessly and tirelessly on a Save GME campaign. You can go to savegme.org and see how you can vote and get involved in making sure that the GME funding that we think is so important is supported and increased if possible. And then finally, AMA is on the cutting edge of innovation in supporting residency training. We've invested in a number of partners through our Re-imagining Residency initiative to really try and move residency training into areas that will be more efficient, bring health system science, and improve resident training and wellness into the future.

Unger: Dr. Schwab or Dr. Malhotra, do you have any additional areas where you'd like to see more support from the AMA for residents?

Dr. Schwab: I feel like the AMA has done an amazing job and continues to evolve. I think that's the important aspect of the AMA is it's something that is consistently changing and so it's important that the AMA also consistently changes its approach to supporting residents, which it has. It starts from the board of trustees who has a resident member, a student member, and their input is important. But it comes down from the board of trustees and all the attendings that have been through residency. And so I feel like the most important aspect is that they are changing and improving just as fast as graduate medical education is changing as well so.

Dr. Malhotra: I have an obvious bias as the Immediate Past Chair of the Resident Fellows Section Governing Council. I think during the pandemic, and even otherwise, we've served as a voice for residents to come to someone if they can't handle problems at the institutional level. And we are there, we're here to hear their voice. We're here to propagate their voice. We're here to find solutions to the problems that they're having at an institutional level or at a national level. And the resident

fellows are a huge part of developing policy that ends up changing the face of medicine.

Unger: Well thank you very much Dr. Malhotra, Dr. Schwab, and Dr. Skochelak for joining us today and sharing your perspectives. That's it for today's COVID-19 update. We'll be back tomorrow with another COVID-19 update as well. For updated resources, like the residency guides that Dr. Skochelak mentioned go to ama-assn.org/COVID-19. Thanks for joining us today and take care.

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