Preceptor Development Series

The Ideal Resident: Perspective from a Residency Program Director

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There are certain traits that residency program directors seek in a candidate. The combined characteristics constitute the attributes of an ideal resident. The goal of this article is to delineate and expand upon the characteristics of an ideal resident. Although the focus of the article is on ideal traits, responsibilities of residency programs are also described.

Key Words—ideal resident, resident characteristics, residency program director, resident responsibilities

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During the American Society of Health-System Pharmacists (ASHP) Midyear Clinical Meeting residency showcase, a potential applicant asked me about the qualities of an ideal resident. I have an appreciation of these attributes because of my experience teaching and mentoring residents and students through my career as a clinical pharmacist working in a large academic medical center. My response to her was that first and foremost our residency program is quite challenging. With this in mind, dedication, determination, and a love of pharmacy were the attributes I valued. Upon my return from the meeting, I came across a white paper that delineated the 10 traits of a professional.^{1,2} It reminded me of the question that had been raised and how each of these traits of a professional could also represent attributes of an ideal resident. For every potential applicant who is wondering what directors look for in an ideal resident, please read on.

TRAITS AND CHARACTERISTICS OF AN IDEAL RESIDENT

These traits are not all inclusive nor do they take into consideration the degree of commitment or enthusiasm.

Clinical knowledge. The transition from student to resident should be a smooth one, based on the vast knowledge acquired during the 4 years of schooling and clinical rotational experiences. Unfortunately, this

is not always the case. If the resident's clinical rotations as a student were not up to par with the expectations of a challenging residency or if the resident did not appropriately grasp basic concepts, he or she will find it difficult to adjust and will be unable to quickly update knowledge and skills. Alternatively, the residency program has a responsibility to set up rotational experiences for residents in a manner that builds on their previously acquired knowledge (eg, beginning with internal medicine and progressing to critical care).

Self-awareness and commitment to improvement.

When residents are exposed to new cases, disease states, and situations, they should take ownership to seek out the skills and knowledge that will allow them to make appropriate and timely evidence-based recommendations. These skills come with daily reading and application. Preferably, residents will improve upon their identified knowledge gaps to positively impact patient care. If possible, they should do a quick read before rounds to identify relevant monitoring parameters (eg, adverse effects to monitor for a medication, therapy for unfamiliar disease state, etc). The goal for the ideal resident is to make relevant and helpful recommendations that can either be verbalized or communicated via short, informative presentations. Consequently, clinicians will view pharmacy contributions as being central to patient care. Prior to

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rounds, the resident should provide his or her preceptor with written and/or verbal patient-specific recommendations. The preceptor has the responsibility to provide continuous constructive feedback based on the resident's performance, and the resident should accept and respond through careful reflection and self improvement. As the residents' knowledge expands and experiences increase, the quality of his or her recommendations will surely improve.

Service orientation. The ideal resident should place the needs and interests of patients and others above their own. Frequently, students provide service to society as a means of building their curriculum vitae for the sole purpose of acquiring a residency. Once they have a match, their enthusiasm in service ceases. The driven resident seeks the opportunity to provide community service (eg, brown bags, disease state screening, etc) and/or motivates the resident program director (RPD) to become involved if the residency program does not offer any such activities throughout the year. The community will notice and appreciate pharmacists for their help and dedication and will become aware of what the profession of pharmacy has to offer. Offering help to a fellow resident is also a worthy altruistic expression. Initially, many residents struggle not only because of the workload but also due to the unfamiliar environment. Fellow residents should take the initiative to help the new trainee become acquainted with the area and what it has to offer. This willingness to help can create lifelong friendships that will extend into the residents' professional and personal lives.

Pride in the profession. The ideal resident will display great satisfaction and gratification in being part of the pharmacy profession. These feelings build over time and arise from the value and respect the resident gains in daily activities. Residents can work to improve quality of care by establishing a new service or program or improve their interpersonal communication skills to affect how patient recommendations are received. When residents feel they are making a difference, either in patient care or in administrative tasks, their self-esteem and satisfaction grows. Regardless of the hard work and many hours of dedication, their work in pharmacy becomes enjoyable.

Covenantal relationship with the client. The ideal resident will make or has made a pledge upon graduation to work in the best interest of the patient. Residents should work for the patient's well-being by displaying compassion and empathy. Distinguished residents recognize that professional behavior, communication, dress, and presentation reflect their respect

for the patients and for the profession of pharmacy. It is fundamental that outstanding patient care should be extended to all persons, including those of differing cultural backgrounds. Residents must be cognizant of patients' differing values and beliefs. They must respect the patients' treatment decisions, or lack thereof, while maintaining a nonjudgmental attitude.

Creativity and innovation. The resident will use his or her work and will not duplicate previous work. It is through inquisitiveness that one learns. Residents should seek and consider innovative research opportunities to improve quality of care. Preceptors should realize that even if a resident's creativity is not immediately apparent, he or she will manifest creativity in time with the proper tools obtained during residency.

Conscience and trustworthiness. The resident will display characteristics of maturity, reliability and dependability. After a few weeks or possibly months, if a preceptor allows a resident to round independently on a team, he or she should view this as a great accomplishment and should work diligently and conscientiously to maintain this privilege. The resident should exhibit the upmost integrity, as it is hard to recover the loss of trust, especially in the limited span of less than a year.

Time management and prioritization. The resident will demonstrate responsibility in their assigned tasks by ensuring that he or she meets all deadlines and recommendations in a timely manner (ie, by the due date or even sooner, in the case of projects, to allow for preceptor revisions) with little need for reminders. Time management and resourcefulness are indispensable qualities for performing daily tasks and for completing complex projects within a year's span. Residents must accept responsibility for their errors and find ways to resolve and/or prevent these from happening.

Ethically sound decision making. The resident will maintain respectable standards and the highest principles. They will make decisions in the patients' best interests. If the residents are unsure about how to respond to a certain situation, they will seek guidance, concurrently educating themselves regarding laws and appropriate behavior.

Leadership. The resident will be proactive and possess leadership roles in national or local associations. Participating in leadership or observing others in leadership roles as a mentee is a valuable means of gaining exposure to challenges, strategies, and shared visions while establishing meaningful relationships with pharmacist peers. Additionally, residents can

serve as chiefs at their site, especially if multiple residents are employed. Responsibilities may include serving as liaison between the RPD and residents, coordinating resident meetings and educational programs, and managing residents' schedules. Participation in these activities will result in the development of indispensable and intangible leadership skills. Ultimately, transitioning from resident to leader involves time, experience, and awareness, all of which may be attained by participating in these roles early on.

A central characteristic of an ideal resident is attainment of a balanced life. He or she will keep in close contact and open communication with friends and family to ensure a much needed support system and will look for relaxation opportunities and hobbies (eg, running, cycling, dancing) that can be integrated throughout a busy residency year.

PERSONAL THOUGHTS

Do I think I will find all these textbook attributes in every resident? Not likely... Although these traits may be collectively inherent in only a few residents, they may be acquired and learned. For candidates and residents who fall short of being ideal, their active pursuit of the acquisition and mastery of these skills will help them stand out among their peers.

RESIDENCY PROGRAM RESPONSIBILITIES

Residency programs must be honest and straightforward with candidates regarding the year-long experience. The decision to pursue residency training is quite personal, and candidates need to understand the sacrifice, dedication, and time involved in this long-term commitment. They must be well informed of any anticipated changes that will take place before the start

date of their residency so they do not feel cheated from their initial expectations.

Programs have a responsibility to treat residents with respect and care while acknowledging their strengths and weaknesses. The RPDs should make the most of the interview process to identify candidates who are the best fit for their programs. Programs must distinguish between the attributes that residents must have initially and those skills that the program is willing to teach, if any at all. With the understanding that it will likely be unachievable in the span of a year, I encourage all RPDs and residency programs to educate the residents about these traits and integrate the opportunity for attainment of these essential life-long tools in their curriculum. Ultimately, the goal is for the candidate to be the best match and for the RPD to have a clear plan to address any deficiency in the aforementioned attributes. Although this seems common-sense, many programs may not have these procedures in place. Additionally, the RPD must understand that there will be deficits and should, therefore, welcome the challenge of providing an avenue for the residents to grow. With growth and progress will come much satisfaction for the resident and, in my case, the RPD.

REFERENCES

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