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Starting from Scratch: The Long Road to a Residency Program

By Tiffani Sherman

Imagine beginning a medical residency at a place where there are no old habits to break because the program is brand new. That's what's happening at Orlando's Nemours Children's Hospital.



Heather Fagan, MD, MS

“Our goal is to establish a pediatric residency program from the ground up,” said Heather Fagan, MD, MS, vice chair of education, department of pediatrics. “Nemours Children’s Hospital is looking to be an academic medical center that serves children.”

Fagan came to Nemours from the University of Chicago with the idea of building the new residency program. “There are not programs being formed every day,” she said. “It’s a very unique experience, which is why I was drawn here. It’s a once in a lifetime opportunity.”

The hospital opened its doors in 2012 with a three-part mission of clinical care, research and education. Currently, some medical students from the nearby University of Central Florida College of Medicine spend time at the hospital as do some residents rotating through the urology department. But there is no full-time residency program. Fagan wants that to change soon.

“Our lofty goal, which is kind of a moving target, is July 2017,” Fagan said. There are many moving parts, she said. Key is gaining accreditation by the Accreditation Council for Graduate Medical Education, the entity responsible for the standards of about 9,500 residency education programs. That must come first before any residents can begin working at the hospital and that process takes time.

To receive ACGME accreditation, Nemours must demonstrate it has an adequate number of patients receiving an appropriate amount of procedures to qualify as a potential teaching hospital. The hospital must also have enough skilled faculty. “[ACGME] has a very explicit set of rules and you have to abide by them,” Fagan said.

To ensure her hospital qualifies, Fagan will turn in an extensive report, totaling 500 to 1,000 pages, using real patient data. “In a perfect scenario, if everything keeps moving forward, I would like to turn that in in early 2016,” she said. ACGME officials also will visit Nemours several times.

Building a new program is an expensive process, and Fagan and her team are still working on the business plan. “It’s obviously a multi-million-dollar affair, but I don’t know full costs yet,” she said. No government reimbursement will come until at least five years into the residency program, so for now, the Nemours Foundation is covering the startup costs. Assuming the first class of residents begins in 2017, the year 2022 is the first where Nemours can apply for some government reimbursement, and even at that time, nothing is guaranteed.

When the program begins, it will help offset the shortage of residency programs around the country. According to the American Association of Medical Colleges, this year, nearly 35,000 students applied for only about 27,000 first-year-residency programs. By 2022, Fagan said the plan is to add a sub-specialty fellows program at Nemours, which would follow after a doctor finishes residency. “We are building the residency program first.”

Because creating a new residency program is so expensive and existing programs cannot simply add new residents while maintaining levels of government reimbursement, new classes are usually small. “There is no way to fix this very quickly,” Fagan said.

The first class will be unique, because there will be no senior residents to learn from and lean on. “We will need people who want to be part of a class to say, ‘I was there when,’ ” Fagan said. “It will be a little atypical; that first class will be a little leap of faith.” The type of students she said she will be looking for are ones who are creative, want to be leaders and are ready to embark on something new: “It will be a pretty special class when it happens.” They will have the ability to change and be creative, without hearing the phrase “it’s always been done this way,” she added.

The team considering applications will look at more than just grades. “You have to have a diverse group,” Fagan said, adding she says she hopes the first class will be a good mix of people of all different ages, cultures, medical schools and backgrounds. They will also be looking for strength of character and emotional intelligence. “We try really hard to dissect the application.”

For now, it is unclear how many residents will begin the program. The number depends on several factors including clinical volume, expertise of faculty and funding.



Shiva Kalidindi, MD, MPH

In some ways, faculty is already working as if they have residents in their midst. The hospital has a robust simulation program focusing on improving quality of care and patient safety. “We have kept it multidisciplinary, associates from all fields participate together,” said Shiva Kalidindi, MD, MPH, and medical director for the Nemours Institute for Clinical Excellence. “We work as a team and practice as a team.”

When residents arrive, they will likely encounter a different simulation program from the one they used in medical school. Many types of people will train together, from physicians and nurses to respiratory therapists and other disciplines who may be present. In many medical schools and in some residency programs, like often trains with like to gain specific skills, not necessarily to learn how to respond to specific situations that might arise in a group setting.

“We have been able to do something meaningful here,” Kalidindi said, “we already have a simulation program that is functional that will get [residents] better prepared for dealing with patients in a hospital setting. As residents come on board, they will be participating in these exercises.”

Faculty has come from all over the world, and is creating a new educational culture instead of adapting to the status quo. “When you’re starting a program from scratch, everyone brings some value to the table,” he said. “I think the exciting part of starting a new program is we can bring best practices and bring the best culture and develop something new and something that incorporates all the best practices from the programs we come from.”

When the new residency program begins, Kalidindi said he sees the lack of senior residents as both a challenge and an opportunity. The entire team working on developing the residency program is creating what Kalidindi called an elaborate orientation program to help the first class and subsequent classes feel comfortable in their new surroundings. “We have a faculty that is passionate about education,” he said.

Kalidindi and Fagan, along with the rest of the team, are already working to plant the idea of the residency program into the heads of nearby students. “We want to get as many students in the building as possible to get them talking about the hospital,” Fagan said. Students who are going into their third year of medical school could be part of the first residency class at Nemours. In addition to working with students in the Central Florida area, Fagan is reaching out to others. “I have asked some of the faculty to reach out to the places they came from,” she said.

They’re not looking for just anyone. “A student that is driven, will accept a challenge, and is keen to learn, those are the students who would gravitate to this program,” Kalidindi said. “We are confident we will be able to attract that type of student.”

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