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Appendix: What Makes a Great Resident? Definitions and Examples

Available – A great resident has his pager on even when he is not on call, in case someone at the hospital tries to contact him regarding a patient-care concern. Most of the time it takes little effort to simply answer a page when out of the hospital and can significantly expedite patient care.

Scrupulous – Attention to detail is the bare minimum and should not be confused with obsessive-compulsive tendencies. For example, it is important to know before entering the operating room if the patient has any antibiotic allergies and the reaction, as inevitably anesthesia will ask you “what antibiotic would you like to give before your incision.”

Self-Directed – It is expected that residents always come prepared for surgery; a pre-operative plan is required to operate. In morning trauma sign-out, residents must have read about the injury and devised a plan, as opposed to asking the attending what he or she would like to do. In clinic they are expected to be on time, proactive in seeing patients, and never wait for the attending to ask them to see a patient.

Efficient – Every minute of the day is precious. While the anesthesia team is inducing the patient or putting lines in, residents have the opportunity to make sure all equipment is ready to position and prep the patient. Before scrubbing, it is helpful to have all progress notes, orders, and the discharge summary already completed, so they never have to scrub out to complete these tasks.

Strong Work Ethic – The unwritten rule of residency is that you finish all patient care tasks before going home and do not sign this out to the next resident on call. One senior faculty member recalls that on his first day on the trauma service as a post graduate year 3 (PGY-3), his chief had specifically asked him to get consent for the second case of the day before going to breakfast with the team. Instead, he pawned off the task to the intern on service. His chief quickly noticed what he did and scolded him. He vowed to make sure this never happened again, and if he was directly asked to complete a task, he did it himself every time.

He also recalls an experience while rotating on the trauma service, in which one morning his attending had beaten him to rounding on the patient, and had written his own progress note at 0430, as opposed to the usual attestation of the resident note. He felt terrible, and wondered “should I now attest my attending’s progress note?” It turned out, the attending had an early morning flight to catch, so he came in early because that was not an excuse for him to neglect rounding that day. For the rest of the rotation, the resident made sure every progress note was in by 0400.

Professional – Often residents operate on patients but do not have short- or long-term follow up as they rotate off service before follow-up occurs. One department chairman recognized this and had an entire PGY-3 class enroll 20 patients that they operated on, and followed them with musculoskeletal outcome measures, stating: “It is our professional responsibility to try to continuously improve our performance, which cannot be done without the collection of end results information.”20
Ethical – Often times academic medical centers or county hospitals accept patient transfers under questionable circumstances. Of course, many transfers are justified due to limited resources or case complexity, while other times these transfers include uninsured patients or those requiring simple procedures (i.e., septic arthritis irrigation and debridement) that an outside surgeon did not want to perform, particularly on weekends. “Wallet biopsies” and examples of board-certified orthopaedic surgeons neglecting call responsibilities demonstrates the need to uphold ethical responsibilities to our profession and to our community.

Integrity – One of the more profound statements a chairman made to an incoming class of interns was the following: “Do not lie, sometimes the best answer is I don’t know.” Statements like “Dr. __ I don’t the know, but I will look it up” or “Dr. ____ I am sorry I did not do that exam, but I will go do it now,” are not only learning opportunities, but opportunities to earn trust from faculty members as residents own their mistakes.

Perfectionist – The famous professional football coach Vince Lombardi stated, “If we chase perfection, we can catch excellence.” In performing percutaneous cannulated screws fixation for femoral neck fractures, it is important to have good spread of the guidewires on both AP and lateral views. Having acceptable position of the guidewires is not enough, residents should do everything they can to chase perfect positioning. As one senior faculty often say to his trainees “Why do we repositioned the guidewires? We do it because we CAN!” Consider another likely common example in which a trainee was drawing a Kocher-Langenbeck approach before making an incision, when his attending stated, “we do not make transverse incisions” (referring to the top part of the incision as it curves toward the posterior superior iliac spine) and went on to re-draw the incision exactly 2mm from that of the resident’s. The trainee provided an appropriate response by saying “You want perfection, I will give you perfection” and proceed to make the incision drawn by the attending.