Teaching Residents Practice-Management Knowledge and Skills: An In Vivo Experience

Laurel Lyn Williams, D.O.

Objective: This article explores the relevant data regarding teaching psychiatric residents practice management knowledge and skills. This article also introduces a unique program for teaching practice management to residents.

Methods: A literature search was conducted through PubMed and Academic Psychiatry. Additionally residents involved in the training program for practice management were given an anonymous survey to complete.

Results: There were no randomized, controlled trials in the academic psychiatric field concerning the topic of practice management. The responses to the resident survey (n=1150) indicated a modest improvement in residents’ perception of receiving adequate training and exposure to practice management knowledge and skills.

Conclusions: The available research suggests that many residents and faculty believe that practice management knowledge and skills are still not adequately addressed. The Baylor Clinic practice management program may be one possible solution for integrating the teaching of practice management knowledge and skills. More research on this topic is needed.

Academic Psychiatry 2009; 33:135 138

The Hippocratic Oath says nothing about reimbursement. The practice of medicine, however, necessitates business knowledge. Nowadays, physicians must navigate through a sea of business terms during their busy workday all without obtaining a secondary business degree. While attempting to do their best for each patient, physicians must also attend to the financial aspects of their careers. The question that arose for me was how well are psychiatric residency programs teaching residents business management knowledge and skills given the realities of a 21st century medical practice? Additionally, if residency programs and residents did not believe the training was adequate, what might be done to improve this aspect of training?

Literature Review

In order to identify relevant literature on teaching practice management knowledge and skills to psychiatric residents, a search was conducted using PubMed and the Academic Psychiatry journal search engine. Once possibly relevant articles were identified, an additional hand search through each paper’s references was conducted. Search limits included: English language, all publication types, and within 10 years. Search terms included: business, insurance, practice management, reimbursement, training, and psychiatry.

The search found no published controlled trials on teaching practice management to psychiatric residents. This seemed surprising since psychiatry as a specialty has been greatly affected by the pressures of managed care. More recently in the psychiatric literature, Stubbe et al. (1, 2) published two companion articles examining residents’ and recent graduates’ exposure to practice management knowledge and skills. The surveys’ findings were consistent with previous surveys indicating that these residents felt three things:

1. Their training programs were not adequately addressing these issues.
2. Postgraduates surveyed felt ill-prepared to manage certain business aspects of their work and this created the majority of their career dissatisfaction.

3. Both recent graduates and current residents felt that training programs should more aggressively teach practice management knowledge and skills (1, 2).

As a consequence of this lack of information in the psychiatric literature, publications relating to other medical specialties were reviewed using the same search criteria outlined above. Most other medical specialties have more thoroughly researched the issues involved in teaching practice management skills utilizing surveys and descriptive studies. There were, however, no randomized controlled trials on practice management topics. In general, across many specialties, trainees and program directors felt similar to the residents in the Stubbe et al. (1, 2) surveys that programs are still not adequately preparing physicians for the new business realities of medical practice (3–7).

Two articles deserve special mention: Bayard et al.’s article “An Interactive Approach to Teaching Practice Management to Family Practice Residents” (6) and Babitch’s “Teaching Practice Management Skills to Pediatric Residents” (7). These articles describe unique programs that taught practice management knowledge and skills by integrating the didactics into their respective clinical rotations. Residents responded quite favorably to this approach.

Building a Private Practice: An In Vivo Experience

As with the residents in the previous studies, our residents voiced complaints that there was not enough focus in training on how to survive in independent practice. Residents would most often voice this concern during resident meetings, the annual spring retreat where residents met without faculty members to compile feedback on the training program, and in written annual feedback regarding their experience with the program.

Given the residents’ concerns, our program decided to implement changes to improve our teaching of practice management knowledge and skills. In considering what changes to make, I reached out to other academic clinicians and mentors to see if there was prepackaged course material that I could introduce as part of the practice management training. I was referred most often to the American Medical Association (AMA), APA, and American Academy of Child and Adolescent Psychiatry (AACAP) websites, which have free manuals for their members on practice management (8–10). However, the fact remained that utilizing them primarily in a didactics program would not be new (as our program already had didactic time allotted for practice management). Furthermore, additional didactics did not address the residents’ request for more direct exposure to practice management during training.

Therefore, the major shift in creating the reformed clinic was that it be converted to an in vivo experience. Didactics, while important, were only one aspect of the new clinic. A more explicit shift needed to occur in order to immerse the residents—residents needed to experience this as if the clinic was their own newly started independent practice. In order to heighten this idea at the beginning of each year, residents are instructed to consider this half-day clinic as “their independent practice.” Each resident would have his or her own patient population to manage, as clinically indicated, while also running the business aspects of an independent practice. Each resident had an income goal and received quarterly productivity snapshots with gross and net incomes and projected yearly gross and net incomes. Additionally, the residents were expected to draft a business proposal for their posttraining aspirations. Each month the residents had a didactic hour on different aspects of medical business practices. Residents also met individually with me quarterly to review their independent practice’s progress for assistance in formulating their posttraining business goals. As an additional motivating measure (one that is commonly seen in the independent practice arena), one resident won a “productivity award” for her contributions to the clinic based on her overall gross productivity for the year. Gross productivity was employed as it is an easily calculated number (unlike net productivity, which is linked to insurance reimbursement factors). Although issues with insurance reimbursement factors were discussed in the didactics and informally during clinic time, net productivity was not considered a fair value on which to base the productivity award, as the residents did not have any direct control over which insurance type their patients utilized.

Results

Residents’ feedback regarding this experience was consistently high. All of the graduating residents (2006–2007) considered the clinic to be a “novel” experience for learning about practice management. As part of the clinic revisions, graduating residents and current child and adolescent psychiatric residents were asked to complete an anonymous survey regarding the entire Baylor Child and Adolescent Psychiatry program’s practice management curricula (Table 1). Three out of four graduates returned