When Divya Srikumaran, M.D., became program director of Wilmer’s residency program in 2012, it was like stepping onto a moving bus: Big changes—both internal and external—were sweeping the program. So the assistant professor of ophthalmology grabbed the wheel and began to steer the residency in which she herself had trained years earlier.

The changes were both quantitative and qualitative, and they would result in a more engaging program, happier residents and better patient care, Srikumaran says. On the numbers side, Wilmer’s program was shifting from seven residents a year down to five as it ended an affiliation with an outside hospital. Meanwhile, the Accreditation Council for Graduate Medical Education had reduced the number of hours that residents may work per week and per shift, in an effort to address fatigue as a cause of medical errors.

The council also had introduced significant programmatic changes. Previously, residency programs were required to demonstrate only that specific training objectives were included. Now, they must also show that results are being achieved; a set of milestones requires residents to reach certain levels of knowledge and skill as they move through the program, with assessments every six months to measure their progress.

The changes caused Srikumaran and her team to begin restructuring. They revamped the curriculum to suit the smaller number of residents, shifting schedules to balance patient needs with training requirements and making better use of precious time with faculty. For example, many lectures are now recorded so that residents can view them independently and spend face-to-face time interacting with the faculty. Wilmer hired a physician assistant to provide extra coverage in the emergency room and inpatient wards to assist residents, allowing the residents to spend more time in the operating room and pursue other educational opportunities. Last December, the team assessed residents
against the new milestones for the first time—the first step in ensuring they are providing what residents need to learn, and that individual residents are meeting expectations.

Because a residency program is central to a department as a whole, the changes are expected to reverberate beyond the program itself. “A strong residency program definitely makes the whole department shine,” Srikumaran says.

The results are in and show that Wilmer’s changes are already bearing fruit. Residents are logging more time side by side with faculty—the heart of a resident’s experience—allowing faculty to better help them set individual goals and to mentor them along that path. Residents also enjoy more of the spontaneous moments with their mentors that help form professional values and identities. “These opportunities come through off-the-cuff interactions; you can’t force that chemistry,” Srikumaran says.

A clinical competency committee of four or five faculty members reviews residents’ assessments to measure their progress against the milestones and determine whether they have developed the skills to take on additional responsibilities. For example, first-year residents practice microsurgical techniques in the low-pressure, simulated setting of a practice lab. The work is done under faculty supervision using a stepwise curriculum. Once the residents demonstrate competence, they progress to performing supervised surgery on patients.

Srikumaran has had plenty of help planning and implementing the innovations. One change began before her arrival, when associate professor of ophthalmology Pradeep Ramulu, M.D., Ph.D., piloted a new approach to didactics, introducing case-based teaching scenarios immediately following Grand Rounds in lieu of the traditional lecture format. Nick Mahoney, M.D., assistant professor of ophthalmology and newly appointed associate program director, has organized the milestone assessment process and is currently creating a website to house all resident education materials in one place. Assistant professor of ophthalmology and newly appointed associate program director Fasika Woreta, M.D., M.P.H., supervises the cornea and cataract curriculum—the cornerstone of ophthalmology training. Also, Shameema Sikder, M.D., assistant professor of ophthalmology, worked to develop the microsurgical curriculum and will lead the new Center of Excellence in Surgical Innovation and Education, which promises to offer even more opportunities for surgical simulation and training.

The changes have received financial support from Raymond Nichols, chair and CEO of asset management firm BSC America, who was impressed when he learned of Srikumaran’s work. “I saw what she was doing, and I thought it was something I wanted to allocate funds to and help out,” Nichols says.

—Rachel Wallach

Residency program leaders Fasika Woreta, Divya Srikumaran and Nick Mahoney, center, with Wilmer residents and faculty.