

Graduate medical education: value of the alumni perspective

IN THIS ERA of strict surveillance and frequent criticism of all aspects of health care, graduate medical education has not escaped scrutiny. Consequently, many questions are being raised. How does the length of resident working hours relate to performance? Who is to pay the salaries for training residents? Is the curriculum preparing the young resident for the “real practice” of medicine? These, and many other issues, caused Congress to appropriate funds for the creation of the Council of Graduate Medical Education to study graduate medical education.¹

■ See Vanek et al (pp 167–173)

The Accreditation Council for Graduate Medical Education, with its 24 Residency Review Committees, provides external evaluation of training programs according to a set of standard special requirements for training in each discipline. Program evaluation leading to accreditation by this mechanism does not solicit information from the graduates regarding their training experience. Occasionally, informal and often hearsay information relating to the program is fed back to the department and program director, but not on any regular basis.

In 1984, the new Essentials of Accredited Residencies in Graduate Medical Education defined clearly the issues related to an institution’s responsibility for its own graduate medical education programs.² Periodic review with appropriate interviewing of staff, residents in the program, and other interested associates was mandated. No statement was made concerning the role of the graduate of the program. Some residency review committees consider board-examination performance of their trainees as one measure of evaluation of a program.

In an effort to comply with the essentials as well as to improve the quality of our training efforts, The Cleveland Clinic Foundation has practiced, on a regular basis, internal program review for the past four years.³ As part of that process, a separate study of alumni evaluation of their training was also done. Vanek et al,⁴ in this issue of the *Cleveland Clinic Journal of Medicine*, presents the results. These results were reassuring to the program directors in that 92% rated the overall quality of their training program as good to excellent, and 88% indicated their training programs were relevant to current practice. Respondents to an open-ended question cited as outstanding teachers a surprisingly large number of individuals—347. Specific needs in ancillary areas such as job placement, courses in practice and financial management both for residents and alumni, and larger library facilities were noted. The alumni perspective often emphasized positive features of the training program, whereas residents in training frequently give more negative comments.

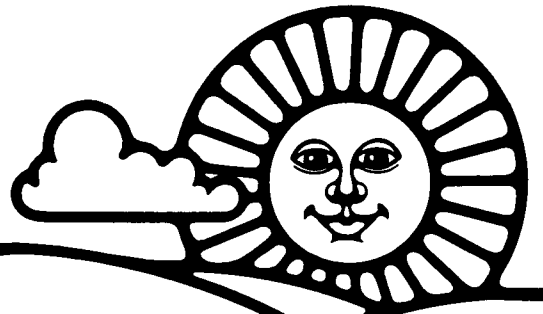
Information from the survey has already resulted in changes. A job placement center has been established, many services are increasing ambulatory-medicine experience, and seminars on “teaching teachers to teach” and financial management and planning have been implemented. Surveys addressing the issues of resident stress and an institutional program for dealing with problems have been developed. In the context of program review using all available sources, graduates have an important role in the evaluation of their training program. Their opinion should be sought on a regular basis.

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