



DOI: 10.14744/eur.2024.51196  
Eur Eye Res 2024;4(1):74–79

EUROPEAN  
**EYE**  
RESEARCH

ORIGINAL ARTICLE

# The grievances of medical supervisors against medical residents

 Hussain Ahmad Khaqan,  Raheela Naz,  Ateeq Ur Rehman,  Laraib Hassan,  Nabeel Akram,  Hafiz Mubashir Farooqui,  Ahmed Fouzan,  Asad Mahmood Khan

Department of Ophthalmology, Post Graduate Medical Institute, Ameer ud Din Medical College, Lahore General Hospital, Lahore, Pakistan

## Abstract

**Purpose:** The purpose of the study is to evaluate the relationship between medical supervisors and residents which is pivotal for effective medical training programs. Deficiencies in resident performance can jeopardize patient care and trigger grievances from supervisors. This study delves into grievances expressed by medical supervisors against residents, identifying underlying performance deficiencies. Conducted at Lahore General Hospital, the research focuses on seven categories: Inadequate Clinical Skills and Knowledge, Unsatisfactory Humanistic Qualities and Professionalism, Quality of Medical Care, Professional Attitudes and Behaviors, Teamwork and Collaboration, Unexplained Absenteeism and Workload Management, and Attitude and Work Ethic.

**Methods:** A 16-item questionnaire was administered to 24 supervisors (92.3% response rate) to gauge deficiencies. Prominent issues included deficient Professional Attitudes and Behaviors (91.7%), Clinical Skills and Knowledge (66.7%), and Humanistic Qualities and Professionalism (66.7%). Concerns were also noted regarding attitude and work ethic (58.35%), absenteeism and workload management (50.05%), teamwork and collaboration (50.05%), and quality of medical care (49.95%).

**Results:** The study underscores the need for targeted interventions in training to rectify these deficiencies. Incorporating focused training modules could foster well-rounded skill development among residents while promoting teamwork and work ethic.

**Conclusion:** Addressing deficiencies identified in this study can cultivate patient-centered physicians and elevate medical training programs. However, the study's single-institution focus and supervisor-centric perspective warrant further exploration involving resident feedback for comprehensive insights.

**Keywords:** Medical training programs; quality management; team collaboration; work ethics; work overload.

The College of Physicians and Surgeons Pakistan established a postgraduate training program in Pakistan in 1962 to provide education and training to aspiring physicians. This program is challenging and requires significant effort and time from both the resident

and senior faculty. The relationship between medical supervisors and residents is critical to the success of medical training programs worldwide. The supervisor's role is to provide guidance, support, and mentorship to the residents as they gain the knowledge and skills necessary



**Cite this article as:** Khaqan HA, Naz R, Rehman AU, Hassan L, Akram N, Farooqui HM, et al. The grievances of medical supervisors against medical residents. *Eur Eye Res* 2024;1:74-79.

**Correspondence:** Hussain Ahmad Khaqan, M.D. Department of Ophthalmology, Post Graduate Medical Institute, Ameer ud Din Medical College, Lahore General Hospital, Lahore, Pakistan

**E-mail:** drkhaqan20@gmail.com

**Submitted Date:** 23.10.2023 **Revised Date:** 14.12.2023 **Accepted Date:** 02.01.2024 **Available Online Date:** 20.03.2024

**OPEN ACCESS** This is an open access article under the CC BY-NC license (<http://creativecommons.org/licenses/by-nc/4.0/>).



to become independent and competent physicians.<sup>[1-3]</sup> However, deficiencies in resident performance or behavioral misconduct from residents can cause harm to patients and require significant time commitment from supervisors to ensure proper remediation.<sup>[4,5]</sup>

Extensive research has been done on resident training and its outcome,<sup>[6-8]</sup> but there is limited data on the specific issues that residency training programs face regarding the nature of the complications encountered during resident training. The American Board of Internal Medicine (ABIM) has defined “problem resident” as trainees who demonstrate significant problems that require intervention by someone in authority.<sup>[9]</sup> The problem manifests in one or more of the ABIM’s seven areas related to clinical competency: Clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behavior, medical care, and moral and ethical behavior.<sup>[10-12]</sup> In recent years, there has been a growing trend of medical supervisors expressing grievances against medical residents, with the primary reason being “problem residents.”<sup>[13,14]</sup>

Grievances are the supervisor’s feeling of dissatisfaction with the trainee, which may arise due to not following the instructions given by the supervisor. These may include arriving late to work, being irresponsible in their duties, not satisfying patients, and other issues such as a change in mood toward patients or colleagues, uninformed absence from work, lack of focus, inappropriate or negative comments, lack of input into team meetings, increasing reluctance to take on more responsibility than the “bare minimum.”<sup>[15,16]</sup>

The study reveals the multifaceted nature of the supervisor-resident relationship and highlights areas requiring improvement. Timely intervention is vital to mitigate harm to patients and enhance training quality. There has been little to no recent study on this topic. The main purpose of this study was to identify the frequency of different deficiencies in problem residents which leads to grievances filed by supervisors against them.

## Materials and Methods

The study conducted was an observational study that focused on medical supervisors from various subspecialties at Lahore General Hospital (LGH), Pakistan. This study received ethical approval from the Ethics Committee of the LGH (approval date and number: LGH/2023/0017). All procedures conducted in this study complied with the ethical standards outlined by the committee. To assess deficiencies observed in medical residents, a structured

questionnaire comprising 16 items was developed. The questionnaire was categorized into seven groups, namely Inadequate Clinical skills and knowledge, unsatisfactory humanistic qualities and professionalism, quality of medical care, professional attitudes and behaviors, unexplained absenteeism and improperly managed workload, teamwork and collaboration, and attitude and work ethic. Each question in the questionnaire was presented in a multiple-choice format, offering five response options: Never, rarely, half of the time, frequently, and almost always Table 1. To ensure the relevance and comprehensiveness of the questionnaire, two medical supervisors from LGH were interviewed. Their insights were valuable in refining the questionnaire and ensuring its alignment with the study objectives. The finalized questionnaire was distributed to 26 supervisors at the Department of Ophthalmology of LGH. Twelve supervisors received a hard copy of the questionnaire, while the remaining 14 completed it online through a provided Google Docs link. Respondents were instructed to select the option that best quantified a specific deficiency they observed in medical residents, representing the primary reasons for grievances.

## Statistical Analysis

The statistical analysis was performed using the SPSS software (version 29) by IBM Corporation, headquartered in Chicago, IL. Descriptive statistics were used to summarize the frequencies and percentages of deficiencies observed in problem residents across various categories.

## Results

Out of the 26 supervisors who were given the questionnaire, 24 of them actively completed and returned the survey, resulting in a response rate of 92.3%. When analyzing the seven distinct categories, the prominent inadequacies observed among residents are related to their Professional Attitudes and Behaviors, Inadequate Clinical Skills and Knowledge, as well as Unsatisfactory Humanistic Qualities and Professionalism.

Table 2 presents the grievances of medical supervisors against medical residents, categorized based on various aspects of residents’ performance. In terms of Clinical Skills and Knowledge (Q.1 and Q.2), the majority of supervisors report that medical residents are perceived to have half of the time (58.35%) or frequently (33.3%) made accurate and timely clinical judgments. Similarly, regarding medical knowledge and skills, most supervisors indicate that residents have either frequently (66.7%) or almost always (33.3%) demonstrated proficiency.

**Table 1.** Survey questions for supervisors on resident's professional attitudes and behaviors**Section 1: Clinical skills and knowledge**

1. How frequently do medical residents make accurate and timely clinical judgments in challenging situations?
2. How would you rate the level of medical knowledge and medical skills of medical residents, including understanding of pathophysiology, pharmacology, evidence-based medicine, procedures, diagnostic tests, and interpretation of results?

**Section 2: Humanistic qualities and professionalism**

3. How would you rate the ability of medical residents to communicate empathetically and effectively with patients and their families, including addressing concerns and providing education?
4. How would you rate the professionalism and ethical conduct of medical residents, including respect for patient autonomy, honesty, integrity confidentiality, informed consent, and privacy?

**Section 3: Quality of medical care**

5. How would you rate the quality of medical care provided by medical residents, including patient outcomes, safety, and satisfaction?
6. How many times have you observed where medical residents have provided substandard care to patients?

**Section 4: Professional attitudes and behaviors**

7. How often do medical residents arrive late to work?
8. How often do medical residents appear inattentive to their duties, including patient care, documentation, and learning opportunities?
9. How often have you observed any negative change in mood or attitude of medical residents toward patients or colleagues?

**Section 5: Absenteeism and workload**

10. How often do medical residents miss work without providing adequate notice or justification?
11. How often do medical residents take on additional responsibilities beyond the "bare minimum" requirements?
12. How often have you observed instances where medical residents have refused to take on additional responsibilities or delegated tasks?

**Section 6: Teamwork and collaboration**

13. How often do medical residents provide input into team meetings, participate in discussions, and contribute to shared goals?
14. How would you rate the ability of medical residents to work collaboratively and constructively with colleagues, including nurses, physicians, and other staff?

**Section 7: Attitude and work ethics**

15. How often do medical residents demonstrate enthusiasm and engagement in their work, including patient care, learning opportunities, and team projects?
16. How often have you observed instances where medical residents have made inappropriate or negative comments about patients, colleagues, or the health-care system?

In the section on Humanistic Qualities and Professionalism (Q.3 and Q.4), half of the supervisors express grievances against medical residents for their ability to communicate empathetically and effectively (50.0%) and their professionalism and ethical conduct (50.0%), suggesting room for improvement.

Concerning the Quality of Medical Care (Q.5 and Q.6), the majority of supervisors indicate that medical residents are perceived to provide medical care that is either of average quality (33.3%), good (50.0%), or excellent (16.7%).

In terms of Professional Attitudes and Behaviors (Q.7, Q.8, and Q.9), supervisors report grievances related to medical residents arriving late to work (38.87%), appearing inattentive to their duties (38.9%), and displaying negative changes in mood or attitude toward patients or colleagues (50.0%).

Regarding Absenteeism and Workload (Q.10, Q.11, and Q.12), supervisors express concerns about residents missing work without adequate notice or justification (50.0%), taking on additional responsibilities beyond the

"bare minimum" requirements (66.7%), and instances where residents refuse to take on additional responsibilities or delegate tasks (16.7%).

In the context of Teamwork and Collaboration (Q.13 and Q.14), supervisors report that medical residents sometimes provide input into team meetings (41.7%), participate in discussions (50.0%), and contribute to shared goals (66.7%), indicating areas for improvement.

Finally, in the section on Attitude and Work Ethics (Q.15 and Q.16), supervisors express concerns about medical residents demonstrating enthusiasm and engagement in their work (33.35%) and instances where residents make inappropriate or negative comments about patients, colleagues, or the health-care system (66.7%).

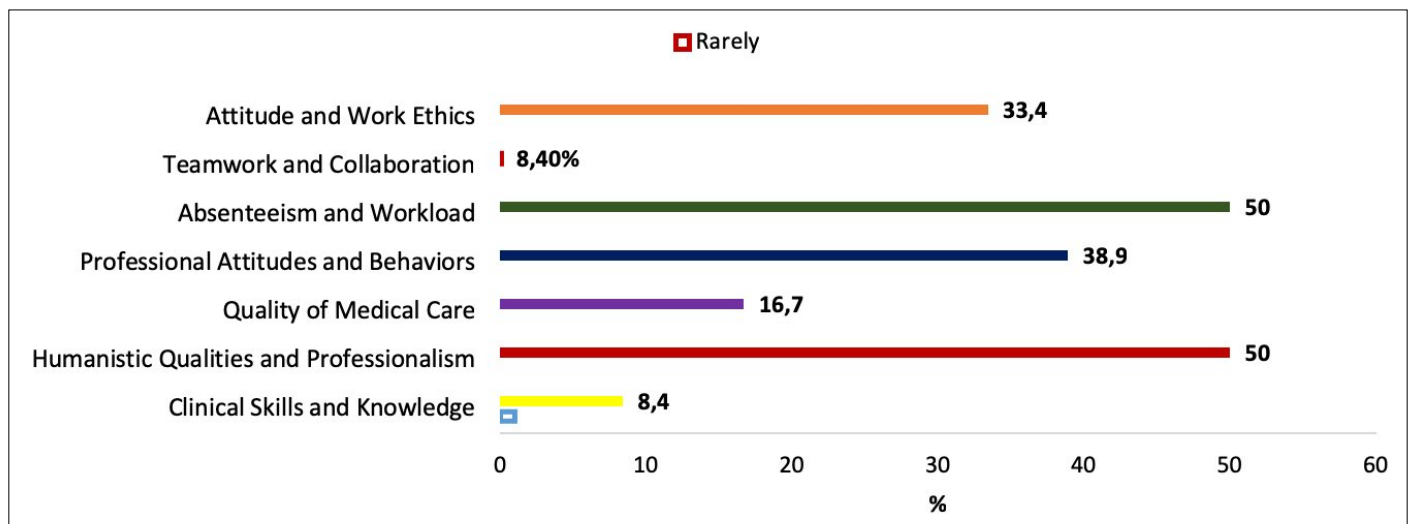
Among the grievances reported by medical supervisors against medical residents, the highest percentage of "Rarely" responses is observed in the category of "Humanistic Qualities and Professionalism," where 50% of supervisors indicate rare instances of medical residents communicating empathetically and effectively with patients and their

**Table 2.** Grievances of medical supervisors against medical residents

Clinical skills and knowledge	Never 0%	Rarely 8.35%	Half of the time 58.35%	Frequently 33.3%	Almost Always 0%
Q.1	0	16.7	50	33.3	0
Q.2	0	0	66.7	33.3	0
<b>Humanistic Qualities and Professionalism</b>	<b>0</b>	<b>50.0</b>	<b>16.7</b>	<b>33.3</b>	<b>0</b>
Q.3	0	50.0	16.7	33.3	0
Q.4	0	50.0	16.7	33.3	0
<b>Quality of Medical Care</b>	<b>0</b>	<b>16.7</b>	<b>33.3</b>	<b>50</b>	<b>0</b>
Q.5	0	0	33.3	66.7	0
Q.6	0	33.3	33.3	33.3	0
<b>Professional Attitudes and Behaviors</b>	<b>0</b>	<b>38.87</b>	<b>22.23</b>	<b>38.9</b>	<b>0</b>
Q.7	0	33.3	16.7	50	0
Q.8	0	33.3	16.7	50	0
Q.9	0	50	33.3	16.7	0
<b>Absenteeism and Workload</b>	<b>11.1</b>	<b>50.0</b>	<b>11.13</b>	<b>16.7</b>	<b>11.13</b>
Q.10	0	66.7	16.7	0	16.7
Q.11	0	33.3	16.7	50	0
Q.12	33.3	50	0	0	16.7
<b>Teamwork and Collaboration</b>	<b>0</b>	<b>8.35</b>	<b>41.7</b>	<b>50.0</b>	<b>0</b>
Q.13	0	16.7	66.7	16.7	0
Q.14	0	0	16.7	83.3	0
<b>Attitude and Work Ethics</b>	<b>8.35</b>	<b>33.35</b>	<b>25.0</b>	<b>33.35</b>	<b>0</b>
Q.15	16.7	0	33.3	50	0
Q.16	0	66.7	16.7	16.7	0

families. In addition, in the domain of “Absenteeism and Workload,” half of the supervisors report rare occurrences of medical residents missing work without providing adequate notice or justification, highlighting potential challenges in attendance and workload management. In terms of “Professional Attitudes and Behaviors,” 38.9% of supervisors express rare grievances related to medical residents appearing inattentive to their duties, indicating

that this behavior is not prevalent but still a notable concern. Furthermore, within the category of “Attitude and Work Ethics,” 33.4% of supervisors report rare instances where medical residents demonstrate a lack of enthusiasm and engagement in their work. While not as prevalent as other grievances, this finding still points to a noteworthy area for improvement in fostering a positive and motivated work ethic among medical residents Figure 1.



**Fig. 1.** Highest response of grievances of medical supervisors against medical residents (rarely %).

## Discussion

The present study sheds light on a critical aspect of medical training programs: The grievances that medical supervisors hold against medical residents. The findings provide valuable insights into the deficiencies that supervisors commonly observe in residents and the factors contributing to these grievances. The implications of these observations extend to the enhancement of medical training programs and the overall quality of patient care.

The relationship between medical supervisors and residents is a cornerstone of successful medical training programs. Supervisors play a pivotal role in nurturing residents' growth, imparting knowledge, and cultivating the professional attitudes and skills necessary for independent practice.<sup>[17-19]</sup> However, this study underscores the multifaceted nature of this relationship, highlighting the shortcomings in residents' performance and behavior that can lead to dissatisfaction among supervisors. Such dissatisfaction can result from a range of factors, including inadequate clinical skills, poor professionalism, and deficient teamwork.

Deficiencies observed in residents' professional attitudes, clinical skills, and humanistic qualities carry implications not only for the residents themselves but also for patient care.<sup>[13,20]</sup> Medical training is a period during which residents' transition from learners to practitioners, and addressing these deficiencies is crucial for ensuring patient safety and quality of care. The substantial time commitment required from supervisors to address these issues underscores the importance of early detection and remediation to prevent potential harm to patients.<sup>[21,22]</sup>

In this study, supervisors expressed concerns about residents arriving late to work, appearing inattentive to their duties, and displaying negative changes in mood or attitude toward patients or colleagues. In addition, absenteeism and workload management were identified as areas of apprehension, with reports of residents missing work without notice, taking on additional responsibilities beyond minimum requirements, and occasionally refusing to undertake extra tasks. Teamwork and collaboration were also highlighted for improvement, with supervisors noting instances where residents provided input into team meetings, participated in discussions, and contributed to sharing goals only sporadically. Finally, concerns were raised regarding residents' enthusiasm and engagement in their work, as well as instances where inappropriate or negative comments about patients, colleagues, or the health-care system were observed. Notably, the highest percentage of "Rarely" responses was in the category of "Humanistic

Qualities and Professionalism," indicating infrequent instances of effective communication with patients and their families. These findings collectively underscore various areas requiring attention and intervention to enhance the overall performance and professional conduct of medical residents.

The study's findings present an opportunity to enhance medical training programs by placing a stronger focus on the identified areas of deficiency. Incorporating targeted training modules that address professional attitudes, clinical skills, and humanistic qualities can help bridge the gaps and promote a more well-rounded skill set among residents. Moreover, efforts to foster teamwork, collaboration, and work ethic can contribute to a more positive and supportive training environment.

While the study offers valuable insights, it is important to acknowledge its limitations. The research was conducted at a single institution, which may limit the generalizability of the findings to other medical settings. In addition, the study primarily relies on supervisors' perspectives, and residents' viewpoints are not accounted for. Future research is thus required considering the resident's feedback to provide a more comprehensive understanding of the dynamics between supervisors and residents.

## Conclusion

This study highlights the grievances expressed by medical supervisors against medical residents and the underlying deficiencies in various aspects of resident performance. The identified deficiencies have implications for patient care, the supervisor-resident relationship, and the effectiveness of medical training programs. By addressing these concerns, medical institutions can work toward fostering a more competent and patient-centered generation of physicians.

**Ethics Committee Approval:** This study received ethical approval from the Ethics Committee of the LGH (approval date and number: LGH/2023/0017).

**Peer-review:** Externally peer-reviewed.

**Authorship Contributions:** Concept: H.A.K., R.N., H.A.R.; Design: H.A.K., R.N., L.H.; Supervision: H.A.K., R.N., H.A.R.; Resource: H.A.K., H.A.R.; Materials: H.A.K., L.H., N.A., H.M.F., A.F., A.M.K.; Data collection and/or processing: H.A.K., R.N., H.A.R., L.H., N.A., H.M.F., A.F., A.M.K.; Analysis and/or interpretation: H.A.K., R.N., H.A.R., L.H., N.A., H.M.F., A.F., A.M.K.; Literature search: H.A.K., R.N., H.A.R., L.H., N.A., H.M.F., A.F., A.M.K.; Writing: H.A.K., R.N., H.A.R., A.M.K.; Critical reviews: H.A.K., R.N.

**Conflict of Interest:** None declared.

**Use of AI for Writing Assistance:** Not declared.

**Financial Disclosure:** The authors declared that this study received no financial support.

## References

1. Hauer KE, Ten Cate O, Boscardin C, Irby DM, Iobst W, O'Sullivan PS. Understanding trust as an essential element of trainee supervision and learning in the workplace. *Adv Health Sci Educ Theory Pract* 2014;19:435–56. [\[CrossRef\]](#)
2. Hauer KE, Oza SK, Kogan JR, Stankiewicz CA, Stenfors-Hayes T, Cate OT, et al. How clinical supervisors develop trust in their trainees: A qualitative study. *Med Educ* 2015;49:783–95.
3. Kim ME, Tretter J, Wilmot I, Hahn E, Redington A, McMahon CJ. Entrustable professional activities and their relevance to pediatric cardiology training. *Pediatr Cardiol* 2023;44:757–68.
4. Sanfey H, Darosa DA, Hickson GB, Williams B, Sudan R, Boehler ML, et al. Pursuing professional accountability: An evidence-based approach to addressing residents with behavioral problems. *Arch Surg* 2012;147:642–7. [\[CrossRef\]](#)
5. Williams BW, Williams MV. The disruptive physician: A conceptual organization. *J Med Licens Discipl* 2008;94:12–20.
6. Brenner AM, Mathai S, Jain S, Mohl PC. Can we predict “problem residents”? *Acad Med* 2010;85:1147–51. [\[CrossRef\]](#)
7. Roberts NK, Williams RG, Klingensmith M, Sullivan M, Boehler M, Hickson G, et al. The case of the entitled resident: A composite case study of a resident performance problem syndrome with interdisciplinary commentary. *Med Teach* 2012;34:1024–2.
8. Tabby DS, Majeed MH, Schwartzman RJ. Problem neurology residents: A national survey. *Neurology* 2011;76:2119–23.
9. American Board of Internal Medicine. Materials from Association of Program Directors in Internal Medicine (APDIM)'s Chief Residents' Workshop on Problem Residents. New Orleans, La: American Board of Internal Medicine; 1999.
10. Yao DC, Wright SM. National survey of internal medicine residency program directors regarding problem residents. *JAMA* 2000;284:1099–104. [\[CrossRef\]](#)
11. Minicuci N, Giorato C, Rocco I, Lloyd-Sherlock P, Avruscio G, Cardin F. Survey of doctors' perception of professional values. *PLoS One* 2020;15:e0244303. [\[CrossRef\]](#)
12. Teo YH, Abdurrahman AM, Lee AS, Chiam M, Fong W, Wijaya L, et al. A modified Delphi approach to enhance nurturing of professionalism in postgraduate medical education in Singapore. *Singapore Med J*. 2021 Nov 26. doi: 10.11622/smedj.2021224. [Epub ahead of print]. [\[CrossRef\]](#)
13. Yao DC, Wright SM. The challenge of problem residents. *J Gen Intern Med* 2001;16:486–92. [\[CrossRef\]](#)
14. Kaushik JS, Raghuraman K, Singh T, Gupta P. Approach to handling a problem resident. *Indian Pediatr* 2019;56:53–9.
15. Kuehnl A, Seubert C, Rehfuess E, Von Elm E, Nowak D, Glaser J. Human resource management training of supervisors for improving health and well-being of employees. *Cochrane Database Syst Rev* 2019;9:CD010905. [\[CrossRef\]](#)
16. Ramsay MA. Conflict in the health care workplace. *Proc (Bayl Univ Med Cent)* 2001;14:138–9. [\[CrossRef\]](#)
17. Cooper N, Forrest K, editors. *Essential Guide to Educational Supervision in Postgraduate Medical Education*. United States: Blackwell Publishing Ltd; 2009. [\[CrossRef\]](#)
18. Lägervik M, Thörne K, Fristedt S, Henricson M, Hedberg B. Residents' and supervisors' experiences when using a feedback-model in post-graduate medical education. *BMC Med Educ* 2022;22:891. [\[CrossRef\]](#)
19. Meljes I, Slootweg I, Nierkens V, van den Bogaard M, Kramer A. Learning in a real-life escape room: An explorative study on the supervisory relationship in GP residency during the COVID-19 pandemic. *BMC Prim Care* 2023;24:87. [\[CrossRef\]](#)
20. Yavari N, Asghari F, Shahvari Z, Nedjat S, Larijani B. Obstacles of professional behavior among medical trainees: A qualitative study from Iran (2018). *J Educ Health Promot* 2019;8:193.
21. Seiden SC, Galvan C, Lamm R. Role of medical students in preventing patient harm and enhancing patient safety. *Qual Saf Health Care* 2006;15:272–6. [\[CrossRef\]](#)
22. Keshavarzi MH, Azandehi SK, Koohestani HR, Baradaran HR, Hayat AA, Ghorbani AA. Exploration the role of a clinical supervisor to improve the professional skills of medical students: A content analysis study. *BMC Med Educ* 2022;22:399. [\[CrossRef\]](#)