Timely Completion of Paperwork: Are Some Residents Consistently Late Responders?

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Abstract

Background One element of competence in professionalism entails the timely completion of paperwork. Early identification of residents who are consistently late in completing their assignments might be the first step in helping them change this habit.

Objective This study sought to determine if program coordinators' ratings of residents' response habits to completing assignments were associated with existing measures of resident response times tracked by the institution.

Methods Program coordinators rated residents as early, mid, or late responders based on their experience with them. We compared coordinators' ratings with the response time of these same residents in returning orientation materials to the institution, completing a patient safety survey and duty hour logs, and providing their required countersignature on telephone and verbal orders. A total of 196 residents enrolled at this institution were eligible for this comparison in the 2012–2013 academic year.

Results Program coordinators rated 23% (40 of 177) of the residents as late responders. These ratings were significantly associated with the response time of residents in returning orientation materials and the completed patient safety survey. Residents identified as late responders were 2.45 times (confidence interval, 1.09 ± 5.64) more likely to have delinquent medical records.

Conclusions This exploratory study suggests that residents who are late responders can be identified as early as orientation and that they likely maintain this response habit in completing assignments throughout residency. To address this professionalism issue, programs should track and counsel residents on their timeliness in completing paperwork.

Introduction

Abraham Lincoln said, "You cannot escape the responsibility of tomorrow by evading it today."[1] Residents vary in timeliness of completing assignments, but a pattern of tardiness or delinquency may be indicative of response habits that pose a risk for professional timeliness and that could benefit from early detection and intervention. Often, the same residents demonstrate this habit in practice after graduation, which reflects on their program and sponsoring institution of origin.

Timeliness as a measure of professionalism indicates the resident's acceptance of personal responsibility and a willingness to follow through in completing assignments.[2] The institution and the program expect residents to complete, with few reminders, duty hours, medical records, surveys, and various other items of correspondence.

Why would residents procrastinate in completing assignments? We could not find any medical education research specifically addressing this question. However, a literature review on patterns of homework initiation by college students may shed some light on procrastination.[3] The review indicated that more than 70% of college students procrastinate to some degree. Students primarily procrastinate because they fear failure. Other factors include fear of social disapproval, perfectionism, declining motivation, and aversion to the assigned task. Perhaps it is simply that residents vary in their aversion to completing paperwork.

This study sought to determine if residents demonstrate a pattern in response times and if some residents tend to be habitually late in completing paperwork. Perhaps these residents could be identified as early as orientation.

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Methods

Our study used 5 data sources to compare resident responses. Using existing data, we tracked the response rate of new residents in completing orientation materials to the graduate medical education office for 2010–2013; residents' response times in completing an online patient safety survey in 2012; and the lag time in hours between the end of a duty hour period (eg, 24-hour call) and the time it took the resident to report it in the 2012–2013 academic year. Residents had approximately 1 month to return the orientation materials and patient safety survey. The average lag time in reporting duty hours was determined by dividing the total number of lag hours by the number of duty events per resident. For the fourth data source, we tallied the total number of telephone and verbal orders for each resident and determined the number and percentage of these that were delinquent ($\geq$ 48 hours) for this same academic period. The hospital policy requires a resident's verbal and telephone orders to be countersigned by the resident within 48 hours. For the fifth source we asked program coordinators to categorize residents in the order they would likely respond to a program request to complete an assignment based on their experience with the residents in their programs during 2012–2013.

Our coding method categorized the resident response time into early, mid, and late responders. For the 1-month assignments, residents returning orientation materials or the patient safety survey within a week were coded as "early responders," the second and third week were coded as "mid responders," and the fourth week were coded as "late responders." The program coordinators also coded residents in their program as early, mid, or late responders.

The total sample consisted of 196 residents and fellows in 19 programs at the University of Tennessee Medical Center, the participating site for residency training. Twelve program coordinators participated in the rankings exercise and 1 declined.

The Institutional Review Board of the Graduate School of Medicine at the University of Tennessee Medical Center approved the study protocol, deeming it exempt.

What was known

Professional timeliness has implications for patient safety.

What is new

Residents who are likely to submit late paperwork can be identified early.

Limitations

Small exploratory study at a single institution limits generalizability. Ratings of residents as late submitters are subjective and subject to recall bias.

Bottom line

Programs and the institution should track residents, examine patterns, and counsel residents on their habits of completing paperwork responsibilities in a timely manner.

The analysis consisted of frequencies for categorical variables and descriptive statistics for continuous variables. The resident response time (ie, early, mid, late responders) variables were treated as rankings. The gamma statistic (γ) was used to assess the association of 2 variables that used these rankings. Alpha was set a priori at 0.05.

Results

The TABLE displays the frequencies of the response time variables categorized into early, mid, and late responders. Program coordinators classified 23% (40 of 177) of residents as late responders, which is a conservative estimate compared with the percentage of late responders identified in the orientation and resident survey results.

A correlational analysis demonstrated a significant association between program coordinator rankings and resident completion of orientation materials ($\gamma = 0.30$, $P < .011$) and a similar trend between their rankings and the response time on the patient safety survey ($\gamma = 0.18$, $P < .10$). The diagonals of the crosstabs indicated a 37% agreement in the coordinator rankings and orientation materials as well as a 35% agreement in their rankings with the resident survey with the most agreement (about 20%) in the late responder cells. A similar association ($\gamma = 0.24$, $P < .056$) occurred between resident response time in

TABLE **Categorization of Resident Response Time in Completing Orientation Materials, Safety Survey, and Program Coordinators' Rankings of Residents**

	Early Responders, No. (%)	Mid Responders, No. (%)	Late Responders, No. (%)	Valid No.
Orientation	34 (24)	29 (20)	81 (56)	144
Safety survey	71 (36)	30 (15)	95 (49)	196
Program coordinators	66 (37)	71 (40)	40 (23)	177

completing the orientation materials and the safety survey. In this association there was a 32% (46 of 144) agreement of late responders on the 2 variables.

The program coordinators' rankings correlated positively ($\gamma = 0.358$, $P = .004$) with residents' delinquent medical records (coded as 0, none, n = 64; 1, 1 or more records, n = 104) but not when comparing their rankings with the percentage of delinquent records ($r = 0.013$, $P = .86$). Coordinators' rankings did not correlate with lag time in hours of reporting duty hours ($r = 0.071$, $P = .35$). To assess the associated risk between coordinators' rankings and delinquent medical records, the rankings were recoded into "responders" and "late responders." Late responders identified by program coordinators were 2.45 (confidence interval, 1.09 ± 5.64) times more likely to have delinquent medical records than responders.

Discussion

Program coordinators' rankings of residents' response patterns to a request for paperwork showed modest associations with residents' actual completion of paperwork, specifically orientation materials and a patient safety survey, and with the likelihood residents would have delinquent medical records.

This study suggests that the response habits of residents may be identifiable at the beginning of residency based on when residents return completed orientation materials to the institution. It also shows that program coordinators know the response habits of residents.

This is a small exploratory study, conducted at a single institution, which limits its generalizability. A larger number of observations would enhance the power and stability of the detected associations. The program coordinators' ratings are subjective and subject to recall bias based on their experience with the residents.

Residents face significant time demands and most likely prioritize their responses accordingly. In all fairness, they may consider it busy work to complete a survey or orientation materials. On the other hand, residents should not postpone countersigning verbal and telephone orders. In this case residents are at risk for being out of compliance with hospital standards, which elevates the issue to the level of institutional oversight of patient safety. Perhaps the institution should track residents' initial response time at orientation and convey this information to the program directors. Program coordinators know the response time habits of residents and could be instrumental in identifying those residents who are consistently late (nearly 25% in this study) in completing paperwork. Programs may want to incorporate these data into the 6-month evaluations of residents as part of the Milestones, entrustable professional activities, and the competency of professionalism. Programs can do well to also recognize and encourage at the biannual review those residents who consistently demonstrate the desired habit of completing their paperwork on time.

Residents who are chronically late responders may continue this pattern into practice and disrupt the timely flow of office management. Ultimately, such habits of graduates reflect on the program and institution. Conversely, residents who promptly respond routinely to program and institutional paperwork should be openly recognized for their commitment and professionalism.

Conclusion

Residents who are late in responding to tasks that require completion of paperwork can be identified as early as residency orientation. Programs and the institution should track, examine patterns, and counsel residents on their habits of completing paperwork responsibilities in a timely manner. Chronically late responders should be counseled to change this habit.

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