

Results of the 2005 A³CR²
Annual Chief Resident Survey

Chrissie M. Peterson, MD
Mallinckrodt Institute of Radiology
St. Louis, MO

Greetings from St. Louis!



Purpose:

- To elicit the opinions of the chief residents in Diagnostic Radiology regarding many different resident issues
- Results are compared with previous years and trends are identified

Survey Format:

- Confidential on-line survey
- One response per training program, but no way to assure this
- Mostly multiple choice questions, with space available for text insertion where appropriate

Limitations of the Survey:

- Usefulness of the data limited by response rate
- We are eliciting *opinions*
- Sampling bias – only chief residents are included in the survey
- Occasionally had more than one response per program

Survey Topics:

- Repeated questions:
 - Resident population
 - Salary, benefits, etc.
- New questions:
 - ACGME compliance
 - Boards preparation
 - Call systems
 - Night float details

Results...

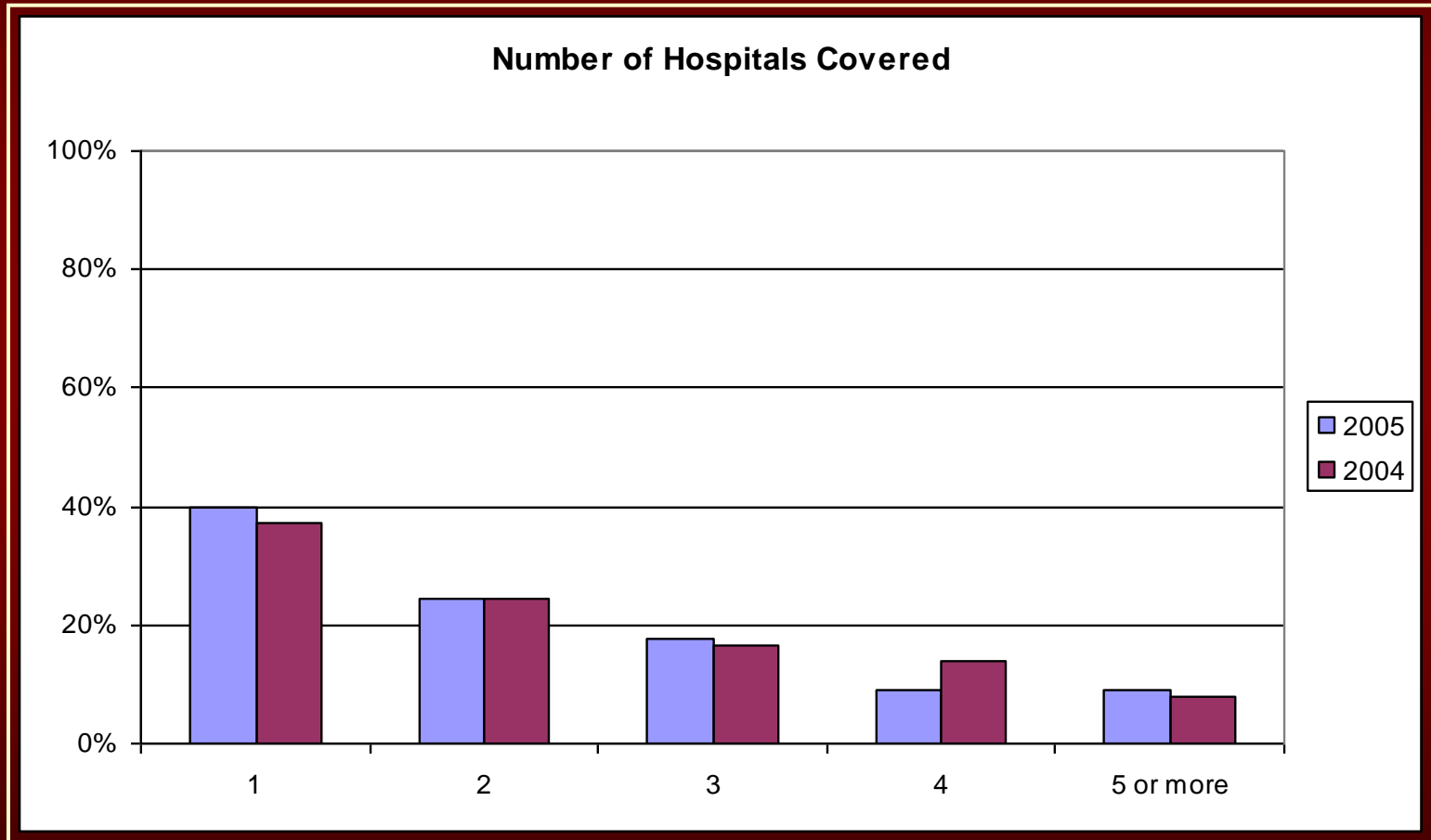
2005 Chief Resident Survey:

- 185 surveys sent out and 52 responses received
 - 28% response rate
 - 55% in 2004
 - 41% in 2003
- Why was the response rate so low?
 - Bad luck?

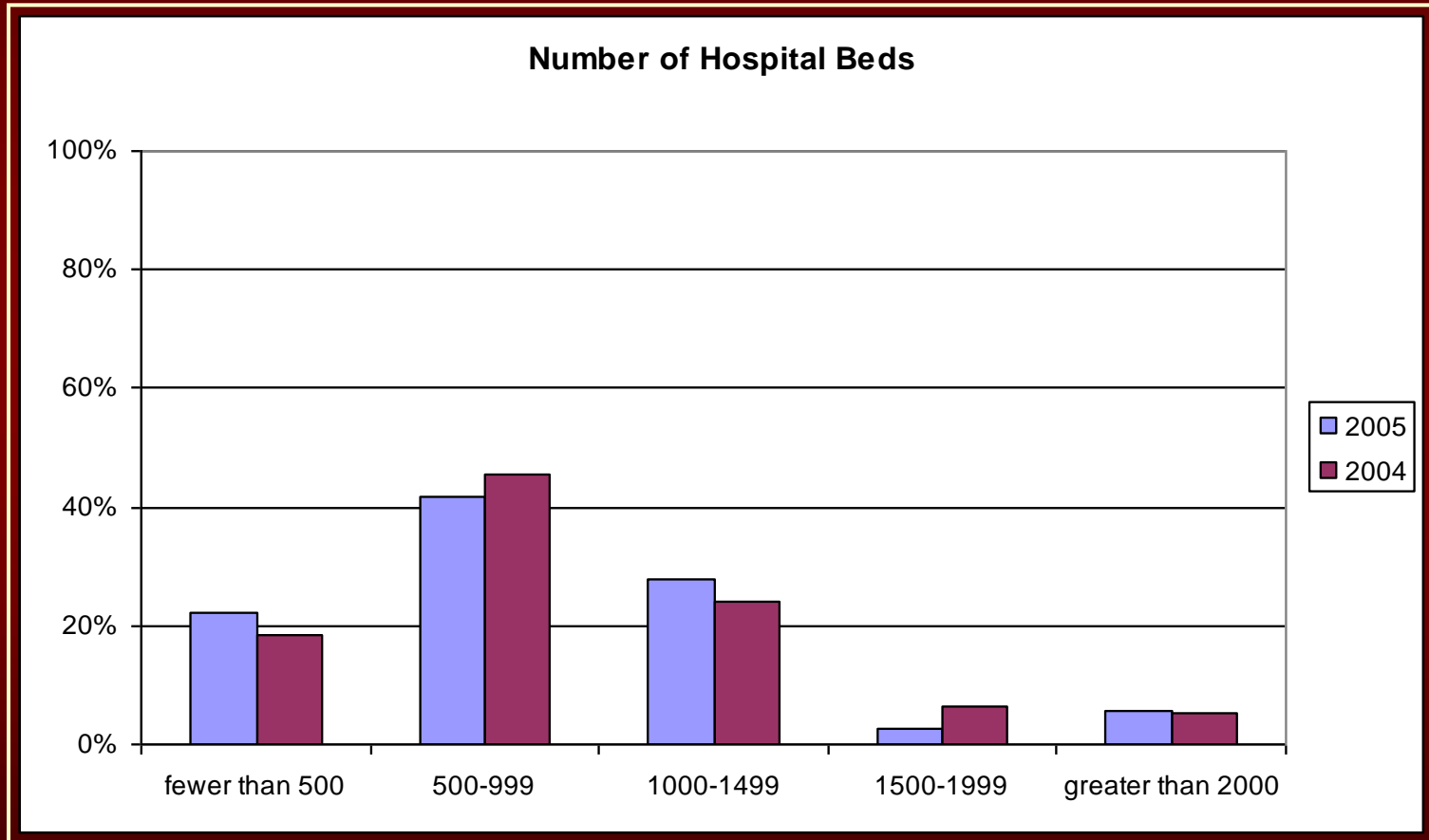
University Affiliation:

- 83% of respondents affiliated with a university
 - 80% in 2004

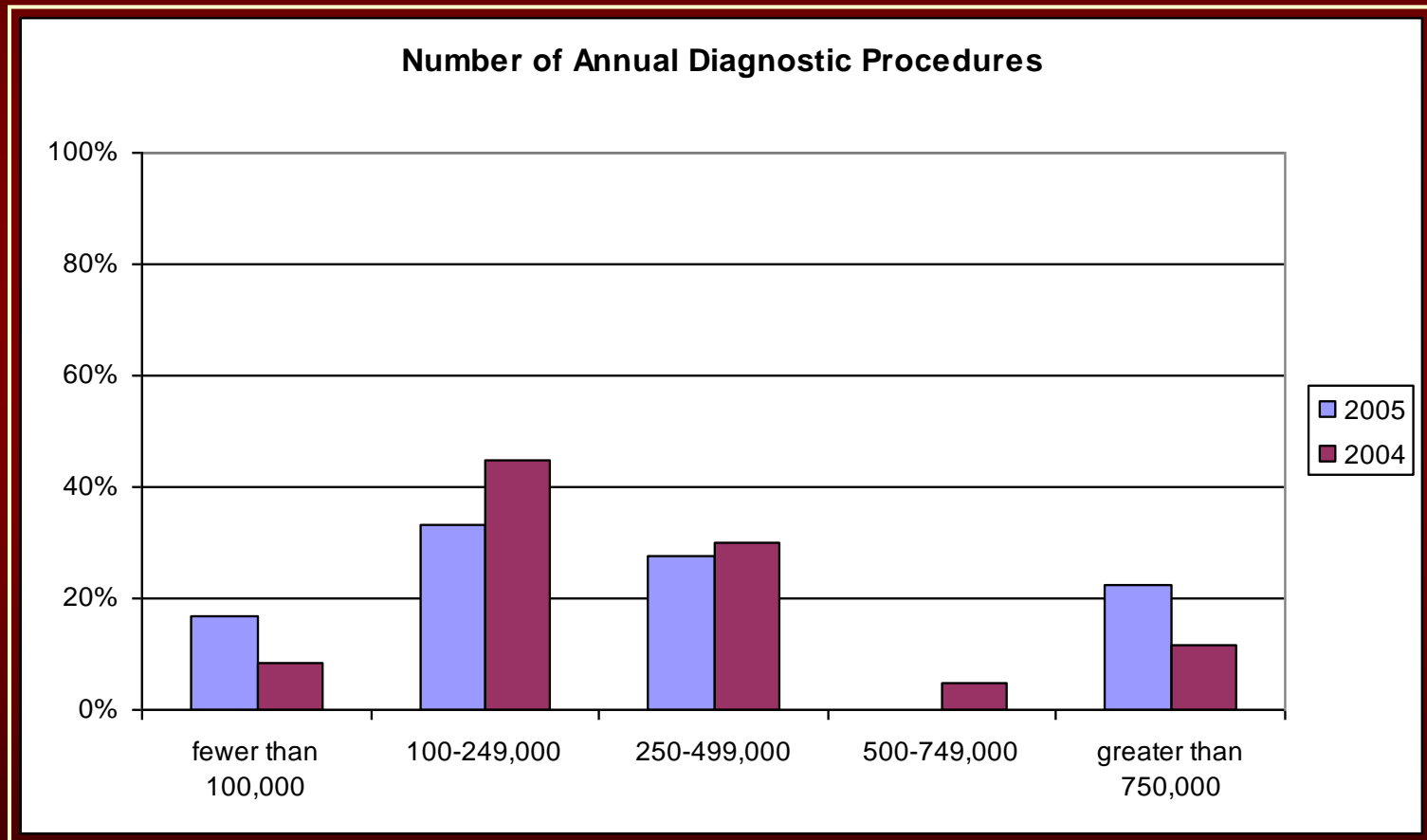
Number of Hospitals Covered:



Number of Hospital Beds:



Number of Annual Diagnostic Procedures:



ACGME Requirements:

- Effective July 1, 2003:
 - 80 hour weekly work limit
 - 10 consecutive hours off between shifts
 - Up to 24 hour work shifts with up to 6 additional hours for education/continuity of care
 - 1 of 7 days off averaged over 4 weeks
 - Call no more frequent than q3 days/nights

ACGME Requirements:

- 78% stated that the call experience is now better (85% in 2004)
 - Many stated no real change
 - Better → More time to rest & study
 - Worse → Having to deal with the ramifications of other services' duty hours changes (other residents not as knowledgeable about their patients), lots of forms to fill out, higher number of call shifts
 - “It has required so much change in our call structure that the system is somewhat fragmented. At times, this detracts from the educational experience.”

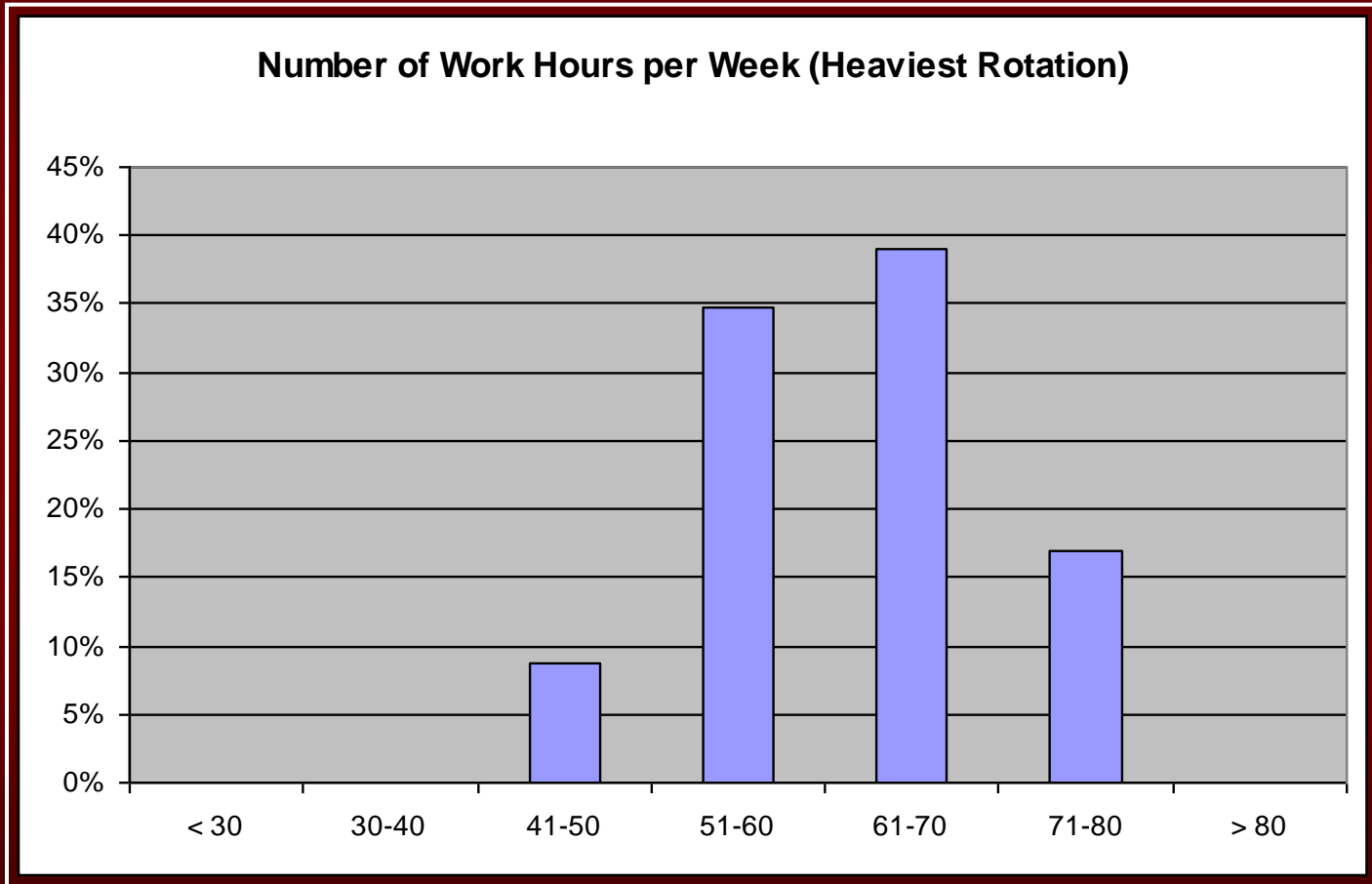
ACGME Requirements:

- 86% stated that their educational experience is better
 - 90% in 2004
 - No change
 - Better → More time to rest, study, more likely to participate in the daily work b/c less tired
 - Worse → More forms to fill out, getting in trouble for not filling out forms, “duty hour quiz”, miss teaching conferences, rushed AM readout – less time for teaching

ACGME Compliance

- 96% of programs fully compliant

ACGME Compliance



ACGME Compliance

- Call frequency:
 - 1-3 times per week → 47%
 - <1 per week → 53%

ACGME Compliance

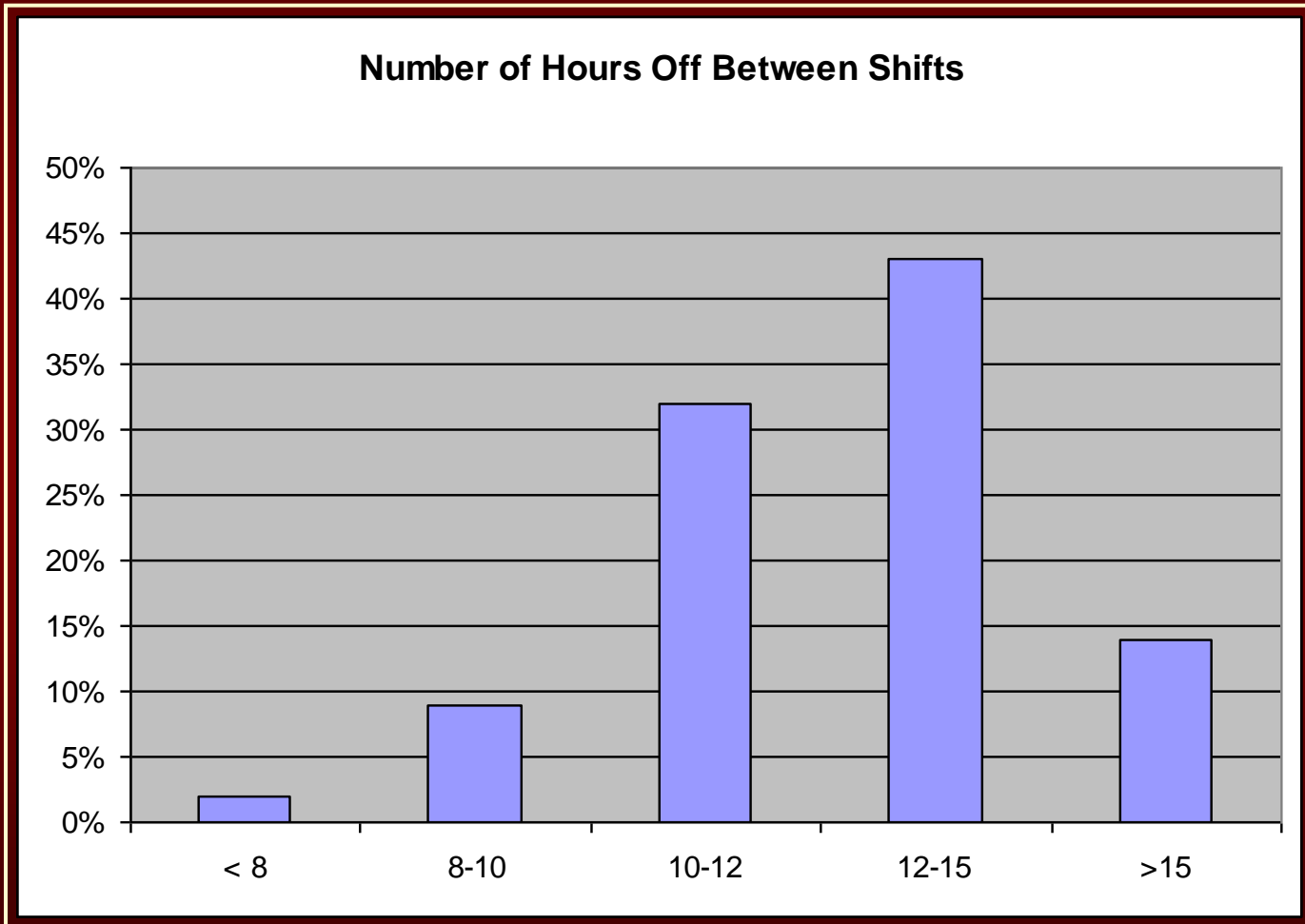
- Number of days off per month:

- 4-5 → 27%

- 6-8 → 64%

- >8 → 9%

ACGME Compliance



Night Float

- 67% of programs have night float system
 - 61% in 2004
 - 44% in 2000
 - 42% in 1996
- Wide variety of night float systems
 - Daily or almost daily shifts (12 in 13, 7 in 7)
 - QOD (7 in 14, 14 in 28)

Night Float

- 100% responsible for ED studies
- 100% responsible for inpatient studies
- 40% responsible for remote studies from other locations

(10 respondents)

Call

- When does call begin?
 - 1st-6th months → 7% 5% in 2004
 - 6th-12th months → 64% 74% in 2004
 - After 12th month → 29% 22% in 2004

Call

- Residents take an average of 58 in-house and 78 beeper call shifts during their residency
 - 114 in house calls in 2004
 - 62 beeper calls in 2004

(14 respondents)

Call

- 50% are responsible for scheduled, non-emergent studies after-hours
 - 53% in 2004
 - Extra pay?
 - 0% yes
 - 6% yes in 2004

Call

- What do residents pre-dictate on call?
 - Radiographs → 100%
 - CT → 70%
 - US → 80%
 - MR → 20%
 - Fluoro → 70%

Morning Read-Out

- How do residents check-out after call/NF?
 - Real-live attending/fellow → 53%
 - Write down your findings → 20%
 - No check-out → 20%
 - Other → 33%
 - 24 hour staff coverage
 - Graduated system (1st years check out, 4th don't)

Call

- On the post-call day (excluding NF)
 - 29% excused from work
 - 71% N/A (entirely NF system)

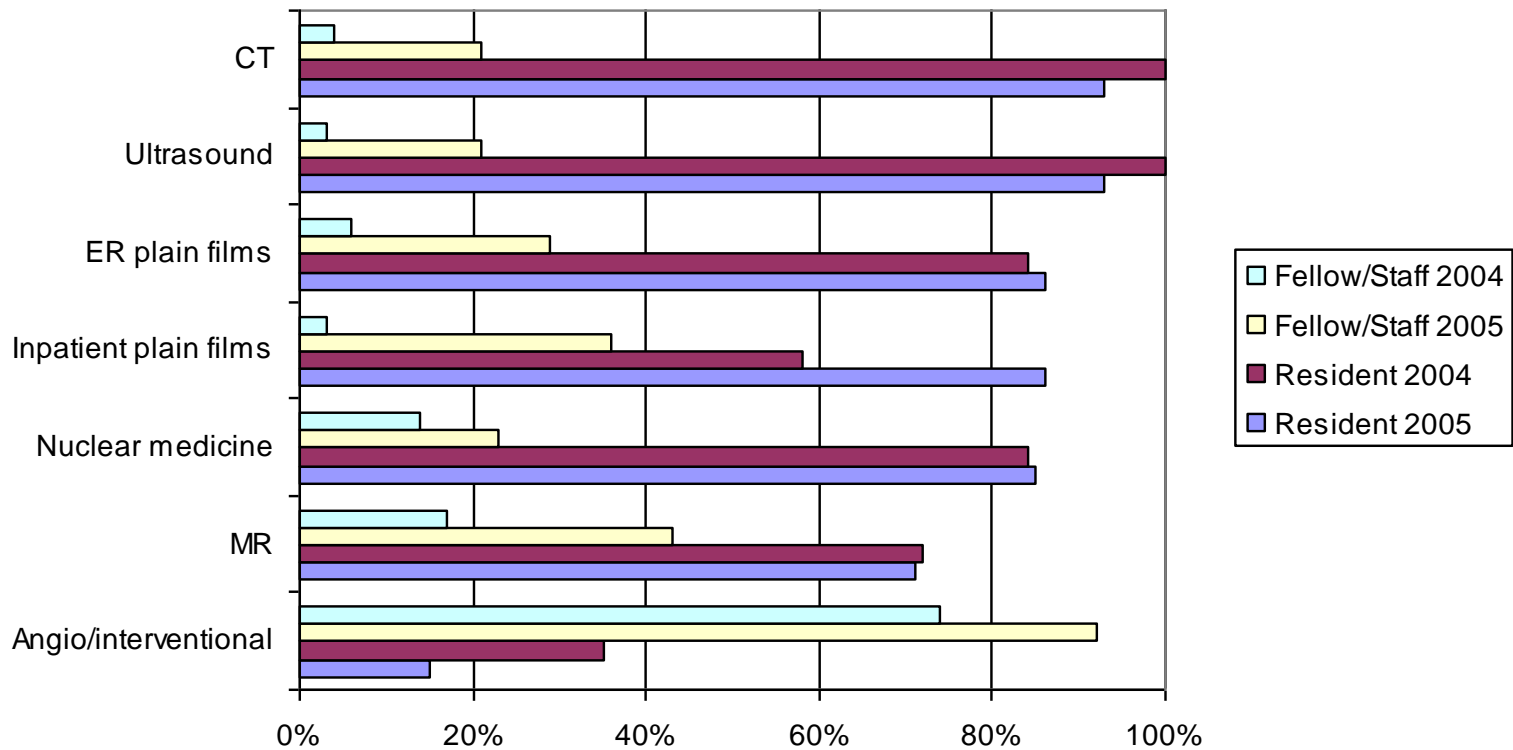
Call

Interpretations primarily provided by:

	<u>Resident</u>	<u>Staff</u>
ED plain films	86%	29%
Inpt plain films	86%	36%
VIR	15%	92%
US	93%	21%
Nucs	85%	23%
CT	93%	21%
MR	71%	43%

(14 respondents)

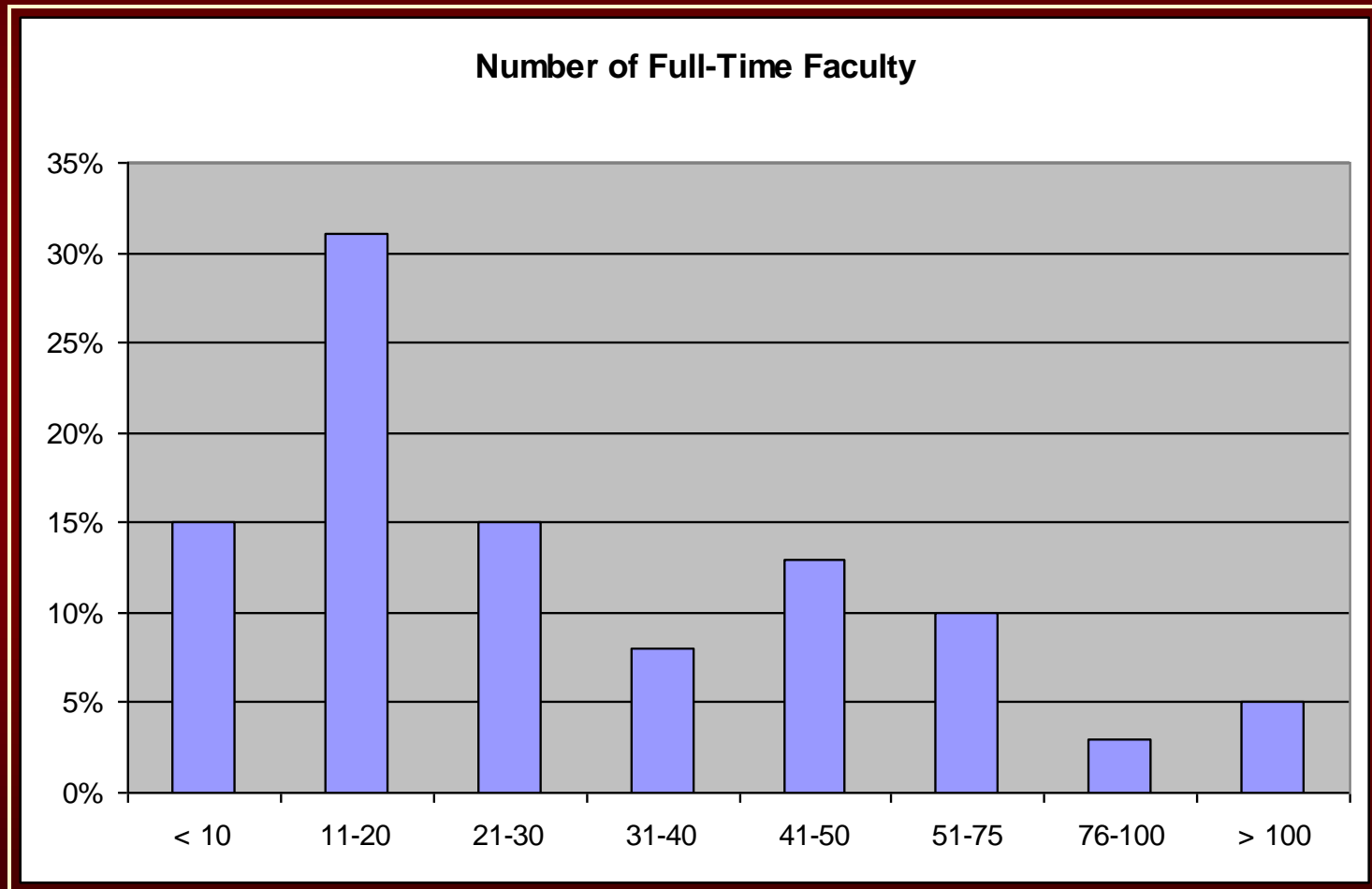
After Hours Emergent Interpretations



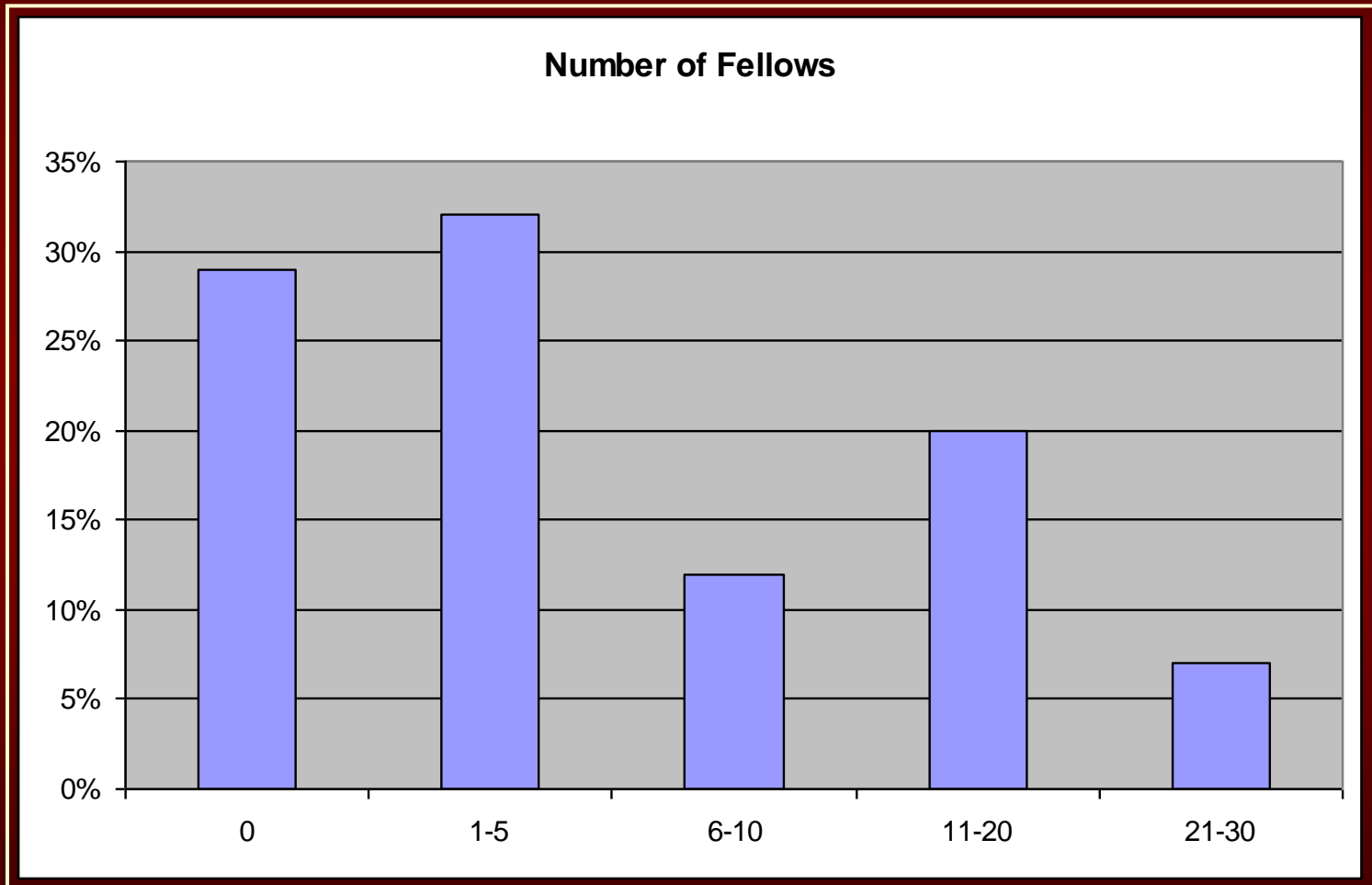
Call

- 33% provide on-call teleradiology
- 75% receive call meal coupons

Staffing



Staffing



Staffing

- Resident coverage in ED from 5-10PM?
 - Yes – 88%
 - 97% in 2004
- Resident coverage between 10PM-6AM?
 - Yes – 88%
 - 98% in 2004

Staffing

- In-house faculty coverage between 5-10PM?
 - Yes – 35%
 - 45% in 2004
- In-house faculty coverage between 10PM-6AM?
 - Yes – 14%
 - 7% in 2004
- 100% available by phone/pager if not in-house

Staffing

- In-house faculty coverage between 10PM-6AM
 - 90% - attending covers the ED
 - 50% - attending covers inpatient studies

Residents

- Number of residents:

	<u>2005</u>	<u>2004</u>
First year	5.7	6.2
Second year	5.8	5.9
Third year	6	5.8
Fourth year	5.6	5.8

Residents

- Percentage of women residents:
 - 1st year → 34%
 - 2nd year → 25%
 - 3rd year → 30%
 - 4th year → 24%
- Women made up about 25% of their residency programs in 1992

Residents

- Increased number of residents compared to 5 years ago?
 - 50% yes → 53% in 2004
 - 12.5% no → 6% in 2004
 - 38% no change
- Number increased by an average of 2 residents

Resident Benefits

- Average Salary

- 1st year → \$43,195 (\$37,913 in 2002)

- 4th year → \$49,407 (\$45,522 in 2002)

Resident Benefits

- 50% of programs pay for temporary licenses
- 31% pay for permanent licenses
- 81% provide a book-and-travel fund
 - 75% in 2004
 - Average sum → \$722 (unchanged) in the form of an expense account

Resident Benefits

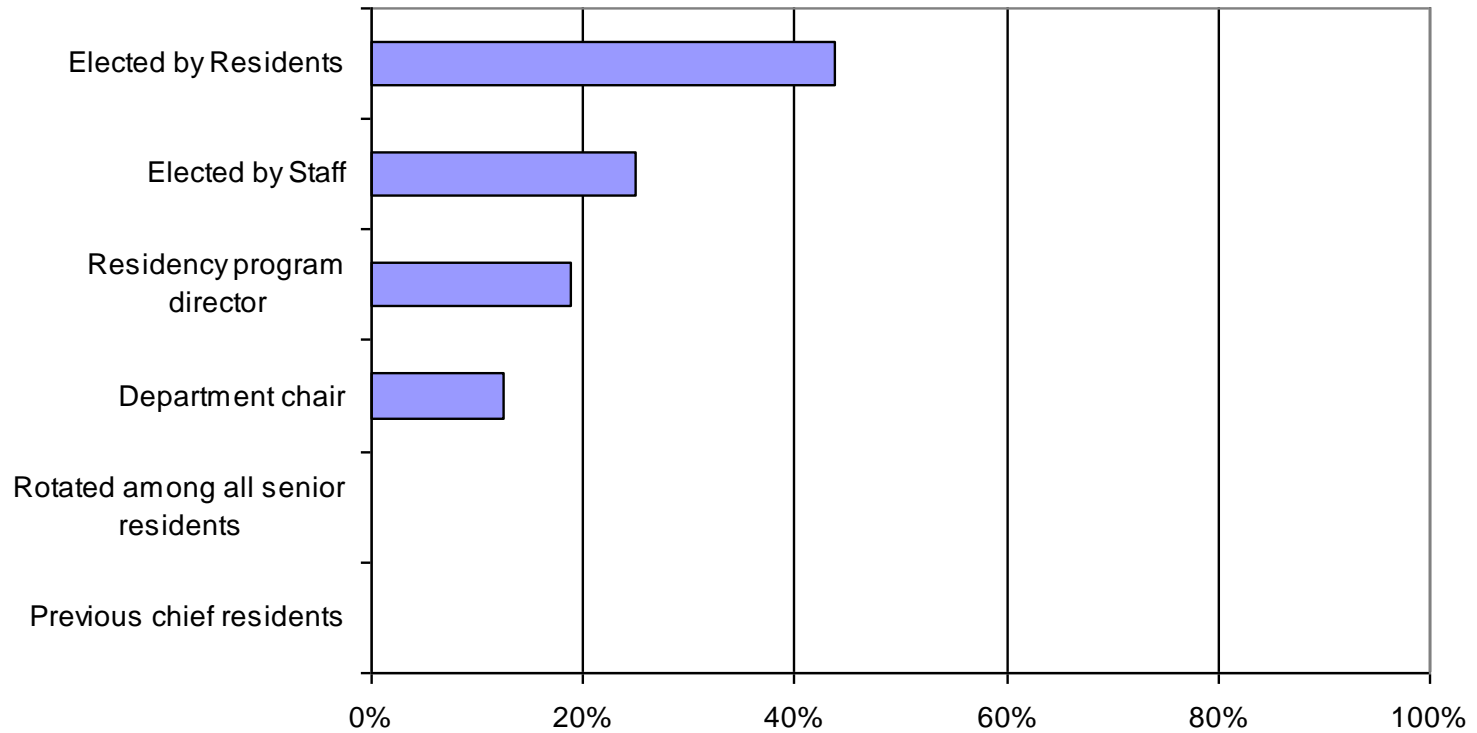
- Maternity Leave –
 - Average of 6 weeks
 - Range from 2 wks to 6 months
- Paternity Leave –
 - Average of 2 weeks
 - Range from 1 day to 3 months
- Child care provided by 13%

Chiefdom

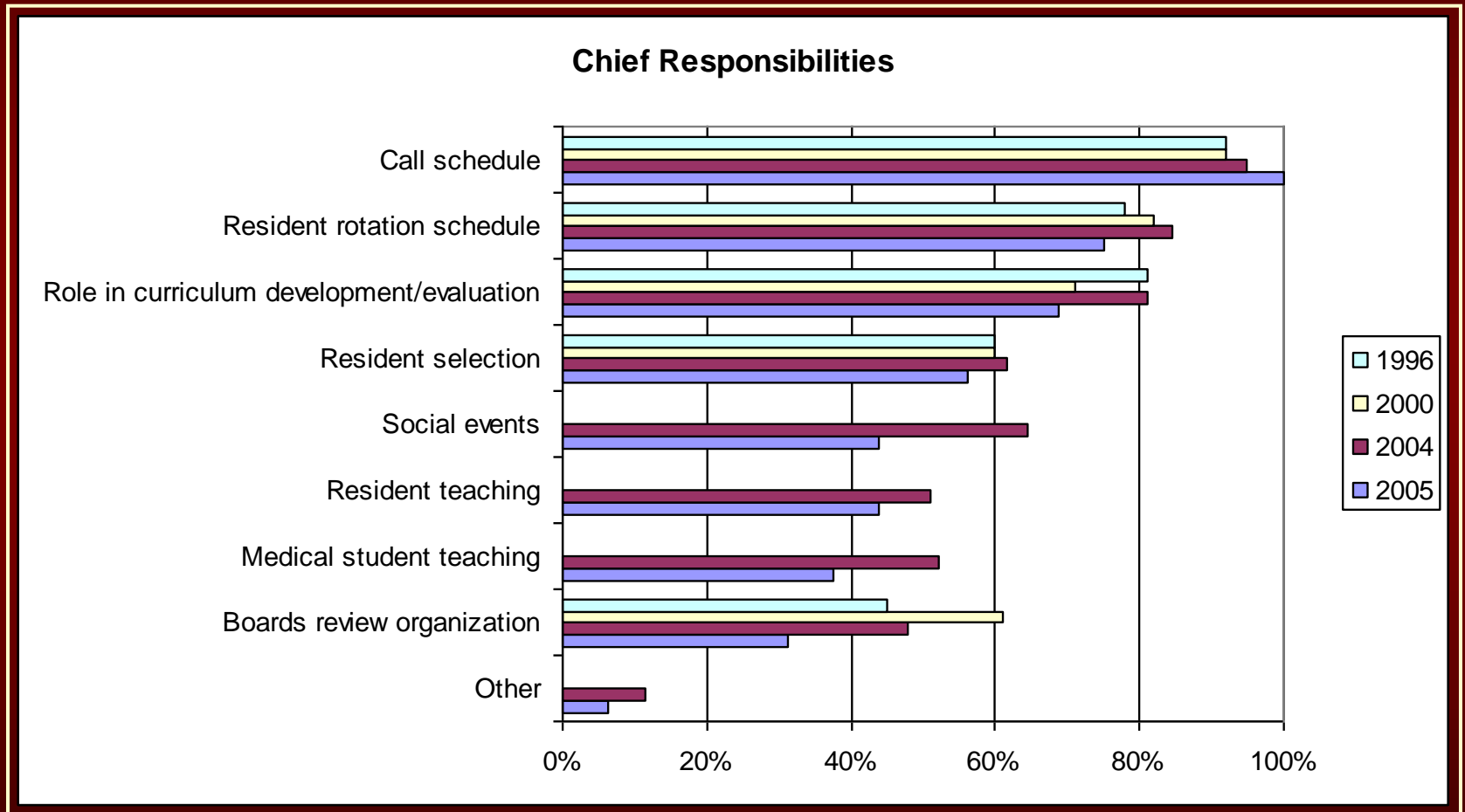
- 81% of respondents (n=16) were outgoing chiefs
- 19% were incoming chiefs
- Average number of chiefs per program → 2
- 69% serve their chief year in their 3rd year of residency

Chiefdom

How Chosen as Chief Resident



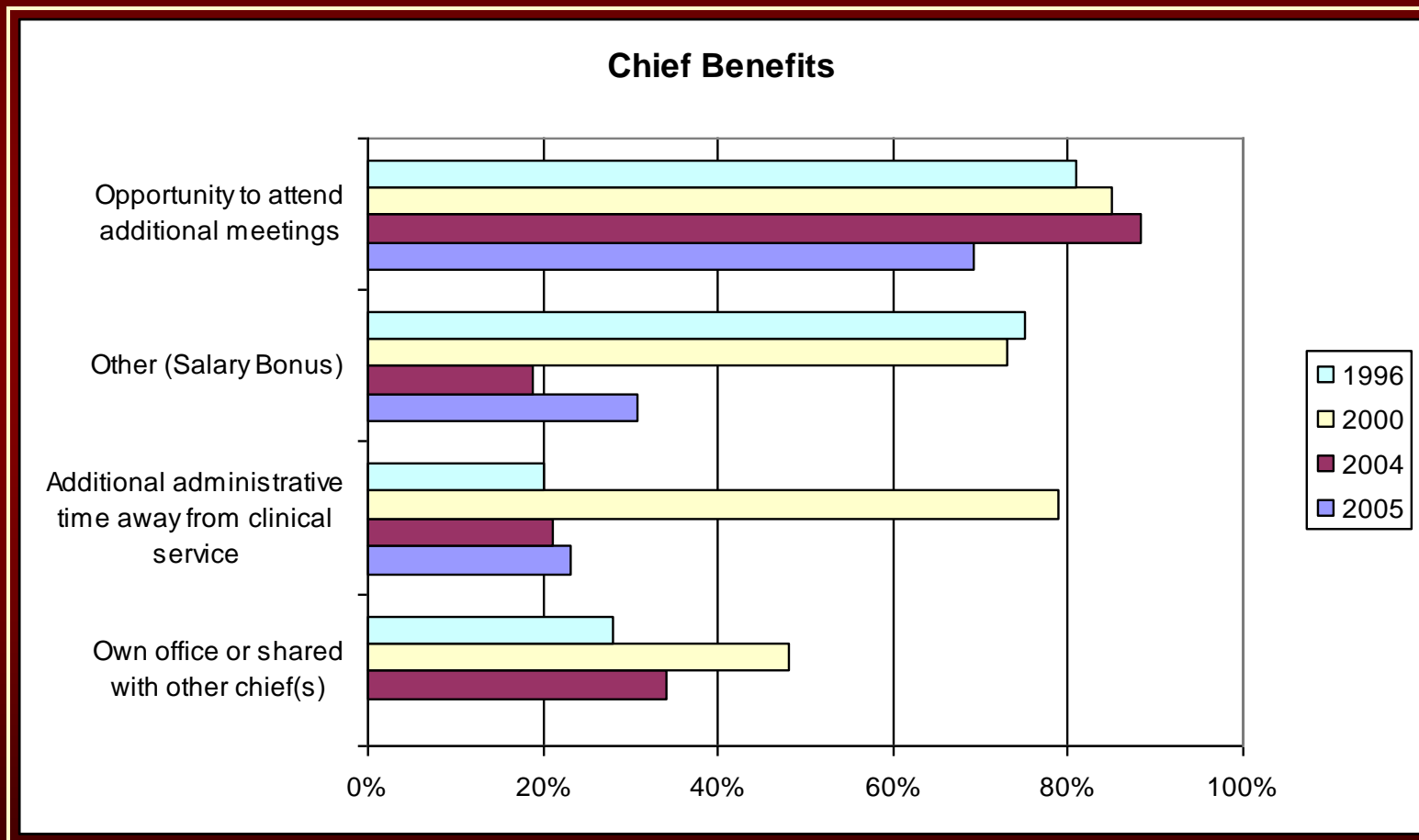
Chief Responsibilities



“many monotonous tasks”

Chief Benefits

“This position does not seem to be beneficial at all”



Chief Benefits

- 69% receive a salary bonus
- Average bonus amount → \$1615
 - Range \$300-3600
 - \$1475 in 2000

“too small to characterize by monetary criteria”

Board Review

- 67% of programs have their own board review
- Reviews begin:
 - Before Jan → 9%
 - Jan-Feb → 43%
 - March-April → 46%
 - May-June → 3%
- Mostly faculty-run in 91%

Board Review

- Number of hours per week for reviews:
 - < 5 hrs → 34%
 - 5-10 hrs → 43%
 - >10 hrs → 23%
- 44% of programs have protected time off for seniors to study for boards
 - Shorter hours → 27%
 - Days off → 13%
 - Occasional early dismissal → 37%
 - Other → 23%