

# American Alliance of Academic Chief Residents in Radiology • A<sup>3</sup>CR<sup>2</sup>

# 2011 A<sup>3</sup>CR<sup>2</sup> Annual Chief Resident Survey

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#### Survey Format

 Confidential online survey (surveymonkey.com)

• Multiple choice questions (single and multiple answer), free text for additional comments

## Survey Purpose

- Share facts and information about the structure of training programs
- Use information about resident benefits to increase benefits at individual programs
- Share opinions of fellow chief residents about important issues facing radiology training
- Share ideas for how to deal with these important issues

## Limitations



Opinions and estimations

- Tempting to make inferences with data
- Sampling bias (only chief residents included)
- Duplicate responses from programs with multiple chief residents (tried my best to tease these out)

# **Survey Topics**

#### • Recurring

- Basic Program Information
- Resident Benefits
- Call and Outside Hospital Studies
- After-Hours Attending & Resident Coverage
- New in 2011
  - Economic Impact on Programs
  - New Board Exam Format and Impact On:
    - Curriculum
    - Call System
    - Fellowships
  - Physics and Radiation Safety
  - Education

### Participation

#### • 2011

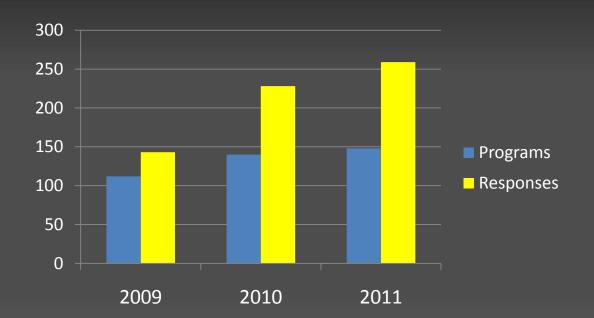
- 84% completed the entire survey (similar to prior years)
- 259 individual responses
- 148 unique programs

#### • 2010

- 228 individual responses
- 140 unique programs

#### • 2009

- 143 individual responses
- 112 unique programs
- 2008
  - 100 total responses



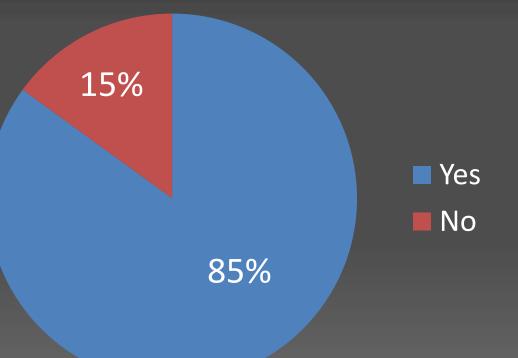
- Results will be available to A<sup>3</sup>CR<sup>2</sup> members by e-mail on request
- Results will also be available to A<sup>3</sup>CR<sup>2</sup> members in the newsletter and hopefully on the website

THANK YOU FOR PARTICIPATING!

### **University Affiliation**

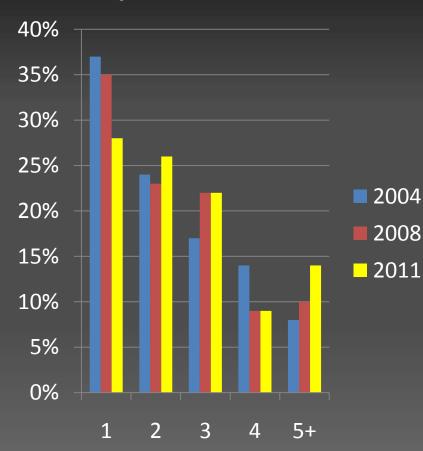
#### **University Affiliation**

 Slight Increase from 2009 and 2010 (~80% those years)

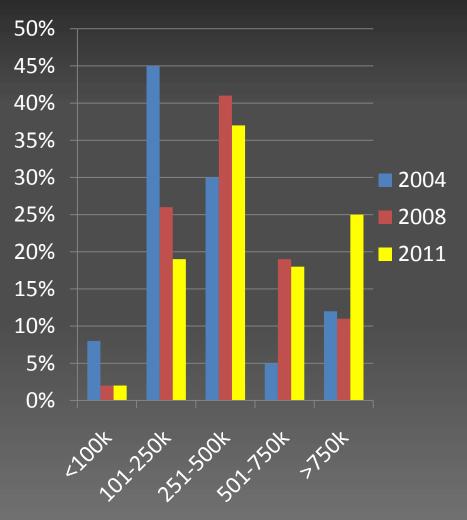


## Volume

**Hospitals Covered** 



#### **Studies per Year**





# Program Size



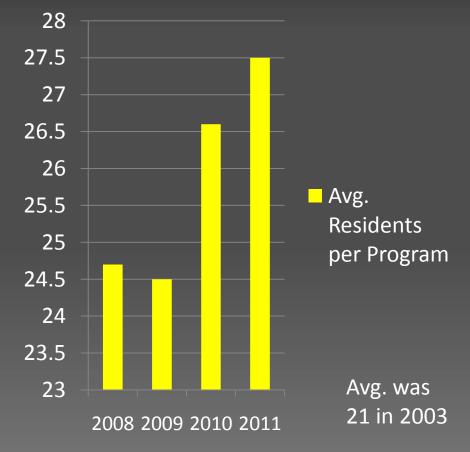
#### **Change in Size**

- 2010-2011 (2009-2010)
  - 27% increased in size (17)
  - 63% did not change in size (79)
  - 10% decreased in size (5)

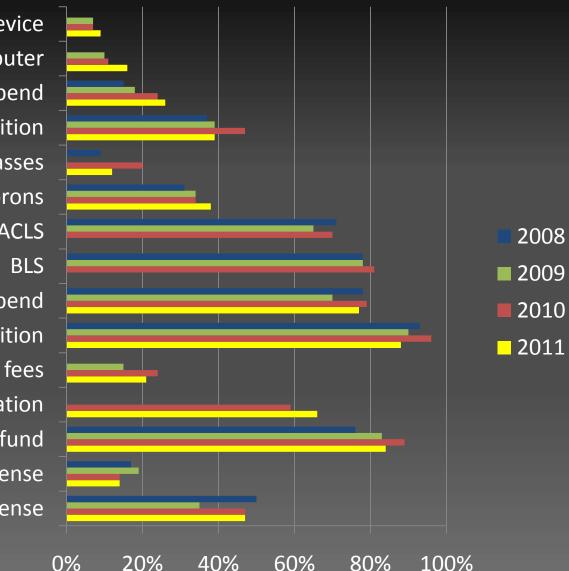
#### • 2011-2012

- 18% of programs plan to increase size
- 78% plan no change in size
- 4% plan to decrease size





#### **Resident Benefits**



Personal handheld device Personal computer Oral board review travel stipend Oral board review course tuition Lead glasses Lead aprons ACLS AIRP/ AFIP stipend AIRP/ AFIP tuition ABR exam fees Conference registration Book/travel fund Permanent License Temporary license

IENDS

with benefits

#### **Electronic Media**

#### Program Provides for Electronic Resources

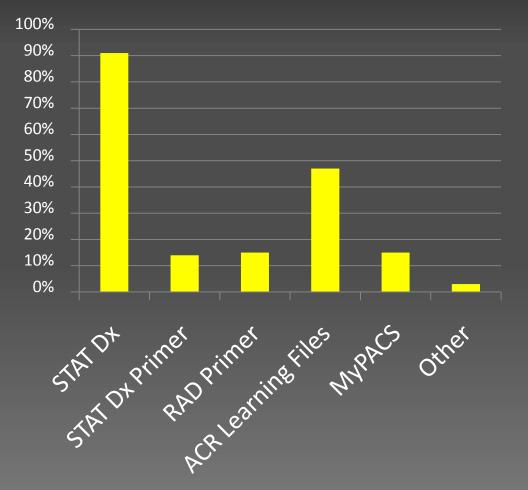
% of Resident Studying Using Electronic Resources

1-24%

25-49%

50-74%

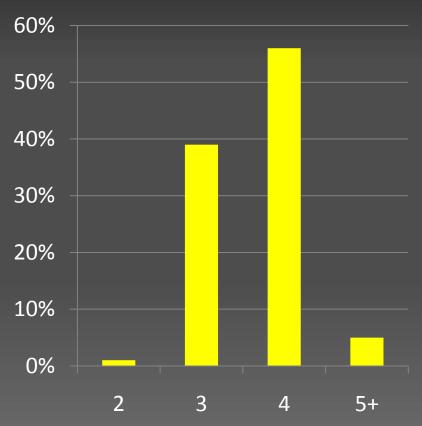
75-100%



#### Vacation



Vacation Weeks



- Allocation of vacation
  - 40% of programs allocate vacation as individual days
  - 43 % as 1 or 2 week
    blocks
  - 35% as a combination of week blocks and individual days



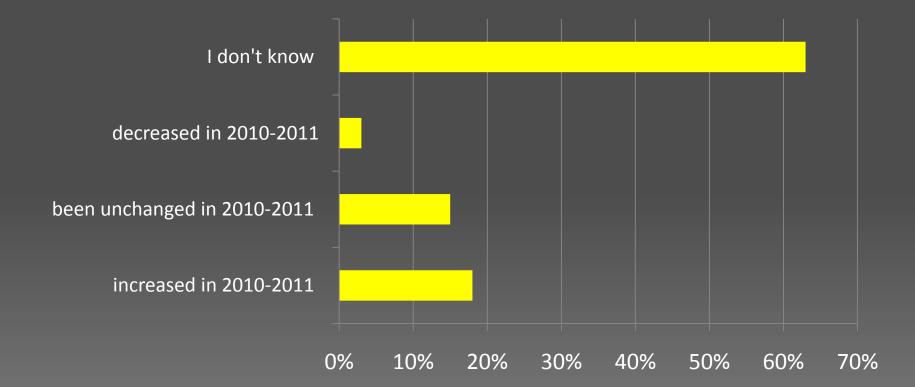
#### **Economic Impacts**



- Only ~ 5% of Chiefs are well-informed as to the state of the department's budget
- Resident salaries continue to rise for 66% as they have done for the last decade
- 33% of resident salaries were stable
- Less than 1% experienced a salary decrease

### Starting Staff Salaries

#### Many residents not sure what staff are making

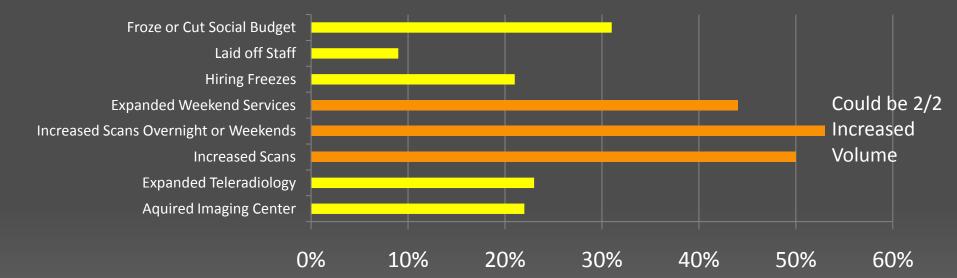


## **Overall Number of Faculty**

- <u>45%</u> of programs had an <u>increase</u> in the number of staff last year
- <u>43%</u> of programs had <u>no change</u> in the number of staff last year
- <u>12%</u> of programs had a <u>decrease</u> in the number of staff last year

## Strategies for Coping

• During the 2010-2011 academic year your radiology department has (select all that apply):

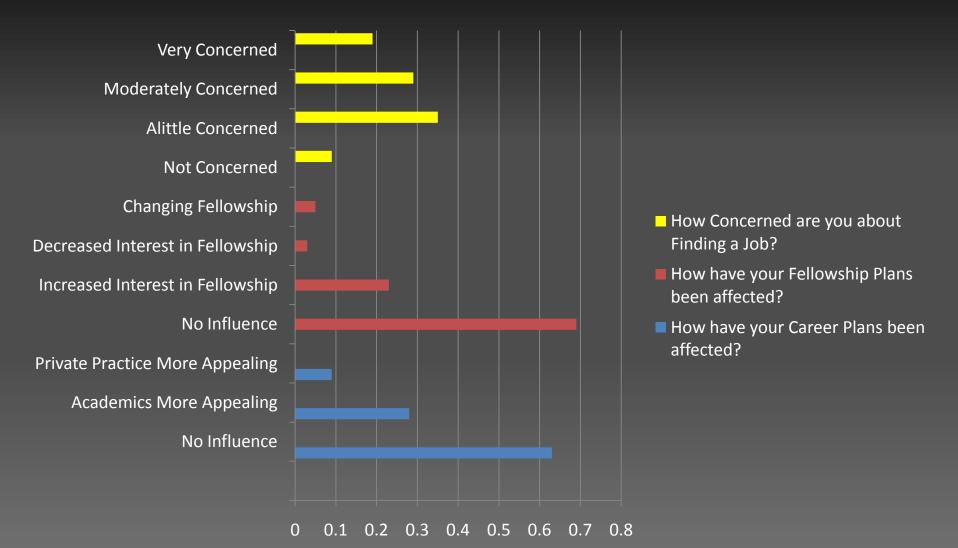


 Lots of free lunches were cut during the last 2 years (maybe there is no such thing as a free lunch)

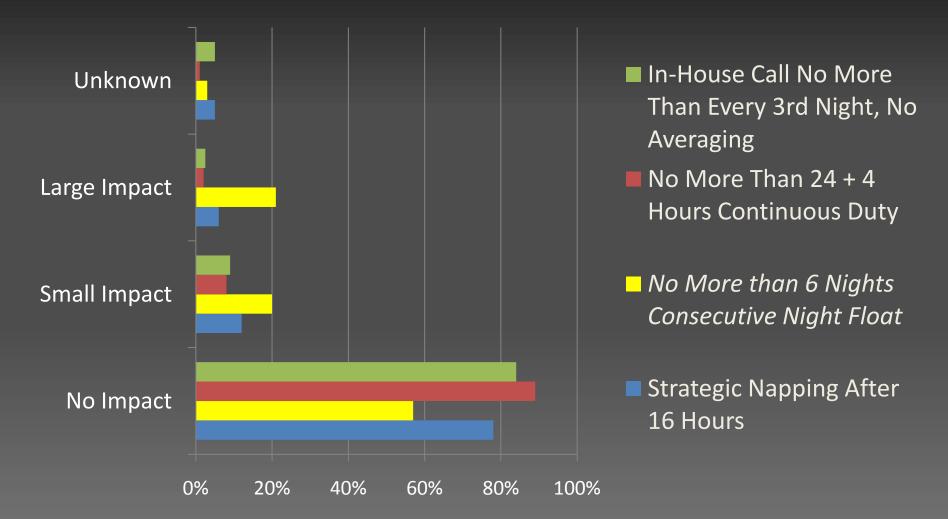
#### Impact on Education

- <u>28%</u> of respondents feel that the economy and budget cuts have affected resident education <u>Negatively or</u> <u>Very Negatively</u>
- Everyone else failed to notice an impact

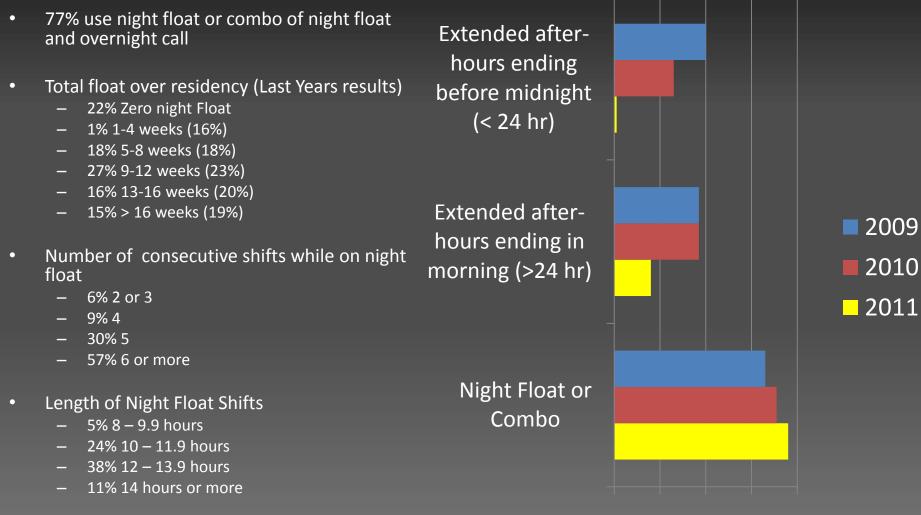
#### Plans for the Future



#### Impact of New ACGME Guidelines

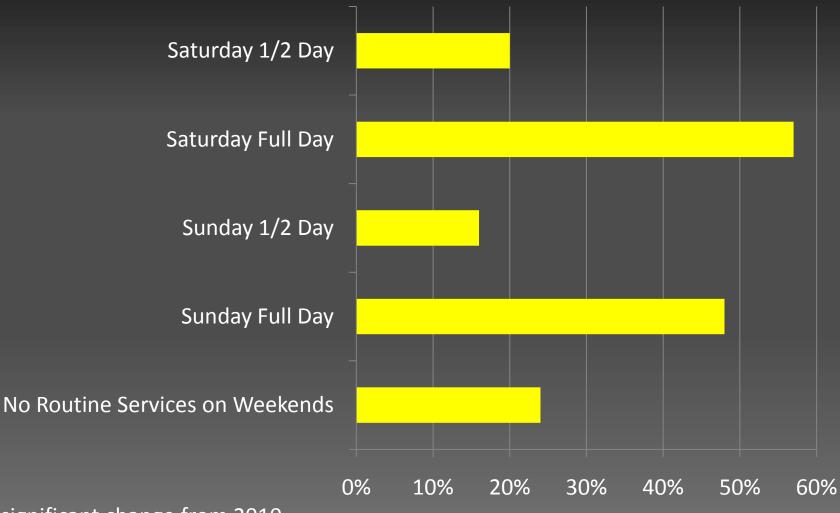


# Call System Update



0% 20% 40% 60% 80%

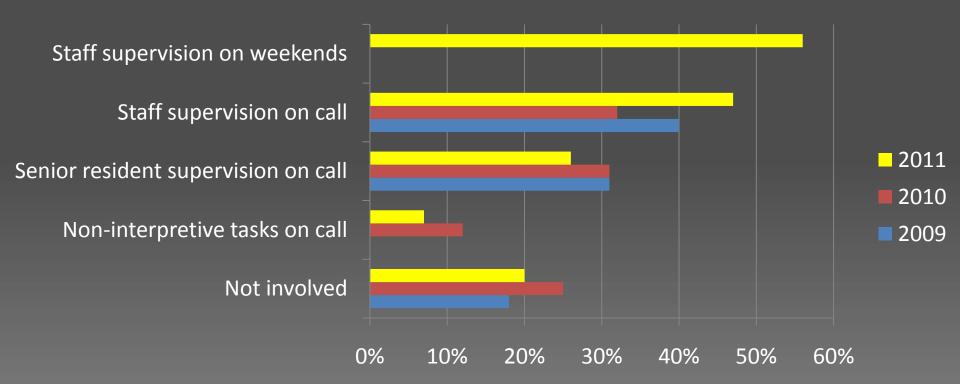
#### Weekend Services



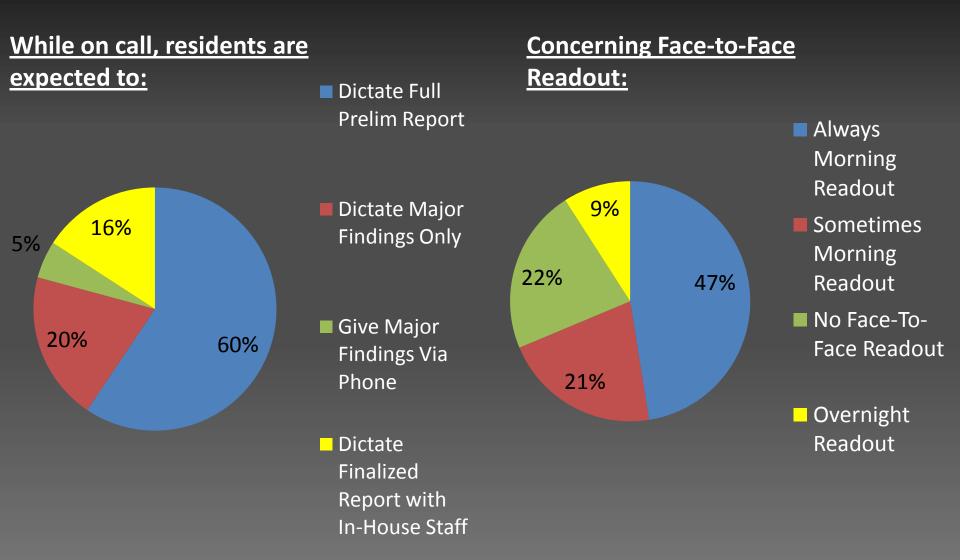
\* No significant change from 2010

## After-Hours: PGY-2 Residents

- 2009-2010 first year PGY-2 residents not allowed to take unsupervised call
- Buddy call system still popular



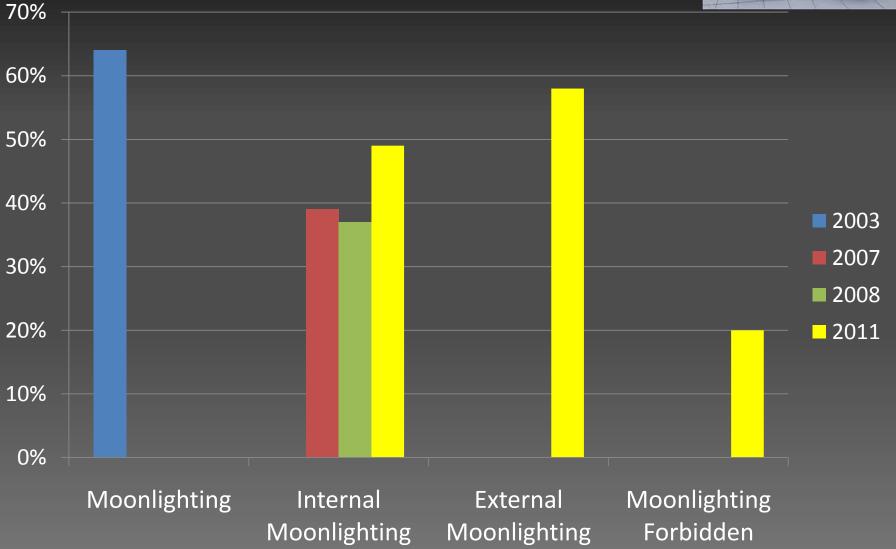
### **Reporting and Read-Out**





# Moonlighting



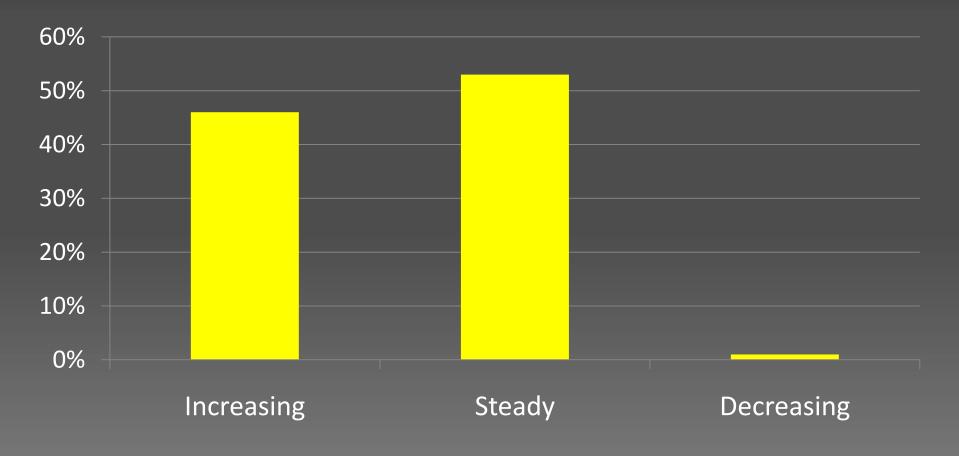


## **Outside Consults**

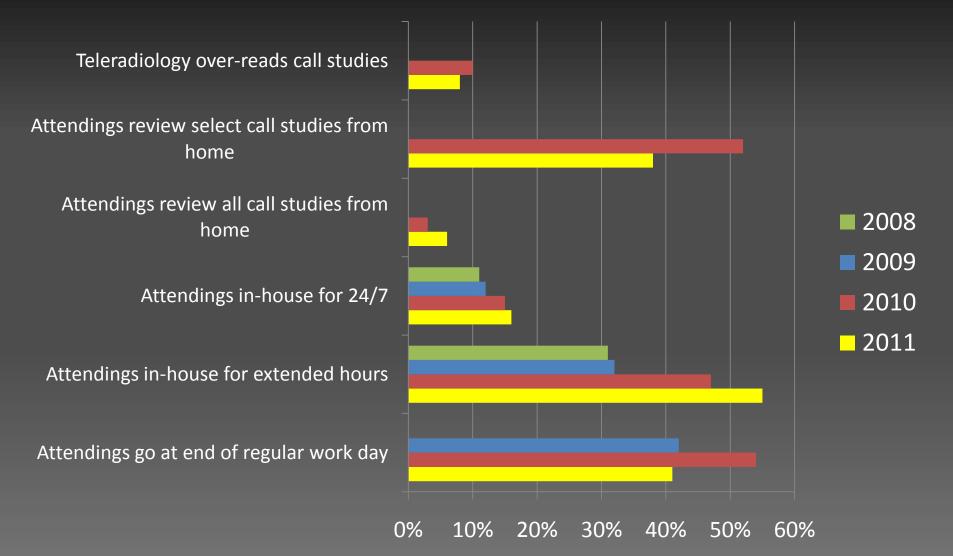
- What % of time is spend dealing with outside consults while on call?
  - 76% said less than 10% (84% last year)
  - 11% said 11-15%
  - 8% said 16-25%
- What % of time is spend dealing with outside consults during the day?
  - 83% said less than 10% (95% last year)
  - 7% said 11-15%
  - 5% said 16-25%

#### **Outside Consults**

• Amount of time spent dealing with outside consults while on call is . . .



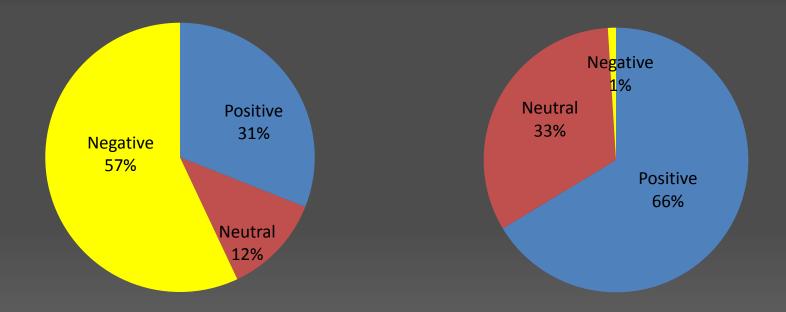
### Attending Coverage



#### Impact of 24/7 Attending Coverage

On Resident Education

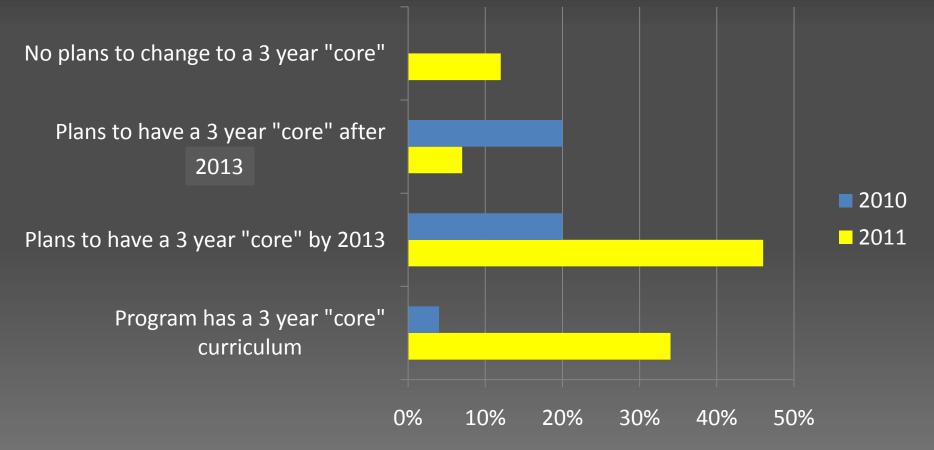
**On Patient Care** 



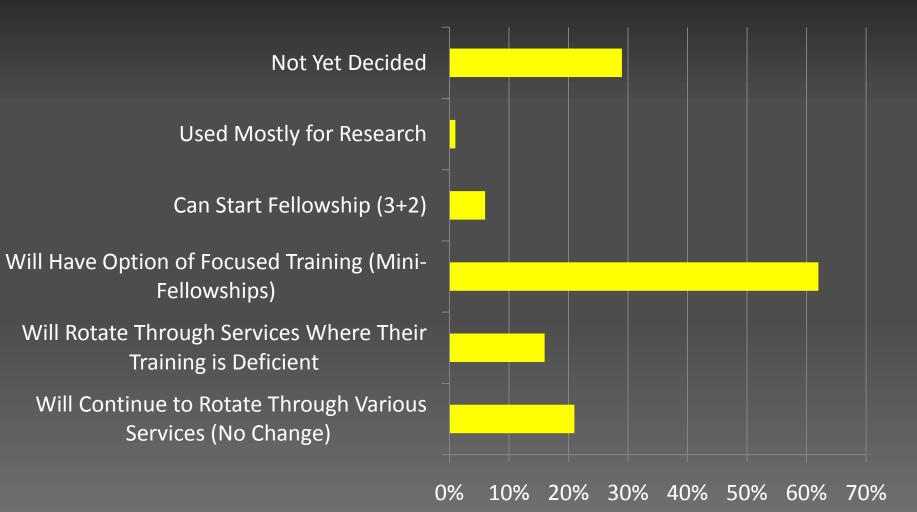
10% of programs plan to implement 24-hour in-house attending coverage during the next year, which would bring the total to ~25% of programs with 24-hour in-house coverage

#### Curriculum Changes

 Many programs have or are planning to change to a 3 year "core" curriculum 2/2 board exam



### Plans for 4<sup>th</sup> Year Under New Curriculum

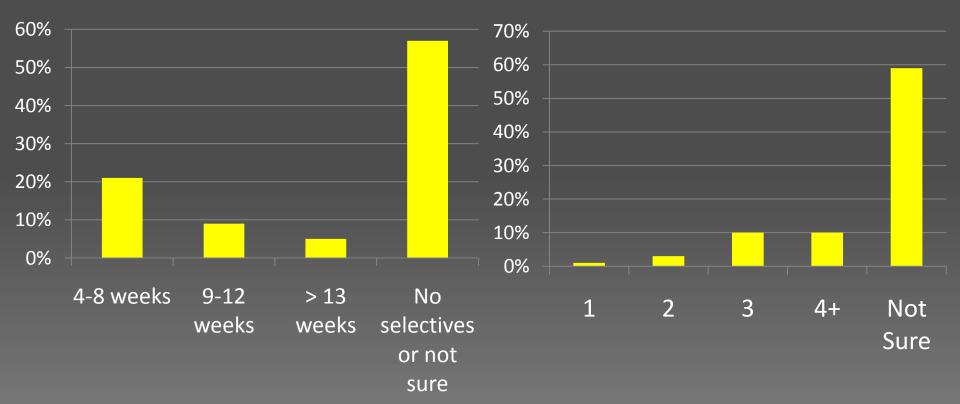


## Focused Training

 Many programs plan to offer 4<sup>th</sup> years focused training ("selectives" or "mini-fellowships")

#### Length of Selectives





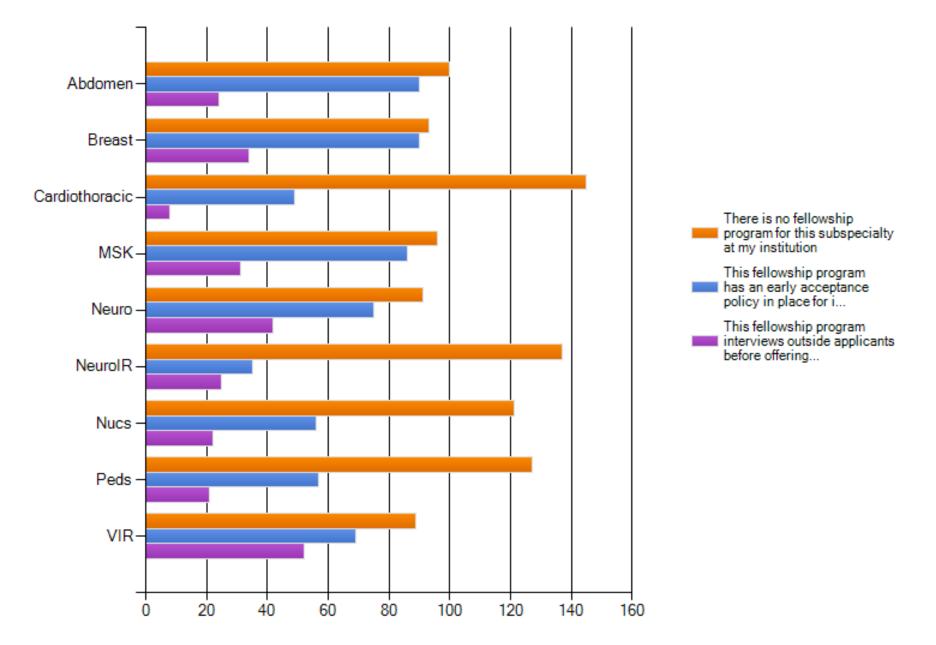
## **Curriculum Changes**

- Concerning future PGY-4 residents preparing for the Core examination:
  - 21% of programs are planning to give them time off prior to the exam to study
  - 40% are planning to pull them out of the call pool prior to the exam
  - 45% are not yet sure how they are going to deal with this issue

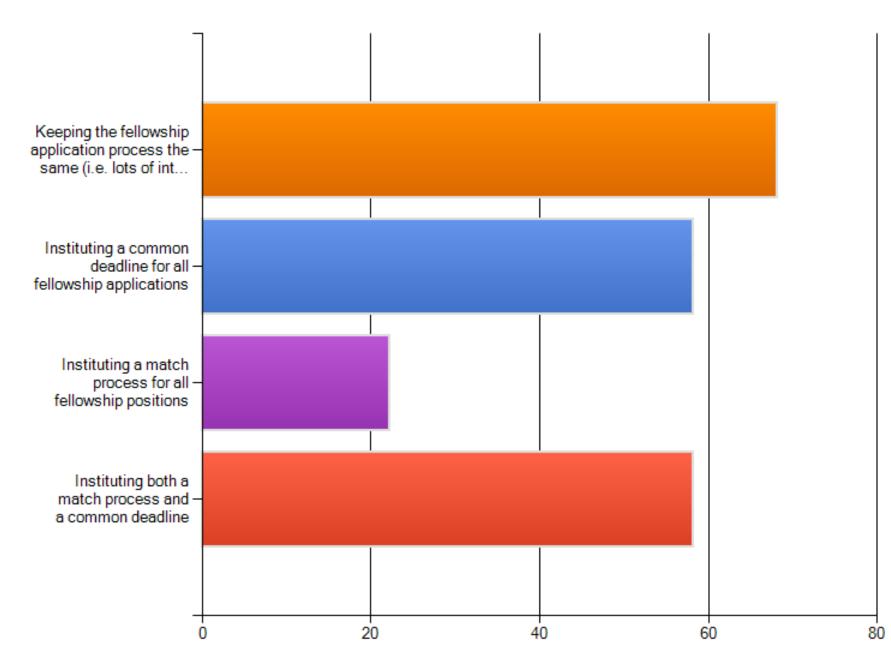
#### Oral Boards

- Current oral board review:
  - 79% of programs offer internal board review
  - 20% provide time for external board review
- Concerning board review under the new board exam system:
  - 29% of programs will continue to provide internal board review
  - 65% of programs are not sure how their board review will change

#### Regarding the application process to the various fellowship programs at your institution:



#### With the expected increase in number of residents seeking fellowship training you favor:





# Radiation "Exposure"



- Increased public focus on radiation exposure will have what kind of impact on radiology?
  - 44% said Positive
  - 27% said No Significant
  - 30% said Negative

## Physics Training

Physics and Radiation Safety Taught by Mix of MDs and PhDs

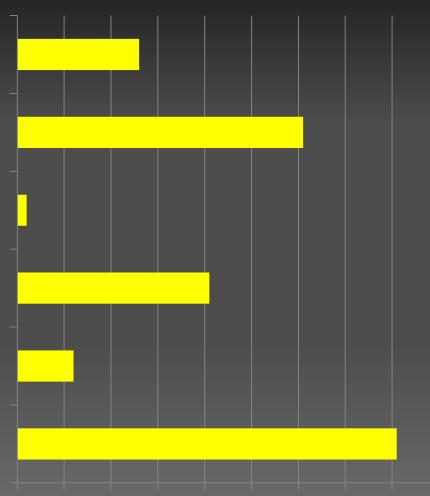
Physics and Radiation Safety Taught by Non-Radiologists (PhDs)

Physics and Radiation Safety Taught by Radiologists (MDs)

Physics and Radiation Safety Taught Year-Round

Programs Provides for External Review

Internal Physics Review Course

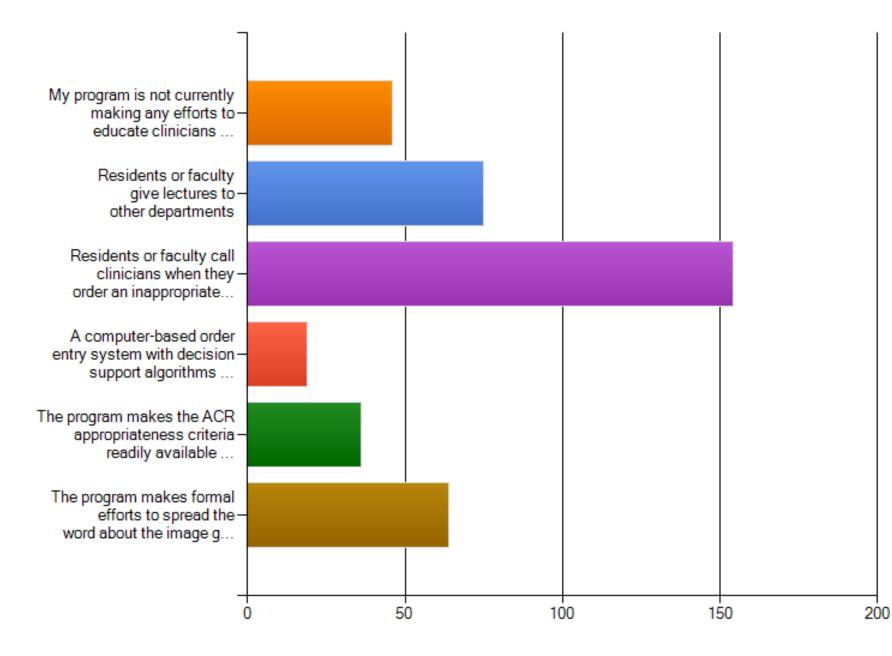


0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

## Physics and Radiation Safety

- 83% think physics and radiation safety training is adequate or more than adequate
- **37%** think the new boards format will have a **negative** impact on physics and radiation safety training
  - 30% said positive
  - 34% said no change
- 90% think that referring clinicians, taken as a whole, have inadequate knowledge of the levels of radiation associated with various imaging studies

Some of the things your program is doing to educate clinicians about the appropriate use of medical imaging include (select all that apply):



#### Education

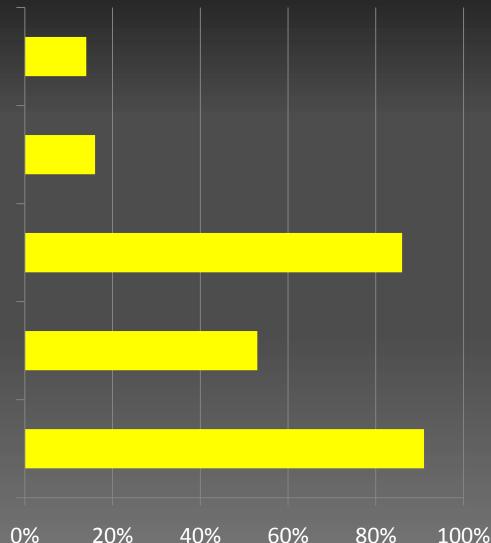
Residents teach lay people

Residents teach gross anatomy to med students

Residents teach medical student radiology rotation

Residents lecture to other nonradiology residents

Residents lecture to other radiology residents



- Continual trend towards more participation in survey
  - Leadership doing an excellent job promoting A<sup>3</sup>CR<sup>2</sup>
- Most programs associated with universities, percentage growing
  - DRA, Falling reimbursement, harder to survive without a university affiliation?
- Resident benefits relatively stable
  - Slight downward trend in AIRP tuition compensation
- STAT Dx provided by program to ~ 90% of respondents

- Falling reimbursement and a down economy does not yet seem to be impacting salaries or growth
  - Offset by increasing volume?
- Some programs are coping by expanding services, teleradiology, cutting residency social budgets, fewer free meals (literally and figuratively)
- Over 25% of respondents feel these factors negatively impact education
- Residents are concerned about finding jobs.
- Fellowships and academics are becoming more appealing

- Capping consecutive night float shifts at 6 will impact a large number of programs and require overhauling of call systems
- Continued slow trend towards more night float or combo call systems
- ~80% of residents have face-to-face readout
- ~95% of residents dictate a report while on call
- Increasing internal moonlighting
  - Despite multiple comments saying moonlighting is being lost to teleradiology outfits

- Consults on imaging studies performed at outside hospitals appear to be taking up a greater percentage of the workday
- Residents perceive that volume is either flat or increasing (~55/45)
- Strong trend towards more extended evening shifts for attendings
- Slower but steady trend towards more 24/7 in-house attending coverage

- More residents think that increased public focus on radiation exposure will have a positive impact on radiology than negative
- Most physics taught as part of internal board review, less than ½ of respondents cite physics and radiation safety as part of their core curriculum
- Most radiology residents are taught physics and radiation safety by non-clinicians (PhDs instead of MDs)
- A majority of respondents (90%) think referring clinicians have inadequate knowledge about the amount of radiation associated with imaging studies



# **Future Directions**



- Better survey question design to make data processing easier
- More detailed information about resident benefits (to help chiefs improve benefits at their programs)
- Questions about AUR and A<sup>3</sup>CR<sup>2</sup> membership and dues
- Continued impact of new board exam format
- Continued impact of evolving ACGME duty hour restrictions

# Thanks!

- Chief Resident Participants
- Laurie May at RSNA



- Gautham Reddy and the A<sup>3</sup>CR<sup>2</sup> Leadership
- Jennifer Gould and Jennifer Demertzis
- Caitlin Lopez, Vinnie Mellnick, Jessica Huang, Amy Fowler and Doug Kitchin
- To Request Data from this Survey: <u>Jokerstc@mir.wustl.edu</u>