

A³CR² Annual Survey

Mallinckrodt Institute of Radiology

St Louis, MO

April 2004

Scenic St Louis



Survey Purpose

- Chief resident opinions
 - In unique position to evaluate resident issues
 - Perhaps not unbiased
- Comparison with prior resident opinions
- 193 Programs, 106 unique responses (55%)
- Last year 41% response

Survey Format

- On-line survey ([surveymonkey.com](https://www.surveymonkey.com))
- Multiple choice questions predominate
- Areas to expound upon answers

Survey Shortcomings

- Anonymous (or is this a benefit?)
 - Perhaps people are more free in their answers
 - Perhaps people do not care as much
- Occasionally had more than one response per program
- Not a scientific survey

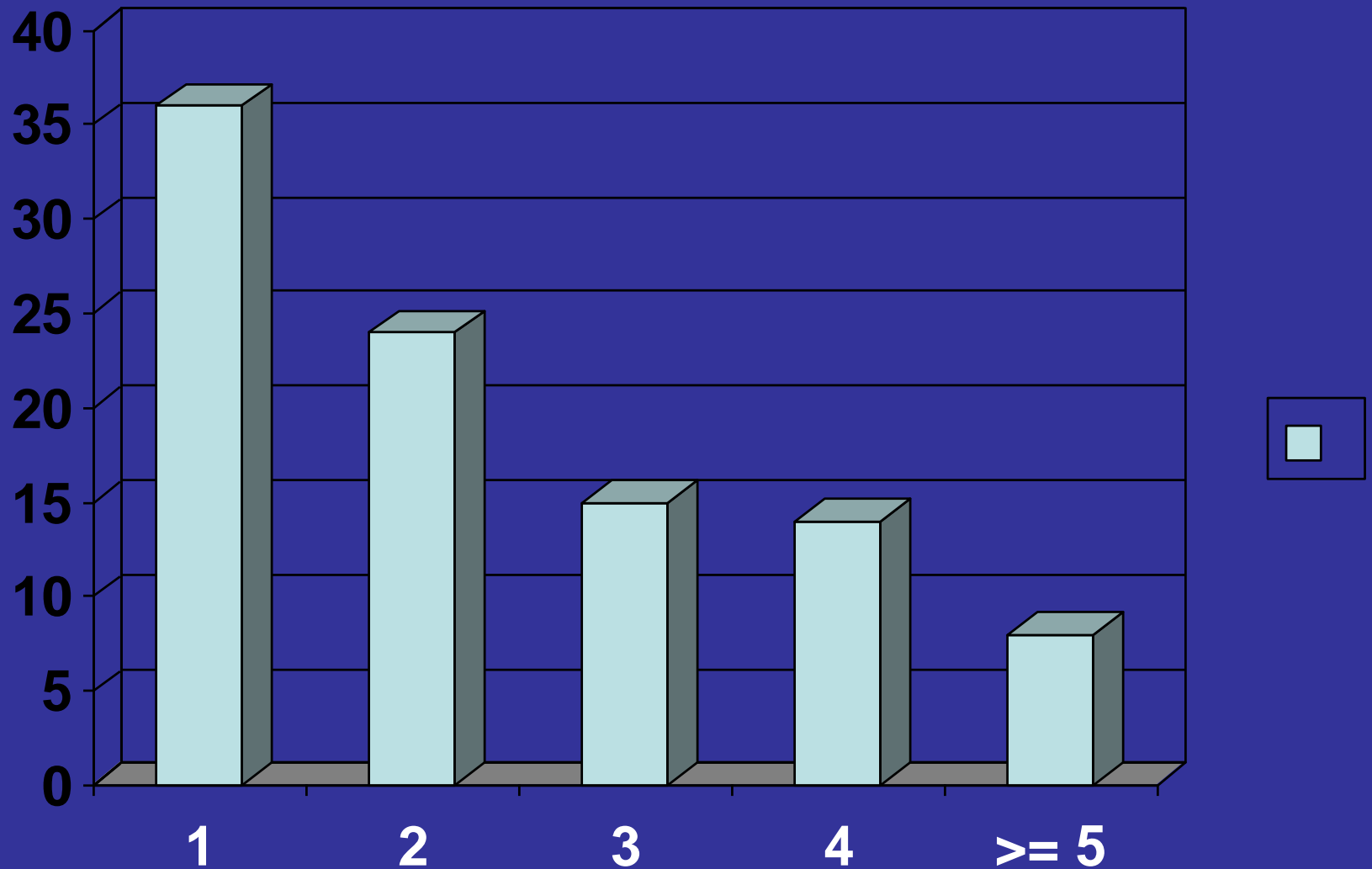
Survey Questions

- New questions, in particular:
 - Changes to call and work hours for ACGME
 - AFIP funding
 - ACLS/BLS certification
- Repeat questions from 4 years prior
 - Attempt to identify trends
 - Sometimes difficult to directly compare

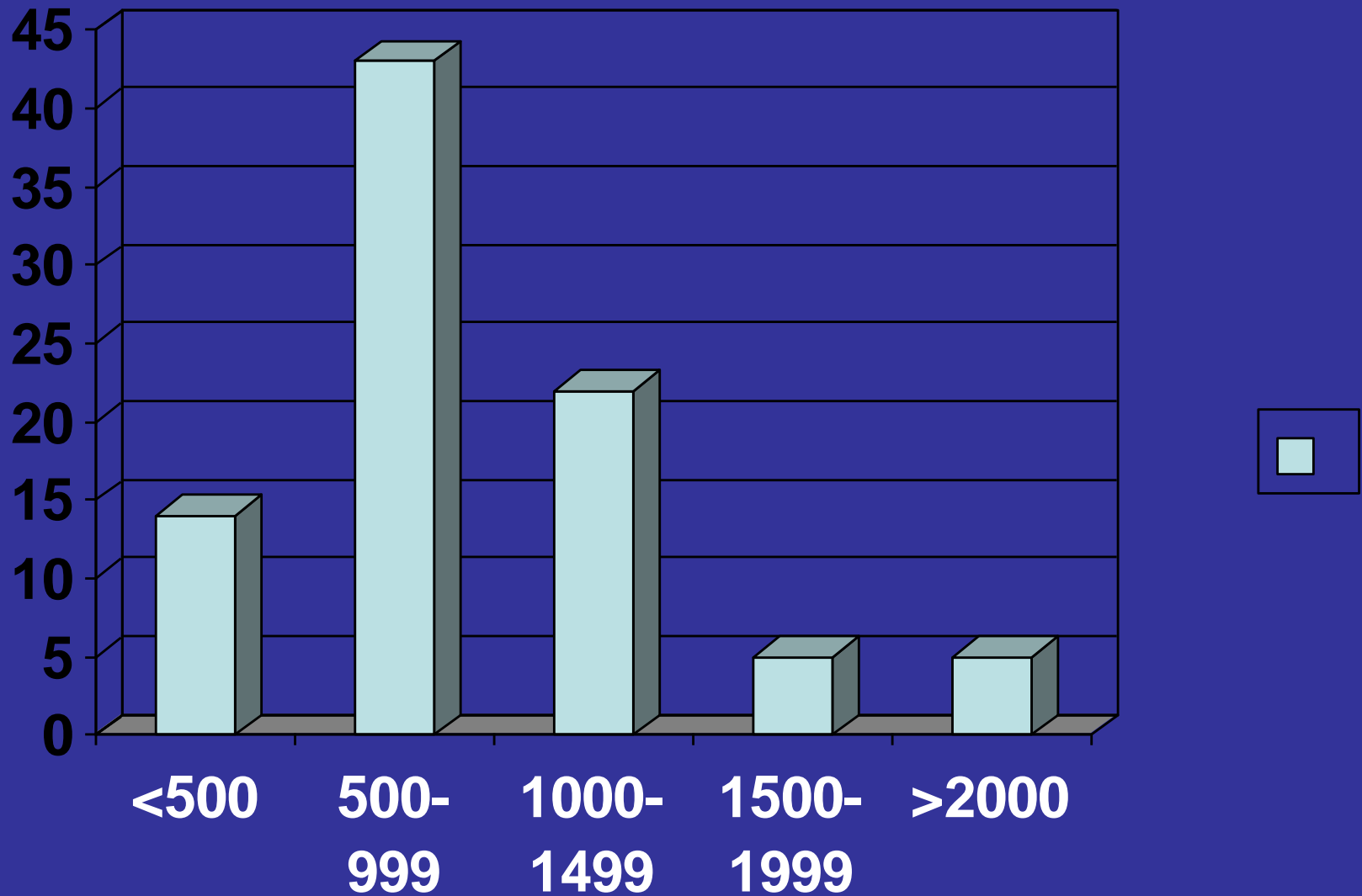
University Affiliation

- 80% affiliated

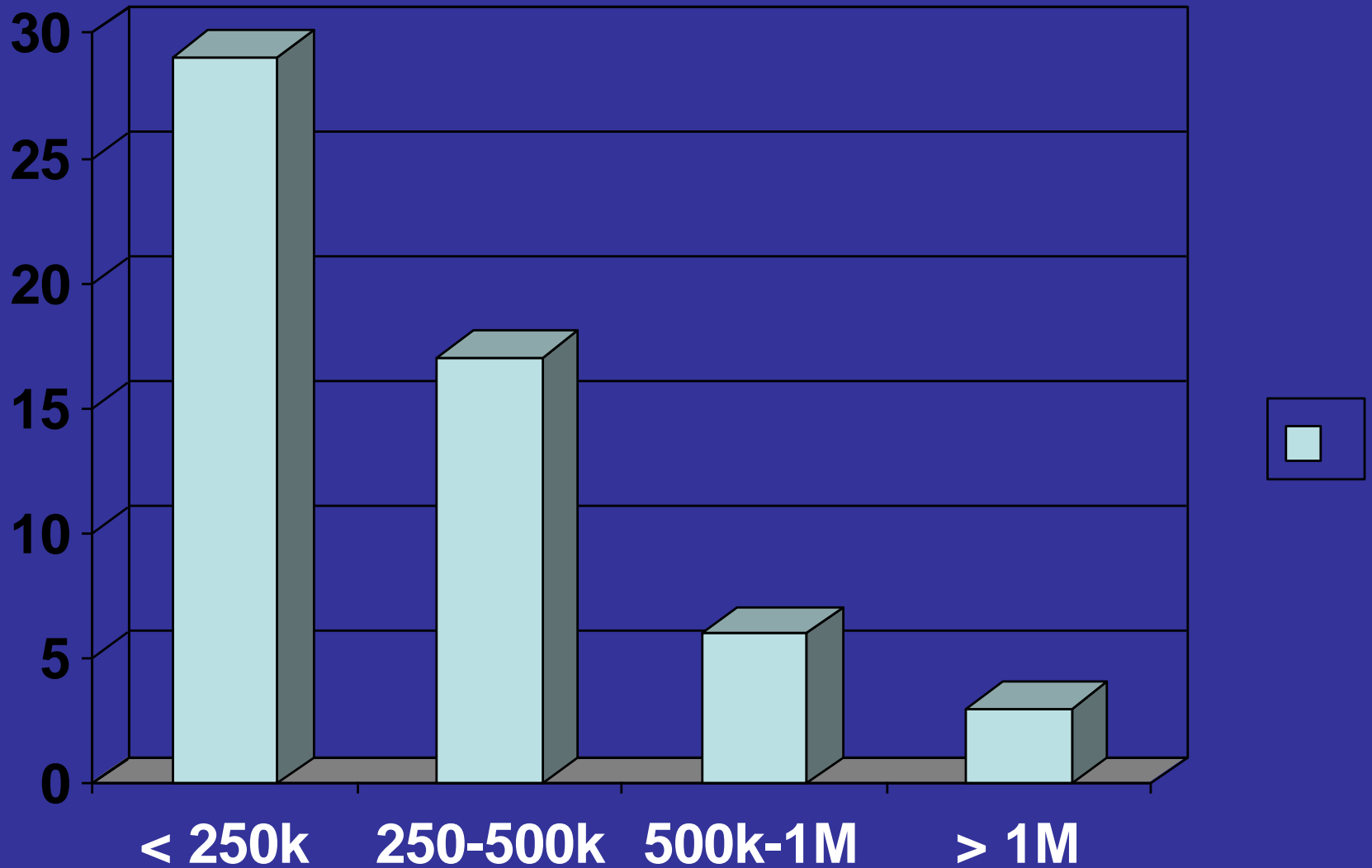
Number of Hospitals Covered



Number of Hospital Beds



Diagnostic Procedures



Resident Population

- Increase: 53%
 - 1 resident per year: 22
 - < 3 per year: 11
- Decrease: 6%
 - One program lost a *total* of 2 residents
 - Two programs lost a *total* of 4
 - One lost 8

Number of faculty

- < 25: 47%
- 25-50: 36%
- 50-75: 12%
- 75-100: 1%
- > 100: 4%

ACGME Duty Hour Rules

- Majority of programs (73%) reported they were already compliant.
- 24% made a “few changes”
- Only “significant change” identified: keeping a duty hour log

ACGME Call Rules

- 65% reported they were already compliant.
- 30% made “a few changes”
- 5 programs reported “significant changes”
 - Change to night float system (4)
 - Call only until midnight (1)

Attitudes toward new hours

- 85% report call is now better
 - “Nightfloat is more humane”
 - “More conducive to learning”
 - “Better rested and happier”
- 15% report call is worse:
 - “Continuity of care is lost”
 - “Limits...ability to do internal moonlighting”

Effect of Rules on Education

- Improved: 90%
 - “More alert residents learn better”
 - “More productive study time”
- Worsened: 10%
 - “Morning readout is now extremely hectic”
 - “Attendings’ priority seems to be the daily work schedule”

ACGME: Summary

- Most programs made few changes
- Residents felt call improved
- Residents felt education improved
- Concerns (or concern) about continuity

Oral Boards

- The ABR has stated that it is trying to make the exam more clinically relevant.
 - Is this policy widely known?
 - **59% NO**
 - 41% YES
 - Has it changed attitudes toward studying?
 - **91% NO**
 - 9% YES

Oral Boards: After Residency?

- Push boards back until after residency?
 - **94% NO**
 - 6% YES
- Would senior residents be more useful?
 - **71% NO**
 - 29% YES
- Undue hardship on fellowship/practice?
 - **91% YES**
 - 9% NO

Oral Boards: After Residency?

- “Good and bad idea” (would encourage seniors to work; would be hardship)
- “This is a horrible idea”
- “‘Study mania’ would just be shifted further back”
- Would make board eligible Radiologists less competitive when they first graduated

Oral Boards: Summary

- Changes to the exam have not altered study habits
- Almost no one thought pushing the test back would be a good idea.

Why No Academicians?

- Very few responses (6)
- Reasons given:
 - Poor compensation (majority of opinions)
 - Extra time for teaching

In-House Coverage

- 5p to 10p:
 - Resident: 97%
 - Faculty: 45%
- 10p to 6a:
 - Resident: 98%
 - Faculty: 7%
- One with full-time in-house Radiologist
- One with full-time Radiologist for inpatient studies

Call Begins...

- Between 6th and 12th month: **74%**
- After 12th month: 22%
- Before 6th month: 5%

Night Float

- Do you have NF?
 - 60% YES
 - Compared with 44% in 2000
 - 42% in 1996

Scheduled After Hours Studies

- Do residents provide coverage?
 - 53% YES
 - Compared with 52% in 2000
- Do these residents get paid more?
 - 6% YES (of those that do, some is moonlighting)
 - Compared with 33% in 2000

Post-Call Day

- Excused from work:
 - 50%
 - 38% in 2000, 29% in 1996
- Night Float:
 - 38%
 - 40% in 2000, 22% in 1996
- Leaves early:
 - 12%
 - 14% 2000, 34% in 1996

Call Summary

- More programs getting night float
- More programs excuse residents post-call
- Most residents begin call between their 6th and 12th month

Benefits

- Meal Coupons for Call
 - 81%
- Salary:
 - First year avg \$41500 (Increased from \$37000)
 - Fourth year avg \$49500 (Increased from \$44000)
- Permanent License Reimbursement?
 - 85% NO

Benefits Cont'd

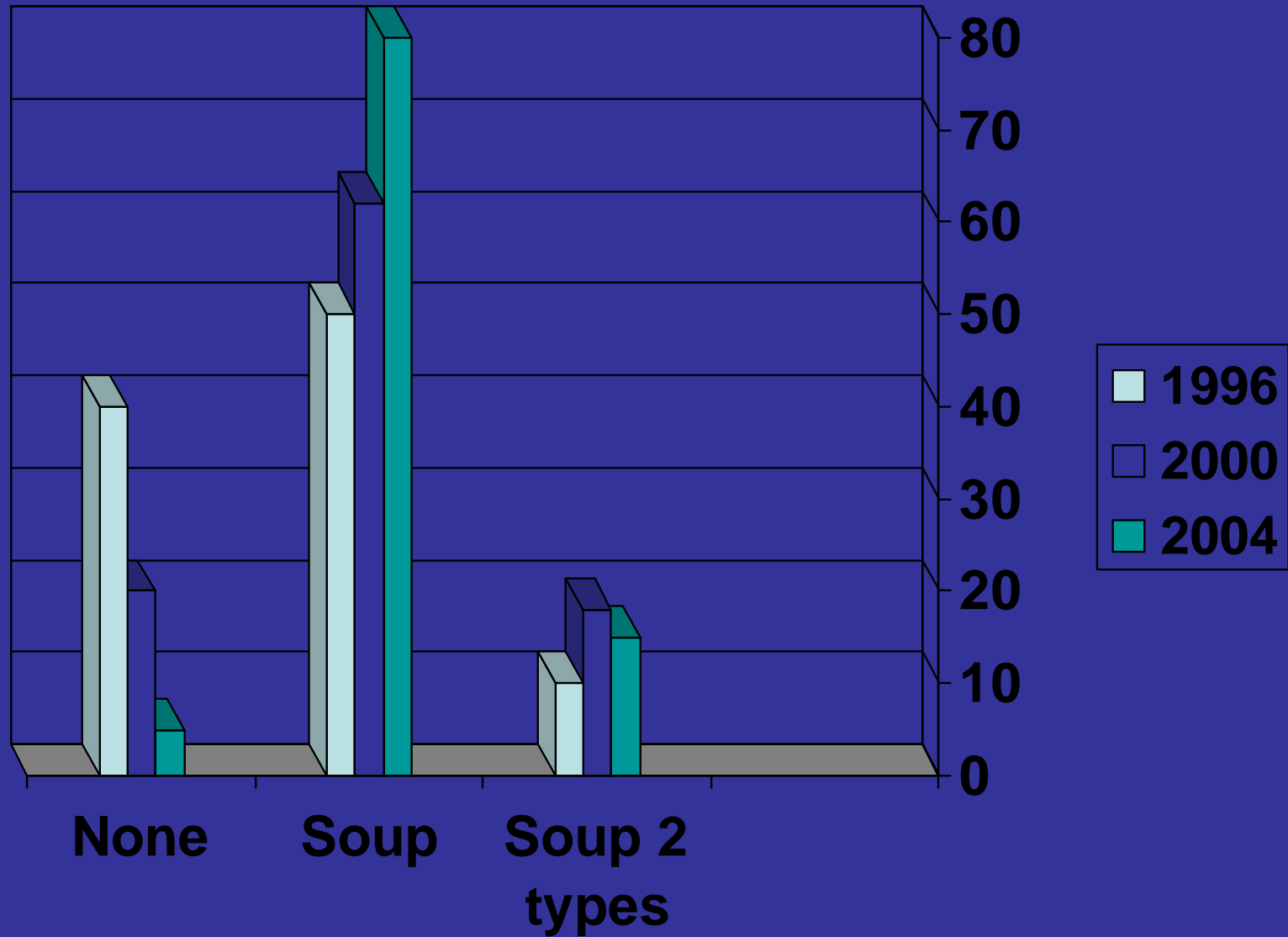
- Book and Travel fund:
 - 75% have this fund (up from 71%)
 - Average around \$750
 - Difficult to compare: many different styles of applying this fund.
 - Almost no one gets this as ca\$h money.



Benefits Cont'd

- Maternity leave:
 - Average 7wks
 - As much as 6mo
- Paternity leave:
 - Average 2wks
 - Anywhere from 0 to 12wks
- Child care:
 - Provided in only 27%

Benefits Cont'd



Benefits Cont'd

- Retirement plan?
 - 68% YES
- With matching funds?
 - 63% NO

Benefits Cont'd

- BLS
 - Paid by 78%
- ACLS
 - Paid by 74%

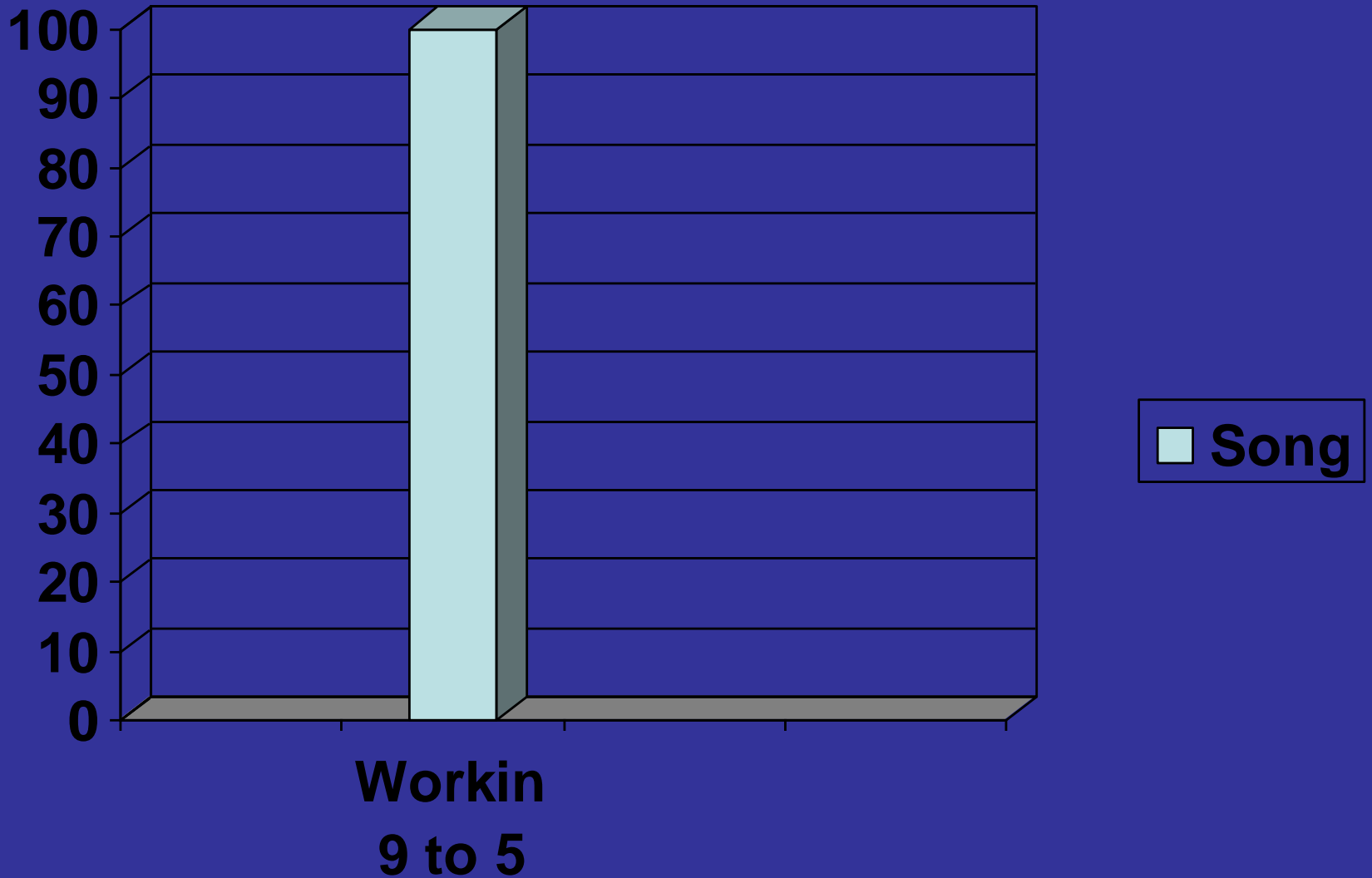
Benefits Summary

- Steady increase in resident salaries
- Most programs provide some form of book/travel fund
- Maternity and paternity leave varies widely
- As BLS is required, it is surprising that only ~80% of programs cover its cost

Favorite Song

- Limited data
- Only one respondent

Favorite Song



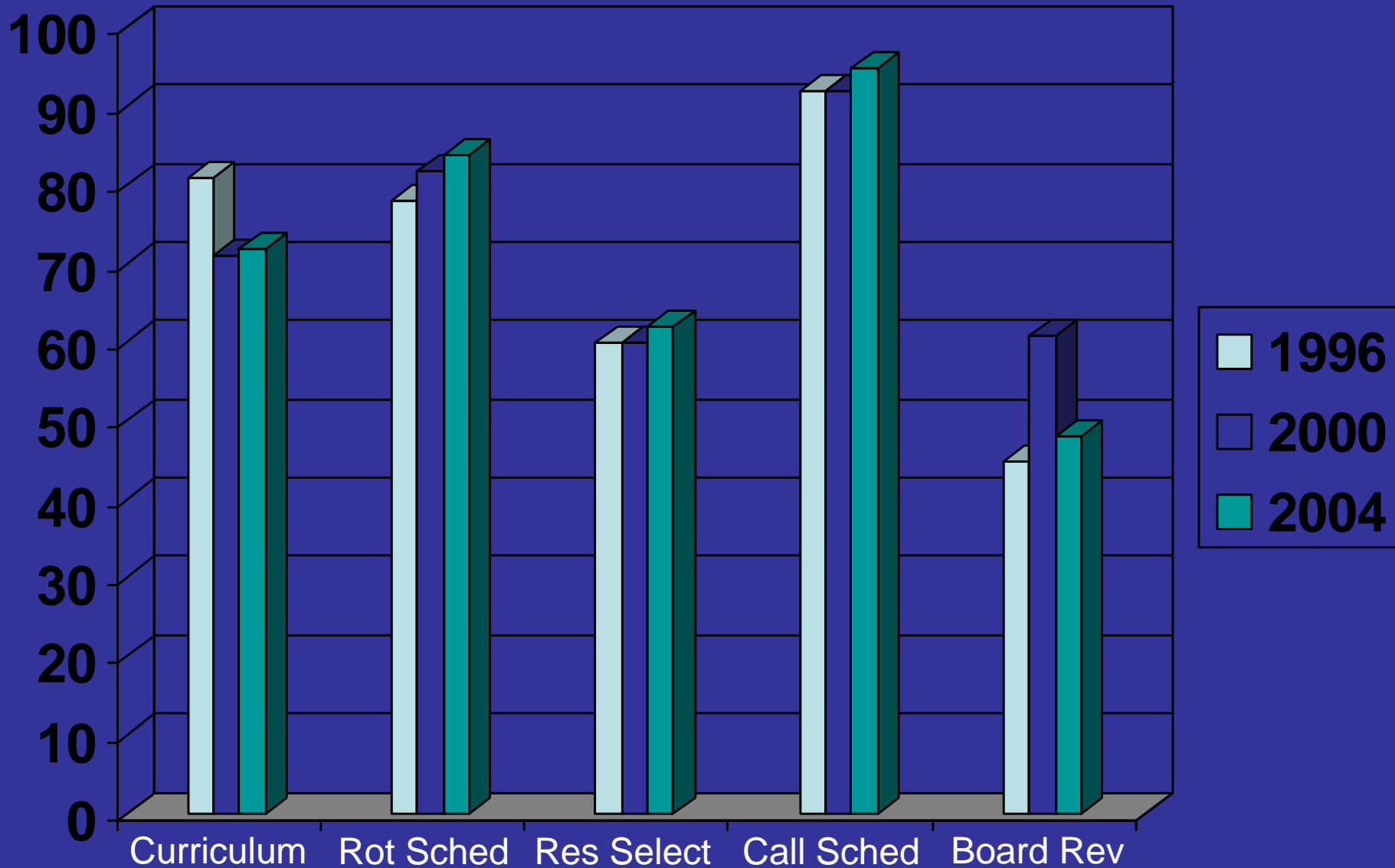
AFIP

- Most respondents (73%) have gone, and 24% are planning to go
- 92% called it “essential” or very important
- 90% of programs “strongly encourage” attendance
- 92% of programs provide funding
 - 98% of these pay full tuition
 - 83% provide some housing stipend

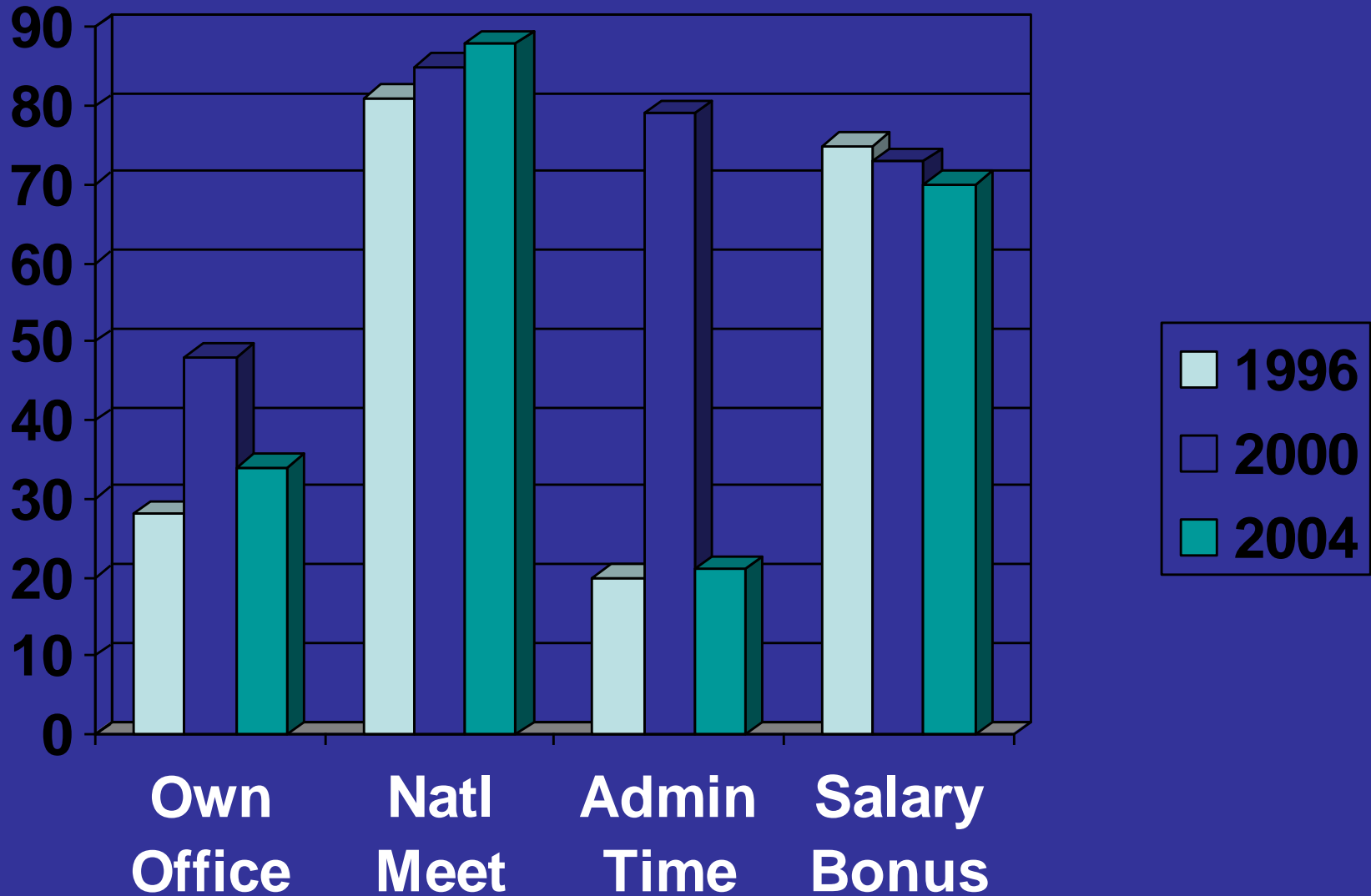
Chiefs

- Number:
 - 66% had two chief residents
 - 24% had one
 - 8% had three
- Serve either third (56%) or fourth (43%) year.
- Chosen by:
 - Residents (43%)
 - Program Director (28%)

Chief Responsibilities



Chief Benefits



Chief Benefits: Salary

- 70% had salary bonus
- Decreasing (75%, 73%, 70%)
 - Average around \$1600
 - Was \$1475 in 2000
- Range \$100 to \$5000

National Meetings

- 54% described their program's attitude as ambivalent
- 35% said their program encouraged attendance
- 72% have attended
- Programs covered between 75-100% of costs

Thanks

- Kelly Foster at ACR
- APDR