

2009 A³CR² Annual Chief Resident Survey

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Survey Format

- Confidential Online Survey (surveymonkey.com)
- Mostly multiple choice questions, free text for additional comments

The screenshot shows a Microsoft Internet Explorer browser window displaying a survey page. The title bar reads "2009 Annual A3CR2 Radiology Chief Resident Survey - Microsoft Internet Explorer". The address bar shows "Address" and a "Snagit" icon. The page content includes a navigation bar with "Exit this survey" and a section header "4. Basic Program Details".

1. University affiliation:

Yes
 No

2. Number of hospitals covered:

1
 2
 3
 4
 5 or more

3. Estimated number of diagnostic studies and procedures performed annually at all affiliated institutions served by training program:

Less than 100k
 100k-250k
 250k-500k
 500k-750k
 750k or more

4. Number of residents during the 2008-2009 academic year:

PGY-2
PGY-3
PGY-4
PGY-5

5. Residents during 2008-2009 academic year:

Male (%)
Female (%)

Survey Topics

- Recurring
 - Basic Program Information
 - Resident Benefits
 - Chief Resident Duties/Benefits
 - Work Hours/Call
 - Education/Boards
- New Topics
 - Additional questions in several sections
 - Institute of Medicine Recommendations

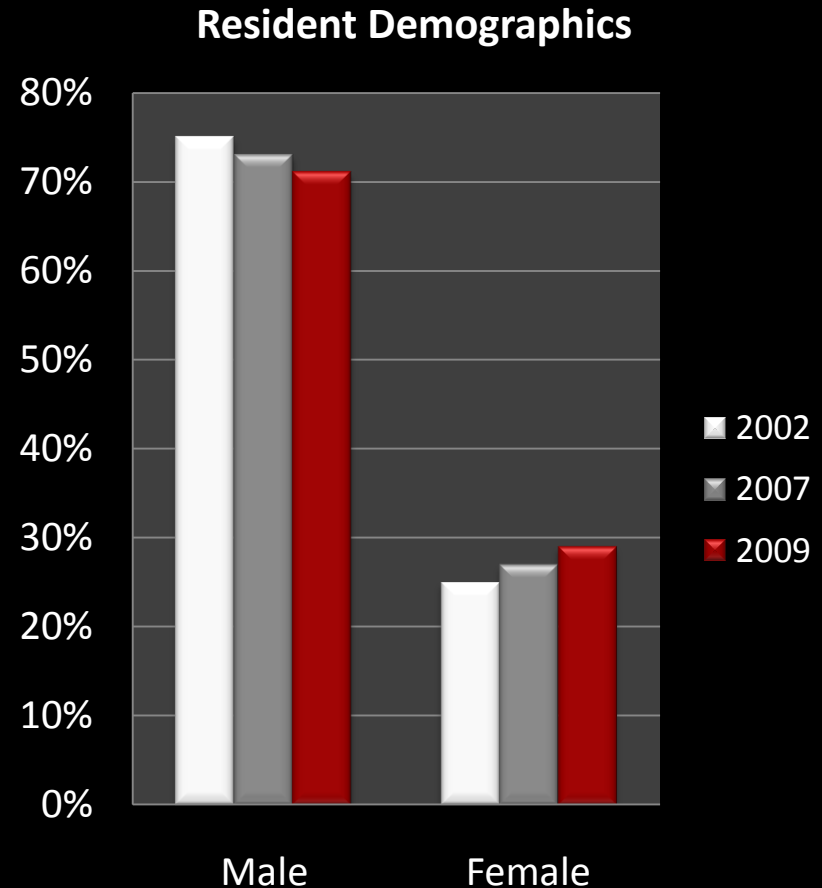
Limitations

- Opinions and estimations
- Sampling bias (only chief residents included)
- Attempted to limit duplicate responses from programs with multiple chiefs

- 143 responses, 112 unique program responses
 - Approximately 400 surveys requested
- 100 total responses in 2008
- Data will be available by e-mail on request
- **THANK YOU FOR PARTICIPATING!**

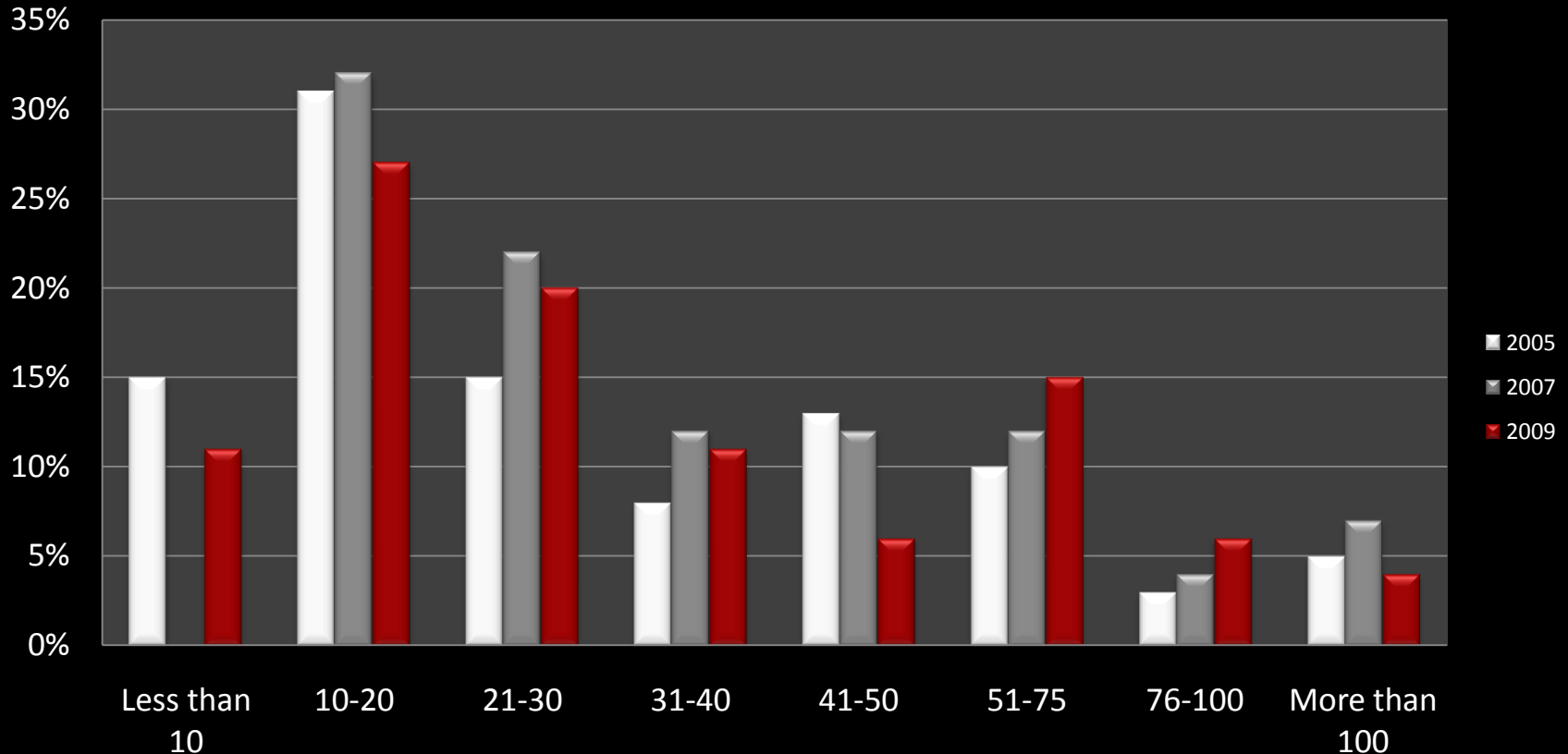
Basic Program Information

- Average Program Size – **24.46** residents
 - 5.95 PGY-5's
 - 6.43 PGY-2's
- Over the past 5 years:
 - 15% of programs have *added 5 or more residents*
 - 36% of programs *report no change* in overall number of residents



Basic Program Information

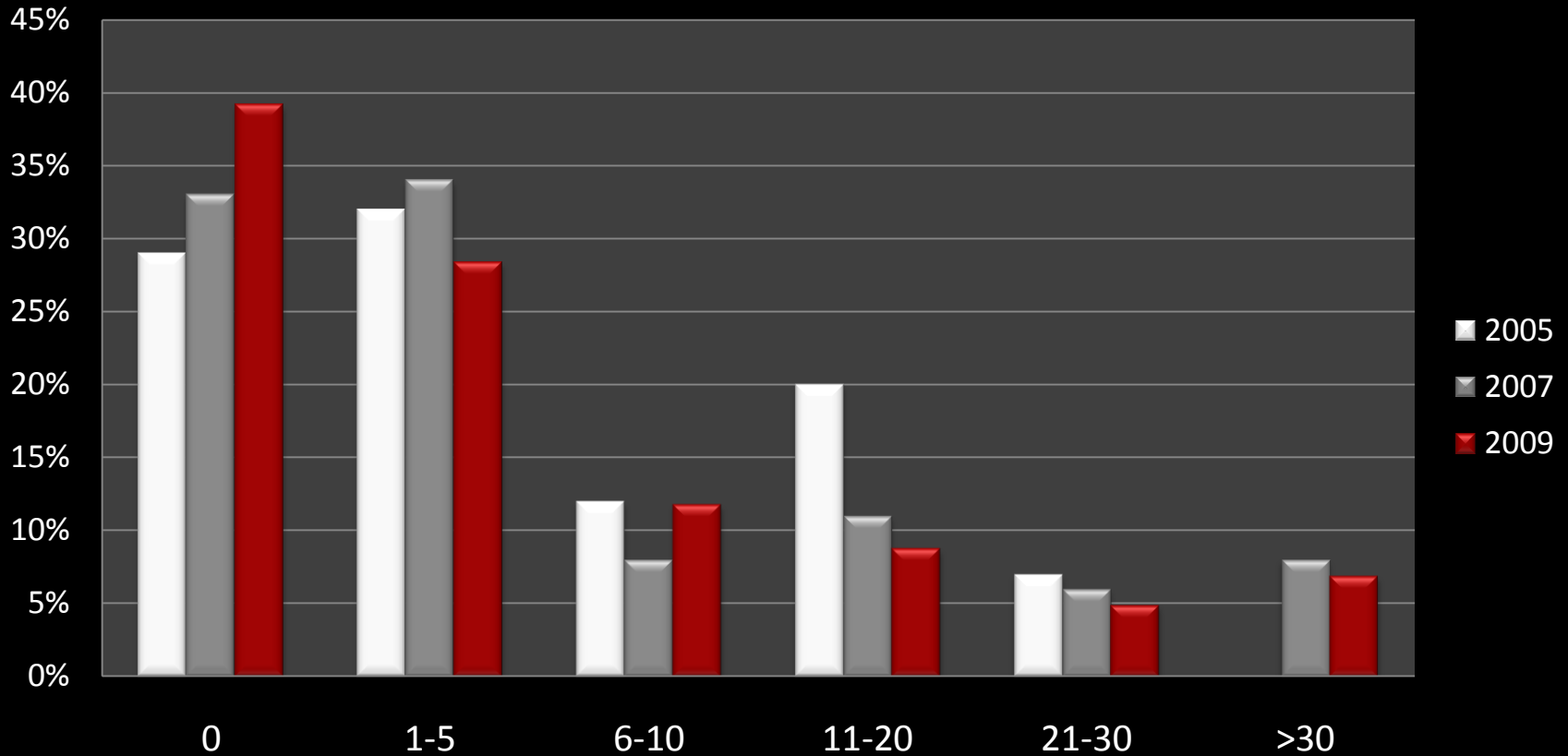
Number of Full-Time Staff



82% of responses are from university programs
2002 – average of 42 faculty/program

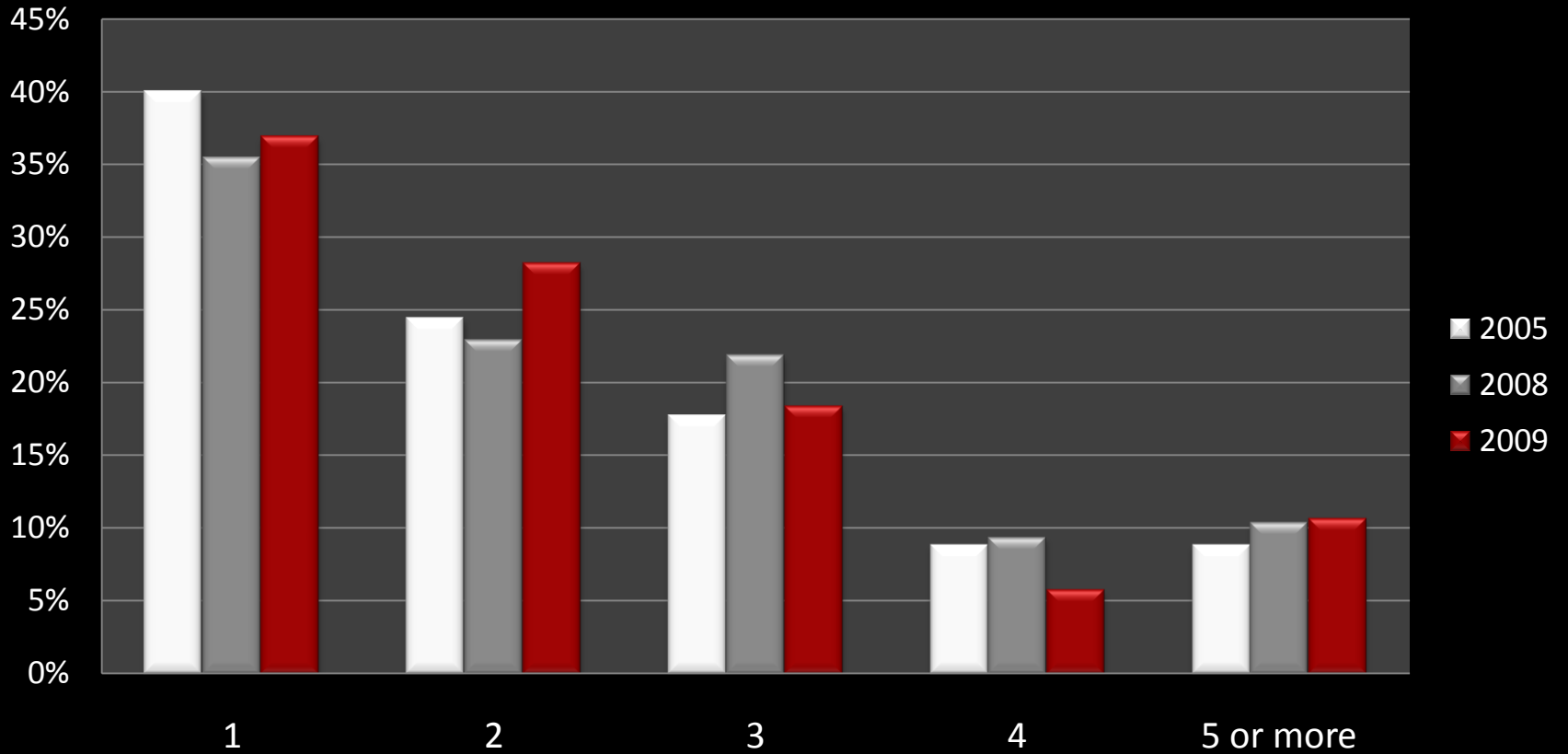
Basic Program Information

Number of Fellows



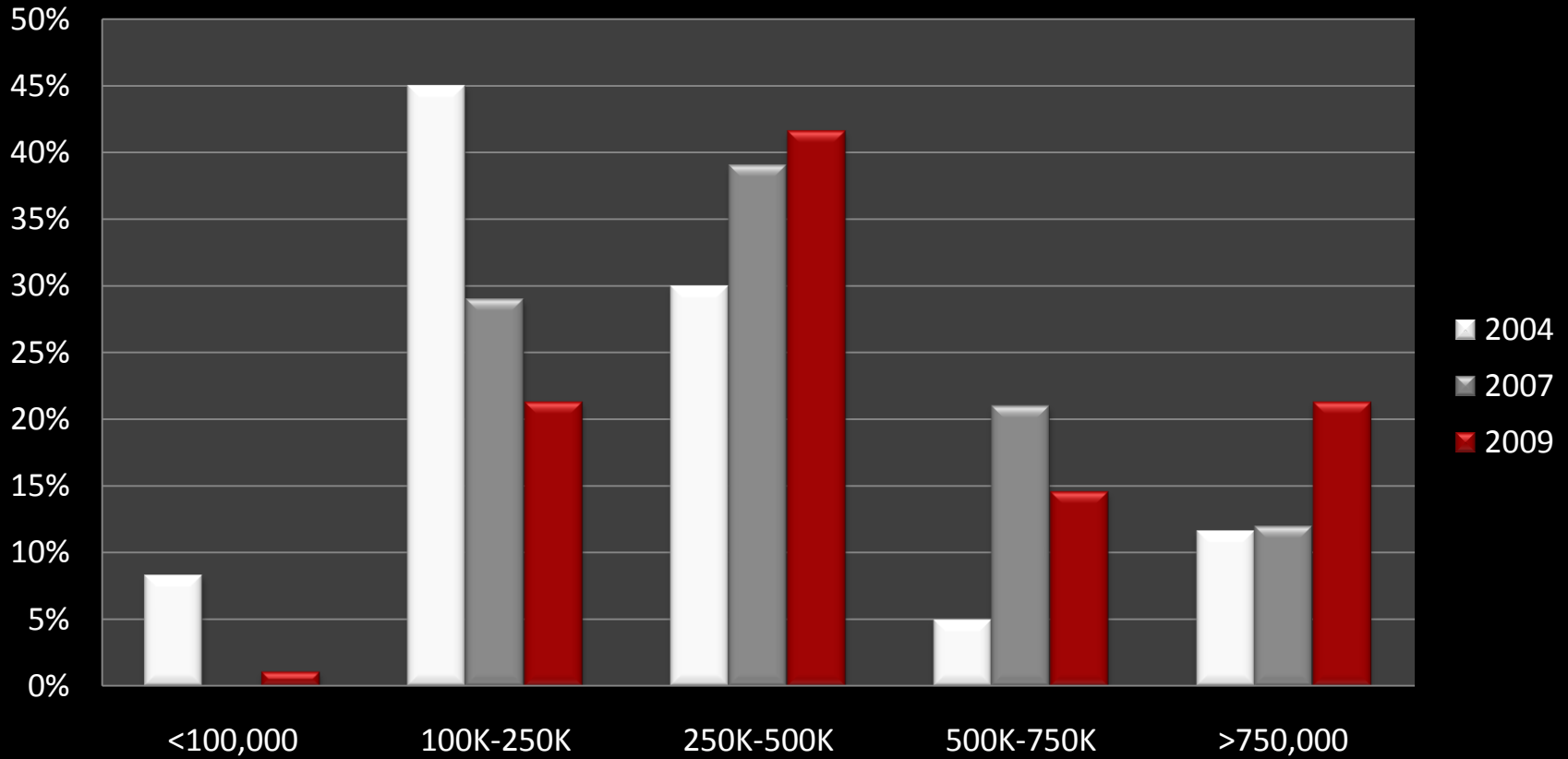
Basic Program Details

Hospitals Covered by Program



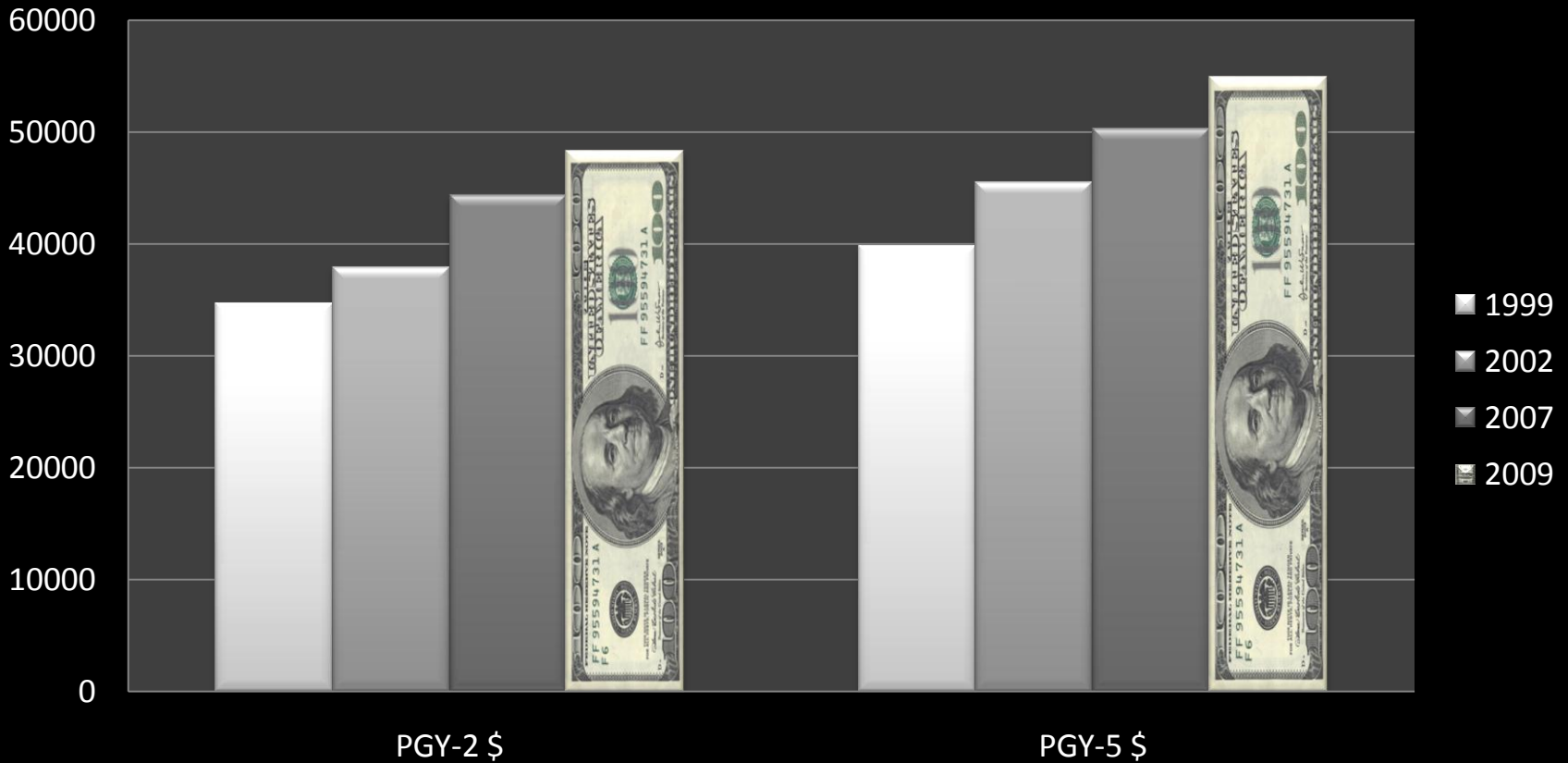
Basic Program Details

Studies Performed per Year



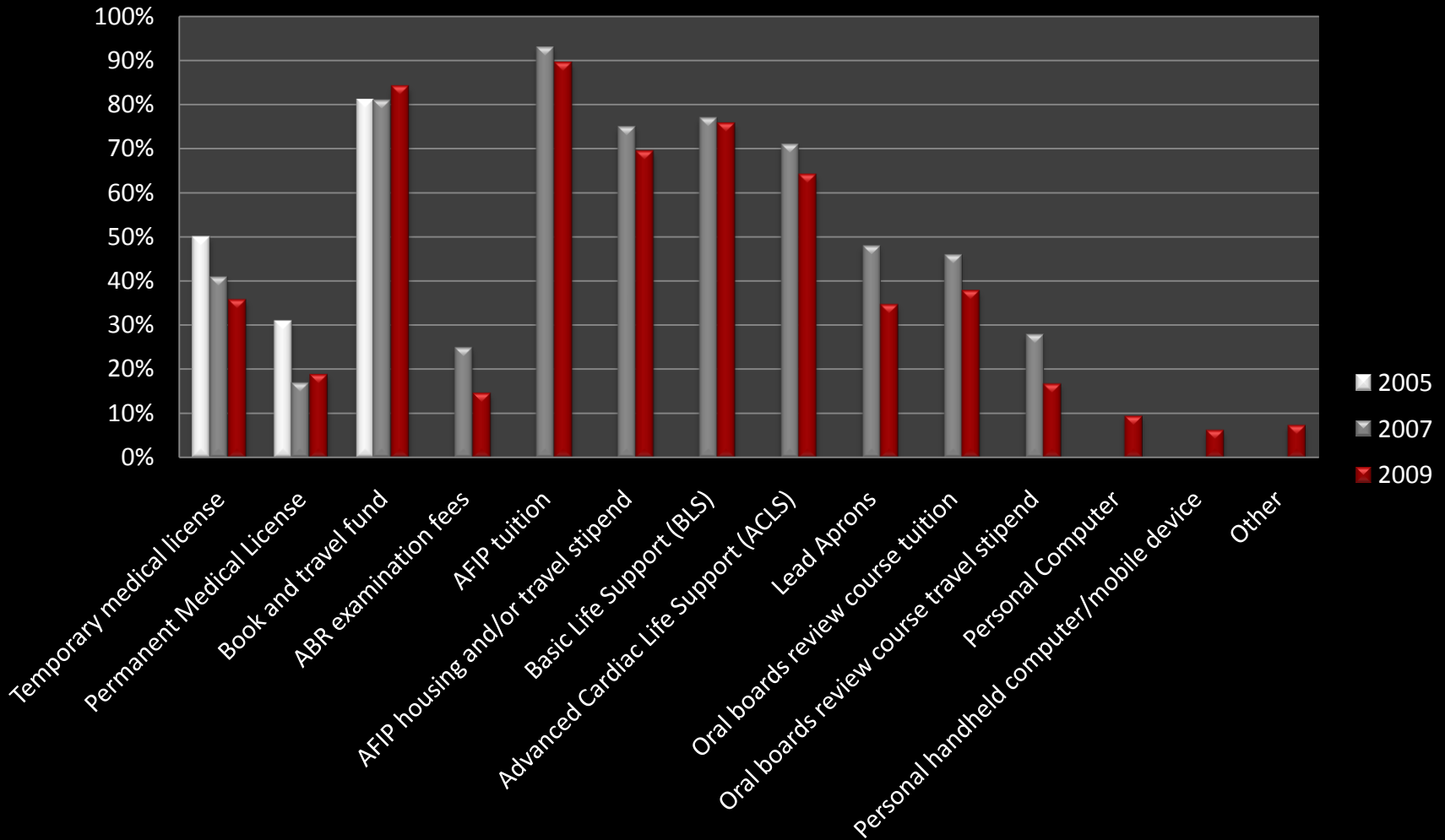
Resident Benefits

Average Resident Salary



Max salary \$100,000; Minimum \$42,000 (PGY-5)

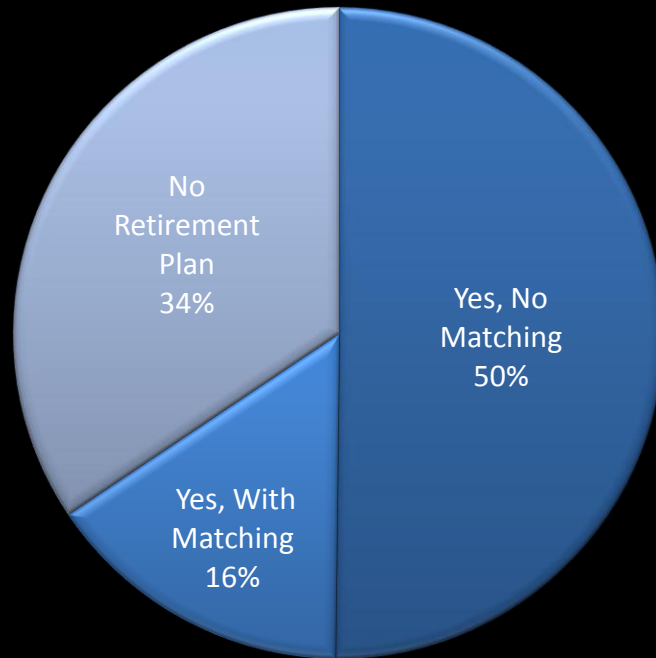
Resident Benefits



Book/travel fund: Max \$3000/yr; average \$706/yr; mode \$500/yr

AFIP: Average travel/housing stipend \$1707, max \$3000, median \$1500

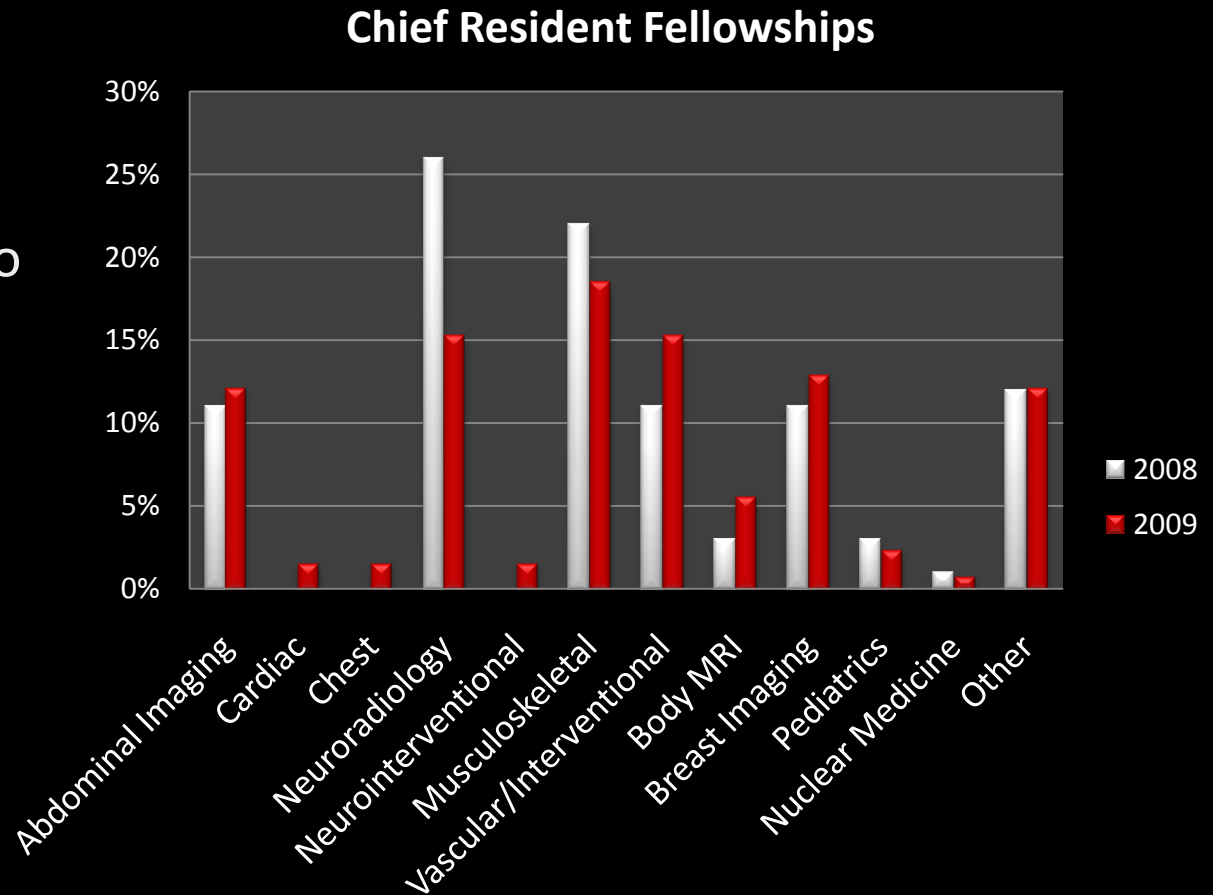
Tax-Deferred Retirement Savings Plan (2009 Data)



- Unique benefits:
 - Paid healthcare
 - Program-owned condo near AFIP
 - USMLE Step 3 payment
 - Led glasses
 - Travel expenses for presentations

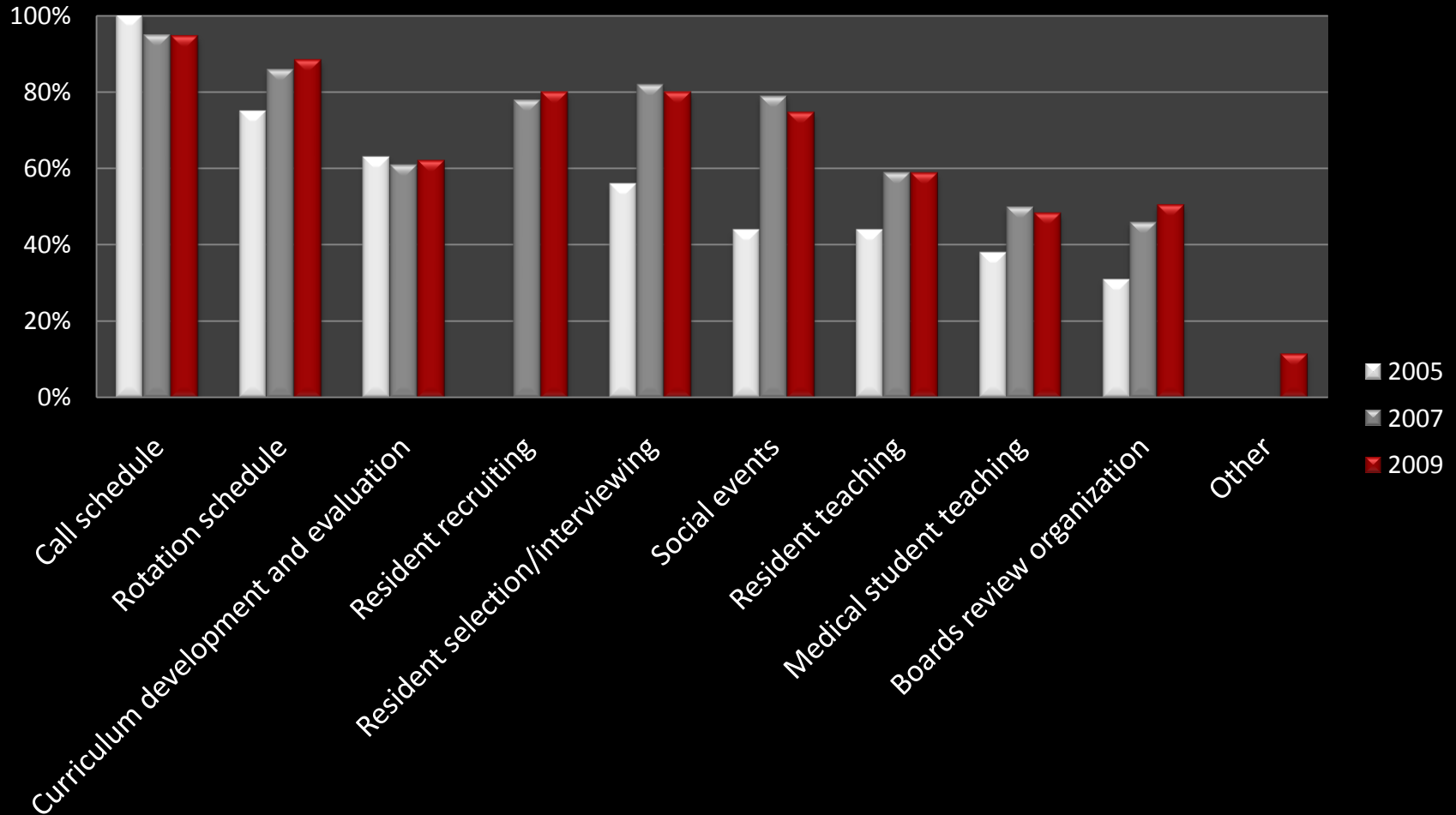
Chiefdom

- 2.1 chiefs per program
 - Max: 4
 - Mode: 2
- 87% of chiefs plan to complete a fellowship
- Plans after fellowship:
 - 35% PP
 - 26% academics
 - 4% military
 - **35% undecided**



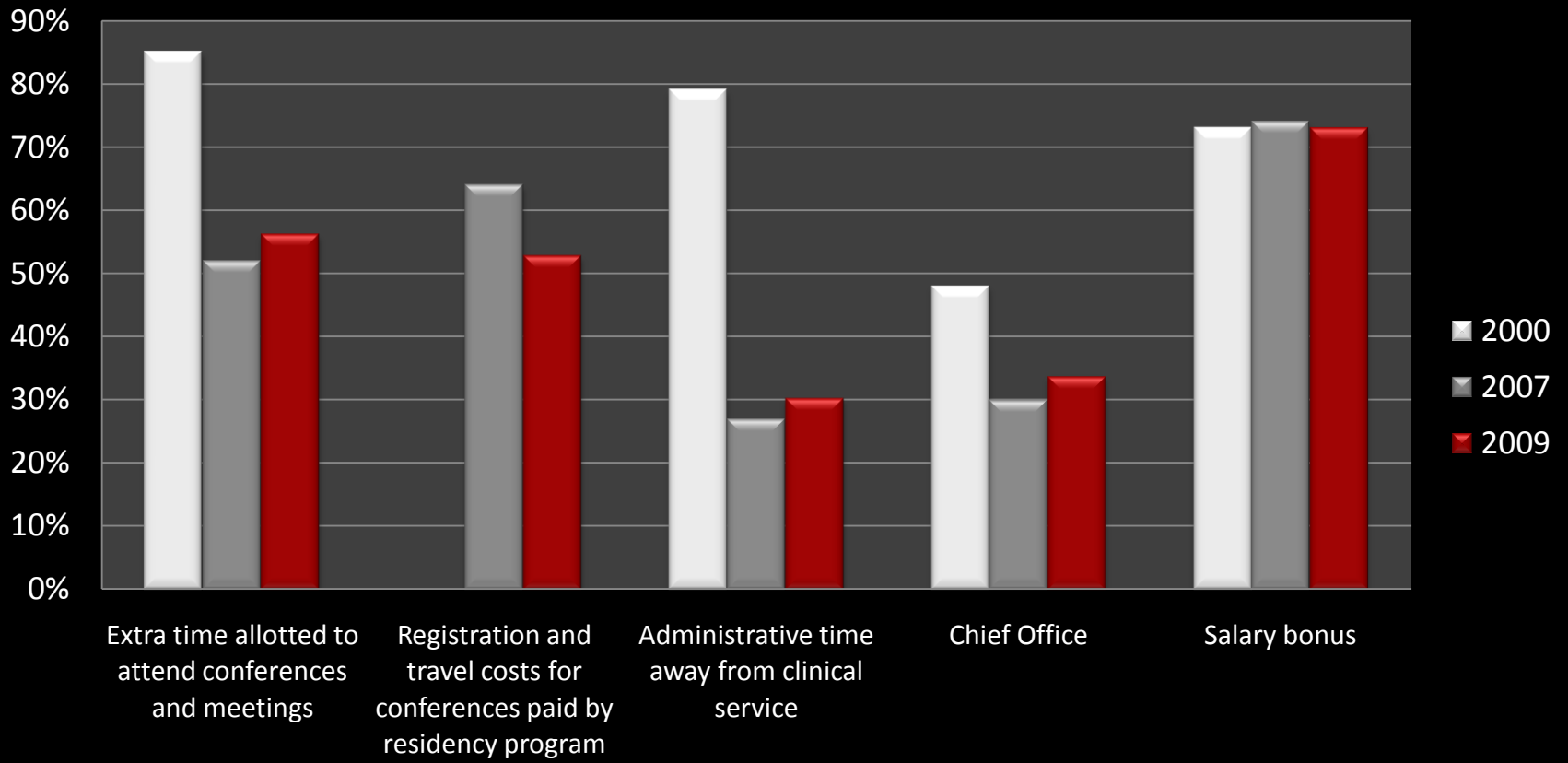
Chiefdom

Chief Resident Responsibilities

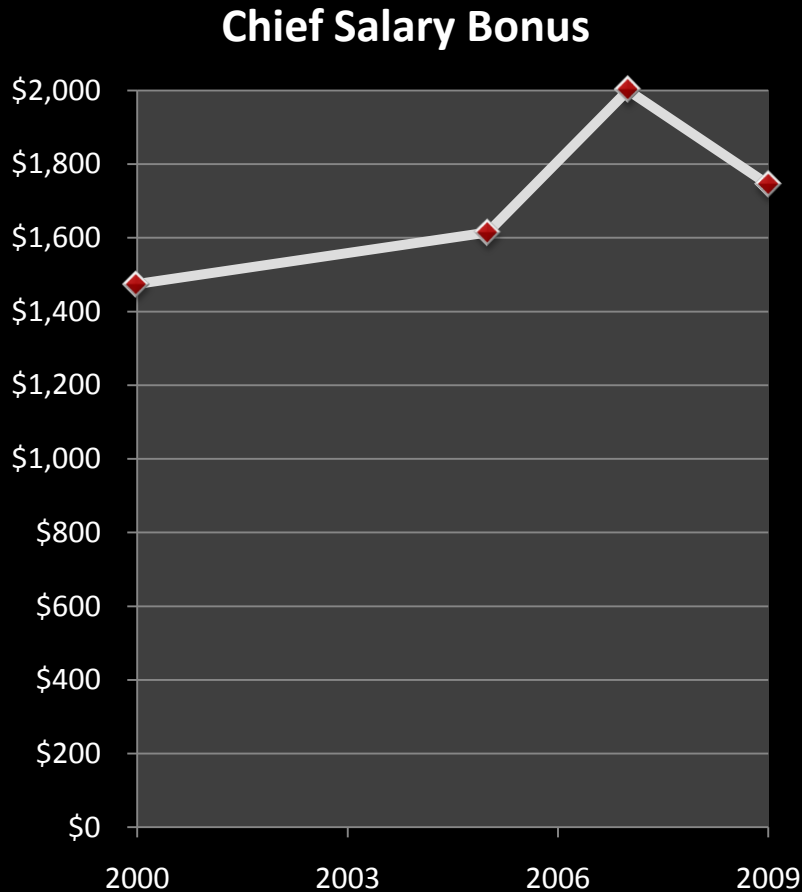


Chiefdom

Chief Resident Benefits



Is It Worth It?

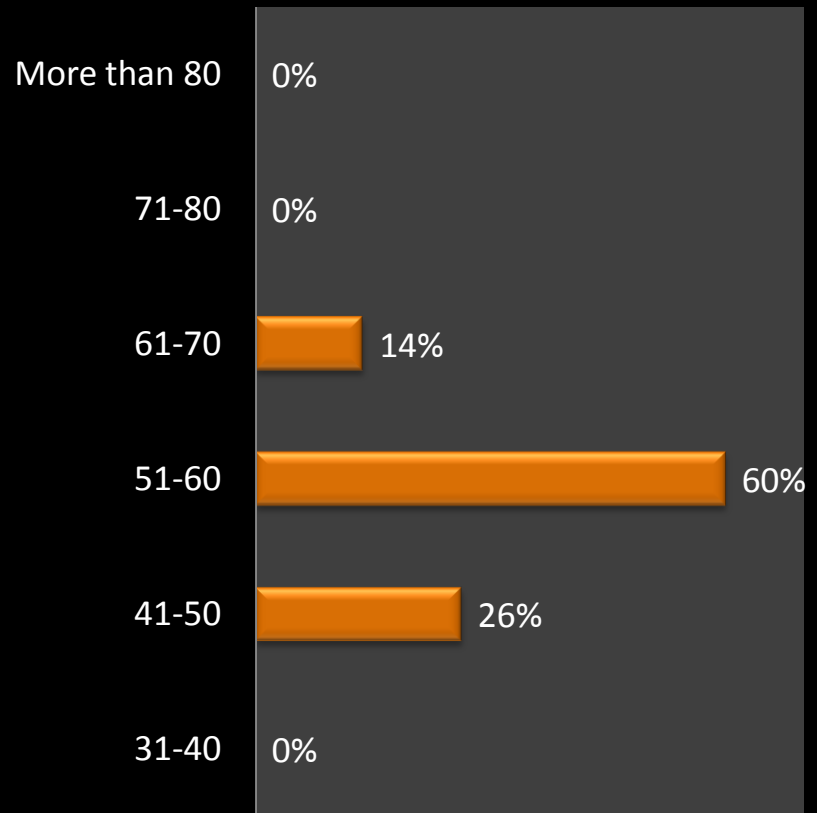


- Only additional benefit: “pity”
- “\$100 [bonus] per month. An overwhelming bargain for the department. Bordering on thievery.”
- “[The benefits] make the responsibilities seem like a good deal...which helps me laugh away the tears.”
- Many think they are overwhelmed, underpaid

Resident Work Hours

- 100% of programs report compliance with 80 hour restriction
- Days off per month:
 - 4% - 3 or fewer
 - 14% - 4 days
 - 18% - 5 days
 - 43% - 6 days
 - 11% - 7 days
 - 11% - 8 or more
- Weekend non-call shifts:
 - 97% work Saturdays
 - 82% work Sundays

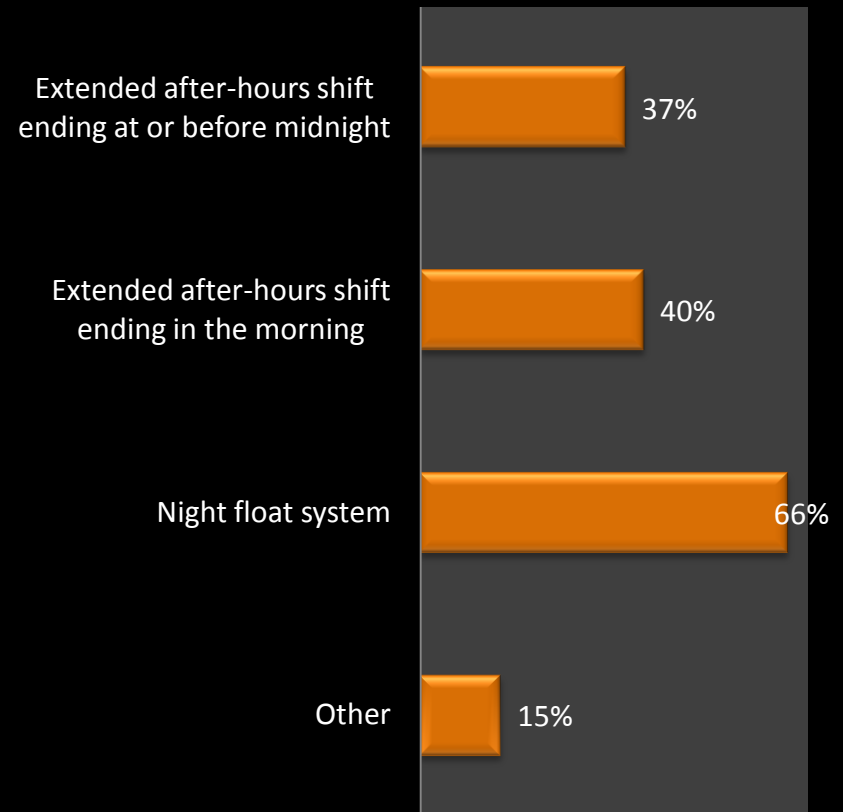
Average Weekly Work Hours



Call

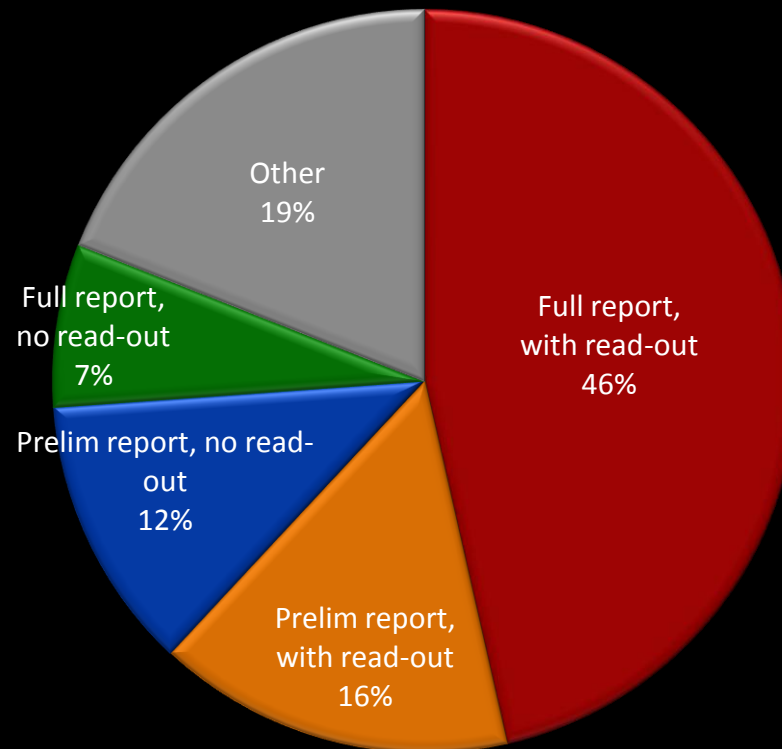
- 66% of programs employ at least a partial night float system
 - 11.4 weeks spent on night float during residency
 - 2000 – 44% of programs had night float
- Overnight call
 - Average: q7.8 days
 - Minimum: q3.5 days
 - Maximum: q18 days

Call System Structure



Read-Out

Reviewing On-Call Studies

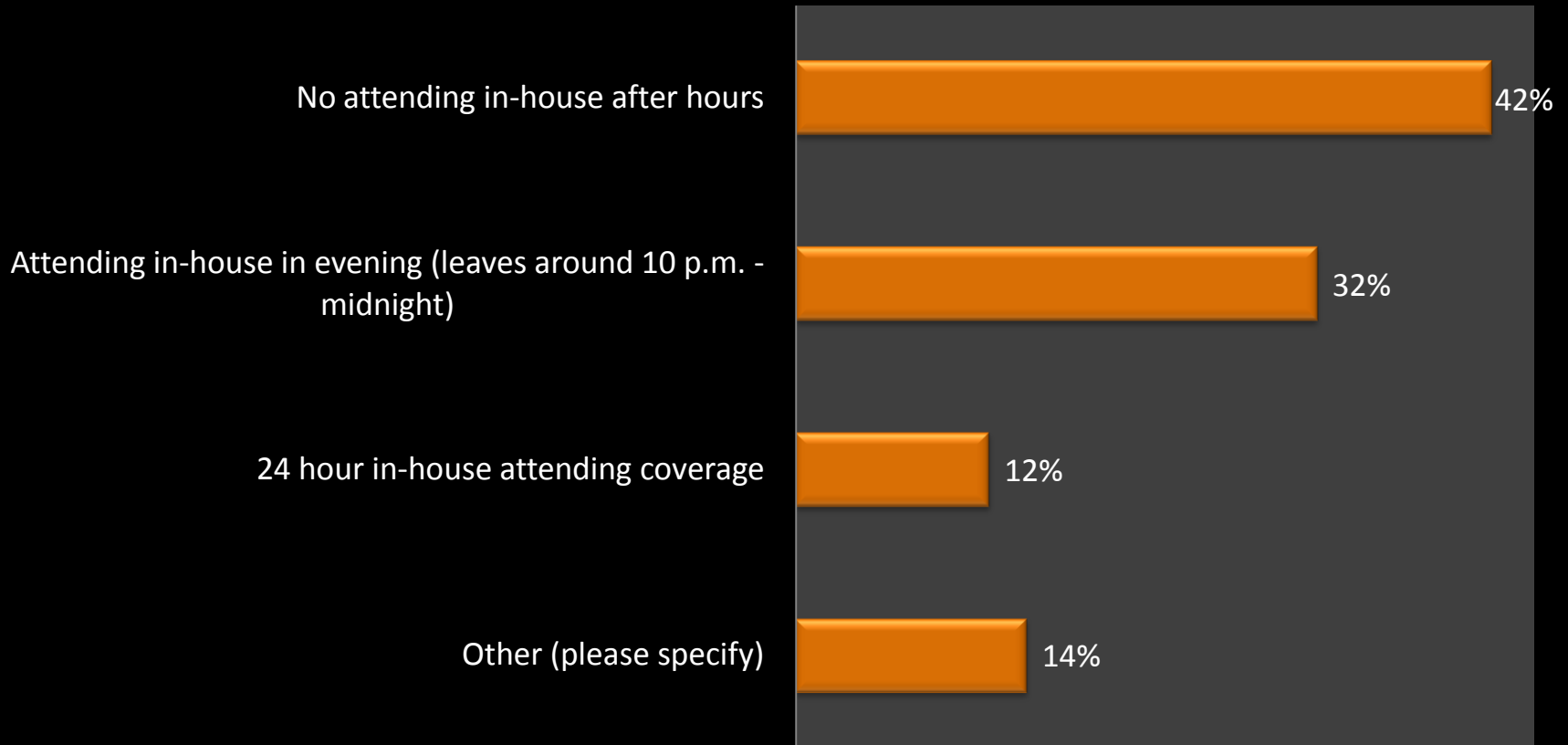


Full report dictation with readout: 2007 – 68%, 2008 – 64%

7% report that not all studies are reviewed by attending within 24 hours

Attending Coverage

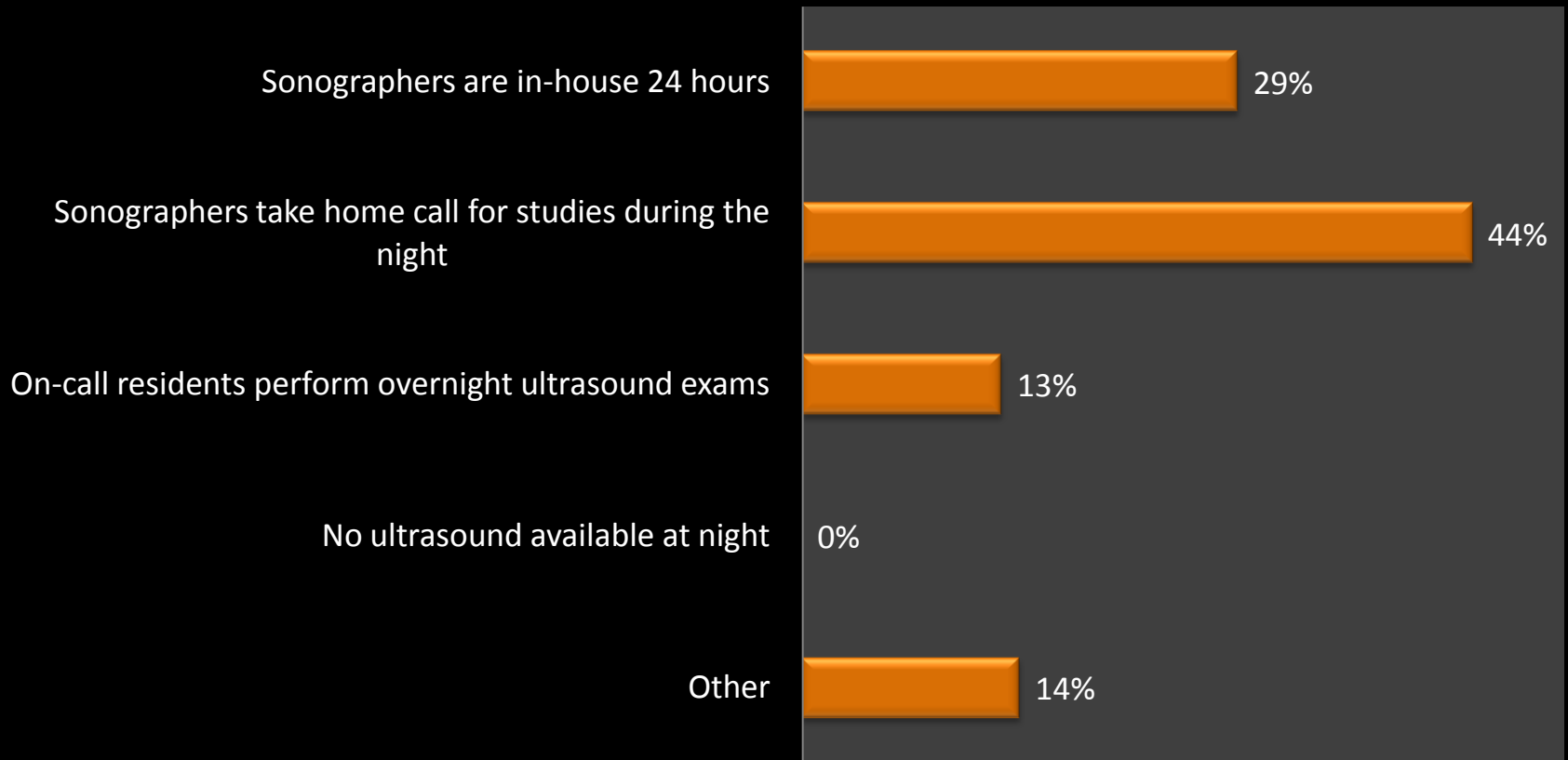
After-Hours Attending Coverage



2005 - 14% 24-hour in-house coverage; 35% coverage until 10pm or midnight

US Coverage

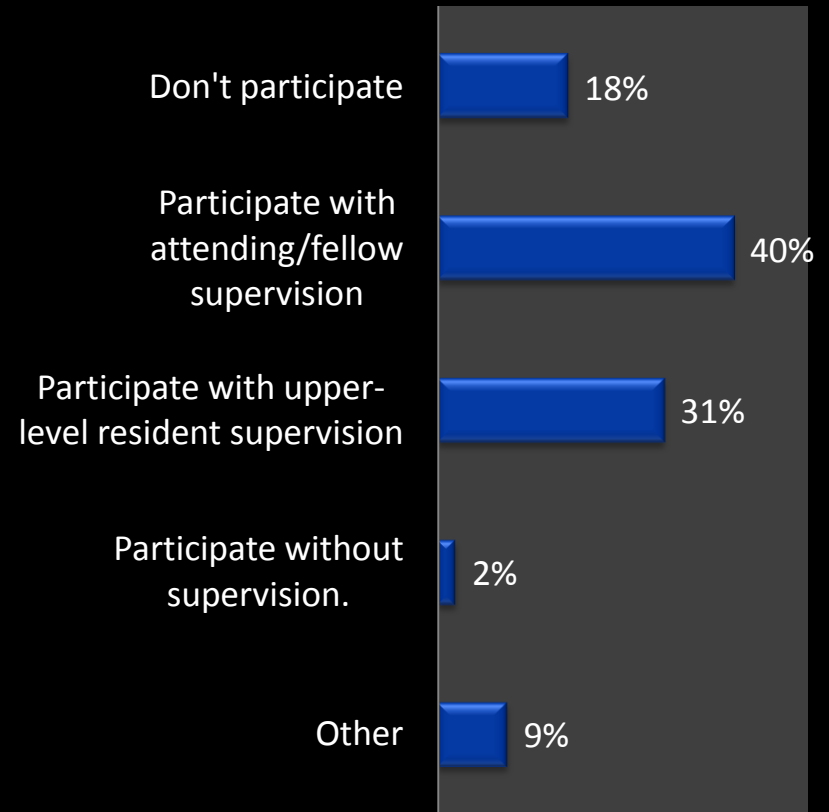
After-Hours Ultrasound Coverage



Education

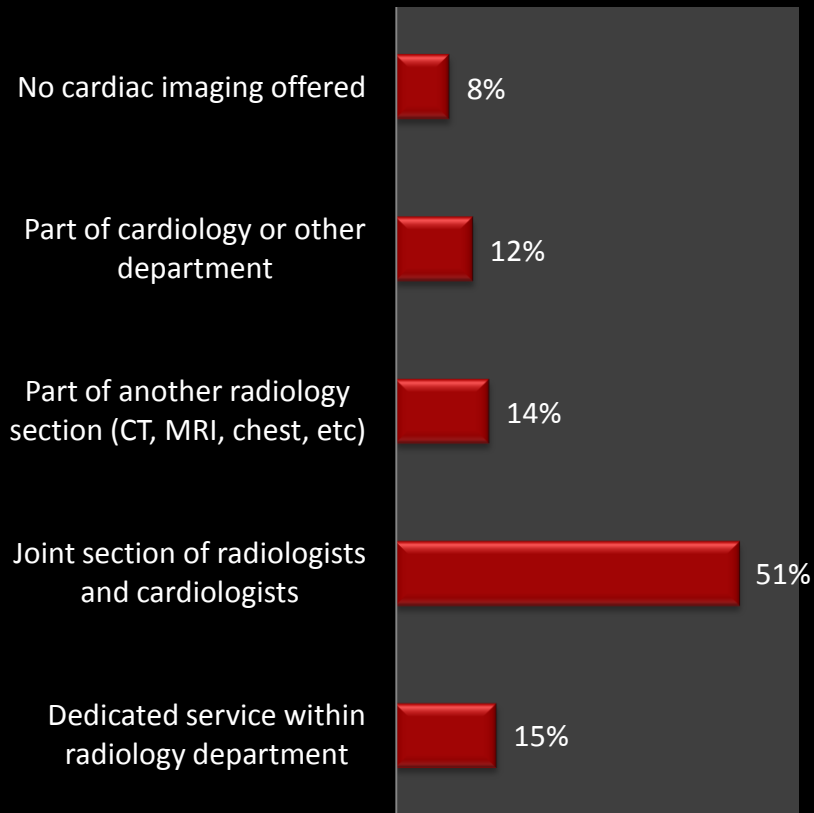
- PGY-2 residents are no longer allowed to “take unsupervised call”
- 71% think this restriction has a negative impact on education
- 65% think this restriction has no impact on patient care

PGY-2 After-Hours Work

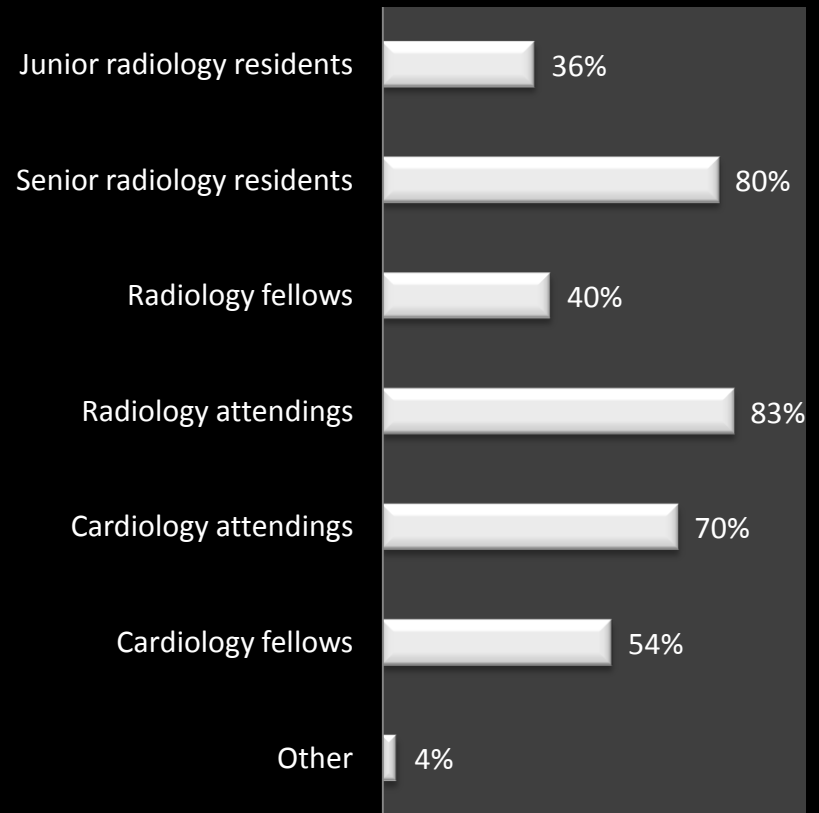


Cardiac Imaging

Cardiac Imaging

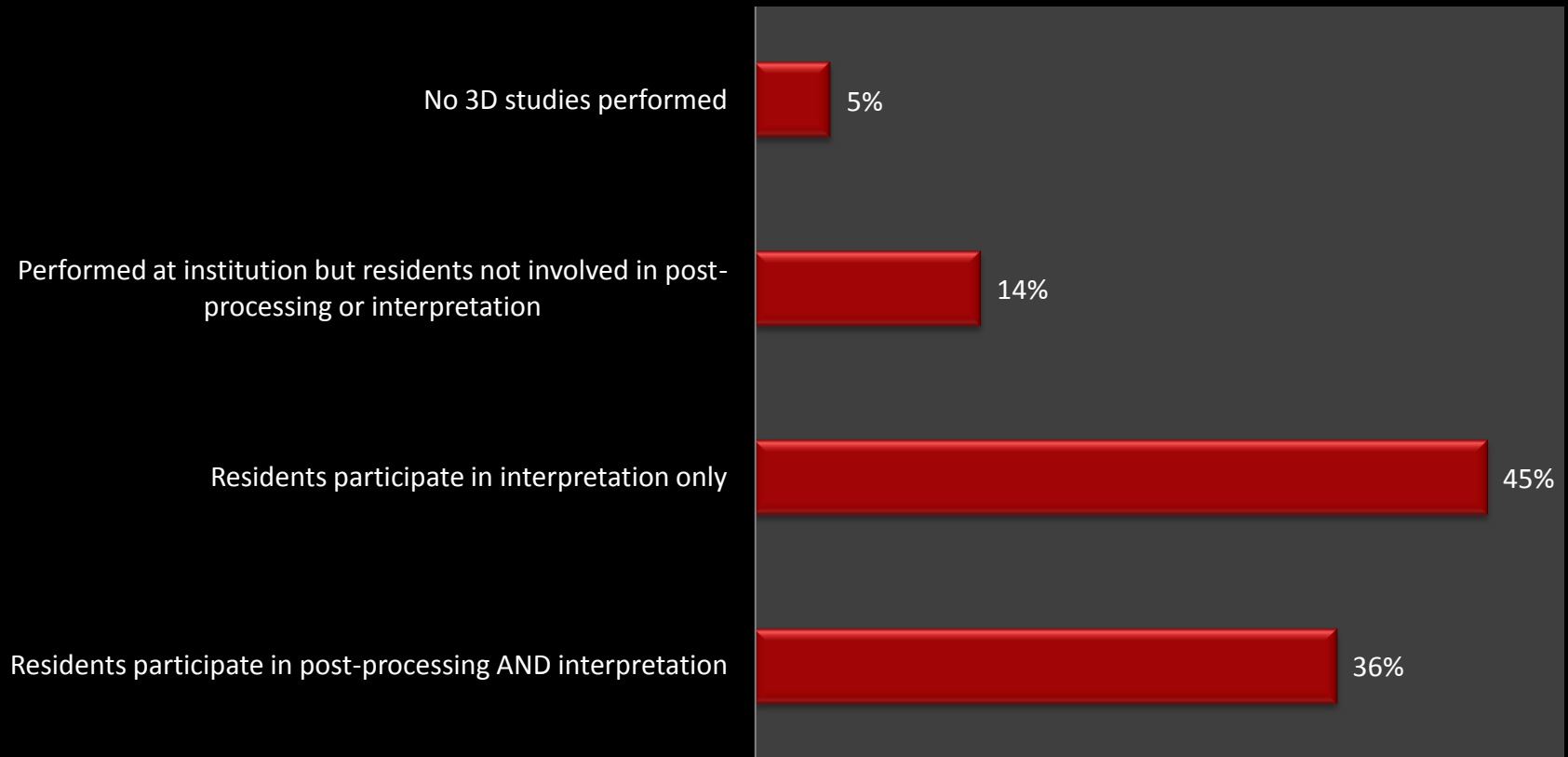


Cardiac Imaging Participants*



*Cardiac CT and MRI

3D Imaging

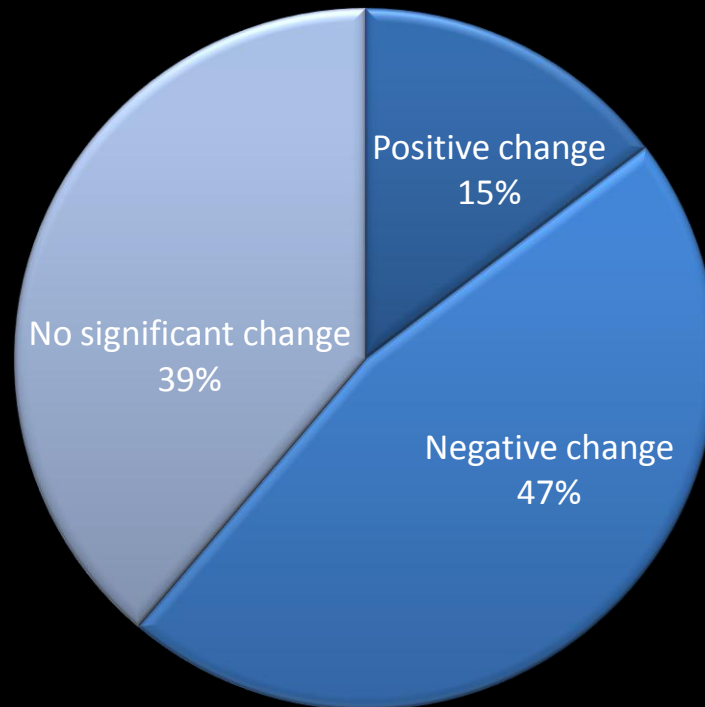


IOM Recommendations

	Major overhaul of call system/schedule.	Minor changes to call system/schedule.	No affect to current call system/schedule.	Unknown impact on current call system/schedule.
5 hours protected sleep time during a 30-hour call shift	27%	9%	61%	2%
Limit a work shift to 16 hours without protected sleep time:	31%	15%	55%	0%
Call every third night without averaging:	16%	12%	65%	7%
Minimum time off of 10 hours after a regular day shift	5%	12%	82%	2%
Minimum time off of 12 hours after a night shift:	12%	27%	59%	2%
Minimum time off of 14 hours after a call shift:	26%	19%	52%	4%
Limit of four consecutive night shifts without time off:	45%	15%	35%	5%
Require 5 days off per month:	13%	25%	60%	2%
Require 1 day off per week without averaging:	16%	33%	50%	2%
Require 48 consecutive hours off once per month:	9%	26%	64%	1%
Include moonlighting hours in the 80 hour work week total:	4%	16%	72%	8%

IOM Recommendations

Opinion About IOM Recommendation Impact (if implemented)



Thank You

- Survey participants
- Laurie May
- M. Gipson, J. Kelly, J. Baker, J. Stephenson, T. Hillen
- Jennifer Gould, Sanjeev Bhalla
- Gautham Reddy

- To request the data from this survey:
 - henryt@mir.wustl.edu