2003 Chief Resident Survey

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2003 Chief Resident Survey

- Annual snapshot of radiology training programs
- Annual demographic information
- Rotating topics repeat every 4 years
Distribution and Response

• 193 Resident Training Programs
• 80 Responded = 41% response rate
• Increased response rate: 25% in 1999 & 2002
• New strategies to improve response rate
  – New online survey this year- ACR site
  – emailed survey to the APDR list of program directors
Demographics

• Residency Program Average Size = 21.0

• Breakdown of Sizes:
  – Small Programs ($\leq$ 10) : 9
  – Medium Programs (>10 and $\leq$25) : 48
  – Large Programs (>25) : 23
Program Size

Number of Programs

Number of Residents / program

1994
1998
2003

<=10
>10 and <=25
>25

1994
1998
2003
Demographics: Women in Radiology

Percent Women : 26.2%

– Slight increase from 1998 (23%)

– Increase from 1986 (20%)
Women in Radiology
Demographics

• Number of Faculty / Program
  – Average 30.6 (vs 41 in 2002 and 30.6 in 1998)
  • Range 5 - 150
  – Staff / Resident Ratio : 1.45

• Number of Fellows / Program
  – Average 5.6 (vs 6.5 in 2002 and 9.5 in 1998)
  • Range 0-30
  – Resident / Fellow Ratio : 3.7 (2.1 in 1998)
Examinations

• Diagnostic Examinations
  – 12,275 examinations per resident (vs. 11,582 in 2002 and 10,035 in 1998)
  – Overall, 44% increase from 1994
    • 8,539 examinations per resident (1994)
Attending In House Call Coverage

- In House Attending Coverage
  - 5-10pm: 45%
    - decreased from 62.5% in 2002
    - same as in 1998
  - 10pm-6am: 10%
    - increased from 4% in 2002 and 5% in 1998
Benefits

- **Salary**
  - First Year
    - Average $39,702 vs $37,913 in 2002
    - Range 32K-50K
  - Fourth Year
    - Average $45,522 vs $43,130 in 2002
    - Range 37K-59K
• **Book and Travel Fund:**

  – 71% offer yearly benefit vs 92% in 2002
  – $760 per resident vs $1,243 in 2002 and $651 in 1998

  • Range $0 - $2000
  • Benefits range from books, travel, and conferences
Benefits

• **AFIP Coverage:**
  - 94% offer benefit
  - Majority cover 100% tuition ($1200) with many providing additional money for housing, travel expenses, etc.

• **Additional Board Review Courses:** 30% cover tuition
Rotating Topics

- Length of Training
- Timing of ABR Boards
- Resident Evaluations
- Economic Impact on Radiologic Education
- Moonlighting
- Research
- Perceived Practice Opportunities
Length of Training

- 9% feel 4 years is too much
- 2% feel 4 years is too little
- 89% feel 4 years is appropriate length
Length of Training

• Would you rather replace your 4th year with fellowship year?
  – 38% favor
  – 62% oppose
Length of Training

• Do you think you benefit from your clinical internship as a radiologist?
  
  – only 55% feel clinical year beneficial

• 46% favor eliminating clinical year as requirement
Timing of ABR Boards

• If the ABR boards were delayed to the first year after completion of residency:
  – 85% feel they would not be able to adequately prepare
  – 81% would not alter their work ethic as a fourth year
  – 58% would not change their fourth year schedule
  – 36% would change their decision to do a fellowship
Resident Evaluations

- 100% of programs have written evaluations of their residents
  - 70% each rotation
  - 10% quarterly
  - 13% every 6 months
  - 17% other (not specified)
Resident Evaluations

- 95% of programs make these evaluations available to the residents
- Direct feedback given in 97% of programs:
  - 51% provide in person
  - 15% in a written format
  - 14% both in writing and in person
Resident Evaluations

- Evaluations written by:
  - program directors: 14%
  - faculty members: 60%
  - section chiefs: 16%
  - section chiefs & faculty members: 10%
Evaluations

- 95% of residents evaluate their programs
- 94% of residents evaluate individual faculty
  - however, only 60% feel staff evaluations produce desirable changes
Economic Impact on Radiologic Education

• Respondents asked how the past 4 years have affected:
  – Clinical volume
  – Number of hours spent performing clinical work
  – Number of didactic and case conferences
  – Amount of view-box teaching
Economic Impact on Radiologic Education

- 71% indicate the number of hours performing clinical work has increased (only 1% note a decrease)

- 86% indicate the volume of cases has increased
Economic Impact on Radiologic Education

• 26% indicate a decrease in the number of didactic conferences (only 14% note an increase)

• 40% indicate a decrease in view box teaching (only 14% note an increase)
Moonlighting

- 64% programs allow moonlighting (slight decrease since 1998)
- 74% report moonlighting occurs (stable since 1998)
- In programs where moonlighting occurs, ~50% of residents participate
Research

• 25% programs require residents to do research (vs. 13% in 1998)
• 18% programs neither encourage or discourage research (vs. 17% in 1998)
• 90% programs require additional academic responsibilities of residents
  – Include: noon talks, teaching medical students, publications, exhibits, and didactic conferences
Research

• 16% of residents have first author publications

• 23% of residents have presented a poster exhibit at a scientific meeting
Perceived Practice Opportunities

- 85% felt the job market has improved (vs. 98% in 1999)
- Over 95% feel that starting salaries are stable or increased
- Over 95% feel that there are an equal number or more job opportunities than previous years
Future Goals

- **74% of residents will pursue fellowship**
  - vs. **82% in 2002**

2002:
- 64% Academics
- 25% Private Practice
- 11% Military

2003:
- 68% Private
- 19% Academics
- 5% Military
- 8% Undecided
Summary

- Workload has increased at the expense of teaching
- Decrease in number of attendings and fellows
- Job market remains strong, with most residents continuing to opt for private practice
- Delaying boards would result in inadequate time for preparation, would not affect fourth year schedules or work ethic, and may alter residents choices for fellowship