Survey of Emergency Physician Satisfaction Based on Residency Length

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Introduction

Emergency medicine has a 3-year and 4-year program platform that are utilized during residency. With regard to comfort and satisfaction, is one platform superior to the other?

Considerations:

- Feelings of perceived preparedness during first year after graduation.
- Number of attempts to pass boards.
- "Educated" opinion of which training length is superior.

Hypothesis

Graduates of 4-year residency programs provide better satisfaction and care to their patients than graduates of 3-year programs during their first position as an attending.

Methods

- IRB approval was obtained September 10, 2020.
- The survey was distributed between September 28, 2020 and October 26, 2020.
- An 18-question survey was sent out to the EM docs Facebook page using REDCap[®] and was designed to measure physicians' opinions of their preparedness (comfort and satisfaction) upon completion of their residency (Scan QR code for survey).
- Factors evaluated: MD vs DO, 3-year or 4-year training programs, participants age, hospital volume during and after residence, board exam attempts and anxiety levels.
- Respondent's answers were separated by length of program to identify their opinion as to which platform was better in respect to comfort and satisfaction.
- Using descriptive statistics. Perceived preparedness and perceived care given was compared with Mann Whitney U t-Test. Other comparisons used during analysis were Student's t-Test for the continuous data responses and Chi square analysis for the dichotomous data responses.
- A total of 200 surveys were needed to achieve 90% power to determine significant differences between groups at p<0.05.

Results

- N= 189, total site visits during study period = 19,744 - Multiple visits by same individuals likely, total population unclear
- There were no differences between groups in several areas.
- 4-year graduates obtained their first attending position at larger, more frequented emergency departments (P=0.0098)
- Opinion on preferred length of program varied between the 3-year and 4year graduates. (see figure 1.)

Results

		Table 2- Survey results for emergency department volumes duringresidency based on program length both with and withoutfellowship training.				
Table 1 - DemographicsGender Male77 (40.7%)		Volume/yr	3yr graduates surveyed	3yr + fellowship graduated surveyed	4yr graduates surveyed	4yr + fellowship graduates surveyed
Female Age (years) mean (SD), (range)	112 (59.3%) 39 (7.4), (29 - 73)	30,000 - 50,000/yr visits	5 (4.7%)	0 (0)	8 (12.5%)	0 (0)
Length of residency 3 years 3 + fellowship	107 (56.9%) 14 (7.4%)	50,000 - 75,000/yr visits	33 (30.8%)	3 (21.4%)	23 (35.9%)	1 (33.3%)
4 Years 4 + fellowship	64 (34%) 3 (1.6%)	75,000 - 100,000/yr	37 (34.6%)	6 (42.9%)	17 (26.6%)	0 (0)
Degree MD DO	137 (72.5%) 52 (27.5%)	visits 100,000+/ yr visits	32 (29.9%)	5 (35.7%)	16 (25%)	2 (66.7%)
			visits Numeric values represent the number of surveyed grad each residency length as specified above.			duates from

Table 3 - Survey results for emergency department volumes during the first year as an attending based on program length both with and without followship training

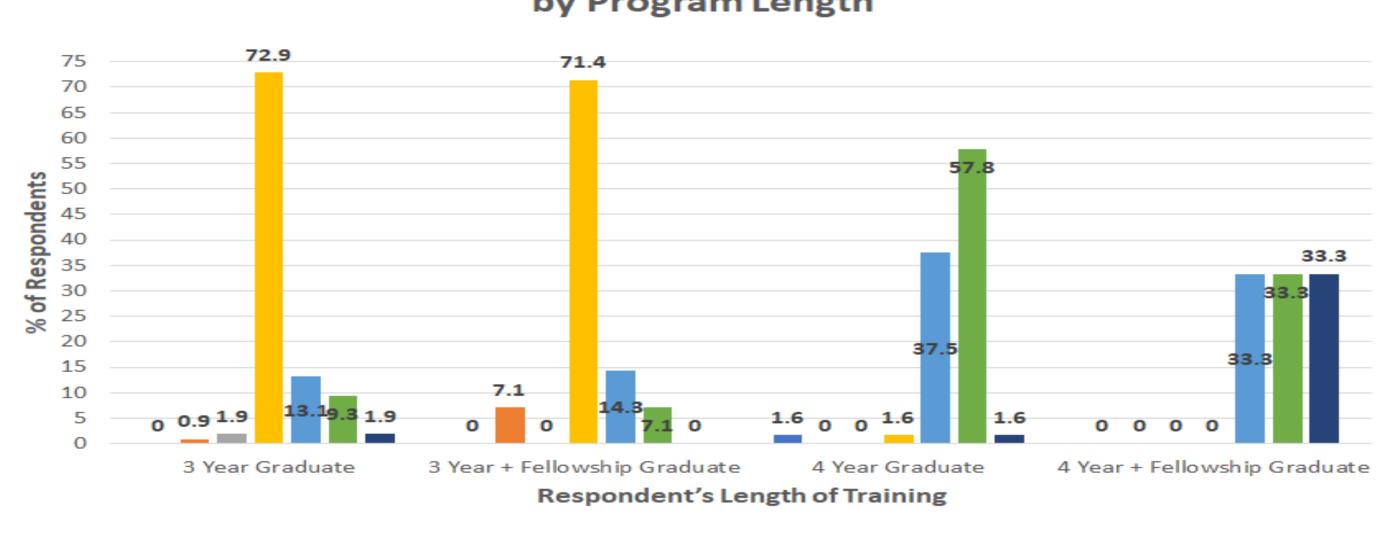
with and without fellowship training								
3yr graduate*	3yr + fellowship graduate	4yr graduate [¥]	4yr + fellowship graduate					
1 (0.9%)	0	0	0					
14 (13.1%)	2 (14.3%)	3 (4.7%)	0					
30 (28%)	4 (28.6%)	9 (14.1%)	1 (33.3%)					
38 (35.5%)	4 (28.6%)	23 (35.9%)	0					
15 (14%)	1 (7.1%)	19 (29.7%)	2 (66.7%)					
9 (8.4%)	3 (21.4%)	10 (15.6%)	0					
	3yr graduate [*] 1 (0.9%) 14 (13.1%) 30 (28%) 38 (35.5%) 15 (14%)	3yr graduate* 3yr + fellowship graduate 1 (0.9%) 0 14 (13.1%) 2 (14.3%) 30 (28%) 4 (28.6%) 38 (35.5%) 4 (28.6%) 15 (14%) 1 (7.1%)	3yr graduate* 3yr + fellowship graduate 4yr graduate¥ 1 (0.9%) 0 0 14 (13.1%) 2 (14.3%) 3 (4.7%) 30 (28%) 4 (28.6%) 9 (14.1%) 38 (35.5%) 4 (28.6%) 23 (35.9%) 15 (14%) 1 (7.1%) 19 (29.7%)					

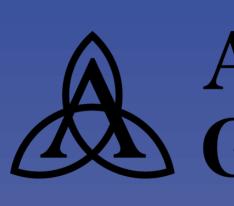
⁴81.2% of 4/yr graduates first jobs were with departments of 50,000/yr volumes or greater with 45.3% of 4/yr graduates first jobs having greater than 75,000/yr volumes

• *57.4% of 3/yr graduates first jobs were with departments of 50,000/yr volumes or greater with 22.4% of 3/yr graduates first jobs having greater than 75,000/yr volumes

Table 4 - Level of Confidence and Preparedness for Survey Respondents by training program length								
	length of program	Agree/Strongly Agree	p value					
Provide care equal to others in 1st post grad year	3 year 4 year	79.4% 81.3%	0.998					
Felt confident or highly confident starting 1st post grad year	3 year 4 year	50.9% 59.4%	0.788					
Took weeks to months to prepare for first board exam	3 year 4 year	75.1% 73%	0.748					
Passed board exam on first attempt	3 year 4 year	86% 84.4%	0.348					

Preferred Length of Training Based on Respondent's Training by Program Length





each residency length as specified above

- rooms (p=0.0098).
 - Intentional?
 - More confident?
 - Chance occurrence?
- Similar foundation? - Bias?

Limitations:

- Retrospective
 - Memory
- Self Reported Opinion
 - Choice-supportive bias
 - Confirmation bias
- n=167 with 19,774 visits = 0.8% response rate
 - multiple site visits from same individuals
 - multiple purposes for access to page
 - unable to determine true population
- Future Considerations:
 - Financial: 1 additional year of education, 1 year of wages - Quality of life, burnout
 - What benefits does an extra year provide?
- Further studies will result in the evolution of a superior platform, perhaps standardized, in the future of Emergency Medicine training.

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Discussion

Graduates of 4-year programs tended to work in higher volume emergency

• No difference in the anxiety levels, perceived level of care provided, preparedness or the number of attempts to pass their board exam.

Conclusion

• Although there was a relatively small sample, EM physicians trained in 3 and 4 year residencies had similar levels of satisfaction regarding their level of preparedness and confidence given their chosen program.

• Additional research is required to verify these findings and explore other issues (financial, wellness) related to length of EM training.

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