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Experiences and Reflections of Former Pediatric Chief Residents

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Objective: To compare actual and ideal time commitments of pediatric chief residents between 1972 and 1992 and to determine if actual time commitments have changed.

Design: Descriptive, cross-sectional survey.

Participants: One thousand two hundred eighty-four former pediatric chief residents.

Results: Chief residents between 1972 and 1982 spent a greater percentage of time teaching and providing patient care than chief residents between 1983 and 1992. Chief residents between 1983 and 1992 spent a greater percentage of time scheduling and performing other administrative tasks. In general, chief residents desired more time to teach, to conduct research, and to provide outpatient care and desired less time for scheduling and for performing other administrative duties.

Conclusions: Although chief residents desire to spend more time teaching and less time performing administrative tasks, administrative duties have increased at the expense of teaching and patient care responsibilities over the past 20 years.


The position of chief resident has existed since the days of William Halsted, but only recently has this position undergone systematic evaluation. The earliest chief residents were senior residents who were capable of providing patient care with minimal supervision. Over the ensuing years, chief residents were asked to perform administrative tasks and to assume significant teaching responsibilities in addition to fulfilling their clinical assignments. Previous authors have questioned whether an increase in administrative duties has occurred at the expense of the clinical and teaching responsibilities of the chief residents.

Our study was designed to determine the distribution of actual and ideal time commitments of pediatric chief residents over the past 20 years and to determine if the distribution of actual time commitments has changed. In addition, we asked former pediatric chief residents why they accepted the position and to identify the benefits and frustrations of serving as a chief resident.

RESULTS

One thousand one hundred thirty-seven questionnaires satisfied inclusion criteria for a response rate of 89%. When asked for the year of chief residency, there were 1126 responses. Three hundred eighty-nine respondents (35%) were chief residents between 1972 and 1982 (decade 1); 737 respondents (65%), between 1983 and 1992 (decade 2). The response rate did not differ by decade. Eight hundred ninety-six respondents (80%) were full-time chief residents. Four hundred thirty-eight re-
METHODS

One hundred twenty-eight pediatric residency programs in the United States were asked to provide a list of their chief residents from 1972 through 1992. Sixty-seven programs provided 1445 names. Thirteen of these individuals, however, were never chief residents. Correct addresses were found for 1284 (90%) of the 1432 former chief residents. A 27-item questionnaire was constructed and mailed. Nonrespondents were sent two follow-up notices.

Participants were asked to estimate the percentage of time they spent teaching, conducting research, providing patient care, and completing administrative tasks during their year as chief resident. They were also asked to assign the ideal percentage of time for these activities and to identify the most satisfying tasks.

The questionnaire also included a list of reasons for accepting the position and a list of the position’s benefits, as shown in the following:

Principal Reasons for Accepting the Position of Chief Resident
- Acquisition of new skills and consolidation of previous knowledge
- Time to decide career goals
- Good training for a job in academic pediatrics
- Honor of being asked
- Opportunity to network with others in academic pediatrics

Principal Benefits of the Position of Chief Resident
- Acquisition of new skills and consolidation of knowledge
- Good training for a job in academic pediatrics
- Opportunity to network
- Status
- Time to decide career goals

Participants were asked to rank applicable selections in order of importance. They were similarly asked to rank the principal frustrations of the chief resident position, as shown in the following:

Principal Frustrations of the Position of Chief Resident
- Giving feedback
- Handling problem residents
- Inadequate contact with the chairperson
- Inadequate contact with the program director
- Inadequate job training
- Inadequate personal feedback and evaluation
- Scheduling and staffing
- Other administrative and secretarial duties
- Unclear job description

Finally, participants were asked: “Would you do it again?”

Questionnaires that included responses to more than 14 questions were analyzed. Statistical analysis for individual items was based on the number of item responses, not on the total number of returned questionnaires. Analysis of time commitments was based on the responses of full-time chief residents only. Continuous variables were analyzed by t test; dichotomous variables, by χ² test.

Respondents (39%) currently practice in an academic setting; 470 respondents (42%) are in private practice.

Four hundred sixty-nine respondents (45%) ranked the acquisition of new skills and the consolidation of prior knowledge as the most important reason they accepted the position of chief resident. One hundred ninety-six respondents (19%) believed that the honor of being asked to serve as chief resident was most important. An additional 178 respondents (17%) ranked training for an academic career in pediatrics as most important. The acquisition of new skills and the consolidation of prior knowledge was the most important reason to accept the position regardless of decade or willingness to repeat the year as chief resident.

Six hundred eighty respondents (64%) believed that the most important benefit of serving as chief resident was the acquisition of new skills and the consolidation of prior knowledge. This benefit was the most important regardless of decade or willingness to repeat the year as chief resident. One hundred forty respondents (13%) believed that the most important benefit was training for an academic career. An additional 109 respondents (10%) ranked the time to formulate career goals as the most important benefit.

Four hundred one respondents (37%) ranked scheduling as the principal frustration of the position of chief resident; problem residents were ranked as the principal frustration by 373 respondents (34%). These responses were the principal sources of frustration regardless of decade or willingness to repeat the year as chief resident.

The percentage of time spent in various activities as chief resident compared with ideal time allocations is shown in Figure 1. In actual time spent vs ideal time, respondents desired significantly more time to teach (25% vs 33%, respectively), to conduct research (3% vs 10%, respectively) and to provide outpatient care (11% vs 15%, respectively) (P<.01). In actual vs ideal time spent, respondents desired significantly less time for scheduling (22% vs 11%, respectively), for performing other administrative duties (16% vs 8%, respectively) and for providing inpatient care (23% vs 21%, respectively) (P<.01).

Six hundred fifty-nine respondents (60%) considered teaching to be the most satisfying feature of the year as chief resident.
A comparison of the percentage of time spent in various activities as chief resident between decade 1 and decade 2 is shown in Figure 2. When decades 1 and 2 are compared, a significant decrease was observed in the percentage of time spent teaching (28% vs 24%, respectively), providing inpatient care (26% vs 21%, respectively) (P<.01), and providing outpatient care (12% vs 10%, respectively) (P<.05). In contrast, a significant increase was observed in the percentage of time spent scheduling (17% vs 24%, respectively) and performing other administrative duties (13% vs 17%, respectively) (P<.01).

In Figure 3, the percentage of time spent in various activities as chief resident by those willing to repeat the year is compared with the percentage of time spent by those unwilling to repeat the year. Chief residents willing to repeat spent significantly more time on the following activities than those not willing to repeat: teaching (27% vs 19%, respectively), providing inpatient care (24% vs 18%, respectively) (P<.01), and providing outpatient care (11% vs 9%, respectively) (P<.05). In addition, chief residents willing to repeat spent significantly less time on the following activities than those not willing to repeat: scheduling (20% vs 30%, respectively) and performing other administrative duties (14% vs 20%, respectively) (P<.01).

In response to the question "Would you do it again?" 841 respondents (76%) answered affirmatively; 120 respondents (11%) answered no; and 150 respondents (13%) were unsure. Three hundred eighteen (83%) of the 384 respondents from decade 1 were willing to repeat the year as chief resident compared with 523 (72%) of the 726 respondents from decade 2 (P<.01).

**COMMENT**

In 1940, the Commission on Graduate Medical Education warned against overburdening chief residents with excessive administrative duties. In their opinion, administrative tasks might interfere with the educational pursuits of chief residents. In spite of this warning, attempts to systematically evaluate the position of chief resident did not occur for another 30 years.

In 1972, Steel surveyed 52 chief residents in internal medicine at major university hospitals in the United States. These chief residents spent the greatest percentage of their time teaching. It is interesting to note that more than half of the chief residents surveyed ranked teaching as the most enjoyable feature of the position; more than 40% ranked administrative duties as the least enjoyable feature. The percentages of time spent performing administrative duties and providing patient care were nearly equivalent.

In 1976, Wilder et al surveyed 35 chief residents in psychiatry before and 6 months after they started their positions. The authors observed a decrease in the perceived importance of teaching and clinical and research skills and an increase in the importance of administrative and interpersonal skills. This finding suggests that chief residents in psychiatry are asked to devote a greater percentage of their time toward administrative activities than they expected.
Ten years after the survey by Steel, Wortmann et al completed another survey of chief residents in internal medicine and observed a substantial increase in the percentage of time spent performing administrative duties. In fact, in their survey, respondents spent the greatest percentage of their time (41%) performing administrative tasks; 70% spent more than one fourth of their time performing administrative activities. In contrast, only 21% of Steel’s respondents spent more than one fourth of their time performing administrative duties. Furthermore, in the survey by Wortmann et al, those respondents who spent a greater percentage of time performing administrative duties were less satisfied with the position of chief resident.

Finally, in 1992 Susman and Gilbert demonstrated that residency program directors in family practice perceive the position of chief resident to be an administrative one. The program directors ranked scheduling third in importance of 27 possible responsibilities. Only acting as a liaison and being an advocate for house staff were considered more important.

In the present study, we describe the reasons for accepting the position of chief resident, the benefits of serving as chief resident, and the principal sources of satisfaction and frustration during the year as chief resident. In addition, we describe the actual responsibilities and time commitments of pediatric chief residents over the past 20 years.

Our results indicate that the principal reason for accepting the position, the acquisition of new skills and the consolidation of prior knowledge, has not changed over time. In addition, the principal benefit of serving as chief resident mirrors the principal reason for accepting the position. We conclude, therefore, that chief residents do achieve their most important goals and objectives during the year.

The success of chief residents, however, was achieved in spite of considerable discordance between actual and ideal time commitments during the year. In general, chief residents desired more time for teaching and for conducting research and less time for scheduling and for performing other administrative duties.

More importantly, we observed a disturbing shift away from the responsibilities of teaching and patient care in favor of administrative and scheduling tasks. This finding is especially alarming since teaching has consistently been the most satisfying feature of the position.

In contrast, administrative duties appear to be the most frustrating or the least satisfying.

Not surprisingly, in our study, respondents who were unwilling to repeat the year spent significantly less time teaching and providing patient care and significantly more time scheduling and completing other administrative tasks. This finding is consistent with the inverse correlation between satisfaction and administrative responsibilities of the chief residents observed by Wortmann et al.

Our study has several limitations. First, we obtained our data retrospectively using a method that may increase information bias. Furthermore, since more time elapsed between completion of the year as chief resident and the survey for respondents in decade 1 compared with decade 2, differential recall between the two groups may have occurred. Second, our conclusions are based on information from former pediatric chief residents. As such, these conclusions may not be applicable to other specialties.

In conclusion, we recommend renewed emphasis on the chief resident as a teacher and a reversal of the trend of increasing administrative duties at the expense of teaching and patient care. Most, if not all, of these administrative tasks can be completed more efficiently by administrative assistants who can learn these tasks and perform them from year to year, obviating the need to train a new chief resident each July.

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REFERENCES