

Residents' page

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National Family Medicine Resident Survey 2001

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Editor's Note: Due to space restrictions, Dr Malkin has summarized Dr Chang's original article on the National Family Medicine Resident Survey (NFMRS). For the complete article, including references, please visit the Section of Residents (SOR) site on the College of Family Physicians of Canada (CFPC) website at www.cfpc.ca.

How the survey began

The SOR is composed of two resident representatives from each Canadian family medicine (FM) residency program. Since 1995, the SOR's Survey Committee has surveyed FM residents across the country about their residencies. The CFPC developed a comprehensive database on family physicians through the Janus Project: Family Physicians Meeting the Needs of Tomorrow's Society in 1997. Because it wanted to build a comprehensive database of FM residents to assess resident awareness of the CFPC, profile FM education, and appraise residents' satisfaction with their programs, the SOR developed its first standardized national survey for FM residents in 1999. The results of the biennial survey allow the SOR to assess and anticipate the needs of the residents it represents and to facilitate improvements in residency programs. The 1999 survey, sent to all Canadian FM residents, was the template for the 2001 survey.

Abbreviated methods of the 2001 survey

The 2001 SOR NFMRS was a self-reported, bilingual, mailed survey, sent to 1442 residents registered in the CFPC membership database. Data were collected over 14 weeks, ending on August 30, 2001. The 2001 survey was developed through a working

group of the Survey Committee and discussed among participants at two SOR meetings. Committee members ensured that the content was comparable to that of the 1999 survey to facilitate data analysis. Residents had the option of identifying themselves for future tracking with the Janus Project. The final questionnaire was 15 pages. The CFPC mailed the survey, entered responses, and validated data. The SOR Survey Committee analyzed the data.

Results

Demographics. Response rate was 55% (791/1442 surveys returned); 37.4% of respondents were first-year and 55.9% were second-year residents. Response rates were comparable to the 1999 survey. Many residents (76%) identified themselves for the Janus study. As in the 1999 survey, more women (60.5% in 1999, 65.7% in 2001) than men responded. Median age was 27; 80% of residents were between 25 and 31. Most respondents were white; only 25.5% represented visible minorities comprising 13 major ethnic groups.

Debt. In 2001, FM residents reported slightly higher debts than in 1999. Median debt was \$20 000 to \$40 000 (22.4%). Debts above \$40 000 were reported by 48%, debts of \$100 000 or more by 8%. In 1999, 45% of residents had debts above \$40 000 and 5.9% of \$100 000 or more.

Family medicine residency program. Overall, 82.9% of residents were satisfied or very satisfied with their programs, but 10.5% were neutral. Most (79%) thought the FM rotation was good or excellent; 14.2% were neutral. These results were comparable to findings in 1999. According to 80.9% of

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respondents, certification in advanced cardiac life support (ACLS) was mandatory. Fewer than half stated that other advanced courses were mandatory. Nearly all residents were ACLS certified at the time of the survey, but fewer than half were certified in other advanced courses. Most residents were not planning to obtain additional certification before completing residency, although 35.9% were planning to take the course in advanced trauma life support. Funding for these courses varied among programs; 58.7% of respondents believed funding was inadequate. Residents under the aegis of the Canadian Armed Forces were fully funded for all courses.

Third-year training. Nearly one fifth of residents (19.3%) had applied for third-year enhanced skills training (Figure 1). In 1999, only 6.3% of applicants were successful in obtaining third-year training positions. This increase could indicate greater interest in advanced training or an increase in available positions.

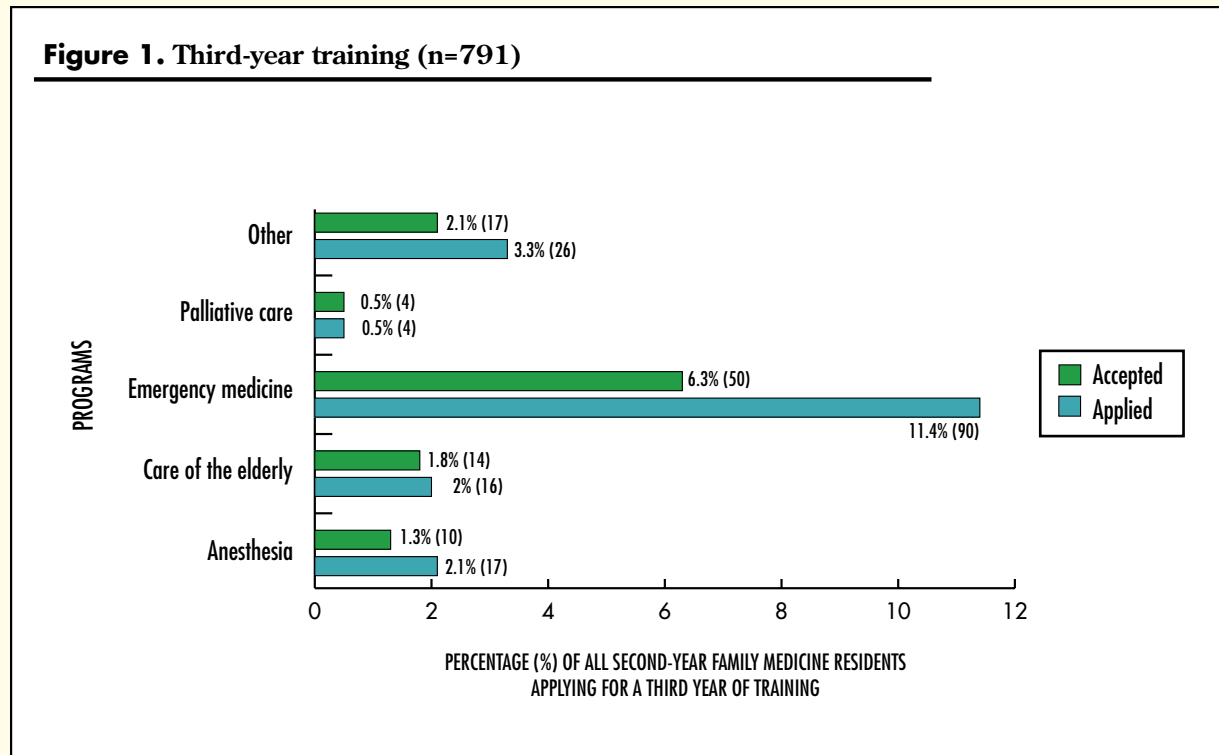
Learning environment and resident well-being. Approximately 88% of residents agreed or strongly agreed that their FM experiences took place in an open and supportive environment. About 72% felt the same about their specialty experiences. The 1999 survey

revealed that slightly fewer (84.9% and 71%, respectively) thought their FM and specialty experiences took place in a collegial atmosphere. A substantial number of residents (69.8%) thought their FM programs were responsive to their issues and concerns.

Harassment or intimidation was experienced personally by a disturbing 25.1% (compared with 20.5% in 1999). Only 38% encountered negative feedback on their half-day return to FM units during specialty services, a 10% decrease from 1999. Half the residents (52%) thought their educational and service components were balanced. Several respondents commented that their specialty rotations were service oriented and lacked an educational component, especially at urban training sites. A smaller number felt the same about their FM rotations. Some also complained that procedural opportunities were given to specialty residents during specialty rotations. Some said they felt they were treated as “second-class residents.”

Only 67.6% thought that provincial contracts or agreements regarding work hours and on-call duties were respected. Many commented that preceptors had negative attitudes toward residents’ taking holidays. At the time of the survey, 8% of residents had consulted physicians for stress, 4.8% had taken antidepressants, and 4.3% had taken medical leave.

Figure 1. Third-year training (n=791)





Although these numbers appear low, they could be misleading. Many residents reported being under a lot of stress, but decided not to seek professional help. Some felt “overworked,” “tired,” or “stressed” but not “depressed,” and believed they could benefit from time off. Others felt “lonely, isolated, anxious, discouraged, frustrated, and cynical on many occasions.” One reason for not seeking help or treatment was fear of reduced insurability for disability and increased premiums. Several residents said they had considered quitting medicine.

Future practice profile. Most respondents (90%) planned to practise FM upon graduation, an encouraging increase from 80.7% in 1999. Most trainees (66.4%) planned to stay in the province where they had trained. Only 9.2% planned to leave Canada; 35.6% of those were relocating to the United States. A third of residents indicated they would practise in places with populations above 100 000. Plans to provide various procedures or services correlated with feelings that training was adequate.

Conclusion

The 2001 residents were as satisfied as their 1999 predecessors with their FM residencies. Residency programs need to improve, however, in supporting advanced skills certification, improving specialty training, and discouraging harassment. More than a third of residents encountered negative feedback when they left their specialty services for their half-day return to FM units. These figures are compara-

ble to those found by the Royal College of Physicians and Surgeons of Canada for specialty residents. It is disturbing that some harassment comes from other residents. In addition to workload, this factor contributes greatly to stress and depression. Programs must re-examine their policies and implement ways to prevent and educate about harassment.

Family medicine is evolving and transforming faster than we can predict its course. The number of residents doing an enhanced third year of training has doubled in just 2 years. Future practitioners will still provide a range of medical services and perform an impressive variety of procedures. Encouragingly, most trainees plan to provide geriatric care, mental health care and psychotherapy, as well as palliative care.

The next challenge for the SOR Survey Committee will be to transform the survey into a Web-based questionnaire. This will reduce both costs of conducting the survey and time for data analysis. We hope that raising awareness about the importance of this survey will help increase response rates in the future. ♦

Acknowledgment

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