



Original Contribution

Recruitment of house staff into anesthesiology: a longitudinal evaluation of factors responsible for selecting a career in anesthesiology and an individual training program



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Received 19 March 2012; revised 11 January 2013; accepted 29 January 2013

Keywords:

Anesthesiologists;
Anesthesiology residency
training;
Graduate medical
education;
Medical career choice;
Resident recruitment

Abstract

Study Objective: To re-evaluate factors responsible for selecting a career in anesthesiology and for selecting an anesthesiology training program. The perceptions of anesthesiology residents about employment opportunities and future job security were also re-examined. Novel data on the impact of duty hour restrictions on residency training were obtained.

Design: Survey instrument.

Setting: Academic medical center.

Subjects: 63 residents enrolled in the anesthesiology residency at Mayo Clinic in Rochester, MN (clinical base year and clinical anesthesia years 1-3) during the 2010-11 academic year. All responses were anonymous.

Measurements: Current study data were compared to data from two similar studies published by the authors (1995-96 and 2000-01) using an f-exact test. A P -value ≤ 0.05 was considered significant.

Main Results: 55 of 63 (87%) residents responded to the survey. The most frequently cited reasons for selecting a career in anesthesiology were: anesthesiology is a “hands-on” specialty (49%), critical care medicine is included in the scope of training/practice (33%), anesthesiology provides opportunities to perform invasive procedures (31%), and the work is immediately gratifying (31%). When current data were compared with data from the 1995-96 survey, respondents reported significant decreases in interest in physiology/pharmacology (42% vs 21%; $P = 0.03$), opportunities to conduct research (13% vs 2%; $P = 0.05$) and opportunities to train in pain medicine (13% vs 0%; $P = 0.01$) as reasons for selecting anesthesiology. When current data were compared with data from the 2000-2001 survey, respondents reported a significant increase in critical care medicine (7% vs 33%, $P = 0.01$), significant decreases in time off (36% vs 11%; $P = 0.01$) and work time mostly devoted to patient care (20% vs 2%; $P = 0.01$)

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as factors in selecting anesthesiology as a career. Nearly all (94%) respondents reported a high level of satisfaction with their specialty choice and would choose anesthesiology again if currently graduating medical school. When current data were compared with those from the 2000-2001 survey, a significant increase in respondents who anticipated difficulty securing employment (0% vs 14%; $P = 0.01$) was noted. However, anticipation of difficulty in securing employment remained significantly lower than what was reported on the 1995-96 survey (54% vs 14%; $P = 0.01$). Thirty-eight percent of residents reported that implementation of duty hour restrictions had a positive impact on resident education, and 43% of residents reported that duty hour restrictions improved their quality of life. However, most respondents (69%) did not support further duty hour restrictions, and many (43%) expected to work longer hours after graduation.

Conclusions: Residents in this study remain highly satisfied with anesthesiology as a career choice and with their training program. However, a resurgence of concern about employment after program completion and about future job security is apparent. The impact of critical care medicine training has significantly increased as a factor in selecting anesthesiology as a career, and the impact of training in pain medicine has significantly decreased. Although work hour restrictions were viewed as having a positive impact on training and well-being by 48% of residents, a majority of respondents in this study (76%) disagreed with further duty hour restrictions.

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1. Introduction

There have been significant fluctuations in the number of residents training in United States (U.S.) anesthesiology residency programs during the past two decades [1]. A dramatic decline in the number of anesthesiology positions filled through the National Resident Matching Program (NRMP) occurred between 1993 and 2001 with the nadir in 1996 when only 34% of the available positions filled through the NRMP [Fig. 1] [1]. Medical student perception about anesthesiology and perceived job security as an anesthesiologist at a national level may have been significant driving forces in this decline. At the nadir of interest in anesthesiology (1995-96), 54% of house staff surveyed anticipated difficulty obtaining a job following training and only 33% reported they had job security as anesthesiologists [2]. In 2000-01 (following renewed interest in the specialty on a national level), the same survey was used to longitudinally evaluate residents' perceptions of market force dynamics [3]. In contrast to the study in 1995-96, Wass et al [3] reported that none of the house staff surveyed anticipated difficulty finding a job following training, and 91% indicated they would have job security in the specialty. Significant health care changes have continued since our last survey was conducted, including passage of the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010 [4].

The purpose of this study was to re-evaluate longitudinally reasons for selecting a career in anesthesiology and a specific training program, as well as re-examine the perceptions of anesthesiology residents regarding employment opportunities and future job security. We hypothesized that reasons for selecting anesthesiology as a career and perceptions about employment opportunities and future job security would be influenced by recent changes in health care. In addition, we sought to examine

residents' perceptions of the impact of enacting duty hour restrictions.

2. Materials and methods

Following Mayo Clinic Institutional Review Board approval, we conducted a cross-sectional analysis of residents enrolled in the anesthesiology residency program at Mayo Clinic in Rochester, MN, during the 2010-11 academic year. A request to participate in an anonymous web-based survey (SurveyMonkey, Portland, OR, USA) was sent via email to all 63 residents enrolled in their clinical base, CA1, CA2, and CA3 years. Survey questions were identical to those used in previous studies conducted in 1995-96 and 2000-01 [2,3] with the exception of several new duty hour-related questions (Appendix A). Survey questions were previously validated utilizing test residents [2]. One reminder request was sent two weeks after the initial request.

Respondents were asked to select the three most important reasons for choosing anesthesiology as a career and for selecting the Mayo Clinic Rochester residency program. Reasons for selecting anesthesiology as a career and for selecting the Mayo Clinic Rochester residency program were compared to those reported during the two previous time periods (1995-96 and 2000-01) to determine whether these responses had changed over time. Respondents were also asked to evaluate their satisfaction with the educational, clinical, and research components of the training program and to assess their overall residency experience. Individual factors were compared between time epochs using an *f*-exact test. In all cases, P -values ≤ 0.05 were considered statistically significant. Residents were also asked about the impact of duty hour restrictions established by the Accreditation Council for Graduate

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