

Results of the 2013 Association of Residents in Radiation Oncology Career Planning Survey of Practicing Physicians in the United States

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Purpose: The goal of this study was to develop insights about the job application process for graduating radiation oncology residents from the perspective of those involved in hiring.

Methods: In May and June 2013, a nationwide electronic survey was sent to 1,671 practicing radiation oncologists in academic and private practice settings. Descriptive statistics are reported. In addition, subgroup analysis was performed.

Results: Surveys were completed by 206 physicians. Ninety-six percent were willing to hire individuals directly from residency. Participants believed that the first half of the fourth postgraduate year is the most appropriate time for residents to begin networking and the beginning of the fifth postgraduate year is the most appropriate time to begin contacting practices in pursuit of employment. Seventy percent began interviewing 4 to 9 months before the job start date, and 84% interviewed ≤ 6 candidates per available position. The 5 most important factors to participants when evaluating prospective candidates were (from most to least important) work ethic, personality, interview impression, experience in intensity-modulated radiation therapy, and flexibility. Factors that participants believed should be most important to candidates when evaluating practices included a collegial environment; emphasis on best patient care; quality of equipment, physics, dosimetry, and quality assurance; quality of the support staff and facility; and a multidisciplinary approach to patient care. Those in academics rated research-related factors higher than those in private practice, who rated business-related factors higher.

Conclusions: The perspectives of practicing physicians on the job application process are documented to provide a comprehensive resource for current and future residents and employers.

Key Words: ARRO, career planning, job, radiation oncology

J Am Coll Radiol 2014;■:■-■. Copyright © 2014 American College of Radiology

INTRODUCTION

Founded in 1982, the Association of Residents in Radiation Oncology (ARRO) has represented radiation oncology residents in the United States and has conducted surveys of these residents for almost 3 decades [1-9]. These surveys provide unique insights into radiation oncology residency training. In 2011, ARRO recognized the need

for residents to better understand the processes involved with securing postresidency employment. The first phase of this project was to survey graduating residents to determine which factors were most important to them when deciding on a first job and also what timeline was used to complete important tasks of the job application process [9]. The second phase of this project was to survey practicing physicians in both academic and private practice settings using a similar set of questions. The ultimate goal was to obtain information on the factors important to practicing physicians when hiring graduating residents and to corroborate the findings from the resident survey and assess any discrepancies. The results from the survey of practicing physicians are reported here.

METHODS

A web-based survey was developed in accordance with applicable Checklist for Reporting Results of Internet

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E-Surveys criteria [10], using as a guide data presented at the 2010 ARRO Career Seminar during the 52nd Annual Meeting of the American Society for Radiation Oncology in San Diego and the 2012 to 2013 career planning survey for graduating residents [9]. The survey was composed of 3 main sections. The first section collected demographic information detailing the participants' practice environments, locations, sizes, divisions of patients, and ownership, whether partnership is offered, and time to partnership. Additional questions assessed how often a new radiation oncologist is hired, how many in-depth interviews are performed per available job, the timing of those interviews in relation to the job start date, and when a resident should begin networking and contacting practices with the thought of looking for a job. Participants were asked to rate (on a 3-point scale) the knowledge of residents in post-graduate year (PGY) 5 in terms of what they are looking for in their future practice and also how important they believe it is for an applicant to have a lawyer review the contract before it is signed. In the second section of the survey, the participants were asked to rate a list of 24 factors in terms of their importance to them when evaluating a candidate for a position. In the third section of the survey, the participants were asked to rate a list of 32 factors in terms of how influential they believe each should be to an outgoing resident in his or her decision to accept an employment offer at a given hospital or practice. Each factor was rated using a Likert-type scale (1 = extremely important to 5 = not at all important). The factors were randomized by the survey software in a different order for every participant to reduce any bias related to the ordering of the factors. The participants were given an opportunity to add written comments after every question.

The survey was disseminated using SurveyGizmo (<http://www.surveygizmo.com>) in May and June 2013 via direct individual e-mails to all academic chairs and program directors in the United States ($n = 172$; hereafter referred to as "academic") and all radiation oncologists in the United States who listed themselves as in "private practice" or "community practice" in the online (<http://www.astro.org>) member directory of the American Society for Radiation Oncology ($n = 1,499$; hereafter referred to as "private practice"). The first page of the survey provided information on the investigator (ARRO), the length of the survey (5–10 min), and the purpose of the study. Participation was voluntary, and no incentives were offered for completion of the survey. Participants were encouraged to complete every question, although they were allowed to skip questions they preferred not to answer. Only completed questions and sections of the survey for each participant were included in the analysis. Responses were anonymous, and participants were not asked to report their specific institutions. Through the use of an e-mail invitation that uniquely tied the survey link to a given e-mail address, it

was ensured that each respondent filled out only a single survey. Up to 5 reminder e-mails were sent to those who did not respond, although those who did respond were not sent any further invitations to take the survey. To protect against unauthorized access to personal information, the SurveyGizmo account was password protected, and Secure Sockets Layer encryption was enabled.

Descriptive statistics were used to summarize the data from all participants. The χ^2 test and 2-tailed Student's t test were used as appropriate to compare subgroups of participants from academic versus private practice settings. Those who categorized themselves as in both academic and private practice were excluded from this analysis. Finally, the data from all participants in this study were compared with those of resident participants in our previous study [9]. P values $< .05$ were considered statistically significant. Statistical analysis was performed using Microsoft Excel 2007 (Microsoft Corporation, Redmond, Washington) and Stata version 12.1 (StataCorp LP, College Station, Texas). This study was approved by the local institutional review board.

RESULTS

A total of 1,671 surveys were e-mailed, and 206 responses were received, 72% ($n = 149$) from participants in private practice, 21% ($n = 44$) from participants in academics, and 7% ($n = 13$) from respondents who identified themselves as in both private practice and academics. This represents response rates of approximately 25% (44 of 172) for the academic physician list and 10% (144 of 1,499) for the private practice physician list. The demographics of the survey participants are shown in Table 1. Of the participants representing private practice, 74% offered full partnership, 11% offered partial partnership, and 15% did not offer partnership. The time to partnership in these practices was within the first 1 to 2 years for 59% of participants and within 3 to 4 years for 41% of participants.

All academic participants stated that new patient consults were at least partially distributed in a disease site-specific fashion, whereas 61% of private practice participants had no disease site-specific differentiation in their practice. Those who do hire for disease site-specific jobs commented in a follow-up free response question that additional factors they use to evaluate applicants include interest, experience, and abstracts or publications related to that disease site, although these qualities are not necessarily required.

Forty-nine percent of participants said that positions open at their institutions on average once every 5 or more years, while 41% have openings once every 2 to 4 years, and only 15% typically offer jobs yearly or have multiple positions open per year. Generally 1 to 3 or 4 to 6 interviews are carried out per available job (42% each), while 16% carry out ≥ 7 interviews per available job. Ninety-eight percent of academic participants and

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