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Combining disparate surgical residencies into one: lessons learned

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ABSTRACT

Background: Attitudes, career goals, and educational experiences of general surgery residents are profiled during the acquisition of a community residency program by an academic residency program.

Materials and methods: The study population included all general surgery residents postgraduate years 2–5 in a tertiary academic medical center divided into community program matriculants (CPM) or academic program matriculants (APM). A survey compared perceptions before and after residency amalgamation in seven training categories as follows: relationships among residents, relationships with faculty, systems interactions, clinical training, surgical training, scholarship, and career plans. Responses were recorded on a Likert scale. Fisher exact test and one-sided *t*-test were applied.

Results: Thirty-five trainees (83%) participated, 23 APM (66%) and 12 CPM (34%). Neither cohort reported significant negative perceptions regarding surgical training, career planning, or scholarship ($P > 0.05$). There was a greater likelihood of significant negative perceptions regarding inter-resident relationships among CPM ($P < 0.05$). CPM perceived significantly improved opportunities for scholarship ($P < 0.01$) and nationwide networking through faculty ($P < 0.05$) after acquisition. There was a nearly significant trend toward CPM perceiving greater access to competitive specialties after acquisition. Overall, CPM perceptions were affected more often after acquisition; however, when affected, APM were less likely to be positively affected (odds ratio, 2.9).

Conclusions: Acquisition of a community surgery residency by an academic program does not seem to negatively affect trainees' perceptions regarding training. The effect of such acquisition on CPMs' decision to pursue competitive fellowships remains ill defined, but CPM perceived improved research opportunities, faculty networking, and programmatic support to pursue a career in academic surgery.

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1. Introduction

In the current era of financial constraints and health care reform, there has been an increase in the number of hospitals and health care systems merging not seen since the mid-1990s [1]. In many cases, smaller community hospitals are being acquired by larger academic health care institutions [2,3]. Along with these acquisitions and mergers comes the question of what to do with these hospitals' affiliated residency training programs. Although there has been some literature published regarding the process and outcomes of merging general surgery residency programs, there has not yet been any published literature regarding the acquisition of a small community program into a larger academic surgical training program [4–6]. Moreover, no previous literature attempts to describe how this type of acquisition might affect perceptions of training or career plans for the affected surgical residents.

In 2012, Yale New-Haven Hospital, a 962-bed tertiary referral hospital and the flagship training hospital of the Yale general surgery residency program, acquired the Hospital of Saint Raphael, a 406-bed community hospital, necessitating the combination of two disparate training programs. The 2013 intern class applied and matched to the combined Yale New-Haven Hospital general surgery residency.

Attitudes, shifts in career goals, and educational experiences of general surgery residents are profiled during the acquisition of the Hospital of Saint Raphael community residency program by the Yale New-Haven Hospital academic residency program.

2. Material and methods

2.1. *Study design and sample population*

In 2013, during the first academic year after the acquisition of the community residency program by the academic residency program, all general surgery residents postgraduate years (PGY) 2–5 at the tertiary academic medical center were surveyed using an online tool (2013 Qualtrics, LLC, Provo, Utah). PGY 1 residents were specifically excluded because they were matched to the already-combined program. Because we were interested in the perceptions of general surgery matriculants before and after the acquisition, surveys of interns, research residents, and noncategorical general surgery residents were not performed.

Forty-two residents were sent the survey. The response group was divided into community program matriculants (CPM) or academic program matriculants (APM). An informative introduction indicating that participation was voluntary and ensuring confidentiality was provided with each survey. Completion of the survey constituted implied consent. The Human Investigation Committee at the Yale University School of Medicine approved the research protocol for exemption.

2.2. *Survey instrument*

To appropriately construct the survey, we used a multistage approach that has previously been validated as a technique for developing qualitative survey tools [7,8]. The first stage used open-ended interviews to identify factors that residents perceived as central to their training experience before and after the acquisition. We randomly selected surgical residents and used sampling strategies to ensure representation from both matriculant groups across program years. None of the individuals contacted refused to participate.

We conducted indepth interviews to generate narrative data regarding training experiences and career goals of residents before and after the acquisition. We interviewed residents until no new concepts were discussed in additional interviews. This occurred after seven interviews. The interviews investigated training experience and career goals using open-ended questions such as "what did you like best about being a resident at your program prior to the acquisition?" and "how do you feel about your career path after the acquisition?" The interviews were transcribed, and themes were identified and coded. The research team identified recurrent concepts that described the residents' training experiences and career goals.

Based on these themes, 42-paired before-and-after statements were developed to compare perceptions before and after residency combination in seven training categories as follows: relationships among residents, relationships with faculty, systems interactions, clinical training, surgical training, scholarship, and career plans (Table 1). To further validate the study instrument, the survey was distributed to 11 residency program directors at our institution whose programs were also affected by the acquisition of the community hospital. These program directors of both surgical subspecialties and nonsurgical specialties advised on apparent biases, breadth, and applicability of the survey.

The resident respondents agreed with each statement on a 5-point Likert response scale ranging from strongly agree to strongly disagree. Surveys were performed anonymously but included classification of PGY in training. Respondents were given the ability to give some free response elaboration to their answers at the end of the survey. The before-and-after surveys were administered at a single point of time, 4 mo after the hospital acquisition and combination of the residency programs occurred.

2.3. *Data analysis*

That Likert scale was condensed to a binary response of agree or disagree; only responses of "agree" and "strongly agree" counted toward responses of agreement, whereas responses of indifference or disagreement counted as disagreement. Statistical significance was evaluated on agreement or disagreement with perception statements by applying Fisher exact test and one-sided *t*-test to the measure of difference between level of agreement, comparing resident groups' perceptions after acquisition and change in resident perceptions by group before and after the acquisition. Statistical significance was defined as $P < 0.05$, and confidence intervals were defined as 95%. Analyses were conducted using Prism software, (version 6c, GraphPad Software, Inc, La Jolla, CA).

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