

Results From a Transitional-Year Program Director Survey: Identifying Crucial Issues and Concerns

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Abstract

Background Transitional Year (TY) programs meet an important need by preparing residents for specialties that accept individuals after an initial preparatory year. To our knowledge, no surveys to date have been conducted to identify attributes of TY programs and concerns of TY program directors.

Purpose The purpose of this study was to review TY program characteristics and identify critical issues and concerns of TY program directors (TYPDs).

Methods A web-based, 22-question survey was sent to all 114 TYPDs of programs accredited by the Accreditation Council for Graduate Medical Education between January and April 2011. The survey included open-formatted and closed-formatted questions addressing program and institution demographics, program director time, administrative support, satisfaction, and future plans.

Results The survey response rate was 86%. The median age of TY programs was 28 years, with few new programs. More than 80% of TY programs were conducted at community hospitals and university-affiliated community hospitals. Of the responding TYPDs, 17% had served less than 2 years, and 32% had served 10 years or more. Common sponsoring TY programs included internal medicine (88%), general surgery (42%), family medicine (25%), emergency medicine (24%), and pediatrics (18%). Overall, TYPDs were satisfied with their positions. They expressed concerns about inadequate time to complete duties, salary support, and administrative duties assigned to program coordinators. Forty-nine percent of TYPDs reported they planned to leave the position within the next 5 years.

Conclusions Our survey provides useful information to assist institutions and the graduate medical education community in meeting the needs of TYPDs and strengthening TY programs.

Editors Note: The online version of this article contains the questionnaire used in this study.

Introduction

Residency program directors are pivotal in the recruitment, training, and education of physicians in training. Surveys of

program directors from other disciplines have demonstrated problems with poor job satisfaction and high turnover rates.¹⁻¹³ No surveys have been conducted, to our knowledge, of transitional year program directors (TYPDs).

Transitional year (TY) residency programs have been formally recognized and accredited since 1983. These programs are unique because they are the only 1-year accredited residency programs. Graduates of these programs typically continue on to subsequent training in the specialties of anesthesiology, dermatology, diagnostic radiology, ophthalmology, radiation oncology, and physical medicine and rehabilitation. The TY programs are generally small, and concerns have been raised about whether TYPDs are provided adequate protected time and institutional support.

This study surveyed TYPDs and sought to clarify TY program demographics, protected time and institutional support, job satisfaction, and turnover rates for TYPDs and to elicit their suggestions for measures to strengthen TY programs.

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Funding: The authors report no external funding source for this study.

The views expressed are those of the authors and do not reflect the official policy of the Department of the Army, the Department of Defense, or the US Government.

A preliminary, oral presentation of this work was delivered at the Association for Hospital Medical Education Educational Institute; April 15, 2011; Denver, Colorado.

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Received July 20, 2011; revisions received August 23, 2011, and September 8 2011; accepted September 9, 2011.

DOI: <http://dx.doi.org/10.4300/JGME-D-11-00172.1>

Methods

Study Design and Participants

A web-based, cross-sectional survey was distributed to all 114 TYPDs of programs accredited by the Accreditation

Council for Graduate Medical Education (ACGME) in the United States and Puerto Rico between January and April 2011. Nonrespondents were sent follow-up e-mail reminders every 2 weeks during that period to increase the response rate. General characteristics of TY programs and directors for respondent and nonrespondent programs were acquired from the ACGME website.

Survey

A 22-question survey was designed by 2 TYPDs and a survey-instrument designer who were familiar with the unique characteristics of TY residency training programs. The instrument was then peer-reviewed and extensively revised after receiving input from senior TYPDs not directly involved in the study to ensure readability, completeness, and appropriateness. The survey was designed with skip patterns and structured response formatting (eg, only 1 selected response per question; numeric-based questions required numeric responses) to ensure completeness and internal validity. To maximize instrument validity, the questions and language were reviewed, directors were not asked to recall past events or information not readily available, fixed scales or Likert responses were used, and potential respondents were informed that individual responses would be de-identified.

Fourteen questions addressed program and institutional demographics, administrative support, and TYPD time and salary support using a closed question format. Four survey questions addressed TYPD satisfaction with institutional support, salary support, time allocation, and overall satisfaction with the TYPD position, using Likert scales to grade responses. The final 4 questions used an open format to collect information about future TYPD plans, planned institutional changes, factors important to strengthening programs, and any additional concerns.

Statistical Analysis

Comparative analyses between respondents, nonrespondents, and the total population of TY programs were based on Fisher exact and Wilcoxon rank sum tests. Analyses evaluated the representativeness of the survey sample. Survey results were aggregated and presented using counts with percentages, medians, and means with standard deviations. Missing values were noted and were considered noninfluential at less than or equal to 3%. Survey questions were examined using Spearman rank correlation coefficient (ρ), to evaluate correlations between question responses. The TYPD satisfaction questions (ie, time allotted for duties, salary support, institutional support, and overall satisfaction in serving as TY director) were examined using an overall Cronbach α . Statistical tests were 2-tailed, based on a .05 level of

What was known

Transitional year (TY) programs prepare residents for subsequent training in selected specialties. Concerns have been voiced whether directors of TY programs receive sufficient protected time and institutional support and whether these programs continue to be viable and useful.

What is new

While generally satisfied and expressing support for the TY, respondents echoed the concerns about lack of time, salary support, and administrative duties, and nearly half reported plans to leave their position in the next 2 to 3 years.

Limitations

Self-reports and a lack of data from programs accepting individuals who completed a TY program.

Bottom line

Suggestions for strengthening TY programs included enhancing the curriculum, broadening electives, strengthening relationships with sponsoring residency programs, improved institutional support, and assistance in meeting the new ACGME duty hour and supervision requirements.

significance. Analyses were conducted using SAS, v.9.2 (SAS Institute, Cary, NC).

Open-format questions were reported verbatim and categorized into key response themes. Categorical responses were collapsed into parsimonious groups when responses were sparse or nonexistent for categories. The study was reviewed and certified exempt by the Iowa Health Des Moines Institutional Review Board.

Results

Respondents Versus Nonrespondents and the Total Population of TY Programs

An online link to the survey was sent to the 114 TYPDs of ACGME-accredited programs; 98 surveys were completed (86% response rate). Responding programs were similar to the 114 programs in institutional setting ($P = .97$), age of program ($P = .79$), number of residents trained ($P = .87$), sponsoring programs ($P = .97$), and current years served as TYPD ($P = .97$). There were also no significant differences between respondent and nonrespondent programs.

Program Characteristics

More than half of the responding TY programs were based at university-affiliated community hospitals, 25% at community hospitals, and approximately 10% each at university hospital and military hospital programs. The median program size was 10 residents. Twelve programs reported training the minimum number of 4 residents per year, and 9 programs trained 20 or more residents per year. The median length TY programs had existed was 28 years, with this number biased by the initial accreditation year of 1983. Only 7 responding programs were started within the

TABLE 1 TRANSITIONAL-YEAR PROGRAM DIRECTOR CHARACTERISTICS

Characteristic	Respondents (n = 98)
Sex, No. (%)	
Male	69 (70.4)
Female	29 (29.6)
Years served as program director, mean (SD)	7.7 (7.2)
Director/associate program director of another residency program, No. (%)	
Yes	39 (39.8)
No	59 (60.2)
Program coordinator support, No. (%)	
Separate program coordinator	34 (34.7)
Shared program coordinator	64 (65.3)

past 5 years. The ACGME data showed that more than 20 programs closed during that same 5-year period.^{14,15}

The TY programs are required to have at least 2 sponsoring ACGME-accredited residency programs. The most common program sponsors were internal medicine (88%), general surgery (42%), family medicine (25%), emergency medicine (24%), and pediatrics (18%). Only 5% of the surveyed programs did not list either internal medicine or general surgery as a sponsoring program.

Most TY programs were located at institutions that sponsor a small number of other graduate medical education programs. The median number of other accredited residency programs was 5, and the median number of accredited fellowship programs was 2. Several community hospital-sponsored programs indicated that they had no accredited residency or fellowship programs at their institutions but were affiliated with institutions conducting 2 or more ACGME-accredited residency programs that served as sponsors for their TY programs.

Program Director Characteristics

The survey sample consisted of 69 men (70%) and 29 women (30%). The respondents' mean job tenure was 7.7 years. Forty percent also served as a program director or associate program director for another residency or fellowship program at their institution (TABLE 1).

Program Director Satisfaction

Survey respondents spent a median of 20% of their time fulfilling TYPD duties, but there was wide variation from a low of 10% to a high of 90%. Time spent as TYPD tended to vary based on program size, other medical education

responsibilities, and institutional setting. More than 70% of TYPDs were satisfied with the time allotted to fulfill his or her duties. However, 19% of those surveyed were neutral, and approximately 9% were dissatisfied with the amount of time allotted for completion of TYPD duties (TABLE 2).

Sixty-five percent of TY program coordinators were shared with the graduate medical education office or another residency program. The sharing of TY program coordinators presented problems for 45% of the TYPDs surveyed. Despite those concerns, more than 85% of TYPDs indicated that they were satisfied with the institutional support provided to them. The TYPDs reporting slight to no problems with sharing a coordinator had higher satisfaction scores with their level of institutional support ($r = 0.2715$; $P = .04$).

Forty-nine percent of TYPDs intended to serve less than 5 additional years in the program (TABLE 3). The most common reasons provided by TYPDs for leaving their positions were career advancement and pursuit of other professional interests, with 2 respondents stating that their program was closing at the end of the 2010–2011 academic year (TABLE 4).

Important Factors to Strengthen TY Programs

There were 101 meaningful responses provided by TYPDs on ways to strengthen TY programs. The most common responses included strengthening the curriculum and broadening electives (25%), improving institutional support and funding (15%), and assistance meeting the new ACGME duty hour and supervision requirements (10%) (TABLE 5). The need to improve institutional support included those advocating for more TYPD

TABLE 2 PERCENTAGE OF RESPONSES TO SATISFACTION QUESTIONS BY TRANSITIONAL-YEAR PROGRAM DIRECTORS

Question Themes	Likert Scales, %				
	Very Dissatisfied 1	Dissatisfied 2	Neutral 3	Satisfied 4	Very Satisfied 5
Satisfaction with time for duties ^{a,b}	1	8	19	40	32
Satisfaction with institutional support ^{a,c}	0	2	12	42	44
Satisfaction with salary support ^{a,b}	1	12	29	32	26
Overall satisfaction serving as TYPD ^{a,c}	0	0	2	43	55
		No problem 1	Slight problems 2	Moderate Problems 3	Major Problems 4
Problems with sharing program coordinator ^d		55	33	11	1

Abbreviation: TYPD, transitional year program director.

^a An overall Cronbach α was calculated for these 4 TYPD satisfaction questions, which displayed a good level of internal reliability (0.80).

^b $n = 97$.

^c $n = 96$.

^d $n = 64$ respondents (ie, 64 programs shared coordinators).

protected time and those indicating the need for a dedicated program coordinator. Other responses included the need to improve or expand relations with sponsoring residency programs, to establish strong affiliations with nearby university programs, to receive assistance with medical student recruitment, and to receive assistance with recruitment and training of faculty to teach residents.

Finally, the growing number of specialty residency programs deciding to capture the first postgraduate year as part of its categorical program was a concern for current TYPDs. Several respondents cited the need to more aggressively advocate for the value of the broad educational experience provided by TY training.

Discussion

This survey provides information about the current state of ACGME-accredited TY programs and their directors. Survey respondents had a mean job tenure of 7.7 years. That time is nearly identical to the mean tenure of 6.8 years for both internal medicine and surgery program directors,^{8,11} which are the 2 most common sponsors of TY programs. The survey also documented an ongoing high turnover in TYPDs, with 17% appointed within the past 2 years, and 49% planning to leave his or her position within the next 5 years. This information differs from the 22% of surgery program directors who plan to leave their

TABLE 4 IF YOU PLAN TO QUIT SERVING AS PROGRAM DIRECTOR, WHAT ARE THE PRINCIPAL REASONS?

Categorized Reasons	Respondents ($n = 33$), No. (%)
Career advancement/other interests	12 (36.4)
Retirement/age	8 (24.2)
Competing responsibilities	4 (12.1)
Lack of institutional support	4 (12.1)
TY program closing	2 (6.1)
Increased accreditation requirements	1 (3.0)
Personal	1 (3.0)
No future career path	1 (3.0)

Abbreviation, TY, transitional year.

TABLE 3 HOW LONG DO YOU PLAN TO CONTINUE SERVING AS PROGRAM DIRECTOR?	
Category	Respondents ($n = 97$), No. (%)
< 1 y	10 (10.3)
1–2 y	12 (12.4)
3–4 y	25 (25.8)
5–6 y	33 (34.0)
> 6 y	12 (12.4)
Other ^a	5 (5.1)

^a Other categories included: unknown ($n = 3$) and depends on opportunities ($n = 2$).

TABLE 5 WHAT FACTORS ARE IMPORTANT TO STRENGTHENING TRANSITIONAL-YEAR (TY) RESIDENCY PROGRAMS FOR THE FUTURE?	
Factors to Strengthen TY Programs	Responses (n = 101), No. (%)
Improve curriculum and resident electives	25 (25)
Institutional support and funding	15 (15)
Meeting new ACGME requirements	10 (10)
Affiliation with other sponsoring programs	9 (9)
Faculty development and support	8 (8)
Medical student recruitment	8 (8)
More PD protected time	7 (7)
TYRC and CTYPD support and guidance	6 (6)
Survival of TY programs	5 (5)
Stronger University affiliation and support	4 (4)
Improved collaboration with categorical programs	2 (2)
Resident placement after TY training	2 (2)

Abbreviations: ACGME, Accreditation Council for Graduate Medical Education; CTYPD, Council of Transitional Year Program Directors; PD, program director; TYRC, Transitional Year Review Committee.

position within the next 5 years.⁸ Identical information was not available for internal medicine program directors.

Survey respondents spent a median of 20% of their time fulfilling TYPD duties. Surveys of surgery and internal medicine program directors revealed a greater amount of protected time for those programs. Surgery program directors spend a median of 28% of their time completing program director duties,⁸ whereas internal medicine program directors spent a median of 50% of their time.¹⁶

The survey identified important factors to strengthen TY programs. Several factors identified were common to concerns identified by surgery and internal medicine program directors in recent surveys.^{8,11} These factors included strengthening institutional support and funding, providing additional assistance to help programs meet new ACGME duty hour and supervision requirements, and improving salary support for TYPDs. One concern that was cited by both surgery program directors and TYPDs, although not internal medicine program directors, was providing more protected program director time. Two factors uniquely cited by TYPDs included the need to improve curricula and the need to improve program coordinator availability. Results of this survey can prompt sponsoring institutions to inquire about these concerns within their TY programs.

The survey revealed a high rate of satisfaction among TYPDs. Positive responses were seen in the amount of time allotted for duties (72%), salary support (58%), institutional support (86%), and overall satisfaction with serving

as TYPD (98%). These 4 TYPD satisfaction questions displayed a good level of internal reliability, as assessed by an overall Cronbach α . Although these satisfaction data seemed similar to results obtained in recent surveys of internal medicine and surgery program directors, differences in each program's survey instrument did not allow for direct comparison of general satisfaction levels.

Conclusions

This study provides the first national survey of TYPDs. The survey provides insights into TYPD challenges that are similar to those recently reported from surveys of program directors in surgery and internal medicine. Unique concerns identified by TYPDs included matters related to the curriculum and the need to improve program coordinator availability.

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