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CANADIAN ASSOCIATION OF INTERNES & RESIDENTS

ANNUAL MEMBER SURVEY

Summary of Key Findings

2013 NATIONAL RESIDENT SURVEY






The Canadian Association of Internes and Residents (CAIR) is the national representative body of over 8,000 Resident Physicians in Canada. CAIR is a resident-driven organization that works collaboratively with other national health organizations to continuously improve patient care and explore new approaches to the delivery of health care. CAIR works to achieve consensus on policy and advocacy issues of a national interest. It delivers improvement to the lives of Resident Physicians in such areas as personal well-being, medical education quality and professionalism.

Message from CAIR President

As the national leader in Canadian resident advocacy, the Canadian Association of Internes and Residents (CAIR) is pleased to release the key findings from our 2013 national survey research. We hope this provides a valuable contribution to all our medical education, health organization and government stakeholders.

This second iteration of our national resident survey was undertaken as part of CAIR's broader effort to help support policy development and advocacy. CAIR again retained Nanos Research to conduct the survey, which focused on different aspects of members' residency experience, workload, future plans, employment opportunities, and other issues of concern and interest to resident physicians across Canada.

These research results offer useful insights into the current situation of resident trainees, as well as emerging issues for postgraduate medical education, physician and patient wellbeing, and the practice of medicine in Canada. As both learners and front-line care providers, residents are uniquely positioned to respond to issues from both perspectives, and to advocate for advancements in medical education and physician practice.

Finally, I would like to thank everyone involved for their hard work on this project, particularly the team at Nanos Research, the CAIR Management Committees, our Provincial Housestaff Organizations, and all residents who participated in the survey.

Jennifer Meloche, MD
2013-14 CAIR President

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Key Findings

The findings presented here are based on an online survey conducted by Nanos Research between March 19 and May 1, 2013. A total of 1,975 CAIR members[1] participated in the survey, resulting in a participation rate of 22.8%.[2]

OVERALL SATISFACTION WITH RESIDENCY

- **Training environment** – Asked to rate their satisfaction with different areas of their residency, three in five respondents (62.1%) said they were satisfied with their training environment, ranking it an 8-10 out of 10 (almost unchanged from 62.5% in 2012). Only a small number (3.1%) were unsatisfied (1-3 out of 10).

- **Work-life balance** – Just under half of respondents (45.5%) were satisfied with their work-life balance (up slightly from 44.6% in 2012). A similar number were neutral in terms of their satisfaction (4-7 out of 10), and nearly one in ten (8.8%) were unsatisfied.

- **Mentor provided by program** – Of the three areas mentioned, respondents were the least satisfied with this aspect of their residency. Only two in five (39.9%) were satisfied with the mentor provided by their program (similar to 39.7% in 2012), while nearly one in seven (14.6%) were unsatisfied (up slightly from 13.3% in 2012).

WORK HOURS AND FATIGUE

- **Work hours and patient safety** – Respondents worked an average of 62.6 hours per week during their last rotation (down slightly from 63.7 in 2012), and slept an average of 3.2 hours per day while on call (3.1 in 2012). On average, respondents felt they were able to consistently provide safe patient care for 19.0 consecutive hours (down slightly from 19.2 in 2012). The optimal number of consecutive in-house duty hours cited by respondents was somewhat lower at 16.8 hours (16.6 in 2012). Compared to other specialties, residents in a surgical specialty reported working the most number of hours per week (75.1), and cited the highest optimal number of consecutive in-house duty hours (20.2).

- **Impact of work-related fatigue on residency experience** – More than eight in ten respondents said that work-related fatigue had impacted their educational experience (84.2%) and work satisfaction (83.0%). Work-related fatigue also had an impact on resident's irritability with coworkers (69.9%) and patients (54.0%), as well as on medical errors that did not reach the patient (48.7%) and those that did (29.8%). The type of impact was almost universally negative or somewhat negative.

- **Other impacts of work-related fatigue** – Asked about other aspects of their life, the majority of respondents said that work-related fatigue had an impact on their physical health (83.3%), on their relationships with family (79.8%) and friends (75.7%), and on their mental health (69.9%). The type of impact was almost universally negative or somewhat negative.

[1] CAIR members include all resident physicians training in Canada, excluding those in Quebec.

[2] Because the sample source was not random (survey invitations were sent to all CAIR members), a margin of error does not apply to this survey. Given the high participation rate, readers should have confidence in these numbers.

- **Support for program changes** – Two in three respondents (67.1%) either supported or somewhat supported changes to resident duty hours in their program. Support was driven by reasons such as improved resident wellbeing and safety (23.6%), improved educational experience (21.1%), a reduced number of consecutive hours worked (21.0%) and the ability to provide better patient care (20.6%). Those opposed to changes cited concerns over a potential loss of learning opportunities (26.4%), the possibility of longer training (22.4%), and concern for continuity of care (21.8%).

- **Experience with program changes** – Nearly one in four (24.3%) respondents said their program had made changes to resident duty hours within the past two years. A majority (67.7%) of those who had experienced changes described them as having a positive or somewhat positive impact. Residents in surgical and medical specialties were the most likely to have experienced program changes (30.0% and 26.4%); and night float with shorter consecutive or staggered shifts (34.1%) and re-ordered call responsibilities (25.4%) were the two most likely changes to have been implemented.

PATIENT HANDOVERS

- **Handover training** – When asked to describe the training they received in patient handovers, informal training taught by a senior resident or staff physician accounted for more than half of responses (56.7%). Less than one in five cited training received as part of orientation (17.4%), during an academic half-day (11.4%) or as part of another formal session (10.6%).

- **Handover methods** – More than four in five (82.3%) respondents said their main method for doing handovers was face-to-face; however the majority (70.3%) of respondents who used this method indicated it was not a standardized process for their residency program. Other main methods cited by respondents for doing patient handover included over the phone (34.0%), electronic shared documents (28.9%), email (13.5%) and handwritten (8.9%).

- **Adverse events and improving handover** – Half of respondents (49.1%) had either witnessed (33.3%) or been directly involved in (15.8%) an adverse event that could have been prevented with a more adequate patient handover. Asked to consider a variety of methods to potentially improve handover skills, respondents ranked receiving feedback on their handover methods/skills as most useful (65.0%), followed by one-on-one teaching from a senior resident or attending physician (57.2%).

INAPPROPRIATE BEHAVIOUR

- **Experience of inappropriate behaviour** – Conflict or disrespect between specialties was the most frequently cited type of inappropriate behaviour witnessed or personally experienced by residents, accounting for three in four responses (76.1%). Other frequently cited types of inappropriate behaviour were staff gossip (62.8%), pressure to work long hours/do extra work (62.5%), negative/unconstructive feedback (59.3%), yelling/shaming/condescending (55.0%), senior staff unwilling to teach residents (54.4%) and intimidation or bullying (30.8%).

- **Addressing inappropriate behaviour** – Asked what steps they had taken to address the inappropriate behaviour they had witnessed or experienced, more than a third of responses (32.3%) indicated that no steps had been taken. For those who said they did not take any steps to address the inappropriate behaviour, the most commonly cited reasons were that this would not change or remedy the situation (34.1%) and fear of reprisal (21%).

CAREER COUNSELLING

- **Current situation** – Asked about the primary method of career counselling received during their residency, nearly three in ten respondents (27.9%) had not received any career counselling, while half (52.9%) had received informal career counselling. Only small numbers of residents had received formal career counselling that was either specialty-specific (10.1%) or generalized (6.3%).

- **Access to career counselling** – Among those who did not receive any career counselling, the majority (58.0%) were unsure whether this was available to them from their faculty of medicine or residency program. Nearly one in five (26.9%) said there was no counselling available, and only a handful said they had access to career counselling from their program (6.2%), their faculty of medicine (3.3%), or both (5.6%).

- **Satisfaction with career counselling** – Among those who had received career counselling within their program, one in four (26.2%) were unsatisfied, rating it a 1-3 out of 10. Two in five (44.5%) rated their satisfaction as neutral (4-7 out of 10), and one in six (16.0%) were unsure. Only one in eight (13.3%) respondents were satisfied (8-10 out of 10) with their career counselling.

- **Preferences for receiving career counselling** – When asked whether they preferred to receive career counselling in a formal or informal setting, more than half (62.0%) preferred a formal setting, either one-on-one with a career specialist (36.7%) or integrated into medical school/residency curricula, while three in ten (31.0%) preferred informal career counselling in a group setting, either with residents in their program (20.6%) or simply with their peers (10.4%). The vast majority of respondents (94.8%) also said they would prefer to receive career counselling from a mentor in their specialty.

MENTORSHIP

- **Current situation** – Asked about their current situation with respect to mentorship during residency, three in ten respondents (31.5%) did not have a mentor – and most said they would like one. Almost three in ten (29.6%) had a formal mentor assigned by their program, while one in four (26.4%) had found their own mentor. Family medicine residents were most likely to have a formal mentor assigned to them through their program (53.5%), while surgical residents were more likely to have found their own mentor (36.9%).

- **Preferred characteristics** – Asked to rate the importance of different factors to have in a mentor, a majority of respondents cited similar professional interests (68.7%) and related clinical experience (62.1%) as important, rating them an 8-10 out of 10. Other factors cited as important include geographic proximity (45.5%), chosen by me (37.3%), and related research experience (22.3%).

- **Mentor-match database** – More than two in three respondents (68.2%) were interested or somewhat interested in a service such as a mentor-match database to help find a mentor in their area of interest.

TRANSFERS

- **Transferring specialties** – The majority of respondents (76.5%) did not plan to apply for a transfer from their current specialty – down from 89.8 per cent in 2012. About one in seven (15.2%) had considered transferring, but ultimately did not. Only 4.5 per cent of respondents had applied for or completed a transfer, and a smaller number (2.0%) were considering it. The remainder (1.8%) were unsure.

EMPLOYMENT OPPORTUNITIES AND RECRUITMENT

- **Current employment situation** – One in five residents (21.2%) described their current situation as "still looking for employment for after graduation" – up slightly from 19.4% in 2012). Of those still looking, the majority (86.5%) were in a specialty training program (39.0% medical specialty, 26.1% surgical specialty and 19.4% other specialties). One in five residents (12.3%) had secured employment for after graduation, most having learned about the position through a personal contact (34%) or been actively recruited (35.2%).

- **Confidence in job prospects** – Overall, seven in ten respondents (72.8%) said they were confident (43.3%) or somewhat confident (29.5%) about their prospects of finding employment in Canada after completing residency. This left close to one in three (27.2%) either not confident (11.9%), somewhat not confident (12.1%), or unsure (3.2%). Confidence levels varied and were highest among family medicine residents, with more than four in five (85.0%) indicating they were confident. By contrast, residents in surgical specialties were the least likely to feel confident (16.4%). Results were consistent between the 2013 and 2012 National Resident Surveys.

- **Willingness to relocate within Canada** – Respondents were most likely to be willing to move to a large urban or suburban centre (88.0%) in Canada if they knew there were jobs available there. Two in three (66.5%) said the same about an inner city location, while more than half (52.1%) said they would be willing to more to a small town or rural location. Respondents were least likely to be willing to move to a geographically isolated or remote location in Canada (20.5%).

- **Jobs and choice of specialty** – When asked if they would have chosen their current specialty if they had known at the start of their residency that there were limited jobs available, nearly half (44.7%) said they would still have chosen it. Almost three in ten (28.7%) would have chosen a different specialty, while one in four (26.6%) were unsure. These responses are comparable to those given in 2012 to a similar question, when nearly half of respondents (48.9%) said they would apply for the same specialty again, three in ten (29.8%) said they would not, and one in five (21.3%) were unsure.

- **Information on job trends** – A majority of respondents said that being given information on areas of needs and job trends within Canada would be helpful or somewhat helpful in guiding their career planning in terms of the location of their future practice (87.0%), their choice of practice setting type (86.3%) and their choice of specialty/subspecialty (75.3%).

FUTURE PLANS

- **Further training** – Asked about plans to undertake further training after their residency, nearly half (46.1%) of respondents were planning to undertake or currently enrolled in a fellowship training – with surgical residents the most likely (61.1%) to do so. Reasons cited for this decision were future employment/career goals (30.3%), personal interest/enjoyment (24.3%), and a need for more training/skills/specialization (22.7%). Among those planning to undertake or currently enrolled in a third year of specialized family medicine training (R3), respondents cited the same top three reasons for their decision to pursue additional training.

- **Transition to independent practice** – A significant majority of respondents (78.2%) said that, when transitioning to independent practice, they would be interested (47.3%) or somewhat interested (30.9%) in a service connecting new graduates with retiring physicians looking to pass on their practice; interest was greatest among residents in surgical specialties (64.3%). The majority (80.9%) also indicated they would be interested (52.1%) or somewhat interested (28.2%) in a job-sharing program for a limited time period that would help them gradually take over the practice of a retiring physician; again, interest was greatest among residents in surgical specialties (87.9%).

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