

CANADIAN ASSOCIATION
OF INTERNES & RESIDENTS
ANNUAL MEMBER SURVEY

Summary of Key Findings
2012 NATIONAL RESIDENT SURVEY



The future of medicine is here

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

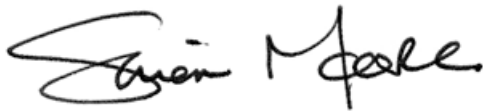
As the national leader in Canadian resident advocacy, the Canadian Association of Internes and Residents (CAIR) is pleased to release the key findings from our 2012 national survey research. We hope this provides a valuable contribution to all our medical education, health organization and government stakeholders.

This national resident survey was undertaken as part of CAIR's broader effort to help support policy development and advocacy. CAIR 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.

Plans for the next iteration of CAIR's National Resident Survey are already underway for Spring 2013, with increased focus on career planning, residency education and physician resource planning.

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.

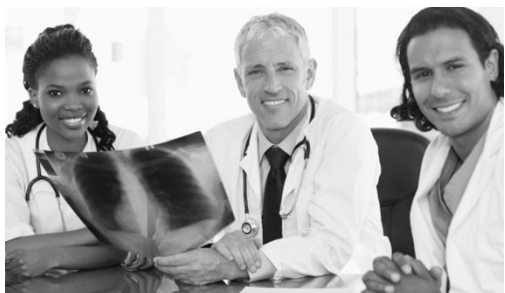
A handwritten signature in black ink, reading "Simon Moore". The signature is fluid and cursive, with the first name "Simon" and the last name "Moore" clearly distinguishable.

Simon Moore, MD
2012-13 CAIR President

Key Findings

The findings presented here are based on an online survey conducted by Nanos Research between April 29 and May 31, 2012. A total of 2,305 CAIR members¹ participated in the survey, resulting in a participation rate of 29.1%.²

- Overall satisfaction with residency** — Asked to rate their satisfaction with different areas related to their residency on a scale of 1 to 10, six in ten respondents (62.8%) said they were satisfied with their training environment, ranking it an 8, 9 or 10 out of 10. Fewer than half said they were satisfied with the mentor provided by their program (45.1%), or with their work/life balance (44.7%). Of the three areas, respondents were most likely to say they were unsatisfied with their official mentor – about one in six (15.2%) ranked their satisfaction in this area a 1, 2 or 3 out of 10.
- Positive feeling about evaluations** — Respondents were presented with three statements about the way they were evaluated, and were asked whether or not they agreed. Eight in ten (82.3%) agreed or somewhat agreed that they were evaluated on their actual skills and knowledge, and a similar number (80.5%) agreed or somewhat agreed that they were evaluated in a timely manner. Nearly eight in ten (77.8%) also agreed or somewhat agreed that the way in which they were evaluated was valuable to them. About two in ten disagreed or somewhat disagreed with each of these statements.
- Distribution and importance of mentorship** — In describing their current situation with regards to mentorship, three in ten respondents (30.5%) said they did not have a mentor. About one in four (23.0%) had a mentor provided by their program, while a further one in ten (13.2%) had both a mentor provided by their program and an informal mentor. Asked what types of mentorship were important to have during residency, two main themes emerged: career planning and professional development, on the one hand, and coping with the residency and educational workload, on the other.
- Dealing with inappropriate behaviour** — More than seven in ten (72.9%) respondents said they had experienced inappropriate behaviour from others that made them feel diminished during their residency. Half of all respondents (50.5%) said they had experienced this behaviour from either staff physicians or nursing staff. The most commonly cited type of behaviour was yelling/shaming/condescension by colleagues (26.6%). Nearly four in ten (37.8%) cited their program director as a resource to help deal with inappropriate behaviour, and just over half (54.9%) said that the resources available to them were effective or somewhat effective.



¹ CAIR members include all residents in Canada, excluding 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.

- **Work hours and patient safety** — Respondents worked an average of 63.7 hours in a week during their last rotation, and felt they were able to provide 19.2 consecutive hours of safe patient care. The optimal number of consecutive work hours cited by respondents was slightly lower, at 16.6. Three in four residents (76.2%) reported making errors at work due to the



More than three in four residents said they had made errors at work due to the consecutive number of hours they worked, and more than half said they had been in potentially hazardous driving situations due in part to work-related fatigue.

consecutive number of hours they worked, and two in ten (18.5%) said they made errors that negatively impacted patient care.

- **Resident safety** — When residents were asked if they had ever experienced an incident and felt that work-related fatigue was a factor, nodding off at the wheel momentarily accounted for one in three responses (34.0%). A further one in four responses (24.9%) mentioned narrowly avoiding a motor vehicle collision, and 3.9 per cent of responses pointed toward being in a motor vehicle collision.
- **Current employment situation** — One in five residents (19.4%) described their current situation as “still looking for employment for after graduation.” Of those still looking, the majority (87%) were in a specialty training program (38.6% medical specialty, 30.0% surgical specialty and 17.9% other specialties), and were closer to completing their residency (23.3% PGY3 and 27.3% PGY4).
- **Confidence about job prospects** — Seven in ten respondents (70.8%) said they were confident (39.3%) or somewhat confident (31.5%) about their prospects of finding employment in Canada after completing their residency. This left one in four (25.7%) either not confident (11.0%), somewhat not confident (14.7%), or unsure (3.6%). Confidence levels varied among respondents and were highest among Family Medicine residents, with more than nine in ten being either confident or somewhat confident (96.9%). By contrast, residents in Surgical Specialties were the least likely to feel this way (48.2%).
- **Future plans** — Three in ten respondents (30.7%) said they plan to participate in global health activities in Canada during their residency, and two in ten (22.1%) said the same about global health activities internationally. More than half of all respondents (52.9%) said they planned to undertake further training after their primary specialty. And two in five residents were unsatisfied (21%) or somewhat unsatisfied (22%) with the employment or career counselling resources available within their program.

Key Insights

- **Work hours and safety risks** – An important number of residents feel that work-related fatigue is contributing to errors on the job and is a factor behind involvement in dangerous incidents in motor vehicles. When long work hours are combined with minimal sleep, the likelihood of safety risks for patients and residents is increased.
- **Job prospects** – Overall, residents are more likely to be confident than not about finding work in Canada after their residency. Despite this, residents in some specialties are noticeably less confident about their job prospects than others. It is notable that a significant number of residents nearing the end of their training and still looking for employment for after graduation were in a specialty training program.
- **Need for more mentorship** – A third of residents say they do not have a formal or an informal mentor to provide support during their residency. With more than half saying they intend to take further training beyond their primary specialty, demand for mentorship on careers and specializations is likely to increase.
- **Dedicated resources for advising on inappropriate behaviour** – Beyond their program director, many residents remain unsure as to who or what they can turn to as a resource for dealing with inappropriate workplace behaviour. There may be a need for more visible, confidential and dedicated resources to help residents in this area.





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