

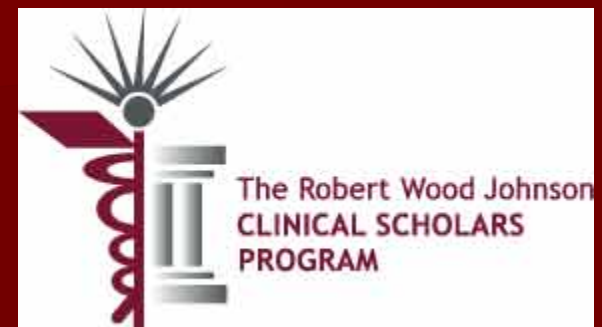
# Prospective Study on Surgical Residency Training and Attrition

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# Background

- Attrition is high
- Lack National Data
- Resources lost



# Specific Aims

- To determine incidence of attrition
- To identify factors associated with attrition
- To define areas of action
  - Policy or program based



# Privacy Protection

- Yale IRB Approved
- No information on individual programs
- No information on individuals

# Mixed Methods

## Project Overview

Phase I

In Depth Interviews

Coding

Survey Development

Analysis

Prospective Cohort

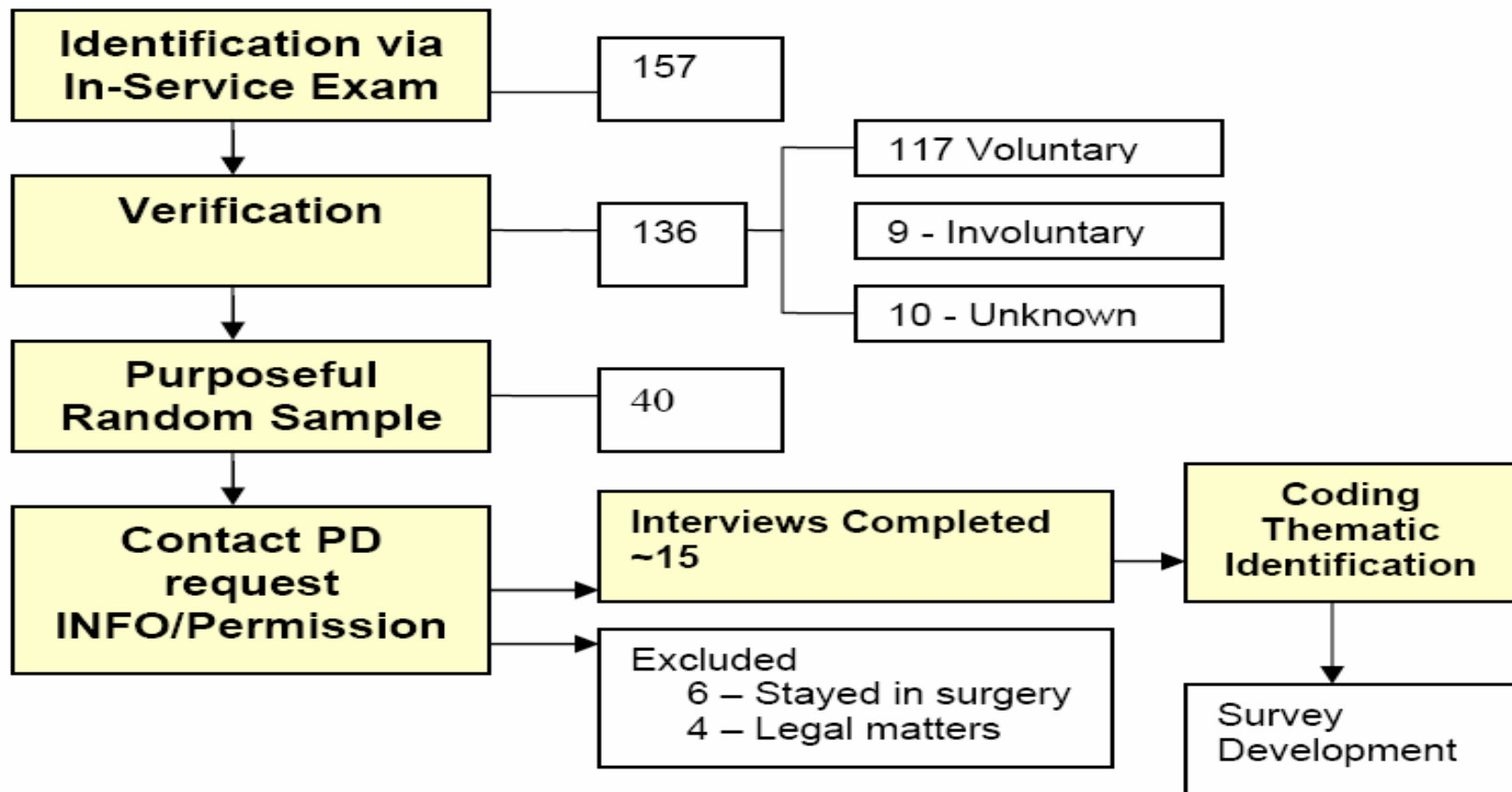
Analysis

Phase II

Recommendations  
for Action

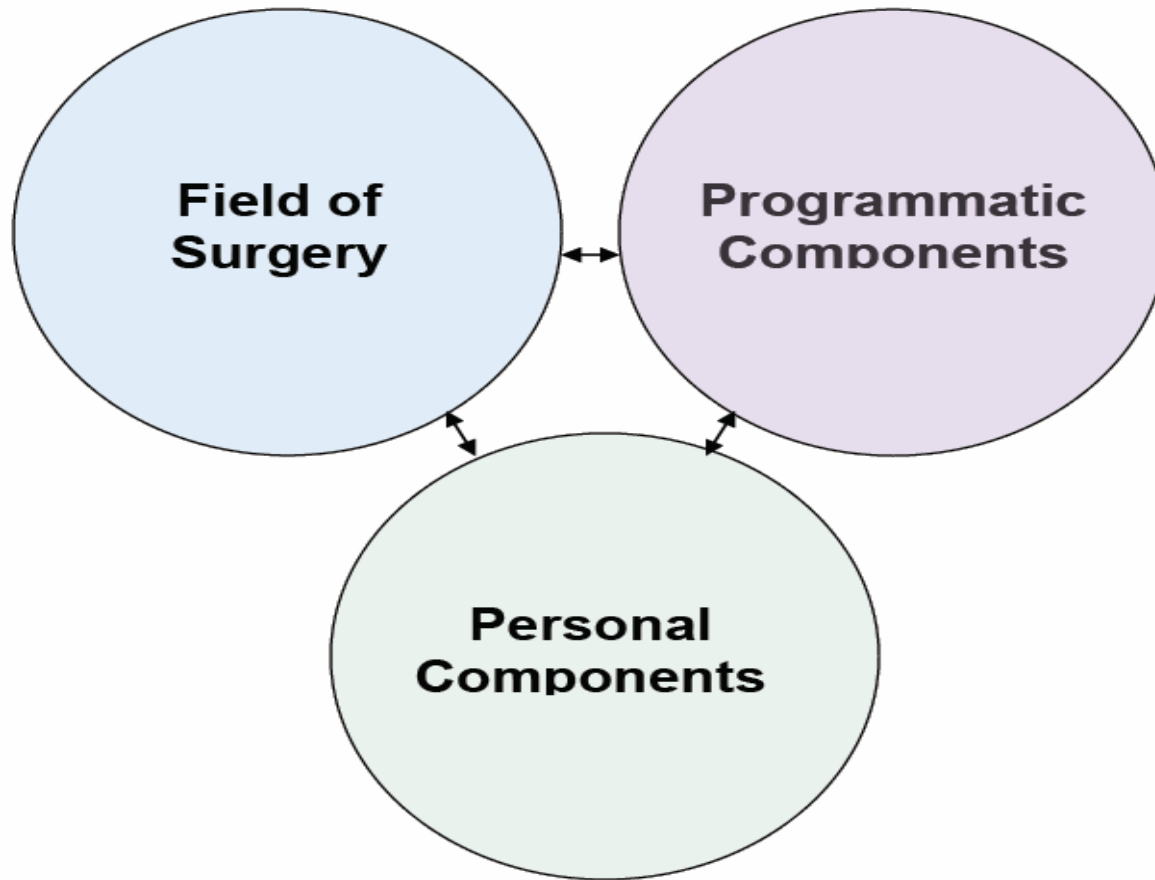
# Phase I: Retrospective Interviews

## Phase I. Interviews

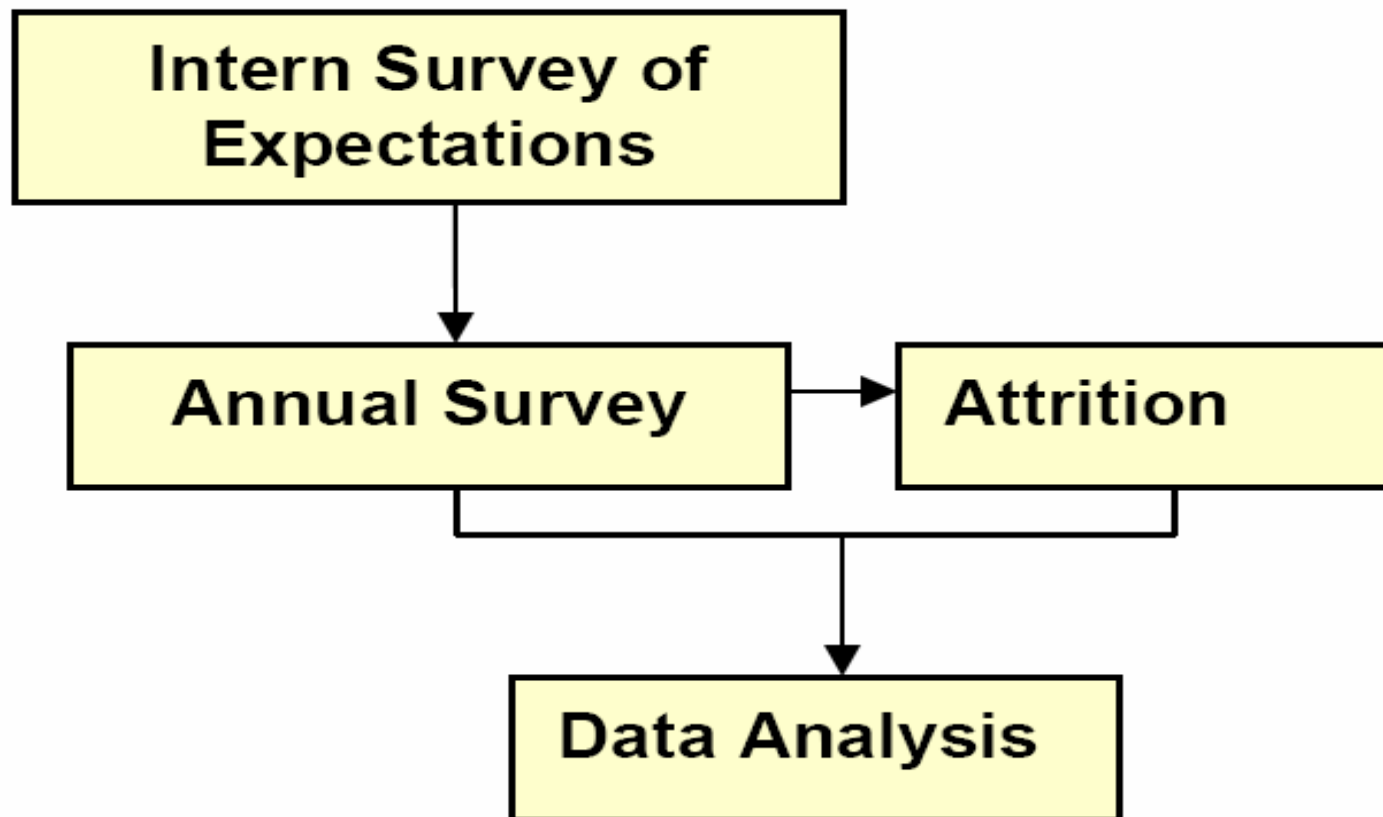


# Phase I: Preliminary Interview Results

## Phase I. Emerging Themes



# Phase II. Prospective Cohort Project





# PHASE II: Cohort Study

- Tracking residents annually
- Looking for
  - Changes in expectations
  - Changes in experience
  - Areas for intervention

# Intern Survey Response

Sample Characteristics	Surveys Returned (N/%)	
	YES	NO
<b>Overall Response Rate</b>		
By Program	194 (77)	57 (23)
By Resident	842 (80)	215 (20)
<b>Gender</b>		
Male	515(63)	Unknown
Female	306(37)	

# ABSITE Survey

- Survey piloted and validated
- Looking for predictors of attrition
- Looking for areas for intervention
- Need to track annually
- Need for representative understanding
- ~60% response rate

# Implications

- Changes in program structure/teaching may help lower attrition
- May be possible to predict who might leave and intervene earlier
- Possible need to increase the numbers of residents initially matched

# Next Steps

- Annual Survey Analysis
- Comparison of Intern/Annual Results
- First evaluation of resident attrition

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# Survey Questions

- Demographics
- Reasons for entering surgery/choosing a program
- Expectations of Training, Fellowship, Practice
- Personality



# Published Reports

Authors	Title	Publication	Institution	Year Published	Years Studied	Number of Residents	Rate of Attrition	Voluntary
Thomas F. Dodson MD and Alexandra L.B. Webb MD	Why do residents leave general surgery? The hidden problem in today's programs	Current Surgery Vol 62, Issue 1	Emory University Atlanta VA	2004	1990 to 2003	(20/120)	Overall 17% (male 13%) (female 27%)	80%
A.H. Aufses, G.I. Slater and L.H. Hollier	The nature and fate of categorical surgical residents who "drop out."	Am J Surg 175	Mt. Sinai New York	1998	1982 to 1996	(19/88)	Overall 22% (male 17%) (female 32%)	
P.C. Bergen, R.H. Turnage and C.J. Carrico	Gender-related attrition in a general surgery training program	JSR 77	Texas Southwestern	1988	1984 to 1996	(18/132)	Overall 14% (male 10.7%) (female 24.1%)	3 involuntary
D.R. Farley and J.K. Cook	Whatever happened to the general surgery graduating class of 2001?	Curr Surg 58 (2001)	Mayo Clinic Rochester	2001	1996	(4/8)	50% from the 01 class/but 23% from the residents they reviewed	in their pool of 8--all voluntarily
T.P. Wade, C.H. Andrus and D.L. Kaminski	Evaluations of surgery resident performance correlate with success in board examinations	Surgery 113	St. Louis University	1993	1988-1993	?	23% (during non pyramidal years)	looked at 57 med students they ranked for GS spots : 23% left (20% men /43% women)