Chief Residents’ Experiences as Inpatient Attendings

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Chief residency is variable

- Opportunities to gain experience in:
  - Personnel management
  - Conflict resolution
  - Leadership training

- Some pediatric chief residents perform supervisory clinical duties

Study objectives

1. Characterize the nature of inpatient service performed by chief residents

2. Examine the factors that may influence the experiences of chief residents as inpatient attendings
Methodology

Study population
• Chief residents serving during 2015-16 academic year

Survey tool
• Electronic questionnaire composed of multiple choice and Likert scale questions
• Qualitative portion with open-ended prompts exploring the following:
  ▪ Attitudes towards inpatient attending
  ▪ Successes and challenges faced during chief residency

Methodology

Dissemination
• Contact information for chief residents gathered from residency program officials and websites

Data analysis
• Categorical and continuous data with $\chi^2$ and t-test comparisons
• Likert scale questions
• Thematic analysis of open-ended responses
Results

- **116/309 respondents (response rate = 38%)**
  - 91% trained in a categorical pediatrics program
  - 90% from large- (>60 residents) and medium-sized (30-60 residents) programs
  - Respondents represented all parts of the country
Results

• Career choices were diverse
  ▫ 43% - pediatric subspecialty fellowship
  ▫ 30% - primary care
  ▫ 21% - hospital medicine

Inpatient service as chief resident

• 66% attended on the inpatient unit during chief residency
  ▫ Performing inpatient service did not differ based on program size (p=0.14), type of hospital (p=0.9), or region of the country (p=0.3)
  ▫ Chiefs entering outpatient careers were less likely to have served inpatient time (57% vs. 80%, p<0.01)
Inpatient workload

- Average number of weeks = **5.4 weeks**
- Average daily census = **11.5 patients**
- Average number of hours per day = **9.25 hours**
Types of patients seen (%)

- General Pediatrics: 60%
- Complex Patients: 22%
- Subspecialty Patients: 18%

Site of inpatient service (%)

- Tertiary Care Hospital only: 79%
- Community Hospital only: 5%
- Tertiary/Community Hospitals combined: 16%
Service autonomy

- 92% saw patients independently
- 87% performed coding/billing
- 72% provided night coverage

Preparation for inpatient role

- 84% participated in leadership training programs targeted toward chief residents
- Only one respondent received specific preparation for their role as inpatient attending
Satisfaction

• 92% regarded their inpatient experience as positive or very positive
  ▫ 51% indicated they wanted more time in this role
  ▫ 8% indicated they wanted less time in this role

• Average rating = 8.2 (range 5-10)
  ▫ Rating did not differ based on daily census ($r=-0.06$), hours spent on patient care ($r=0.15$), or weeks of service ($r=0.14$)
  ▫ No significant difference based on career choice

Qualitative analysis

Question #1: What would have led to a higher rating?

• Amount of service time
  ▫ “More inpatient clinical experience as the primary attending would have been nice.” (7)
  ▫ “Less time on service” (3)

• Mentorship
  ▫ “More mentorship from experienced hospitalists”

• Training
  ▫ “More orientation to role of hospitalist, especially things we don’t learn in residency like billing.”
Qualitative analysis

Question #2: What challenges did you face?

• Balance
  ▫ “Juggling both chief and clinical duties, especially when various meetings/conferences conflict with family meetings, bedside teaching.”

• Respect/equality
  ▫ “Difficult for nursing staff to view us as a ‘regular attending’ vs just ‘another resident’”
  ▫ “Other specialty attendings not seeing me as a real attending.”

Question #3: What successes did you achieve?

• Clinical experience/professional growth
  ▫ “I definitely gained clinical experience and expertise thanks to the amazing support of our hospital medicine staff.”

• Opportunities to teach
  ▫ “So much fun teaching, working with the residents and doing what you were actually trained to do rather than scheduling and attending meetings.”
Conclusions

- Chief residents represent a significant part of the hospitalist workforce
- Most pediatric chief residents perform inpatient supervisory activities and rate their experience positively
- There is variability in clinical experiences, responsibilities, and workload

Future directions

- Understand how inpatient clinical experience may influence career decisions
- Elucidate how inpatient experiences affect one’s overall approach to patient care and managing a team
- Explore the impact of this service during chief residency on PHM subspecialty certification, and vice-versa
“This was the highlight of my chief residency and I grew tremendously during these weeks.”

Questions?

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References