

CERA ABFM Linked Residency Outcomes Research Study

The Association of Departments of Family Medicine (ADFM), Society of Teachers of Family Medicine (STFM), Association of Family Medicine Residency Directors (AFMRD), and North American Primary Care Research Group (NAPCRG) would appreciate your response to this survey of program directors.

This is a special one-time comprehensive national survey of US Family Medicine Residency Program Directors to capture the state of family medicine residency structure and curriculum at the end of the 2017-2018 academic year. This survey will be linked to the ABFM Residency Graduate Survey in 2021 (when the Class of 2018 will be surveyed). We will then learn of true outcomes and impacts of specific ACGME requirements, program resources and structures, and program curriculum on graduates' practice.

The survey should take about 20 minutes to complete.

You need your ACGME Program ID number to complete this survey to link the results of this survey to your graduates' survey responses in 2021. We will then remove the unique program identifier from the results to deidentify data.

Please answer the survey questions about the structure and curriculum of your program as of June 2018 (at the time the Class of 2018 graduated).

Topics for this survey are: Director Demographics, Program Demographics, Residency Program Curriculum, Faculty, Continuity Clinic Experience, Inpatient Medicine, Maternity Care, Resident Wellness, Health Systems Management.

The results of this survey will be used in published research, so it's important that all program directors participate. The data will be added to a clearinghouse that you and other academic family medicine faculty can use to develop new research ideas or to answer administrative questions. This information will be stripped of any identifiers linking the data back to you or your program.

Participation in this study is voluntary at all times. You may choose to not participate or to withdraw your participation at any time. Deciding not to participate or choosing to leave the study will not result in any penalty or loss of benefits to which you are entitled.

While every effort will be made to keep confidential all of the information you complete and share, it cannot be absolutely guaranteed. Individuals from the American Academy of Family Physician's Institutional Review Board (a committee that reviews and approves research studies) and Federal regulatory agencies may look at records related to this study for quality improvement and regulatory functions.

If you have any questions about the study that you are participating in you are encouraged to contact Wendy Barr, MD, MPH, MSCE, CERA Steering Committee AFMRD Liaison and Special

Survey Director at 917-701-1507 or wbarr@glfhc.org. If you have any questions about your rights as a research subject, you are encouraged to contact Jennifer Farris, AAFP IRB Assistant, at 913-906-6000 x6454 or jfarris@aafp.org.

Program Director Demographic Questions

1. How many years have you served as a Program Director?

2. How many years have you served in your CURRENT Program Director role?

3. What is your gender?

Male

Female

4. What is your age?

5. Select the race with which you most identify (select one)

American Indian or Alaska Native

Asian

Black or African-American

Multiracial

Native Hawaiian or Pacific Islander

White

Other (please specify)

6. How do you identify yourself (ethnicity):

Non-Hispanic

Hispanic or Latino

7. What is your medical degree?

MD

DO

8. Did you complete the National Institute for Program Director Development (NIPDD) fellowship?

Yes

No

9. Did you complete a formal faculty development fellowship of at least one year in length?

Yes

No

Program Demographic Questions

* 10. Enter your ACGME ID:

11. Please describe the type of residency program you direct:

- University-Based
- Community-Based, University-Affiliated (Can include Teaching Health Centers)
- Community-Based, Non-Affiliated (Can include Teaching Health Centers)
- Military
- Other (please specify)

12. In what state is your residency program located? (This information will be aggregated into regions before data is disseminated.)

State:

13. In what year was your residency founded?

- Before 1980
- 1980-1990
- 1991-2000
- 2001-2015
- After 2015

14. What type of community does your residency program serve?

- Inner city ("Central area of a major city or metropolis with more of the population living inside multi-floored townhouses and apartment buildings", i.e., Center City Philadelphia)
- Urban/Suburban ("Major city or metropolis with more of the population living inside multi-floored townhouses and apartment buildings", i.e., Philadelphia)
- Suburban ("Area proximally outside of major city or metropolis with more of the population living in single-family homes", i.e., King of Prussia, PA)
- Rural ("Area outside of metropolitan area with more of population living in single family homes with lower housing density" i.e., Strasburg, PA)

15. What proportion of the current residents in your program are graduates of non-U.S. medical schools?

- 0-24%
- 25-49%
- 50-74%
- 75-100%
- Don't know

16. How many residents (total complement) were in your program as of June 2018?

- < 19
- 19 - 31
- > 31

17. What was the required length of training for the residents who graduated in 2018?

- 3 years
- Some 3 years and some 4 years
- 4 years

18. Which, if any, of the following fellowships are either sponsored or part of your residency program's department? (mark all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adolescent Medicine | <input type="checkbox"/> Hospice and Palliative Medicine | <input type="checkbox"/> Preventive Medicine |
| <input type="checkbox"/> Addiction Medicine | <input type="checkbox"/> Hospital Medicine | <input type="checkbox"/> Research |
| <input type="checkbox"/> Behavioral Medicine | <input type="checkbox"/> Integrative Medicine | <input type="checkbox"/> Rural Health |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> International / Global Health | <input type="checkbox"/> Sleep Medicine |
| <input type="checkbox"/> Faculty or Academic Development | <input type="checkbox"/> Maternity Care / OB | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Clinical Informatics | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> HIV Care | <input type="checkbox"/> Pain Management | |
| <input type="checkbox"/> Other (please specify) | | |

19. Does your residency have any of the following areas of concentration or 'tracks' available as an option for your residents? (mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Advanced maternity care (FM-OB) | <input type="checkbox"/> Hospital medicine |
| <input type="checkbox"/> Sports medicine | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Global health | <input type="checkbox"/> Academics/Faculty development |
| <input type="checkbox"/> Geriatrics | |
| <input type="checkbox"/> Other (please specify) | |

20. Program is currently accredited by:

- ACGME
- AOA
- Both

21. What was your program accreditation in 2015:

- ACGME only
- AOA only
- Dual ACGME and AOA
- Not accredited (was not an active program in 2015)

22. Does your program have ACGME Osteopathic Principles and Practice Recognition as of June 30, 2018?

- Yes
- No

23. Your Graduate Medical Education Funding for the 2017-2018 academic year comes from (mark all that apply):

- Center for Medicare Services (CMS) (Medicare)
- Teaching Health Center (THC-GME)
- State Funding (either Medicaid or separate state funding)
- Department of Defense
- Veteran's Administration
- Non-government funding (either hospital or foundation)

24. Your resident continuity clinic site for the majority (>50%) of your residents (identified ACGME family medicine center) is located at:

- A hospital based clinic
- A non-hospital based non-profit clinic
- A non-hospital based for profit clinic
- Federally qualified health center (FQHC) or look alike
- Rural health clinic (federally qualified)
- Military clinic
- VA clinic
- Other

25. What type of hospital do your residents do the majority (>50%) of their inpatient training?

- Quaternary/Tertiary academic medical center
- Large community hospital (>200 beds)
- Small community hospital (<200 beds)

* 26. Are there other residency or non-FM fellowship programs (other specialties) using your main teaching hospital for training?

- Yes
- No

Program Demographic Questions

27. Which specialties? (mark all that apply)

- Internal medicine (including fellowships in subspecialties)
- Pediatrics (including fellowships in subspecialties)
- Obstetrics-Gynecology
- OB-GYN sub-specialty fellowships
- Psychiatry
- Surgery (including surgical subspecialties and orthopedics)

31. Indicate if any of your *core faculty* have completed the following fellowships/CAQs?

	Yes	No
Part-time or online faculty development fellowship	<input type="radio"/>	<input type="radio"/>
Full time faculty development fellowship (1-3 years)	<input type="radio"/>	<input type="radio"/>
Full time research fellowship (1-3 years)	<input type="radio"/>	<input type="radio"/>
Advanced maternity care fellowship or double-boarded in OB	<input type="radio"/>	<input type="radio"/>
Geriatrics	<input type="radio"/>	<input type="radio"/>
Sports medicine	<input type="radio"/>	<input type="radio"/>
Neuromusculoskeletal medicine/ Osteopathic manipulative medicine	<input type="radio"/>	<input type="radio"/>
Other CAQ	<input type="radio"/>	<input type="radio"/>

32. Indicate if any of your *non-core faculty* have completed the following fellowships/CAQs?

	Yes	No
Part-time or online faculty development fellowship	<input type="radio"/>	<input type="radio"/>
Full time faculty development fellowship (1-3 years)	<input type="radio"/>	<input type="radio"/>
Full time research fellowship (1-3 years)	<input type="radio"/>	<input type="radio"/>
Advanced maternity care fellowship or double-boarded in OB	<input type="radio"/>	<input type="radio"/>
Geriatrics	<input type="radio"/>	<input type="radio"/>
Sports medicine	<input type="radio"/>	<input type="radio"/>
Neuromusculoskeletal medicine/ Osteopathic manipulative medicine	<input type="radio"/>	<input type="radio"/>
Other CAQ	<input type="radio"/>	<input type="radio"/>

Continuity Clinic Experience

33. What was the average total number of patients seen in continuity clinic by residents who graduated in 2018?

- Less than 1650 patients
- Between 1651 and 1800
- Between 1801 and 2000
- Between 2001 and 2200
- Between 2201 and 2500
- Greater than 2501

34. What was the average percentage of patients seen by residents in continuity clinic who were under that age of 10?

- Less than 5%
- Between 6 and 10%
- Between 11-15%
- Between 16-20%
- Greater than 21%

35. What was the average percentage of patients seen by residents in continuity clinic who were over the age of 60?

- Less than 5%
- Between 6 and 10%
- Between 11-15%
- Between 16-20%
- Greater than 21%

Inpatient Medicine

For this section, family medicine service refers to the primary inpatient experience for the family medicine department. If the department maintains separate services for adults, pediatrics, and/or maternity care then this refers to the FM service for adults.

36. Which of the following patient types do your residents provide care for when rotating on your inpatient family medicine service (mark all that apply):

- Non-critically ill adult patients (i.e., those not requiring ICU level care)
- Critically ill adult patients (i.e., those requiring ICU level care)
- Pediatric patients
- Obstetrical patients

37. How many weeks do your residents spend on your family medicine inpatient service during each year of residency training?

	Weeks
PGY1:	<input type="text"/>
PGY2:	<input type="text"/>
PGY3:	<input type="text"/>
PGY4 (if applicable):	<input type="text"/>

38. On average, how many patients does a resident care for per day on your family medicine inpatient services during each year of residency training?

	Weeks
PGY1:	<input type="text"/>
PGY2:	<input type="text"/>
PGY3:	<input type="text"/>
PGY4 (if applicable):	<input type="text"/>

39. What is the primary specialty of the attendings supervising the family medicine inpatient service (mark all that apply):

- Family medicine
- Internal medicine
- Other (please specify)

40. Multidisciplinary rounds are structured daily communication amongst key members of the patient's care team (e.g., nurses, physicians, case managers, social workers, pharmacists, and rehabilitation services).

Does your inpatient teaching service participate in multidisciplinary rounds?

- Always
- More than half the time
- Less than half the time
- Never

Inpatient Medicine

41. Which of the following ancillary staff participate in multidisciplinary rounds with the inpatient care team (mark all that apply)?

- Pharmacist
- Case manager or social worker
- Nurse
- Behaviorist
- Dietician
- Therapists (physical therapy, occupational therapy, respiratory therapy)
- Other (please specify)

Inpatient Medicine

42. Are residents from other specialties involved in caring for patients on either your family medicine inpatient service or adult-only inpatient service?

Yes

No

Maternity Care

* 43. Does your residency program require continuity deliveries for all residents?

Yes

No

Maternity Care

44. If your program required continuity deliveries for all residents, how many do you require?

- No specific number required
- < 5 continuity deliveries required
- 5-9 continuity deliveries required
- 10 or more continuity deliveries required

Maternity Care

45. What is the average number of vaginal deliveries for graduates in you program over the past 5 years?

- <20
- 21-40
- 41-80
- 81-100
- >100

46. Does your residency program offer group prenatal visits?

- Yes, required of all residents
- Yes, required for residents in a specific track, optional for the others
- Yes, resident participation is optional
- No

47. For how many years has your program been offering group prenatal visits?

- Less than 2 years
- 2-4 years
- 4-6 years
- >6 years

48. Are OBGYN residents present in clinical settings where your residents receive maternity care training?
(mark all that apply)

- No
- Yes, there is an OBGYN residency program present at my sponsoring institution
- Yes, OBGYN residents are present at the institution where our residents complete their required OB intrapartum training experience
- Yes, OBGYN residents are present in outpatient OB settings where our residents complete required experiences

Resident Wellness

49. How many weeks of inpatient rotations (this includes inpatient medicine, intensive care unit, obstetrics, and pediatrics) does your residency have in each program year?

	0-4	5-8	9-12	13-16	17-20	21-24	25-28	29-32	33+
PGY1:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGY2:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGY3:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGY4 (if applicable):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. On average, how many hours per week do residents work in each program year?

	<40	40-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81+
PGY1:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGY2:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGY3:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGY4 (if applicable):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. In the final year of residency, what is the average number of half-day continuity clinics per week?

52. How many patients, on average, are your residents seeing during a typical half-day as they complete their final year of residency?

53. How much formal residency didactic/instructional time is devoted to training on wellness, work-life balance, and/or burnout in the final year of residency?

- 0 hours/year
- 1-10 hours/year
- 11-20 hours/year
- 21-40 hours/year
- 41-60 hours/year
- 61-80 hours/year
- >81 hours/year

54. On the following scale, where do you feel your residency program falls in prioritization and investment in wellness compared to other residencies?

- Much less than other residencies
- Somewhat less than other residencies
- Similar to other residencies
- Somewhat more than other residencies
- Much more than other residencies

55. Which of the following does your residency curriculum include (mark all that apply):

- Facilitated small groups, focusing on resident experiences and challenges
- Non-facilitated small groups, e.g., resident-only groups for sharing experiences
- Structured curricula, e.g., Rachel Remen's Meaning in Medicine
- Stress management curricula
- Mindfulness-based approaches, e.g., structured meditation, mindfulness, or yoga classes
- Communication skills trainings
- Time for residents to pursue non-clinical interests during standard work hours (e.g. advocacy, research, community engagement beyond any that is required)
- Protected (paid or unpaid) time devoted to completion of personal tasks (e.g. doctor's appointments, therapy, going to the bank)

56. Does your residency have clinic or hospital committees in which a resident is a voting member or equivalent (i.e., opinion leader on a steering committee)?

- Yes
- No

57. How often does your residency program have team-building activities with clinic or hospital personnel (i.e., non-residency providers and staff)?

- Never
- Less than annually
- Annually
- Twice a year
- Quarterly
- More than quarterly

58. When residents are deemed by faculty as unable to provide safe patient care due to burnout, severe depression, or other extenuating circumstances, how does the residency program handle excusing the resident and having their shifts covered?

- All residents follow the same written, formal process
- Each case is handled on a case-by-case basis
- We currently do not have a written or unwritten policy for this situation
- Other

Health Systems Management

59. Does your residency program provide residents with the following:

	Yes	No
Clinic level data on clinical outcomes, productivity, and/or billing compliance	<input type="radio"/>	<input type="radio"/>
Individual level data on clinical outcomes, productivity, and/or billing compliance	<input type="radio"/>	<input type="radio"/>

60. How do you provide your residents with clinic-level and/or individual resident-level data about practice habits i.e., clinical outcomes data, productivity data, and billing compliance data?

	Quarterly or more frequently	Less than Quarterly	Never
In-person individual or group discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic or paper format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. Does your residency program provide your residents with data about their individual billing compliance at least annually (examples: percentage of charts/encounters undercoded, overcoded, and/or appropriately coded based on a representative sample)?

- Yes
 No

62. Does your residency program provide your residents with patient care clinical outcomes for patients they have individually seen at least annually?

- Yes
 No

63. Does your residency program provide your residents with individual resident productivity data (i.e., RVUs and/or patients seen per clinic session or day) at least annually?

To clarify, not asking about residents being given total number of patients seen per year or over residency, but rather per clinic session or day

- Yes
 No

64. If you do not provide data to your residents, what is the most important reason for not providing resident-level patient care clinical outcomes and/or resident-level productivity data about practice habits?

- It is not felt to be particularly useful while in residency training
- Residents are not interested in receiving and discussing this data
- Although it may be useful, it is not high priority given other educational priorities
- I do not know what data to collect and provide to residents that would be useful
- I have tried, but am unable to get this data from our clinic/health system, in order to provide it to residents

65. How are the majority of quality improvement project topics selected in your residency program?

- Residents select the topics
- Pre-selected topics are assigned to residents
- Topics are pre-selected, but residents sign-up for whichever topic interests them
- There is an approximately equal amount of pre-selected topics and topics selected by residents

66. Does your residency program provide at least annually resident feedback about billing compliance for patients they have seen?

- Yes
- No: Residents' patient charts are audited, but billing compliance feedback is not reviewed with them
- No: Residents enter billing codes when seeing their patients, but no auditing of residents' patient charts is done
- No: Residents do not enter billing codes for their patient encounters

67. Do you use data about residents' practice data in their evaluations or milestone ratings?

- Yes: We consistently use residents' practice data
- Sometimes: We inconsistently use residents' practice data in some evaluations/milestones
- No: We rarely or not at all use residents' practice data.

On a scale from 1-5 with 1 indicating "not at all important" and 5 indicating it is "most important" :

68. How important do you feel it is to provide and discuss with residents their practice habits using individual resident-level data, as opposed to clinic-level data?

- 1 Not at all important 2 3 4 5 Most important

Thank You

Thank you for participating in this CERA survey.