



UNIVERSITY *of* TORONTO
FACULTY OF MEDICINE



Five Years of the Resident Exit Survey: 2005-06 to 2009-10

Postgraduate Medical Education



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About the Survey

The University of Toronto's Postgraduate Medical Education Office (PGME) designed and launched the Resident Exit Survey in the 2005-06 academic year. Exiting residents (those in their last year of residency education at the University of Toronto) were asked to reflect on their entire residency education and rate their experience as well as comment on their future plans. The survey is now conducted annually and addresses issues related to the quality of education, experience with intimidation and harassment as well as future plans for practice or further education.

The inaugural survey went into field in July of 2006, and generated a 28% response rate. In subsequent years, the response rate has improved significantly with most recent survey (2009-10) generating 227 complete responses, a 62% response rate.

The Resident Exit Survey informs the development of initiatives to improve the quality of education and/or work experience of residents. The annual Exit Survey also allows PGME to draw year-over-year comparisons to identify and analyze trends. Additionally the large and growing cohort of exiting residents at the University of Toronto allows for more complex sub-analysis of residents by program and educational background.

About this Report

This report is an overview of selected data and analyses from five years of the Resident Exit Survey from 2005-06 to 2009-10. Materials included in this report are organized as follows:

1. Executive Summary
2. Demographics
3. Residents' Satisfaction with Experience at the University of Toronto
4. Evaluations and Feedback
5. Intimidation and Harassment
6. Residents' Experience of Stress
7. Debt from Medical Education
8. Residents' Plans for the Future
9. Future Research Considerations

This report was prepared by the Policy and Analysis Unit of the Postgraduate Medical Education Office of the University of Toronto. All inquiries concerning the report can be directed to postgrad.med@utoronto.ca.

Executive Summary

Since 2005-06, almost 860 exiting residents have completed the survey about their experience as a resident at the University of Toronto.

Based on survey responses, slightly more exiting residents are female (57% in 2009-10) and around 32 years of age. They are highly diverse in their ethno cultural background and most are from large urban and medium sized urban communities.

Over the last five years, residents report high levels of satisfaction with their overall education experience (81% rated excellent or very good), including high quality of patient care experiences (83% rated excellent or very good) and good mix and diversity of cases (81% rated excellent or very good). They also consistently rate the performance of their Program Director as high (76% rated excellent or very good).

In the last two years of the survey, questions were added about the quality of education as it relates to the 7 CanMEDS Roles and 4 CFPC Principles. Over 80% of residents have rated this as very good or excellent with the exception of the "Manager" role and "Health Advocate and Resource to a Defined Population".

Exiting residents report that they are increasingly happy with their overall work environment although certain aspects such as the amount of non-educational service work, adequacy of call facilities and quality of dedicated rooms/lounges for residents continue to be areas of dissatisfaction.

Although most residents were satisfied with the quality of their education over the last five years, some continue to feel ill-prepared for practice. Over the five years an average of 43% have rated their overall preparation for practice as excellent or very good with particular concerns around their preparation for legal issues and assistance in finding employment. Given their concerns it is interesting that in 2009-10 less than 50% reported awareness of HealthforceOntario's Marketing and Recruitment Agency and their specific mandate to assist new physician graduates in Ontario.

On average about 20% of residents have reported being intimidated or harassed at least once during their training, yet a very small proportion used the mechanisms in place to report harassment. The most frequent forms of harassment were verbal (87%) and emotional (50%) and the most frequent recipient of harassment complaints/reports were the Program Director. Roughly 43% of respondents who reported being intimidated or harassed neither formally or informally reported the incident. Of this number 40% did not report for fear of reprisal.

The amount of debt residents had upon exiting varied significantly. One third reported no debt related to medical education; while one third reported debt of over \$100K in 2009-10. An increasing number of trainees are choosing to pursue research or fellowship training with almost 40% choosing this path in 2009-10. While fewer specialty residents are planning on working in an Academic Health Science Centre, more are intending to practice in a community hospital. There is also an increase in the percentage of family medicine residents planning to practice in an Academic Health Science Centre and little change in the proportion planning to practice in a Nursing Home or Home for the Aged.

Methods

The Resident Exit Survey takes a single-phased anonymous web survey approach, weighted toward creating quantitative results. The intent is to attain an annual census of exiting residents at similar points of an academic year.

The survey's target population is residents (PGYs) in their last year of residency. Each year the PGME office creates a list of residents that are not registered for the next year's training session, and are in an appropriate PGY level to complete their residency training at the end of the current session, based on the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) requirements. The identified cohort includes both Canadian Medical Graduates (CMGs) and International Medical Graduates (IMGs), residents of all legal status (i.e. Canadian Citizens, permanent residents and visa residents) and all funding sources (i.e. Ministry of Health (MOH) funded, foreign government sponsored, etc). The Postgraduate Web Evaluation and Registration system (POWER) provides base listings, which are then checked for accuracy.

Listings in POWER provide e-mail addresses which allow for electronic survey recruitment by e-mail.

The PGME office uses the Survey Monkey web survey client to administer the survey. Results of the survey are then downloaded for analysis in spreadsheet, statistical, and/or database software.

Privacy and Confidentiality

Respondents are assured that no individual or identifiable records are released or printed without their written consent unless required by University policy and that all responses are presented and published in an aggregate form.

Sample Frame

The Resident Exit Survey is administered as a non-mandatory census, in which efforts are made to recruit every member of the target population of exiting residents. There is, therefore, no sampling involved.

The identified target population has varied in size from 332 to 380 residents in each of the years surveyed to date. The residents are sent recruitment emails from the office of the Vice-Dean of Postgraduate Medical Education.

Response Rate and Accuracy

Over five years, response rates have improved dramatically. As a result of the increased response, the accuracy of recent surveys is now within 4%, 19 times out of 20.

The increased response rate could skew the data by adding new response groups, but we found no discernable effect. Response categories remained proportionally similar with regard to gender, age, and legal status.

Resident Exit Survey: Response and Accuracy					
	2005-06	2006-07	2007-08	2008-09	2009-10
Number of Respondents	93	110	205	224	227
Total Population	332	341	339	380	366
Response Rate	28%	32%	60%	59%	62%
Margin of Error with 95% Confidence Interval	9%	8%	4%	4%	4%

Distribution and Incentives

The recent years of the Exit Survey have been conducted in March/April. Residents identified as exiting residency are contacted by the Vice-Dean, PGME through e-mail and given a link to follow to complete the survey. Residents are also offered a \$10 incentive, in the form of coupons of their choosing, for completing the survey.

Since the survey is meant to be anonymous, a second website is made available to residents who complete the survey through a web link on the last page of the survey. This separated website allows residents to provide contact information so that coupons can be sent to them, while allowing for anonymity regarding the details of their responses.

Up to 3 reminders are sent to those who do not respond by July/August.

Limitations

Despite an excellent response rate (62% for 2009-10) and a demonstrably representative sample, we do acknowledge that this survey does not capture all exiting residents. There may be viewpoints not represented in the data.

There have been few opportunities for open-ended, qualitative comments in the past five years of the Resident Exit Survey. We plan to address this in future.

Survey Results

Demographics

Residents at the University of Toronto are heterogeneous in ethno-cultural backgrounds and source of undergraduate medical education. Five years of data has tracked a shift in exiting residents' gender distribution, but stability in age, ethnicity, source of medical degree, and their urban/rural environment of upbringing.

The stability of demographic composition allows us to conclude that the 5-year exiting cohorts are similar and not the reason for observed trends in response to the survey questions.

Gender and Age

Similar to the rest of the country, the University of Toronto (U of T) Resident Exit Survey reflects the growing presence of women in postgraduate medical education.

Average age (which could be considered age at completion of residency) has been stable at approximately 32 to 33.

Gender and Age					
	2005-06	2006-07	2007-08	2008-09	2009-10
Female	50%	45%	55%	55%	57%
Male	50%	55%	45%	45%	43%
Average Age	32.3	33.1	31.8	33.4	32.8

Ethnicity

The most recent two years of the Exit Survey included a question about ethnicity with the categories modeled on Statistics Canada's Long Form Census. Approximately half the respondents self-identified as White with the next two largest categories being Chinese or South Asian.

Ethnicity		
	2008-09	2009-10
White	49%	47%
South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)	20%	17%
Chinese	10%	14%
Arab	5%	6%
Korean	3%	2%
Black	2%	2%
West Asian (e.g., Iranian, Afghan, etc.)	2%	1%
Latin American	1%	2%
Other	8%	12%

Where did Residents get their Medical Degree?

Exiting Residents at U of T are becoming increasingly diverse with respect to source of MD. While a little more than a third obtained their MD from U of T about 60% have MDs from Ontario medical schools (including U of T). 20% of the exiting cohort was International Medical Graduates (IMGs). In recent years, we have asked residents about the location of most of their post-secondary education prior to medical school along with legal status in order to identify “Canadians Studying Abroad (CSA)”.

Source of Medical Degree		
	2008-09	2009-10
Medical school outside of the U.S. and Canada	18% (3% CSAs)	20% (5% CSAs)
Other Canadian medical school	15%	19%
Other Ontario medical school	33%	24%
U.S. medical school	0%	2%
University of Toronto	34%	35%

Environment of Upbringing

The majority of exiting residents at U of T have been raised in urban environments with populations of 50,000 or greater.

Environment of Upbringing		
	2008-09	2009-10
Exclusively/predominantly large urban	59%	55%
Exclusively/predominantly medium-sized urban	26%	27%
Exclusively/predominantly small town	7%	7%
Exclusively/predominantly rural	3%	6%
Mixture of environments	6%	5%

Environment Definitions:

Exclusively/predominantly large urban (population > 500 000)

Exclusively/predominantly medium-sized urban (population 50 000 to 500,000 people)

Exclusively/predominantly small town (population 10 000 to 50 000 people)

Exclusively/predominantly rural (population < 10 000 people, or > 80 km away from an urban centre)

Level of Training at Exit

The majority of residents in RCPSC programs (between 63% and 70% of exiting specialty residents) exit after their fifth postgraduate year. There appears to be a consistent percentage exiting after PGY6 and PGY7 (12%) while anywhere from 3% to 11% were identified as exiting at PGY3. It is presumed that this includes residents in RCPSC core programs who may leave U of T to enter subspecialty training.

PGYs in Specialty Programs by Training Level at Exit					
	2005-06	2006-07	2007-08	2008-09	2009-10
PGY 2	1%	0%	2%	2%	1%
PGY 3	4%	9%	3%	11%	5%
PGY 4	10%	12%	15%	10%	12%
PGY 5	69%	63%	67%	65%	70%
PGY 6	10%	13%	8%	5%	5%
PGY 7	6%	3%	6%	7%	7%

Family medicine residents exit after their PGY2 or PGY3 years.

PGYs in Family Medicine Programs by Training Level at Exit					
	2005-06	2006-07	2007-08	2008-09	2009-10
PGY 2	67%	92%	92%	86%	96%
PGY 3	33%	8%	8%	14%	4%

Residents' Satisfaction with their Experience at the University of Toronto

Residents have become increasingly positive in their ratings of their residency experience at the University of Toronto. With few exceptions, the last five years have provided measurably improved experiences for trainees.

Educational Experience of Residents

Whereas every question in this section received more positive ratings in recent years, the progress in terms of clarity of educational objectives is especially noteworthy. The availability of procedures and amount of protected educational time continues to receive less positive ratings compared to other dimensions of the educational experience.

Ratings of Educational Experience - Percent that gave "top two" ratings (excellent or very good)					
	2005-06	2006-07	2007-08	2008-09	2009-10
Clarity of educational objectives	53%	65%	58%	78%	81%
Quality of teaching	70%	73%	65%	86%	82%
Quality of patient care experiences	77%	82%	75%	88%	91%
Mix and diversity of cases	74%	81%	76%	85%	88%
Availability of procedures	46%	53%	42%	56%	58%
Graduated professional responsibility	75%	80%	70%	82%	83%
Amount of service work	56%	69%	55%	68%	70%
Amount of protected educational time	56%	75%	64%	76%	67%
Availability of time to attend professional meetings and elective educational activities	67%	72%	70%	76%	72%
OVERALL EDUCATIONAL EXPERIENCE	77%	83%	73%	87%	87%

CanMEDS Roles/CFPC Principles

Residents are generally positive about their education in the context of CanMEDS roles or CFPC principles. However, their rating of education for the Manager role continues to lag behind those of Medical Expert, Professional, Communicator and Scholar.

CanMEDS Roles

Ratings of Education Regarding CanMEDS Roles - Percent that gave "top two" ratings (excellent or very good)		
	2008-09	2009-10
Medical Expert	83%	85%
Communicator	84%	82%
Collaborator	81%	79%
Manager	64%	69%
Health Advocate	69%	74%
Scholar	80%	82%
Professional	83%	85%

CFPC Principles

Ratings of Education with Respect to CFPC Principles - Percent of Family Medicine residents who gave "top two" ratings (excellent or very good)		
CFPC Principles	2008-09	2009-10
Skilled Clinician	84%	79%
Community Based Discipline	82%	80%
Resource to a Defined Population	80%	77%
Patient-Physician Relationship as Central to Role of FP	86%	84%

Program Director

Satisfaction with their Program Directors has been consistently high with the exception of the first year of the survey. While over 80% of exiting residents rated the performance of their Program Director as Excellent or Very Good overall, their effectiveness in counseling/guidance, as an advocate for residents, and as an effective leader remains slightly below other ratings.

Ratings of Program Director - Percent that gave "top two" ratings (excellent or very good)					
	2005-06	2006-07	2007-08	2008-09	2009-10
Effectiveness Of Program Leadership	52%	78%	65%	79%	76%
Availability To Resident	71%	86%	82%	88%	85%
Organization Of Program	58%	77%	66%	79%	78%
Advocate For Program	70%	85%	76%	82%	82%
Advocate For Residents	58%	76%	69%	77%	77%
Counseling/Guidance	46%	64%	62%	71%	72%
Program Director Overall Performance	63%	80%	75%	82%	80%

When asked to comment on what changes they might make as a program director, most of the themes related to: protected time for teaching; increasing their one on one availability to residents for counseling and career guidance, allowing more flexibility for electives and providing more time for exam preparation.

“I would ensure some faculty-driven initiatives. Nearly all teaching opportunities for residents are resident-driven with little done by the program leadership. Most faculty in our program are asked to do little to maintain their faculty status--and thus there is little formal teaching in preparation for the Royal College.”

“More protected time off to study(...) more clearly defined guidelines for calls”

“Improved response to resident feedback. More focus on resident wellness.”

“try and increase the number of mock oral/written exams back to 3 a year, this really helped for Royal College Exam preparedness. (...) some time off to study for the Royal College exam would have been appreciated”

“Protected Teaching Time & separation of junior and senior teachers”

“Change the call rooms!”

Work Environment

Since 2005, we have asked residents about their work environment including their workload, the education to service balance, call facilities, safety and security and, more recently, the availability of Information Technology. Although most measures have seen significant improvement, residents continue to point to areas of concern, including the amount of service work, call facilities, and dedicated space/lounge rooms for residents. Conversely, safety and security is rated much higher in recent years. Since the 2007 Accreditation site survey PGME has continued to work with teaching sites and programs to improve resident safety, and in February 2009 approved new Resident Health and Safety guidelines. Implementation of these guidelines may contribute to improved ratings of Safety and Security in the Exit Survey.

Ratings of Work Environment - Percent that gave "top two" ratings (excellent or very good)					
	2005-06	2006-07	2007-08	2008-09	2009-10
Educational Clinical Workload	64%	75%	65%	81%	81%
Amount Of "Scut" Service Work	30%	57%	43%	60%	50%
Service-To-Education Ratio	47%	68%	58%	72%	64%
Call Schedule	40%	65%	65%	74%	69%
Adequacy Of Call Facilities	42%	48%	41%	57%	54%
Safety And Security	58%	75%	65%	80%	85%
Availability Of Information Technology	-	-	-	80%	78%
Quality Of Dedicated Room/Lounge For Residents	28%	45%	42%	56%	44%
Overall Work Environment	57%	66%	65%	76%	73%

Preparation for Certification

Most residents rate their education in terms of preparation for certification positively and there is considerable stability in this rating over the last five years. In recent years we have asked residents about their satisfaction with the availability of practice written and oral/clinical exams, study groups and coaching/mentorship. There is less satisfaction with practice written exams, study groups and coaching/mentorship in comparison to overall preparation for certification.

Ratings Related to Preparation for Certification - Percent that gave "top two" ratings (excellent or very good)					
	2005-06	2006-07	2007-08	2008-09	2009-10
Coaching And Mentorship	-	-	-	53%	59%
Practice Written Exam	-	-	-	45%	48%
Practice Oral/Clinical Exam	-	-	-	77%	74%
Study Groups	-	-	-	53%	59%
Overall Preparation For Certification	67%	75%	63%	64%	66%

Preparation for Practice

The category with least success in terms of resident satisfaction is preparation for practice. Less than half of the exiting residents responded positively to the subcategories in this area. Assistance in finding employment, support in obtaining independent practice licenses, and preparation for legal issues were not rated highly by residents.

Ratings Related to Preparation for Practice - Percent that gave "top two" ratings (excellent or very good)					
	2005-06	2006-07	2007-08	2008-09	2009-10
Practice Management Seminar	19%	35%	41%	53%	45%
Bioethics	25%	37%	38%	51%	40%
Legal Issues	24%	35%	27%	44%	31%
Communication Skills	55%	64%	56%	70%	68%
Resource Utilization	30%	51%	40%	55%	55%
Critical Appraisal And Research Skills	54%	62%	54%	58%	65%
Information On Continuing Medical Education	16%	39%	31%	44%	46%
Career Guidance	21%	42%	30%	45%	40%
Assistance In Finding Employment	23%	27%	23%	34%	22%
Support For Preparation For Obtaining IP License And Billing Number	-	-	-	30%	27%
Maintain Your Wellness Throughout Your Career	-	-	-	49%	41%
Overall Preparation For Practice	37%	52%	38%	49%	40%

HealthforceOntario's Marketing & Recruitment Agency

In association with the PGME office, HealthforceOntario provides career planning services called "Practice Ontario". For the 2009-10 survey, the resident exit survey measured awareness and intended use of the service. Roughly half of residents were aware of the service, and within those residents, roughly half again intended to make use of them

HealthforceOntario's Marketing & Recruitment Agency 2009-10	
	Yes
Aware of the services offered by HealthforceOntario's Marketing & Recruitment Agency	45%
Intend to use the services offered by HealthforceOntario's Marketing & Recruitment Agency? (asked only of those aware of the service)	55%

Quality of Learning Environment

Between the 2005-06 and 2009-10 academic years, initiatives like the Resident Wellness Office, resources to support residents with stress and financial issues and the development of a *PGME Intimidation and Harassment Policy* have likely contributed to improvements in the quality of life for our residents. However improvements could be made to improve morale, personal support for stress and their ability to manage financial issues, as well as reduce rates of intimidation and harassment (see section on intimidation and harassment during residency for more details)

Ratings of Quality of Learning Environment - Percent that gave "top two" ratings (excellent or very good)					
	2005-06	2006-07	2007-08	2008-09	2009-10
Resident Morale	47%	64%	56%	69%	63%
Personal Support For Stress	54%	60%	57%	61%	60%
Your Ability To Manage Financial Issues	43%	53%	50%	65%	61%
Your ability to balance residency and life commitments	35%	49%	49%	68%	63%
University Protection Against Intimidation And Harassment	49%	62%	61%	65%	63%
Face to face time with teachers/supervisors and senior residents	-	-	-	80%	81%
Interactions with mentors	-	-	-	72%	71%
Supportive environment	-	-	-	73%	69%
Overall Learning Environment Throughout Residency	-	-	-	78%	77%

Evaluations and Feedback

Evaluation Methods Used

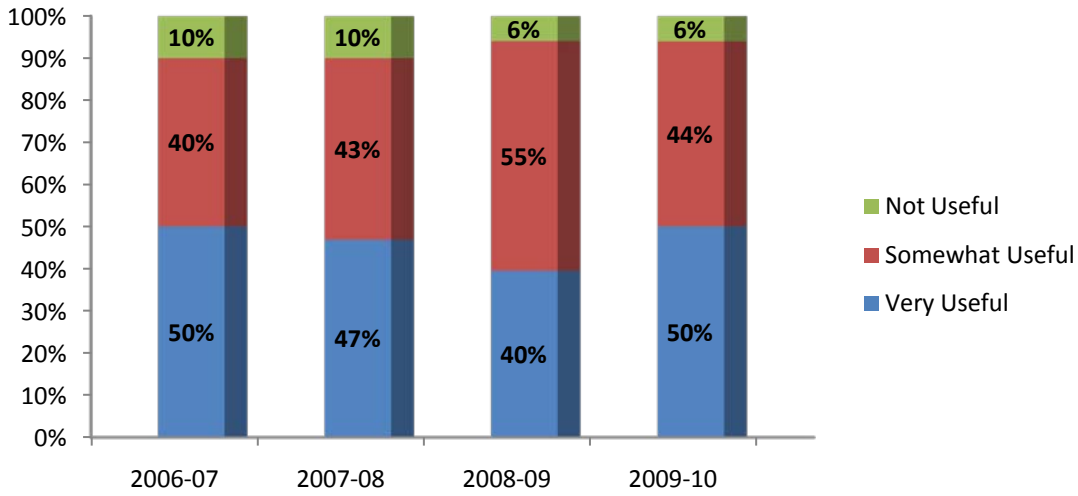
Informal feedback is reported by residents as the most frequent method of evaluation of their performance, followed by formal observation of their clinical skills. Written essays, review of their charts and short answer written exams are rarely used. It should be noted that evaluation methods may vary depending on the specific program of training.

How often were these evaluation methods used during your final year? 2009-10				
	Never	1 - 3	4 - 6	7 or more
OSCEs	49%	34%	8%	8%
Oral Examinations	28%	41%	12%	19%
Written Examinations - Essay Type	85%	13%	3%	0%
Written Examinations - Short Answer	59%	34%	5%	2%
Written Examinations - Multiple Choice	29%	62%	7%	2%
Formal Observation Of Clinical Skills	23%	30%	11%	36%
Multi-Source Feedback (360° Assessment)	48%	26%	14%	12%
Informal Feedback	3%	24%	21%	52%
Chart Review	59%	14%	8%	19%

Feedback on Performance

About half of residents report that the above evaluations provide very useful feedback on their performance. The percentage of residents who identify that these evaluations are not useful as declined from 10% in 2005-06 to 6% in 2009-10.

Did these evaluations provide useful feedback on your performance ?



Responsiveness of Program to Evaluation by Residents

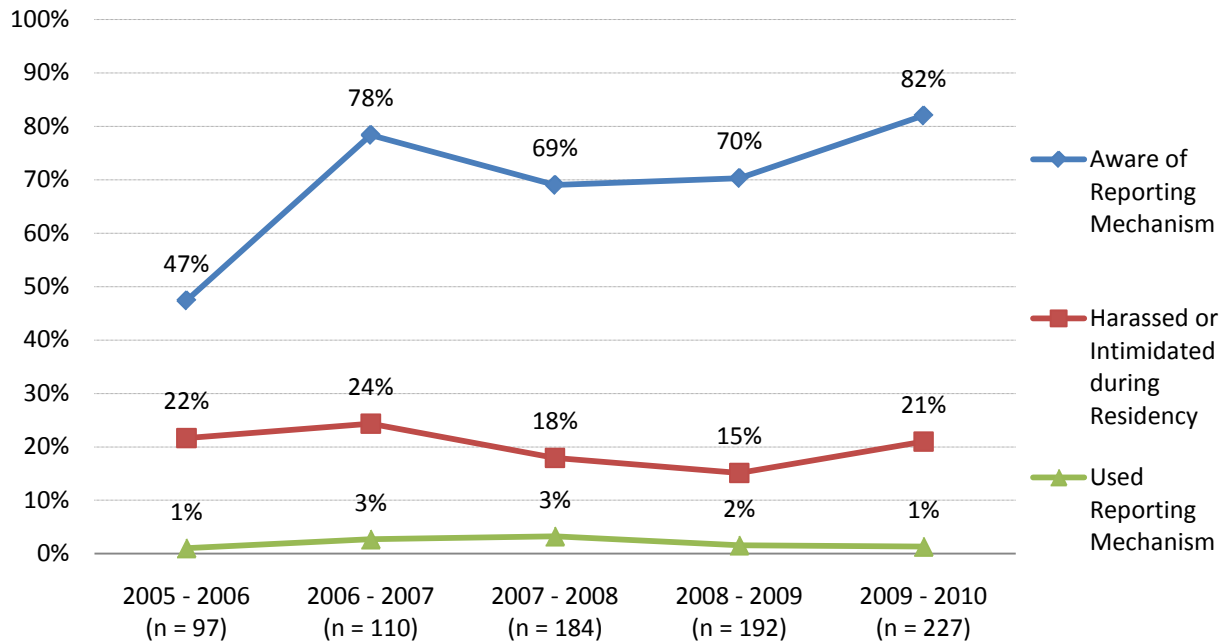
The vast majority of residents believe that programs are listening to them and taking action based on their input. This data exposes widespread efforts on the part of programs to build collaborative relationships with their residents, and to give residents some means of effecting change to the training process and environment.

Did the program appear to be responsive to the feedback provided by residents?					
	2005-06	2006-07	2007-08	2008-09	2009-10
Yes	78%	89%	87%	86%	86%

Intimidation and Harassment

From the inception of the Resident Exit Survey, identifying the rates and impact of intimidation and harassment has been a primary concern. Improvement has been made in terms of making residents aware of PGME's formal reporting mechanism, yet the self-reported frequency of use for this mechanism has remained static. About 1 in 5 exiting residents report having been intimidated or harassed at some point during their residency experience.

Intimidation and Harassment - Awareness and Incidence Over 5 Years:



Forms of Intimidation and Harassment

Please note: the following analysis pertains only to those residents who indicated that they had been intimidated or harassed (a mean of 20% over five years).

86% of the subgroup of residents who reported to have been intimidated or harassed (20% of all respondents) said that it occurred in a verbal form. Nearly half of this subgroup identified emotional harassment.

What form(s) did this harassment take?				
	2006-07 (n = 27)	2007-08 (n = 31)	2008-09 (n = 30)	2009-10 (n = 47)
Verbal	85%	90%	83%	89%
Emotional	52%	45%	57%	45%
Do not wish to disclose	4%	6%	3%	6%
Electronic	-	-	7%	2%
Physical (non-sexual)	0%	0%	3%	4%
Sexual	4%	6%	10%	0%

Frequency of Intimidation and Harassment

Intimidation and Harassment incidents were reported as infrequent, with about 75% of respondents in this subgroup saying it occurred 5 or less times. Unfortunately, some residents reported more frequent incidents of harassment.

Frequency of Incidents of Intimidation or Harassment					
	2006-07 (n = 27)	2007-08 (n = 31)	2008-09 (n = 30)	2009-10 (n = 47)	All Years
1-2 times	41%	58%	47%	45%	47%
3-5 times	26%	24%	30%	28%	27%
6-10 times	33%	18%	10%	17%	19%
More than 10 times	-	-	13%	10%	7%

To Whom do Residents Report Intimidation and Harassment?

Residents tend to turn to their program director or designated faculty member when reporting intimidation or harassment.

The importance of program/site directors as points of contact and support for residents is reiterated throughout the survey. About 4 out of 5 residents in this subgroup rate their program director's performance positively, and residents are even more likely to feel that programs take their feedback into account when making decisions (about 85% of this subgroup). This evidence suggests that program directors play pivotal roles in ensuring excellence in U of T's programs, as well as in meeting concerns.

Person to Which Residents reported Intimidation or Harassment (respondents could report to more than 1 person)				
	2006-07 (n = 17)	2007-08 (n = 19)	2008-09 (n = 21)	2009-10 (n = 27)
Program Director	59%	47%	52%	44%
Designated faculty member	24%	26%	29%	30%
Chief resident/senior resident	29%	21%	19%	22%
Other faculty member	24%	26%	24%	22%
Other resident	29%	26%	29%	11%
Hospital staff	0%	5%	10%	7%
PAIRO	-	-	10%	7%
Director, Resident Wellness, Postgraduate Medical Education	0%	0%	14%	4%
University of Toronto official	12%	0%	10%	4%
Vice-Dean, Postgraduate Medical Education	0%	21%	10%	0%

Why not Report Intimidation and Harassment?

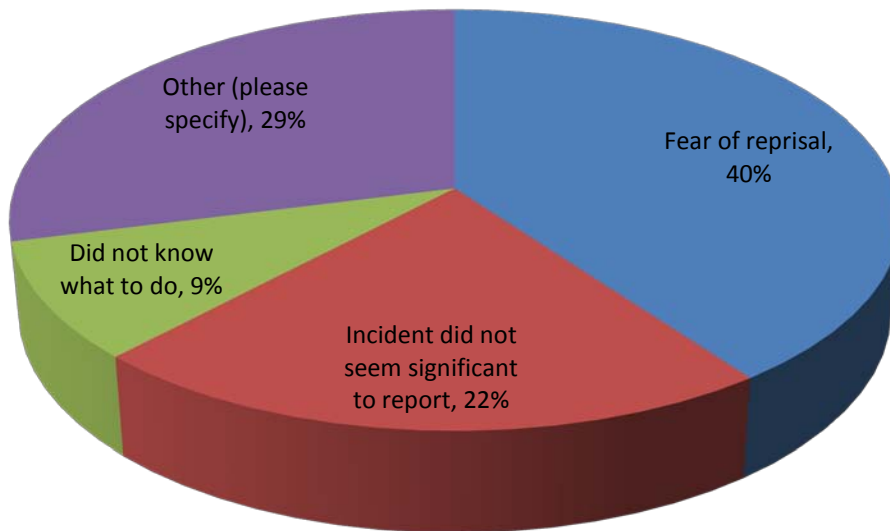
Some residents, despite being victims of intimidation or harassment, have not reported the episode(s), either formally or informally. Residents report fearing reprisal as a major reason to remain silent on their experiences of intimidation or harassment. The comments left by residents illustrate this, and reveal an undercurrent of powerlessness that a small group of residents undergo throughout their residency.

“What's the point? The program doesn't care.”

“Even if it was reported, the harasser would not be punished anyway. So this exercise would only serve as embarrassment to me.”

“Intimidation just seems to be a part of medical training, it's not right but I just want to get beyond it and move on with my life.”

Why Not Report Harassment?



Harassment Outcomes

Recent years have shown progress in the support of intimidated or harassed residents. Although the proportion of residents that saw no difference after reporting harassment has remained quite high, the incidence of satisfactory outcomes has increased, and the rate of uncertain outcomes has fallen.

Outcome of Reporting the Incident		
	2006-07 and 2007-08 (n = 46)	2008-09 and 2009-10 (n = 48)
Satisfactory	11%	27%
Unsatisfactory	13%	13%
Made no difference	43%	42%
Not sure	33%	19%

Residents' Experience of Stress

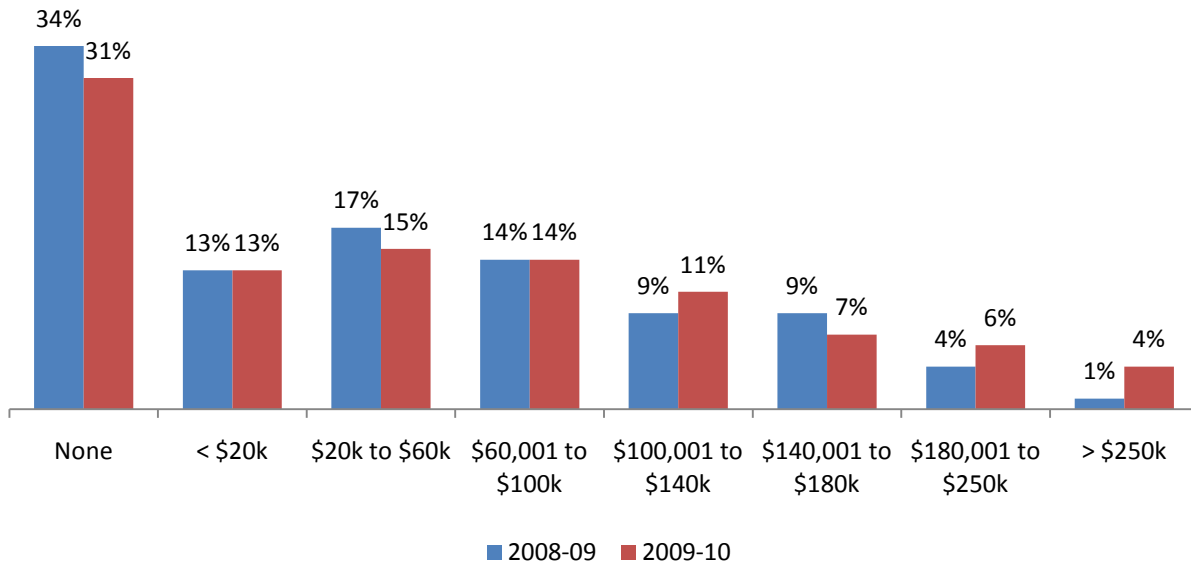
Medical residency is well known for being stressful. While earlier version of the survey included some questions on stress, we increased the emphasis on this topic beginning in the 2008-09 academic year. Many residents claim that stress has affected their personal and academic life, and nearly 1 in 5 sought professional help to deal with stress and its complications.

Reaction to Stress - % that responded "Yes"					
	2005-06	2006-07	2007-08	2008-09	2009-10
Affected your personal life	-	-	-	54%	58%
Affected your academic performance	-	-	-	23%	30%
Caused you to consult a health professional or seek professional help for a stress-related condition	12%	20%	7%	16%	18%
Caused you to alter your career path	-	-	-	12%	8%
Caused you to Require training modifications	-	-	-	4%	4%
Caused you to take a leave from residency training	4%	6%	3%	4%	4%

Debt from Medical Education

The amount of debt incurred due to medical education is a concern for trainees, educators, families of learners and governments. The Resident Exit Survey shows that debt loads vary widely among residents. More than 30% of residents have no debt due to medical education, while nearly 30% have debt loads of more than \$100,000. The table below shows the distribution of debt due to medical education for residents.

Debt Incurred from Medical Education



Residents' Plans for the Future

Further training

Over 5 years, about half of exiting residents planned to pursue further training. It is notable that the percentage reporting further research or fellowship training increased from 28% to almost 40% over the five years of the survey. While this may signify a desire for additional specialized experience it may also be a result of lack of job opportunities in certain fields (i.e. Surgery and other procedural based specialties dependent on hospital resources).

Will you be Pursuing any of the Following?				
	2006-07	2007-08	2008-09	2009-10
Research or Fellowship training	28%	31%	31%	38%
Subspecialty residency training (e.g. Pediatric Cardiology, Gastroenterology)	10%	11%	15%	15%
Graduate studies	7%	7%	9%	13%
None of the above	55%	51%	51%	44%

Future Practice Settings

Most residents in specialty programs exiting residency at U of T intend to practice in an Academic Health Science Centre. In recent years however, community hospitals are increasingly the intended practice setting.

Specialty Program Residents - Intended Practice Settings				
	2006-07	2007-08	2008-09	2009-10
Academic health science centre	81%	68%	71%	66%
Community hospital	29%	45%	51%	57%
Private clinic (excluding free standing walk-in clinics)	15%	15%	17%	18%
Community clinic/Community Health Centre/Primary Care Clinic	12%	9%	17%	14%
Research Unit	7%	8%	9%	13%
Emergency department (community hospital or Academic health sciences centre)	10%	10%	9%	8%
Other (please specify)	9%	3%	4%	4%
Free standing walk-in clinic	0%	2%	2%	3%
Free standing laboratory/diagnostic clinic	0%	2%	1%	2%
Nursing home/Home for the Aged	3%	0%	2%	1%

Among family medicine residents, results have remained fairly stable, with most intending to work in a community health setting, and about half anticipating work in a community hospital.

Family Medicine Residents - Intended Practice Settings				
	2006-07	2007-08	2008-09	2009-10
Community clinic/Community Health Centre/Primary Care Clinic	78%	72%	81%	84%
Community hospital	49%	49%	61%	55%
Academic health science centre	8%	27%	31%	39%
Emergency department (community hospital or Academic health sciences centre)	32%	43%	44%	37%
Free standing walk-in clinic	27%	33%	53%	37%
Private clinic (excluding free standing walk-in clinics)	32%	27%	19%	24%
Nursing home/Home for the Aged	19%	12%	23%	17%
Other (please specify)	5%	3%	5%	3%
Free standing laboratory/diagnostic clinic	0%	3%	0%	1%
Research Unit	3%	4%	4%	1%

Type of Intended Practice Location

Consistent with the “origins” of postgraduate trainees at the University of Toronto, the type of community in which residents plan to practice is large-urban (500,000 or more) and medium-urban (50,000 or more) Ontario. About 1 in 7 are considering positions in small town or rural settings.

Practice Location Type		
	2008-09	2009-10
Ontario - Large urban	58%	60%
Ontario - Medium-sized urban	29%	37%
Ontario - Small town	14%	14%
Ontario - Rural	7%	2%
Canada (outside Ontario) - Large urban	10%	14%
Canada (outside Ontario) - Medium-sized urban	3%	4%
Canada (outside Ontario) - Small town	1%	1%
Canada (outside Ontario) - Rural	1%	1%
Outside Canada - Large urban	5%	11%
Outside Canada - Medium-sized urban	2%	2%
Outside Canada - Small town	1%	1%
Outside Canada - Rural	1%	1%

Future Research Considerations

PGME has now amassed a substantial database of responses to the Resident Exit Survey after five years in the field. The significant number of records allows for robust sub analysis of the results for variables such as gender, department, source of MD, legal status and age. We may wish to look at the impact of ratings of residency on future plans and the impact of harassment and intimidation on ratings of residency.

We will also explore more “qualitative” feedback on their residency experience as it relates to their experience with teachers and role models, training in the community and their need for career planning and job placement.

2009 - 2010
Resident Exit Survey

Postgraduate Medical Education



UNIVERSITY of TORONTO
FACULTY OF MEDICINE

2009 - 2010 Exiting Resident Survey

Dear Exiting Resident,

The Postgraduate Medical Education (PGME) Office is undertaking its fifth annual survey of exiting Residents to learn about experiences and satisfaction with residency at the University of Toronto. Your opinions are very important and will be used by the PGME office to measure and improve residency education and the learning environment as part of our ongoing program evaluation.

It should take no more than 15 minutes to complete this web-based survey. The survey is completely confidential and will not affect your residency file, ITERs, FITERs or future employment. We encourage you to provide an honest and accurate reflection of your residency experiences so that we can effectively assess the quality of our programs.

All participants will be offered a \$10 gift certificate from one of the following retailers: Cineplex, Canadian Tire, Indigo/Chapters, Wendy's or Pizza Pizza upon completion of the survey.

No information that discloses your identity will be released or published without consent unless required by law. All responses will be presented in aggregate form.

For further information and questions about the study, please contact the Postgraduate Medical Education Office at postgrad.med@utoronto.ca.

PLEASE READ

Perceptions of the Residency Experience among Final Year Postgraduate Medical Trainees

I acknowledge that the purpose of the survey has been explained to me and that my questions have been answered to my satisfaction.

I have been informed of the purpose of the survey including the right not to participate and the right to withdraw without any effect on the training and evaluation I received at the University of Toronto and its affiliated teaching hospitals. As well, I understand there are no known risks of harms associated with this survey. I also understand the potential benefits of participating in this survey.

I have been assured that records relating to me will be kept confidential and that no information will be released or printed disclosing my personal identity without my permission, unless required by law. I have been given sufficient time to read and understand the above information.

* 1. PLEASE ANSWER BELOW

I understand the terms and conditions of this study and hereby consent to participate.

I do not wish to participate.

* 2. Please identify your residency program.

2009 - 2010 Exiting Resident Survey

*** 3. Last completed level of training (e.g. Family Medicine, PGY 2)**

PGY 2

PGY 3

PGY 4

PGY 5

PGY 6

PGY 7

*** 4. In what year were you born?**

*** 5. Sex**

Male

Female

*** 6. Please indicate your citizenship status.**

Canadian citizen

Permanent resident (landed immigrant)

Visa

Other (please specify)

7. Where were you born?

2009 - 2010 Exiting Resident Survey

8. With what ethnicity do you most identify?

- White
- Chinese
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Black
- Filipino
- Latin American
- Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- Arab
- West Asian (e.g., Iranian, Afghan, etc.)
- Korean
- Japanese
- Other (please specify)

9. What is your marital status? Please check ONE only.

- Single (never married)
- Separated, divorced or widowed
- Married/living with a partner

10. Please select the ONE statement which best describes the environment in which you grew up PRIOR to university

- Exclusively/predominantly rural (population < 10 000 people, or > 80 km away from an urban centre with population > 50 000 people)
- Exclusively/predominantly small town (population 10 000 to 50 000 people)
- Exclusively/predominantly medium-sized urban (population 50 000 to 500,000 people)
- Exclusively/predominantly large urban (population > 500 000)
- Mixture of environments

2009 - 2010 Exiting Resident Survey

* **14. Please rate your experience in your residency program in relation to the WORK ENVIRONMENT by selecting one response for each item.**

	1 Very Poor	2	3	4	5 Excellent	N/A
Educational clinical workload	jq	jq	jq	jq	jq	jq
Amount of "scut" service work	jq	jq	jq	jq	jq	jq
Your call schedule	jq	jq	jq	jq	jq	jq
Adequacy of call facilities	jq	jq	jq	jq	jq	jq
Safety and security	jq	jq	jq	jq	jq	jq
Availability of information technology (computers, internet library)	jq	jq	jq	jq	jq	jq
Quality of dedicated room/lounge for residents	jq	jq	jq	jq	jq	jq
OVERALL WORK ENVIRONMENT	jq	jq	jq	jq	jq	jq

* **15. Please rate the QUALITY OF YOUR LEARNING ENVIRONMENT THROUGHOUT YOUR RESIDENCY by selecting one response for each item**

	1 Very Poor	2	3	4	5 Excellent	N/A
Your ability to balance residency and life commitments	jq	jq	jq	jq	jq	jq
Resident morale	jq	jq	jq	jq	jq	jq
Service-to-education ratio	jq	jq	jq	jq	jq	jq
Personal support for stress/difficulties	jq	jq	jq	jq	jq	jq
Interactions with mentors	jq	jq	jq	jq	jq	jq
Supportive environment	jq	jq	jq	jq	jq	jq
Face to face time with teachers/supervisors and senior residents	jq	jq	jq	jq	jq	jq
Your ability to manage financial issues	jq	jq	jq	jq	jq	jq
University protection against intimidation and harassment	jq	jq	jq	jq	jq	jq
OVERALL LEARNING ENVIRONMENT THROUGHOUT RESIDENCY	jq	jq	jq	jq	jq	jq

* **16. Please rate your experience in your residency program in relation to PREPARING FOR CERTIFICATION by selecting one response for each item**

	1 Very Poor	2	3	4	5 Excellent	N/A
Practice written exam	jq	jq	jq	jq	jq	jq
Practice oral/clinical exam	jq	jq	jq	jq	jq	jq
Study groups	jq	jq	jq	jq	jq	jq
Coaching and Mentorship	jq	jq	jq	jq	jq	jq
OVERALL PREPARATION FOR CERTIFICATION	jq	jq	jq	jq	jq	jq

2009 - 2010 Exiting Resident Survey

* **17. Please rate your experience in your residency program in relation to PREPARING FOR PRACTICE by selecting one response for each item**

	1 Very Poor	2	3	4	5 Excellent	N/A
Practice management seminar	jn	jn	jn	jn	jn	jn
Bioethics	jn	jn	jn	jn	jn	jn
Legal Issues	jn	jn	jn	jn	jn	jn
Communication Skills	jn	jn	jn	jn	jn	jn
Resource utilization	jn	jn	jn	jn	jn	jn
Critical appraisal and research skills	jn	jn	jn	jn	jn	jn
Information on Continuing Medical Education	jn	jn	jn	jn	jn	jn
Career guidance	jn	jn	jn	jn	jn	jn
Maintain your wellness throughout your career	jn	jn	jn	jn	jn	jn
Support for preparation for obtaining IP license and billing number	jn	jn	jn	jn	jn	jn
Assistance in finding employment	jn	jn	jn	jn	jn	jn
OVERALL PREPARATION FOR PRACTICE	jn	jn	jn	jn	jn	jn

18. If you are exiting an RCPSC residency program, please rate the adequacy of your education in preparing you for practice with respect to each of the CanMEDS roles.

	1 Very Poor	2	3	4	5 Excellent
Medical Expert	jn	jn	jn	jn	jn
Communicator	jn	jn	jn	jn	jn
Collaborator	jn	jn	jn	jn	jn
Manager	jn	jn	jn	jn	jn
Health Advocate	jn	jn	jn	jn	jn
Scholar	jn	jn	jn	jn	jn
Professional	jn	jn	jn	jn	jn

19. If you are exiting a Family Medicine (CFPC) residency program, please rate the adequacy of your education in preparing you for practice with respect to each of the CFPC principles.

	1 Very Poor	2	3	4	5 Excellent
Skilled Clinician	jn	jn	jn	jn	jn
Community Based Discipline	jn	jn	jn	jn	jn
Resource to a Defined Population	jn	jn	jn	jn	jn
Patient-Physician Relationship as Central to Role of FP	jn	jn	jn	jn	jn

2009 - 2010 Exiting Resident Survey

*** 20. How many times were these methods of evaluations used by your program during the final year of your residency?**

	Never	1 - 3	4 - 6	7 or more
OSCEs	jn	jn	jn	jn
Oral examinations	jn	jn	jn	jn
Written examinations - Essay type	jn	jn	jn	jn
Written examinations - Short answer	jn	jn	jn	jn
Written examinations - Multiple choice	jn	jn	jn	jn
Formal observation of clinical skills	jn	jn	jn	jn
Multi-Source Feedback (360° assessment)	jn	jn	jn	jn
Informal feedback	jn	jn	jn	jn
Chart review	jn	jn	jn	jn

Other (please specify type and frequency)

*** 21. Were these evaluations discussed with you verbally?**

	Never (0% of the time)	Rarely (1 - 29% of the time)	Sometimes (30 - 69% of the time)	Often (at least 70% of the time)	Not Applicable
OSCEs	jn	jn	jn	jn	jn
Oral examinations	jn	jn	jn	jn	jn
Written examinations - Essay type	jn	jn	jn	jn	jn
Written examinations - Short answer	jn	jn	jn	jn	jn
Written examinations - Multiple choice	jn	jn	jn	jn	jn
Formal observation of clinical skills	jn	jn	jn	jn	jn
Multi-Source Feedback (360° assessment)	jn	jn	jn	jn	jn
Informal feedback	jn	jn	jn	jn	jn
Chart review	jn	jn	jn	jn	jn

*** 22. Did these evaluations provide useful feedback on your performance?**

Very useful

Somewhat useful

Not Useful

*** 23. Did your residency program appear to be responsive to the feedback provided by residents?**

Yes

No

2009 - 2010 Exiting Resident Survey

*** 24. Please rate your PROGRAM DIRECTOR regarding the following characteristics**

	1 Very Poor	2	3	4	5 Excellent	N/A
Effectiveness of program leadership	jn	jn	jn	jn	jn	jn
Availability to resident	jn	jn	jn	jn	jn	jn
Organization of program	jn	jn	jn	jn	jn	jn
Advocate for program	jn	jn	jn	jn	jn	jn
Advocate for residents	jn	jn	jn	jn	jn	jn
Counselling/Guidance	jn	jn	jn	jn	jn	jn
PROGRAM DIRECTOR OVERALL PERFORMANCE	jn	jn	jn	jn	jn	jn

25. If you were Program Director, what changes, if any, would you implement?

*** 26. Please indicate your current debt related to medical education only (tuition, books, accomodations etc.)**

- None
- < \$20,000
- \$20,000 to \$60,000
- \$60,001 to \$100,000
- \$100,001 to \$140,000
- \$140,001 to \$180,000
- \$180,001 to \$250,000
- > \$250,000

*** 27. How much will the amount of debt that you have now affect your choice of:**

	No Impact 1	2	3	4	Primary Reason 5	N/A
Geographic location of practice	jn	jn	jn	jn	jn	jn
Decision to pursue specific subspecialty training	jn	jn	jn	jn	jn	jn
Type of practice (office-based, hospital-based, etc)	jn	jn	jn	jn	jn	jn
Decision to pursue future fellowship, training, or research	jn	jn	jn	jn	jn	jn

2009 - 2010 Exiting Resident Survey

* 28. During your residency, your level of stress:

	Yes	No
Caused you to take a leave from residency training	<input type="radio"/>	<input type="radio"/>
Caused you to consult a health professional or seek professional help for a stress-related condition	<input type="radio"/>	<input type="radio"/>
Affected your academic performance	<input type="radio"/>	<input type="radio"/>
Caused you to Require training modifications	<input type="radio"/>	<input type="radio"/>
Caused you to alter your career path	<input type="radio"/>	<input type="radio"/>
Affected your personal life	<input type="radio"/>	<input type="radio"/>

The University of Toronto Department of Postgraduate Medical Education guidelines on Intimidation and Harassment define intimidation as "a form of harassing conduct that involves the improper exercise of power".

The guidelines explain that "It may not be discriminatory in nature, but it will often have the same impact as discriminatory harassment, of interfering with people's work performance, affecting their employment opportunities, and creating a hostile work environment. Intimidation is behaviour which instills fear. It may involve using one's authority to influence other people's behaviour, and can reduce the extent to which people are willing to exercise their rights."

* 29. Are you aware of the University of Toronto Postgraduate Medical Education's policy on sexual harassment, intimidation or other inappropriate incidents in the learning environment?

Yes

No

* 30. With these definitions in mind, have you been harassed or intimidated during your residency?

Yes

No

31. What form(s) did this harassment take? Please indicate all that apply.

Physical (non-sexual)

Verbal

Emotional

Sexual

Electronic

Do not wish to disclose

2009 - 2010 Exiting Resident Survey

32. Please indicate the source of harassment (Please check all that apply)

- Faculty Member
- A resident/fellow, in a supervisory role
- A resident/fellow, not in a supervisory role
- Nurse
- Other Health Care Professional
- Patient
- Other (must specify in space provided)

33. During your residency, how often did this happen?

- 1-2 times
- 3-5 times
- 6-10 times
- More than 10 times

34. Did you ever report your experience of harassment, whether it was informally (to faculty or supervisors) or formally (using the university's confidential reporting mechanism)?

- Yes, using the university's formal confidential reporting mechanism
- Yes, but informally
- No

35. Why did you not report the incident?

- Incident did not seem significant to report
- Did not know what to do
- Fear of reprisal
- Other (please specify)

2009 - 2010 Exiting Resident Survey

36. To whom did you report the incident(s)? Please check all that apply.

- Your Program Director
- Designated faculty member
- Other faculty member
- Chief resident/senior resident
- Other resident
- University of Toronto official
- Hospital official
- Hospital staff
- Director, Resident Wellness, Postgraduate Medical Education
- Vice-Dean, Postgraduate Medical Education
- PAIRO
- Did not report

37. Was the outcome

- Satisfactory
- Unsatisfactory
- Made no difference
- Not sure

* 38. Do you have concerns about securing a position in your chosen specialty?

- No
- Yes (please comment on your concerns)

* 39. Are you aware of the career planning services offered at the PGME office in partnership with Healthforce Ontario's Marketing & Recruitment Agency?

- Yes
- No

2009 - 2010 Exiting Resident Survey

* **40. Do you intend to use the services offered by Healthforce Ontario's Marketing & Recruitment Agency?**

Yes

No

* **41. In what type of location do you intend to practice after completing your residency program?**

Definitions:

Rural (population < 10 000 people, or > 80 km away from an urban centre with population > 50 000 people)

Small town (population 10 000 to 50 000 people)

Medium-sized urban (population 50 000 to 500,000 people)

Large urban (population > 500 000)

- Ontario - Rural
- Ontario - Small town
- Ontario - Medium-sized urban
- Ontario - Large urban
- Canada (outside Ontario) - Rural
- Canada (outside Ontario) - Small town
- Canada (outside Ontario) - Medium-sized urban
- Canada (outside Ontario) - Large urban
- Outside Canada - Rural
- Outside Canada - Small town
- Outside Canada - Medium-sized urban
- Outside Canada - Large urban

* **42. Will you be pursuing**

- Subspecialty residency training (e.g. Pediatric Cardiology, Gastroenterology)
- Research or Fellowship training
- Graduate studies
- None of the above

2009 - 2010 Exiting Resident Survey

* 43. The following is a list of work settings. Please check ALL the categories that best describe the setting(s) where you plan to practice after completing your residency training.

- Academic health science centre
- Community clinic/Community Health Centre/Primary Care Clinic
- Community hospital
- Emergency department (community hospital or academic health sciences centre)
- Free standing laboratory/diagnostic clinic
- Free standing walk-in clinic
- Nursing home/Home of the Aged
- Private clinic (excluding free standing walk-in clinics)
- Research Unit
- Other (please specify)

Thank you very much for completing the Exiting Resident Survey. Please remember to press the "Done" button below. This will ensure your answers are saved and you will be redirected to another website to choose your gift certificate.

Sincerely,

Salvatore M. Spadafora, MD, FRCPC, MHPE
Vice Dean
Postgraduate Medical Education