

Poster #2

Research Study

Title: “Association Between Demographic Factors in Family Medicine Program Directors and Reported Resident Burnout”

Dailen Alonso; Sara Patino; Alicia Seife; Suzanne Minor, MD, FAAFP; Noël C Barengo, MD, MPH, PhD; Gretel Castro, MPH

Category: Medical Education

Keywords: Burnout; Resident; Residency Program; Family Medicine; Demographics

Introduction and Objective. The prevalence of burnout in Family Medicine (FM) residents in 2019 was 35.97%, the lowest among all specialties. Burnout is linked to decreased performance and poor patient outcomes. The perception of burnout by program directors (PD) had yet to be analyzed. This study aimed to determine if there is an association between the demographic factors in FM residency PDs and reported resident burnout in 2018.

Methods. Data of a cross-sectional study administered by CAFM Educational Research Alliance (CERA) was used. Responses by ACGME-accredited FM residency PDs in the USA who completed the 2018 Residency PD Special Survey About Wellness/Burnout/Fatigue (PD14) were included. PDs who failed to answer questions related to burnout or demographics were excluded (n=26). The final sample size was 242. Exposure variables were race, ethnicity, gender, type of residency program, community size, and number of graduates from non-US medical schools. Outcome variables were the occurrence of yearly burnout assessments and the reported resident burnout by PDs. Associations were analyzed estimating odds ratios (OR) and 95% confidence interval (CI) using unadjusted and adjusted logistic regression analysis.

Results. After adjusting for covariates, programs with 19-31 residents (OR 11.9; 95% CI: 3.59-39.5) and programs with over 31 residents (OR, 15.8; 95% CI: 1.83-136.4) were associated with higher reported resident burnout when compared with programs with less than 19 residents. Male PDs showed decreased odds for reporting resident burnout (OR 0.23; 95% CI: 0.08-0.63) compared with female PDs. Male PDs had increased odds for conducting yearly burnout assessments (OR 2.35; 95% CI: 1.00-5.50) compared with female PDs.

Conclusions-Implications. Our study revealed an association between program size, the gender of the program director, and reported burnout by PDs. Our study helps to guide future efforts to prevent resident burnout, and possibly explain decreased burnout rates in FM residencies. Since male PDs are less likely to report burnout and they make up 52% of our sample population, it may affect the reported FM residency burnout rates. Thus, other specialties with higher representation of female PDs may report higher burnout rates.