



**The Alliance is pleased to provide this recommendation about a minimum standard FTE for Program Coordinators to ACGME Review Committee in Internal Medicine for consideration in future iterations of the program requirements.**

As the Medicine 2035 initiative demonstrates, graduate medical education (GME) is an ever-evolving, complex, and unpredictable field. To meet the flexibility demanded by the future, we need a workforce not only capable but eager for the task. Running a program well entails hard work with many challenges and requires a strong leadership team to manage the varying aspects of balancing patient care with education. In addition to Program Directors and Associate Program Directors, Program Coordinators meet these challenges through dedication and long hours, but too often their work is undervalued by their institutions.

When new initiatives are enacted, the burden for data management, analysis, tracking, and implementation of new programs often falls to the Program Coordinator, adding to existing responsibilities. Just as more patient care tasks are falling to non-physician workers, programmatic, accreditation, and non-physician-essential tasks are falling to Program Coordinators. The increase in volume of work for programs driven by outside stakeholders requires more support.

Program Coordinators are passionate, loyal, and dedicated to their programs and to GME. Their determination to “get the job done” at the expense of their own personal time is evident in the fact that over 75% of program coordinators report working over 40 hours a week – most of whom are not compensated for this time. Thirty-five percent report that this overtime is due to a lack of appropriate administrative support for the program<sup>1</sup>.

Despite their passion, or perhaps because of it, over one-quarter of Program Coordinators meet the screening criteria for burnout (two-item Maslach Burnout Inventory)<sup>1,2</sup>, and almost one-half reported to have considered resigning from their positions in the past year<sup>1</sup>. An analysis of data from the 2018 and 2019 APDIM Annual Residency and Fellowship Program Administrators surveys demonstrates a statistical association between meeting the screening criteria for burnout and reporting to have considered resigning from one’s position in the past year. Data from one or both of those surveys demonstrated a statistical association between meeting the criteria for burnout and having less FTE support, experiencing a program size increase, and working overtime<sup>4</sup>.

The Alliance believes that protected Program Coordinator time as well as required administrative FTE is essential for successful internal medicine training program management. AAIM hopes that the ACGME Internal Medicine Residency Review Committee, in recognizing the workload increase that occurs as program size and accreditation standards increase, will consider requiring programs to meet a minimum standard of FTE for Program Coordinator roles and administrative program support that will support Program Coordinator workload, wellness, and longevity.

AAIM recommends additions to the Internal Medicine Common Program Requirements:

## **II.C. Program Coordinator**

**II.C.1. There must be a program coordinator. (Core)**

**II.C.2. At a minimum, there must be one program coordinator dedicated solely to the residency program administration and additional support personnel at resident complements according to the following parameters: (Core)**

II.C.2.a). programs with fewer than 24 residents must have at least 1.0 FTE program coordinator; (Core)

II.C.2.b). programs with more than 24 residents must have a minimum of .5 FTE additional support personnel for every additional 14 residents in addition to 1.0 FTE program coordinator (Core)

Number of approved resident positions	<u>Minimum</u> Aggregate FTE support for Program Administration
24 or less	1.0
25-40	1.5
41-55	2.0
56-70	2.5
71-85	3.0
86-100	3.5
101-115	4.0
116-130	4.5
131-145	5.0
146-160	5.5
161-175	6.0
175-190	6.5
191-205	7.0
206-220	7.5
>221	8.0

AAIM encourages a strong emphasis to be placed on the word “minimum.” The Alliance seeks to encourage institutions to provide necessary support for programs without diminishing the current level of support that some programs may already have in place.

#### **Determination of Program Administrator FTE to Program Size Ratio**

The recommended ratios were identified after surveying the APDIM program administrators community (Table 1) as well as reviewing the other specialties that have administrative full-time equivalent (FTE) per resident ratio in their specialty program requirements prior to the July 1, 2019, revision of the Common Program Requirements<sup>3</sup>. These ratios are further supported by an independent analysis of the 2018 and 2019 APDIM Program Administrators Annual Survey, which incorporates residency program data from the ACGME Accreditation Database System and the American Medical Association Residency

and Fellowship Database (AMA-FREIDA) into the survey dataset for a more complete profile of residency programs (Table 2a and Table 2b).

Table 1: Source: July 2019 Survey of APDIM Program Administrators Community		
Question: Keeping in mind the job duties that pertain ONLY to program management (i.e., not clerkship, faculty support, billing, etc.), which ratio of FTE to Program Size do you think will best serve the Program Coordinator community long-term?	Ratio	Results
	1:20	47.4%
	1:25	21.8%
	1:30	23.1%
	1:35	7.7%
Note: 79 Respondents		

Table 2a: Source: 2019 APDIM Program Administrators Annual Survey*				
Model	Estimated Ratio	Jackknife Standard Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Total number of full-time equivalent (FTE) support staff for the program or programs supported to Number of Residents and Fellows Supported	1:23	0.004	1:22	1:25
Note: Statistically weight-adjusted estimates based on a <i>population</i> size of 797 APDIM Program Administrator members representing 336 unique APDIM residency program members at 95 percent confidence. Variables used for weight factor plan are included in Appendix Table 2 ("For 2019 APDIM PA Survey Dataset") and adjust for programs with multiple administrators who completed the survey.				
*Pearl IRB Study #18-AAIM-104.				

Table 2b: Source: 2018 APDIM Program Administrators Annual Survey*				
Model	Estimated Ratio	Jackknife Standard Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Total number of full-time equivalent (FTE) support staff for the program or programs supported to Number of Residents and Fellows Supported	1:20	0.0004	1:10	1:29
Note: Statistically weight-adjusted estimates based on a <i>population</i> size of 827 APDIM Program Administrator members representing 355 unique APDIM residency program members at 95 percent confidence. Variables used for weight factor plan are included in Appendix Table 1 ("For 2018 APDIM PA Survey Dataset") and adjust for programs with multiple administrators who completed the survey.				
*Northwell System Office of the Institutional Review Board.				

**Table 3a: Source: 2019 APDIM Program Administrators Annual Survey\***  
**Q37 What is the total number of full-time equivalent (FTE) support staff for the program or programs you support?**

Q27 and Q28 Combined: Number of residents and fellows overseen	Mean	Standard Deviation	Frequency	Observations
1-25	1.9	2.7	123	125
26 - 50	2.0	1.2	95	90
51 - 75	2.3	1.5	43	42
76 - 100	3.6	2.2	41	42
101 - 150	4.5	3.4	48	51
More than 150	5.5	2.5	34	37
<b>Total</b>	<b>2.8</b>	<b>2.6</b>	<b>383</b>	<b>387</b>

Note: For 387 of 410 possible respondents who answered Q37 and Q27/Q28 combined, weight-adjusted at 95 percent confidence to be representative of a population of 797 APDIM Program Administrators.

\*Pearl IRB Study #18-AAIM-104.

Analysis of Variance (for Table 3a)					
Source	SS	df	MS	F	P-Value
Between groups	590.1	5	118.0	21.98	<0.001
Within groups	2045.8	381	5.4		
<b>Total</b>	<b>2636.0</b>	<b>386</b>	<b>6.8</b>		
Bartlett's test for equal variances: $\chi^2(5) = 75.3727$ Prob> $\chi^2 = 0.000$					

**Table 3b: Source: 2018 APDIM Program Administrators Annual Survey\***  
**Q23 What is the total number of full-time equivalent (FTE) program support staff for this program? This would include Program Administrator/Coordinator and all secretarial/support staff.**

Q18 and Q88 Combined: Number of residents and fellows overseen	Mean	Standard Deviation	Frequency	Observations
1-25	1.7	2.1	133	135
26 - 50	1.7	1.7	98	95
51 - 75	2.0	1.1	43	43
76 - 100	3.5	2.6	26	26
101 - 150	4.2	2.8	63	64
More than 150	5.8	2.6	34	35
<b>Total</b>	<b>2.6</b>	<b>2.5</b>	<b>397</b>	<b>398</b>

Note: For 397 of 407 possible respondents who answered Q23 and Q18/Q88 combined, weight-adjusted at 95 percent confidence to be representative of a population of 827 APDIM Program Administrators.

\*Northwell System Office of the Institutional Review Board.

Analysis of Variance (for Table 3b)					
Source	SS	df	MS	F	P-Value

Between groups	738.8	5	147.8	36.65	<0.001
Within groups	1769.3	391	4.5		
<b>Total</b>	<b>2508.0</b>	<b>396</b>	<b>6.3</b>		
Bartlett's test for equal variances: $\chi^2(5) = 47.4639$ Prob> $\chi^2 = 0.000$					

Notes for Table 2 and Table 3a/3b:

- The estimated ratios of 1:23 (confidence interval of 1:22-1:25) and 1:20 (confidence interval of 1:10-1:29) were determined using the predicted values from a negative binomial regression model, with “total number of full-time equivalent (FTE) support staff” as the dependent variable. Independent variables included total number of filled residency positions (obtained from ACGME Accreditation Database System online [public] in June 2017 and June 2018) for the 2017-18 and 2018-19 Academic Years, respectively.

## Appendix

<sup>1</sup> Select results of the 2018 and 2019 APDIM Program Administrator's Annual Survey. Note: The 2018 Annual Survey was granted exempt status from human subjects research review by the Northwell System Office of the Institutional Review Board (IRB). The 2019 Annual Survey was granted exempt status by Pearl IRB (study #18-AAIM-104).

APDIM Program Administrator's Annual Survey		
	2018	2019
Met Criteria for Burnout <sup>2</sup>	24% (95% CI: 20-28)	26% (95% CI: 22-31)
Considered resigning	42% (95% CI: 36-49)	49% (95% CI: 42-56)
Worked over 40 hours a week	83% (95% CI: 78-87)	91% (95% CI: 87-93)
NOT compensated for work over 40 hours a week	68% (95% CI: 61-74)	63% (95% CI: 57-68)
Working over 40 hours due to lack of appropriate admin support for the program	46% (95% CI: 39-53)	40% (95% CI: 35-44)
Note: In 2019, 123 Program Coordinators reported their program(s) increasing in size in the last five years. 95 reported that there was no increase in admin support to support program size change.		
<sup>2</sup> "Burnout" was defined by respondents who reported "once a week" or more often to one or both of the following questions from the Maslach Burnout Inventory-Human Services Survey,(1) which has been recognized for its factorial validity:(2) How often do you feel burned out from work? How often do you feel you've become more callous toward people since you took this job? 1. Full citation: Maslach, Christina and Susan E. Jackson. 1981. MBI-Human Services Survey. Published by Mind Garden, Inc., <a href="http://www.mindgarden.com">www.mindgarden.com</a> . 2. Wilmar B. Schaufeli Dirk Van Dierendonck. 1993. The construct validity of two burnout measures. Journal of Organizational Behavior Vol. 14(7):631-647.		

<sup>3</sup> Other ACGME program requirement Coordinator ratios

Data from the DIO Expected Time for Coordinators		ACGME resource updated 6/2018	
ACGME program	Minimum FTE	Additional resources	Cont. Add'l resources
Colon and Rectal Surgery	0.1 FTE	0.05 FTE for each resident	Maxed at 5 residents for 0.3 FTE
Diagnostic Radiology	1.0 FTE for up to 24	1.5 FTE for 25-38	2.0 FTE for >40 residents
Emergency Medicine	1.0 FTE for up to 31	0.5 FTE per every additional 14 residents	
Family medicine	1.0 FTE		
Interventional Radiology	0.2 FTE per every 5 residents		
OB-GYN	1.0 FTE		
Orthopaedic surgery	1.0 FTE	>20 additional support	
Pediatrics	1.0 FTE up to 30	0.5 FTE for every 29 additional residents	
Plastic Surgery	0.5 FTE per 1-6 1.0 FTE per >6	> 20 require additional support	



Surgery	1.0 FTE	>20 additional support	
Thoracic Surgery	Dedicated PC	>20 additional support	
Medical Toxicology fellowship	0.2 FTE		
Undersea and Hyperbaric Medicine	0.2 FTE		

<sup>4</sup> Data Analysis of 2018 and 2019 APDIM Program Administrators Annual Survey

Table 1.1a.: Source: 2019 APDIM Program Administrators Annual Survey*				
Model	Estimated Ratio	Jackknife Std. Err.	[95% Conf. Interval]	
Total number of full-time equivalent (FTE) support staff for the program or programs supported to Number of Residents and Fellows Supported	1:23	0.004	1:22	1:25
<p>Note: Statistically weight-adjusted estimates for 797 APDIM Program Administrator members representing 336 APDIM residency program members at 95 percent confidence. Variables used for weight factor plan included in Table 1 ("For 2019 APDIM PA Survey Dataset") below.</p> <p>Note: Statistically weight-adjusted estimates based on a <i>population</i> size of 797 APDIM Program Administrator members representing 336 unique APDIM residency program members at 95 percent confidence. Variables used for weight factor plan are included in Appendix Table 2 ("For 2019 APDIM PA Survey Dataset") and adjust for programs with multiple administrators who completed the survey.</p> <p>*Pearl IRB Study #18-AAIM-104.</p>				

Table 1.1b.: Source: 2018 APDIM Program Administrators Annual Survey*				
Model	Estimated Ratio	Jackknife Standard Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Total number of full-time equivalent (FTE) support staff for the program or programs supported to Number of Residents and Fellows Supported	1:20	0.0004	1:10	1:29
<p>Note: Statistically weight-adjusted estimates based on a <i>population</i> size of 827 APDIM Program Administrator members representing 355 unique APDIM residency program members at 95 percent confidence. Variables used for weight factor plan are included in Appendix Table 1 ("For 2018 APDIM PA Survey Dataset") and adjust for programs with multiple administrators who completed the survey.</p> <p>*Northwell System Office of the Institutional Review Board.</p>				

**Notes**

- The estimated ratios of 1:23 (confidence interval of 1:22-1:25) and 1:20 (confidence interval of 1:10-1:29) were determined using the predicted values from a negative binomial regression model, with "total number of full-time equivalent (FTE) support staff" as the dependent variable. Independent variables included total number of filled residency positions (obtained from ACGME Accreditation Database System online [public] in June 2017 and June 2018) for the 2017-18 and 2018-19 Academic Years, respectively.



**Model Results for FTE ratio calculations: 2019 APDIM Program Administrators Survey**

Q37 What is the total number of full-time equivalent (FTE) support staff for the program or programs you support? This includes you and all administrative/support staff (non-physicians).						
No.	Weighted Mean	Linearized Std. Err.	[95% Conf. Interval]		Standard Deviation	Median
389	2.8	0.1	2.5	3.1	2.6	2
Source: 2019 APDIM Program Administrators Annual Survey; Pearl IRB Study #18-AAIM-104.						

<b>Q37 What is the total number of full-time equivalent (FTE) support staff for the program or programs you support?</b>				
<b>Q27 and Q28 Combined: Number of residents and fellows overseen</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Freq.</b>	<b>Obs.</b>
1-25	1.9	2.7	123	125
26 - 50	2.0	1.2	95	90
51 - 75	2.3	1.5	43	42
76 - 100	3.6	2.2	41	42
101 - 150	4.5	3.4	48	51
More than 150	5.5	2.5	34	37
<b>Total</b>	<b>2.8</b>	<b>2.6</b>	<b>383</b>	<b>387</b>
Source: 2019 APDIM Program Administrators Annual Survey; Pearl IRB Study #18-AAIM-104.				

<b>Analysis of Variance</b>					
<b>Source</b>	<b>SS</b>	<b>df</b>	<b>MS</b>	<b>F</b>	<b>Prob &gt; F</b>
Between groups	590.1	5	118.0	21.98	<0.001
Within groups	2045.8	381	5.4		
<b>Total</b>	<b>2636.0</b>	<b>386</b>	<b>6.8</b>		
Bartlett's test for equal variances: $\chi^2(5) = 75.3727$ Prob> $\chi^2 = 0.000$					

# Model Results for FTE ratio calculations: 2019 APDIM Program Administrators Survey

Survey: Negative binomial regression (weighted)					
Number of strata	=	4	Number of obs	=	391
Number of PSUs	=	46	Population size	=	386.63639
			Design df	=	5
			F( 7, -1)	=	.
Dispersion	=	mean	Prob > F	=	.
Q37 What is the total number of full-time equivalent (FTE) support staff for the program or programs you support?	Coef.	Linearized Std. Err.	t	P-Value	[95% Conf. Interval]
Total Residents and Fellows Supported	0.3	0.1	5.5	0.003	0.2 0.4
Total Number of Filled Positions (ACGME)	0.0	0.0	-1.2	0.282	0.0 0.0
Supports core internal medicine residency program*	-0.6	0.1	-6.3	0.001	-0.8 -0.3
Supports fellowship program*	-0.1	0.3	-0.5	0.653	-0.8 0.5
University-based (FREIDA)**	0.0	0.2	0.2	0.863	-0.5 0.5
Community-based (FREIDA)**	-0.2	0.2	-0.7	0.492	-0.7 0.4
Community-based, university-affiliated (FREIDA)**	0.0	0.2	0.1	0.961	-0.4 0.4
_cons	0.4	0.2	1.8	0.128	-0.2 1.0
/lnalpha	-2.1	0.4			-3.1 -1.0
alpha	0.1	0.1			0.0 0.4
*Reference: Supports both programs					
**Reference: Military-based					
FREIDA: American Medical Association Residency and Fellowship Database; ACGME: Accreditation Council for Graduate Medical Education Accreditation Database System.					
Source: 2019 APDIM Program Administrators Annual Survey; Pearl IRB Study #18-AAIM-104.					

**Model Results for FTE ratio calculations: 2018 APDIM Program Administrators Survey**

Table 3b: Source: 2018 APDIM Program Administrators Annual Survey*						
Q23 What is the total number of full-time equivalent (FTE) program support staff for this program? This would include Program Administrator/Coordinator and all secretarial/support staff.						
No.	Weighted Mean	Linearized Std. Err.	[95% Conf. Interval]		Standard Deviation	Median
397	2.6	0.1	2.4	2.8	2.2	2
*Northwell System Office of the Institutional Review Board.						

Q23 What is the total number of full-time equivalent (FTE) program support staff for this program? This would include Program Administrator/Coordinator and all secretarial/support staff.*				
Q18 and Q88 Combined: Number of residents and fellows overseen	Mean	Standard Deviation	Frequency	Observations
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<b>Total</b>	<b>2.6</b>	<b>2.5</b>	<b>397</b>	<b>398</b>
Note: For 397 of 407 possible respondents who answered Q23 and Q18/Q88 combined, weight-adjusted at 95 percent confidence to be representative of a population of 827 APDIM Program Administrators.				
*Northwell System Office of the Institutional Review Board.				

Analysis of Variance					
Source	SS	df	MS	F	P-Value
Between groups	738.8	5	147.8	36.65	<0.001
Within groups	1769.3	391	4.5		
<b>Total</b>	<b>2508.0</b>	<b>396</b>	<b>6.3</b>		
Bartlett's test for equal variances: $\chi^2(5) = 47.4639$ Prob> $\chi^2 = 0.000$					

**Model Results for FTE ratio calculations: 2018 APDIM Program Administrators Survey**

Survey: Negative binomial regression (weighted)					
Number of strata	=	4	Number of obs	=	389
Number of PSUs	=	42	Population size	=	387.40416
			Design df	=	5
			F( 7, -1)	=	.
Dispersion	=	mean	Prob > F	=	.
Q37 What is the total number of full-time equivalent (FTE) support staff for the program or programs you support?	Coef.	Linearized Std. Err.	t	P-Value	[95% Conf. Interval]
Total Residents and Fellows Supported	0.3	0.07	3.8	<b>0.012</b>	0.1 0.5
Total Number of Filled Positions (ACGME)	-0.0	0.002	-0.1	0.936	-0.0 0.0
Supports core internal medicine residency program*	-0.5	0.1	-4.2	<b>0.009</b>	-0.8 -0.2
Supports fellowship program*	-0.2	0.4	-0.5	0.667	-1.1 0.7
University-based (FREIDA)**	-0.2	0.1	1.8	0.135	-0.1 0.6
Community-based (FREIDA)**	0.8	0.3	2.7	<b>0.041</b>	0.0 1.6
Community-based, university-affiliated (FREIDA)**	0.3	0.1	3.4	<b>0.020</b>	0.1 0.5
_cons	-0.2	0.2	-0.8	0.462	-0.7 0.4
/lnalpha	-2.5	0.8			-4.5 -0.4
alpha	0.1	0.1			-0.0 0.7
*Reference: Supports both programs					
**Reference: Military-based					
FREIDA: American Medical Association Residency and Fellowship Database; ACGME: Accreditation Council for Graduate Medical Education Accreditation Database System.					
Source: Northwell System Office of the Institutional Review Board.					

(For 2019 APDIM PA Survey Dataset)

Table 1. Comparison of Responding and Nonresponding Programs: 2019 APDIM Program Administrators Annual Survey (Unweighted Data used for Subsequent Weighting Scheme)

Program Characteristics: Unique (Non-duplicated) Programs Only	Respondents n=228	Nonrespondents n=106	Total n=334	
	n (%) or Mean (SD)	n (%) or Mean (SD)	n (%) or Mean (SD)	P- value*
Description (FREIDA) n=330				
University-based	101 (44.7)	18 (17.3)	119 (36.1)	<0.001
All other types of programs	125 (55.3)	86 (82.7)	211 (63.9)	
Census Region (U.S. Census Bureau)** n=331				
Midwest	57 (25.0)	20 (18.9)	77 (23.1)	0.216
Northeast	64 (28.1)	37 (34.9)	101 (30.2)	0.206
South	73 (32.0)	28 (26.4)	101 (30.2)	0.299
West	34 (14.9)	21 (19.8)	55 (16.5)	0.261
Accreditation Status (ACGME) n=332				
Continued	216 (95.6)	95 (89.6)	311 (87.3)	0.038
Initial, Warning, or Probation	10 (4.4)	11 (10.4)	21 (6.3)	
Program size: Median No. ACGME positions filled*** n=333	60.0 (43.0)	40.0 (30.3)	54.0 (40.9)	0.003
Year of program's accreditation (ACGME)^ n=333	1970.2 (20.1)	1975.8 (24.1)	1971.9 (21.6)	0.040
Number of Program Administrators per institution				
1-3	176 (77.2)	102 (96.2)	278 (83.2)	<0.001
4-9	45 (19.7)	4 (3.7)	49 (14.7)	<0.001
10-18	7 (3.1)	0 (0.0)	7 (2.1)	0.068
FREIDA: American Medical Association Residency and Fellowship Database; ACGME: Accreditation Council for Graduate Medical Education Accreditation Database System; ABIM: American Board of Internal Medicine; SD: Standard Deviation.				
*Tests difference between respondents and nonrespondents. Pearson Chi-square test used for categorical variables; Fisher’s Exact Test used when expected cell counts are five or less.				
**Three programs based in a U.S. unincorporated territory were merged into west for census region.				
***Nonparametric equality-of-medians test used.				
^Mann-Whitney test (equality-of-means) for nonparametric data.				
Note: “n=” is reported wherever totals reflect missing data.				

**(For 2019 APDIM PA Survey Dataset)**

Table 2. Key Program and Administrator Characteristics, by Indicator for Burnout: 2019 APDIM Program Administrators Annual Survey

Program Administrator Characteristics (n=number with characteristic)	Burned Out n=106	Not Burned Out n=299	P-value**
	Weighted % and CI or Weighted Mean and CI*	Weighted % and CI or Weighted Mean and CI*	
Length of time in position			
Less than one year n=3, 19	2.6 (0.9-7.0)	6.2 (3.2-11.5)	0.105
1 to 5 years n=59, 122	55.4 (43.5-66.6)	40.7 (35.8-44.8)	0.027
6 to 10 years n=20, 61	19.6 (13.3-28.0)	20.5 (16.9-24.7)	0.786
11 years or more n=23, 97	22.4 (14.8-32.6)	32.6 (26.7-39.1)	0.041
Works overtime while at work and/or from home (Very often/Often) n=74, 128	69.7 (58.1-79.2)	42.9 (37.3-48.8)	<0.001
Salary			
Less than \$49,999 n=32, 84	29.8 (20.3-41.3)	28.5 (21.5-36.7)	0.828
\$50,000 - \$79,999 n=68, 172	65.4 (54.3-75.1)	58.4 (52.0-64.6)	0.271
\$80,000 or more n=5, 39	4.8 (1.7-12.7)	13.1 (7.8-21.4)	0.031
Education			
High school/High school and some college n=22, 97	21.6 (14.5-30.8)	32.5 (27.4-38.1)	0.017
Associate's degree/Bachelor's degree n=53, 122	50.6 (38.1-63.0)	41.5 (35.2-48.0)	0.208
Some graduate coursework/Graduate degree n=30, 77	27.9 (18.6-39.5)	26.0 (21.4-31.2)	0.747
FREIDA: American Medical Association Residency and Fellowship Database; ACGME: Accreditation Council for Graduate Medical Education Accreditation Database System; ABIM: American Board of Internal Medicine; SD: Standard Deviation.			
*CI: 95 percent confidence interval.			
**Adjusted Wald test of association used.			
***Nonlinear equality-of-means test used (Adjusted Wald).			
Note: Burnout: defined by respondents who reported "Once a Week" or more often to one or both questions from the Maslach Burnout Inventory: "How often do you feel burned out from work?," "How often do you feel you've become more callous toward people since you took this job?" Of 410 respondents, 405 answered the two-item burnout question.			
Full citation: Maslach, Christina and Susan E. Jackson. 1981. MBI-Human Services Survey. Published by Mind Garden, Inc., www.mindgarden.com.			

(For 2019 APDIM PA Survey Dataset)

Table 3. Key Program and Administrator Characteristics, by Ideation of Resigning: 2019 APDIM Program Administrators Annual Survey			
Program Administrator Characteristics (n=number with characteristic)	Considered Resigning in Past Year n=196	Has Not Considered Resigning in Past Year n=209	
	Weighted % and CI or Weighted Mean and CI*	Weighted % and CI or Weighted Mean and CI*	P-value**
Length of time in position			
Less than one year n=6, 17	2.9 (1.1-7.5)	7.9 (4.9-12.5)	0.004
1 to 5 years n=92, 88	46.6 (38.0-55.4)	42.1 (35.7-48.7)	0.427
6 to 10 years n=45, 36	23.6 (17.4-31.2)	17.2 (13.4-21.6)	0.115
11 years or more n=52, 68	26.9 (19.5-35.8)	32.9 (26.0-40.6)	0.253
How size of training program has changed in past year			
Increased n=49, 35	34.4 (26.3-43.6)	25.0 (17.6-34.2)	0.047
Decreased n=1, 4	0.7 (0.1-5.5)	2.7 (0.8-8.7)	0.286
Remained about the same n=93, 100	64.9 (55.7-73.1)	72.3 (62.6-80.4)	0.131
Works overtime while at work and/or from home ("Yes") n=109, n=90	56.6 (50.1-62.8)	44.5 (36.4-52.9)	0.031
Employee type			
Hourly n=89, 74	46.4 (37.9-55.2)	36.2 (28.2-45.2)	0.029
Salaried n=106, 135	53.6 (44.9-62.1)	63.8 (54.8-71.8)	
Salary			
Less than \$49,999 n=61, 54	30.8 (22.8-40.1)	26.5 (19.1-35.6)	0.441
\$50,000 - \$79,999 n=121, 119	63.3 (55.3-70.7)	57.6 (51.0-64.0)	0.234
\$80,000 or more n=12, 32	5.9 (3.2-10.7)	15.8 (9.7-24.7)	0.007
FREIDA: American Medical Association Residency and Fellowship Database; ACGME: Accreditation Council for Graduate Medical Education Accreditation Database System; ABIM: American Board of Internal Medicine; SD: Standard Deviation.			
*CI: 95 percent confidence interval.			
**Adjusted Wald test of association used.			
***Nonlinear equality-of-means test used (Adjusted Wald).			
Note: Of 410 respondents, 405 answered the question "In the past year have you considered resigning from your position"?			