

AAIM Perspectives

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Why Do Residency Program Directors Consider Resigning? A Mixed-Methods Analysis of a National Program Director Survey



Kathlyn E. Fletcher, MD, MA,^a Alec B. O'Connor, MD, MPH,^b Michael Kisielewski, MA,^c
Lisa L. Willett, MD, MACM^d

^aDepartment of Internal Medicine, Medical College of Wisconsin and the Clement J. Zablocki VAMC, Milwaukee, Wisc;

^bDepartment of Medicine, University of Rochester School of Medicine and Dentistry, Rochester, NY; ^cAlliance for Academic Internal Medicine, Alexandria, Va; ^dDepartment of Medicine, University of Alabama at Birmingham.

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INTRODUCTION

Residency training is a profoundly important time in physician development. Patterns of practice established during residency persist for decades.¹⁻³ Each US graduate medical education (GME) program has a program director responsible for all aspects of the program, from establishing and delivering the educational curriculum to ensuring that patient care delivered by residents is safe and of the highest possible quality.⁴ Ultimately, program directors attest to specialty boards and societies that trainees are competent for independent practice.

Given the complexity and importance of the role of a program director, a residency program's success depends on an experienced, committed, and well-supported program director.⁴ However, short tenure and turnover are common. Historically, 11% to 14% of programs experience a change in the program director each year, with the highest numbers of program director changes in internal medicine, family medicine, and obstetrics/gynecology.⁵ Program director stability would improve resident

experiences and possibly the quality and supportiveness of their training; instability would be of obvious concern.

Stability of residency program leadership is an Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirement;⁴ understanding turnover is important to all stakeholders in GME. In a recent study of program director turnover, we found strong associations between turnover and consideration of resigning (hazard ratio [HR] 4.05) and between turnover and burnout (HR 1.89); notably, nearly one-half of program directors had considered resigning in the preceding year.⁶ This study seeks to assess intent to resign and reasons associated with why program directors consider resigning.

MATERIALS AND METHODS

Data Collection

The Association for Program Directors in Internal Medicine (APDIM) is a charter organization of the Alliance for Academic Internal Medicine (AAIM), and the APDIM Survey Committee oversees the development of annual questionnaires to track characteristics and issues relevant to internal medicine residency programs.⁷ Program directors for all 379 study-eligible member programs were sent an e-mail invitation in

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Requests for reprints should be addressed to Kathlyn E. Fletcher, MD, MA, 8701 Watertown Plank Rd., Milwaukee, WI 53226.

E-mail address: kfletche@mcw.edu

August 2019 with a program-specific hyperlink to a Web-based questionnaire.

Prior to blinding program identity for analysis, survey responses were appended with data from publicly available sources. Programs were assigned to geographic regions by US Census Bureau definition.⁸ Program type was obtained through a licensing agreement between the American Medical Association Fellowship and Residency Electronic Interactive Database Access System (FREIDA) Online.⁹ Three-year program pass rates on the certification examination were obtained from the American Board of Internal Medicine (ABIM).¹⁰ Data from ACGME included accreditation cycle length, government affiliation, number of approved and filled training positions, and program director appointment date.¹¹ The 2017 study was deemed exempt from human subjects research protections review by the Mayo Clinic Institutional Review Board (ID#: 08-007125). The Mayo Clinic Survey Research Center fielded the survey using the *Qualtrics* survey platform. This study was deemed exempt by the University of Alabama Institutional Review Board (IRB-300001817).

Instrument

The annual survey consists of multiple thematic sections. Each survey from 2012 to 2018 asked the question: “In the past year, have you considered resigning as program director?” For the 2017 survey, we added 2 follow-up questions for program directors who responded affirmatively: “How likely are you to resign in the next 12 months?” (5-point Likert scale: 1 = very unlikely to resign, 5 = very likely) and, the open-ended question, “Why have you considered resigning as program director?”

We used prior APDIM survey data on burnout by program directors to explore whether burnout was associated with the consideration of resigning. Starting annually with the 2012 survey, APDIM surveys screened for burnout among program directors using the 2-item Maslach Burnout Inventory.¹² The 2016 APDIM annual survey included a section related to clinical competency committees, and 2 items were found to be statistically associated with burnout by program directors.¹³ Program directors were asked to respond “true” or “false” to the following statements: 1) “I have graduated at least one person in the last three academic years (2014, 2015, 2016)

about whom I have concerns regarding their ability to practice independently,” and 2) “Every year I advance at least one resident about whom I have concerns regarding their ability to handle additional responsibility.”

PERSPECTIVES VIEWPOINTS

- In 2017, 44% of program directors had considered resigning.
- Program directors identified departmental and institutional factors as the most common reasons for considering resigning.
- Program directors who met criteria for burnout rated themselves more likely to resign.
- Program directors that had graduated a resident about whom they had concerns were also more likely to report consideration of resigning compared to those who had not.

Data Analysis

We used descriptive statistics to report demographic information and to examine the trends in program director consideration of resigning in the 2012-2018 time period. Using the 2017 data, we used Pearson χ^2 statistics or Fisher exact tests to examine the relationship between program characteristics and program directors reporting that they had considered resigning in the past year. We performed sensitivity analyses with goodness-of-fit (χ^2) testing using only program directors who answered that they were somewhat or very

likely to resign versus all others. To assess the representativeness of the survey data, essential characteristics of respondents and their programs were compared to non-respondents using variables from third-party data sources described previously. Group-based statistical significance testing was conducted using the Adjusted Wald test of association (a test statistic more sensitive for survey or survey-like data) for categorical variables (or Fisher exact test when anticipated cell sizes were less than 5), and Welch *t*-test (due to unequal variances) to compare mean or interquartile range differences for continuous variables. Analyses were 2-tailed (where applicable) with an alpha level set to $P \leq 0.05$. Analysis was conducted using Stata SE 14.2 and SAS/STAT 15.1.

We used content analysis of the free text responses to categorize the domains that contributed to the program directors considering resignation.¹⁴ One investigator (KF) read all the responses and developed a preliminary coding scheme with definitions. She shared the coding scheme with a second investigator (LW); they discussed the definitions and made adjustments to the coding scheme. Next, both investigators used the scheme to independently code each response using Microsoft Excel. More than 1 code could be assigned to each response. Agreement was determined by tallying the number of responses for which the investigators agreed on at least 1 code; agreement was 85%. For all responses in which there was disagreement, the investigators discussed them and reached consensus. The final result was a framework for understanding program director consideration of resigning.

We tested for associations between the domains for considering resigning and program director and program characteristics. We merged the coded domains into the full survey dataset in Stata 14.2, using a generic numeric identifier assigned to each response before coding began in Excel. Each domain was assigned a numeric indicator of "1" if it applied to a response; it was possible for multiple domains to apply to a single open-ended response. Group-based differences between each of the domains and essential characteristics of residency programs that were categorical variables (eg, program type, program director gender) were tested for statistical significance using multiple response-item Pearson χ^2 testing with Sidak-adjusted P values. Group-based differences for essential characteristics of residency programs that were continuous variables were tested for statistical significance using Welch t -test due to unequal variances and an equality-of-medians test due to large standard deviations.

RESULTS

The response rate was 70% (266/379). There were no statistically significant differences between respondents and nonrespondents based on key program and program director characteristics, with the exception of program type, with slight overrepresentation of university programs (38.0% among respondents; 33.3% for the population) and slight underrepresentation of community-based, university-affiliated programs (47.7% among respondents; 52.4% for the population; [Table 1](#)); the differences were not statistically significant.

Mean tenure length of program directors was 6.3 years, with 42% having been a program director for 3 years or less ([Figure 1](#)). Fifty-six percent of program directors also had an additional leadership role. Over the past 7 years, the mean percentage of program directors who had considered resigning was 48.3%, with a range of 40% (2012) to 53% (2014, 2018) ([Figure 2](#)). Of the 116 (44.1% of respondents) who had considered resigning in the 2017 survey, 30.2% were somewhat or very likely to resign in the next 12 months, 20.0% were neutral, and 50.0% were somewhat unlikely or very unlikely to resign. In the 2017 survey, 28.5% of program directors met the Maslach Burnout Inventory 2-item criteria for burnout. Among those who met burnout criteria, 67.6% had considered resigning in the past year, compared to 35.1% who did not meet criteria but had considered resigning ($P < 0.001$). Program directors who met burnout criteria rated themselves more likely to resign: 46.0% of burned-out program directors were "somewhat likely" or "very likely" to resign in the next 12 months, compared to 18.2% of program directors who were not burned out ($P = 0.001$; [Table 2](#)). We found no association between whether program

directors held an additional leadership role and consideration of resigning, likelihood of resigning, or burnout.

Of the 126 respondents to the 2016 survey who reported graduating a resident about whom they had concerns,¹³ 79 (62.7%) had considered resigning, and 39 of 116 (33.6%) who had not graduated a resident of concern had considered resigning ($P < 0.001$). Among program directors who reported having promoted at least 1 resident of concern, 56.5% had considered resigning, compared to 38.7% who had not promoted a resident of concern ($P = 0.006$).

Of the program directors who considering resigning on the 2017 survey, 107 (92%) provided free text responses. We identified 7 domains ([Table 3](#)). Most commonly cited were institutional/departmental factors ($n = 60$), nature of the work ($n = 37$), and program director/personal factors domain ($n = 20$). The other domains were resident factors ($n = 13$), regulations/ACGME factors ($n = 8$), career advancement factors ($n = 8$), and program factors ($n = 2$). Thirty-two responses (30%) contained explicit or implicit references to emotions such as frustration, feeling overwhelmed, and exhaustion. One program director wrote, "Job can be overwhelming, responsibility feels huge." Another wrote, "Exhaustion from dealing with constant complaints from every side and lack of support to deal with problems. I feel I am set up for failure." Many responses encompassed multiple domains.

We found no statistically significant associations between citing any domain as a reason for considering resigning and any of the following: gender, program type, size of program, Census Bureau region, tenure, or other program characteristics listed in [Table 1](#). There were no associations between program director or program characteristics for individuals who had a response with emotional reference compared with those who did not.

DISCUSSION

Almost one-half of internal medicine program directors have considered resigning in each of the past 7 years. Program director consideration of resigning was previously shown to be strongly associated with both burnout and program director turnover.⁶ Our study confirms the strong association between burnout and consideration of resigning and also demonstrates that program directors who are burned out have stronger intent to resign than those not burned out. We identified many factors affecting consideration of resigning. Our findings support the concern that program director turnover may be a marker of an unhealthy learning and leadership environment, which may also adversely affect residents. ACGME considers recurrent program director turnover to be concerning, potentially prompting additional ACGME action. A more complete understanding of this phenomenon is important.

Table 1 Core Characteristics of Internal Medicine Residency Responding and Nonresponding Programs: 2017 Survey of US Internal Medicine Residency Program Directors

	Respondents (n = 266) No. (Column %)	Nonrespondents (n = 113) No. (Column %)	Total (n = 379) No. (Column %)	P Value [†]
Description (FREIDA)*				
University-based	101 (38.0)	25 (22.3)	126 (33.3)	0.075
Community-based	34 (12.8)	11 (9.8)	45 (11.9)	0.319
Community-based, university-affiliated	127 (47.7)	71 (63.4)	198 (52.4)	0.065
Military-based	4 (1.5)	5 (4.5)	9 (2.4)	0.180
Census Region (US Census Bureau) [‡]				
Northeast	96 (36.1)	30 (27.3)	126 (33.5)	0.071
Midwest	53 (19.9)	30 (27.3)	83 (22.1)	0.154
West	38 (14.3)	18 (16.4)	56 (14.9)	0.680
South	79 (29.7)	32 (29.1)	111 (29.5)	0.787
VA Affiliation (ACGME)				
Yes	100 (37.6)	32 (28.3)	132 (34.8)	0.083
Accreditation Status (ACGME)				
Continued	254 (95.5)	110 (97.4)	364 (96.0)	0.396
Initial	9 (3.4)	1 (0.9)	10 (2.6)	0.293
Warning or Probation	3 (1.1)	2 (1.8)	5 (1.3)	0.637
	Mean (SD)	Mean (SD)	Mean (SD)	P Value [‡]
Program size: No. ACGME-approved positions [§]	54.5 (15.1) [¶]	52.5 (14.1) [¶]	54 (14.8)	0.131
ABIM pass rate 2014-2016 (%); n = 248, n = 108 [§]	89.4 (7.6)	89.0 (7.9)	89.2 (7.7)	0.679
Program director tenure (years) [§]	6.0 (6.3)	6.9 (6.6)	6.3 (6.4)	0.238
Other Positions Held by Program Director (Respondents Only)**				
None	103	44.0		
Associate or vice-chair	64	27.4		
Chief medical officer or other leadership role	22	9.4		
Department chair	14	6.0		
Designated institutional official	11	4.7		
Associate or assistant dean	8	3.4		
Other	39	16.7		

ABIM = American Board of Internal Medicine; ACGME = Accreditation Council for Graduate Medical Education; FREIDA = American Medical Association Residency and Fellowship Database; SD = standard deviation.

*FREIDA data not available for 1 nonresponding program.

†Adjusted Wald test of association used for categorical variables; Fisher exact test used when expected cell counts are less than 5. Tests the difference between “respondents” and “nonrespondents.”

‡Excludes US territories because of small cell sizes/data confidentiality.

§Welch *t*-test used.

¶Interquartile range test: Respondents: 38-88; Nonrespondents: 39-79; Total: 38-91.

**Multiple responses to this survey question were allowed; total “No.” will exceed the number of respondents to the question and total “Percentage” of responses will exceed 100.

Our qualitative results identified reasons for resigning. Program directors cited institutional and departmental factors as the most common reasons. These factors included pressure to prioritize clinical work over education, issues related to the faculty (eg, difficulty recruiting core faculty), and a perceived lack of financial or logistical support from departmental leaders. These findings suggest that many program directors find their local culture to be challenging and in conflict with their responsibilities to their programs and residents.

The second-most common domain was the nature of the work. With the new ACGME Common Program Requirements,⁴ even more responsibility has been placed on program directors to ensure an optimal clinical learning environment. However, many of these

requirements are outside a program director’s direct spheres of influence, such as institutional culture, faculty hiring and salary support, patient population and behavior, and GME finances. In addition, more requirements mean more administrative work. As 1 program director stated, “*Competing demands. Focus on meeting ACGME requirement[s] as opposed to teaching residents to care for patients.*”

We found a close association between program director consideration of resigning and having graduated a resident about whom they had concerns. Our study design does not allow us to determine causality between these 2 variables. Regardless, this finding is highly concerning because one of the primary missions of a residency program is to protect future patients from exposure to

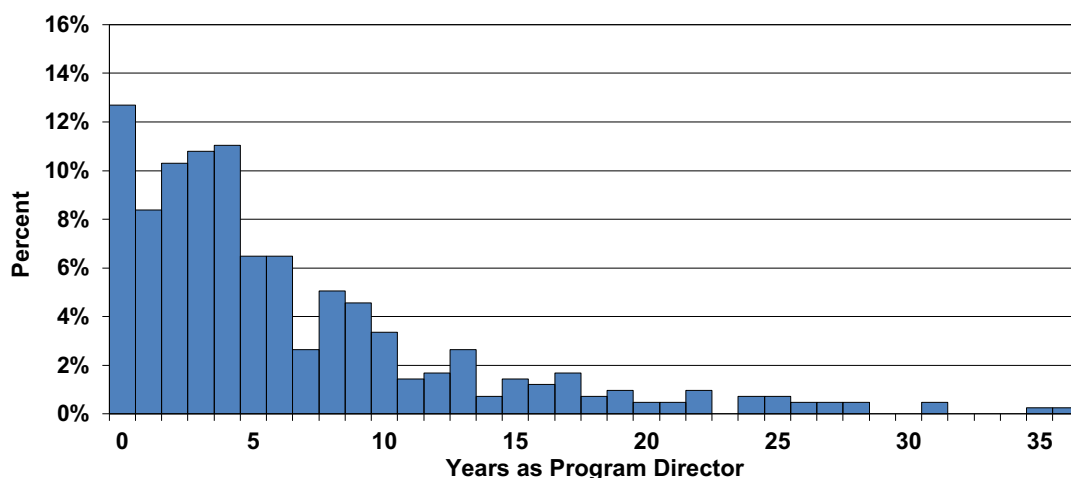


Figure 1 Percentage of all Internal Medicine Program Directors' tenure for academic year 2016-2017.

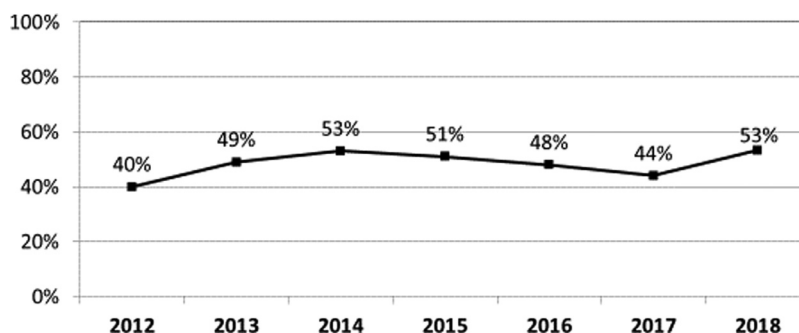


Figure 2 Percentage of Internal Medicine Program Directors who considered resignation, 2012-2018

Table 2 Association Between Burnout and Consideration of Resigning: 2017 and 2016 Survey of US Internal Medicine Residency Program Directors. Data Presented Are n (column %)

	Met Criteria for Burnout (n = 74)*	Did Not Meet Criteria for Burnout (n = 188)	All Program Directors (n = 262)	P Value†
2017 Annual Survey				
Considered resigning in past year	50 (67.6)	66 (35.1)	116 (44.3)	<0.001
Somewhat Likely or Very Likely to Resign in Next 12 Months	23 (46.0)	12 (18.2)	35 (30.2)	0.001
Somewhat Unlikely or Very Unlikely, or Neutral to Resign in Next 12 Months	27 (54.0)	54 (81.8)	81 (69.8)	
2016 Annual Survey	(n = 80)‡	(n = 166)	(n = 246)	
Considered resigning in past year	69 (86.3)	50 (30.1)	119 (48.4)	<0.001

*One respondent who responded to the questions about burnout did not respond to the question about considering resigning; actual number of respondents who met the burnout criteria is 75.

†Pearson χ^2 test used; Fisher exact test used when expected cell counts are less than 5. Tests the difference between "met 2-item criteria" and "did not meet 2-item criteria."

‡Two respondents who responded to the questions about burnout did not respond to the question about considering resigning; actual number of respondents who met the burnout criteria is 81; actual number who did not meet the criteria is 167.

independently practicing physicians who lack competency. Promoting a resident of concern may relate to the lack of institutional and departmental support and may also relate to the stress and burden of the work itself.

Stability in program leadership is essential to the health of a program. At the institutional level, program director turnover adversely affects resident recruitment,¹⁵ and the faculty pipeline as well as would be

Table 3 Program Directors' Reasons for Consideration of Resigning, by Domains.*

Domain	Number of Respondents (n = 107)	Example Quotes
Institutional/departmental factors	60	Insufficient institutional support. Having to continuously justify requirements to administration. Became frustrated with "obstacles" to education like pressures for patient throughput, etc. that were instituted without even involving me as program director in discussion for planning.
Nature of the work itself	37	Administrative burdens. Too many responsibilities. Overtasked with more and more administrative work. Unsolvable problems.
Program director/personal factors	20	Balance of work and family life. Finding it harder to bring the same level of enthusiasm to work each day. Things that didn't bother me so much before bother me now. Personal sacrifices.
Resident factors	13	Changed resident work ethic with increasing resident resistance to work and education. Resident dissatisfaction with what I perceive as a tremendously dedicated program and faculty. Recognition that my concept of the content and obligation of residency training is not shared by the majority of trainees any longer. Resident ingratitude. Residents are entitled.
ACGME/regulatory factors	8	Too many regulations and reporting RRC and ACGME have placed more admin responsibilities upon us but we do not have more support staff (clinical faculty and coordinators) to help us.
Career advancement	8	Other leadership opportunity. To take on new challenges.
Program factors	2	Poor board scores, poor in-training exam scores, complaints about resident performance, feeling of inadequacy to change the situation.

*Domains were developed from coding responses to the open-ended question "Why have you considered resigning as program director?" Some responses were coded into multiple domains. ACGME = Accreditation Council for Graduate Medical Education; RRC = Residency Review Committee.

expected to lessen momentum for making institutionally challenging changes that benefit residents. The average tenure of a medical school dean is 4.5 years¹⁶ and of an internal medicine chair 4 years,¹⁷ which are similar to the median program director tenure that we found. Although turnover in a leadership position can present opportunities, it likely takes a few years in the role to be optimally effective; having any of these leaders be inexperienced may adversely affect the success of the residency program. The fact that each of these tenures is short suggests a potential systematic problem in the structure or supportiveness of academic health center leadership.

Our study provides information that identifies possible solutions. From this survey, APDIM developed the initiative "Sustaining, Advising, Valuing and Engaging Program Directors" (SAVE-PDs), which features conference workshops that each focus on 1 domain and

provides solutions, among other resources. The president's plenary talks at the October 2019 APDIM meeting were given by experienced program directors who addressed institutional and departmental factors and the nature of the work itself with practical and mission-driven solutions. APDIM also developed online resources to help program directors address stressors such as the ACGME survey and other issues related to program director burnout and resilience. We surveyed long-standing program directors with more than 10 years of experience to learn lessons from their success and are actively communicating these issues to department chairs through AAIM. For new program directors, deliberate coaching, mentoring, or leadership training should be required.¹⁸ Such programs could teach program directors to successfully negotiate with departmental and institutional leaders as well as teach the daily tasks needed for the job, including the

challenge of remediating struggling residents. ACGME can assist in this effort through accreditation requirements and the Clinical Learning Environment Review (CLER) process, placing accountability on departmental and institutional leadership to support program directors and prioritize GME.

Our study has limitations. First, our survey population was limited to internal medicine program directors, so the findings may not be generalizable to other specialties. Second, there was slight overrepresentation of university-based programs (albeit not statistically significant), which could introduce nonresponse bias into the results. Finally, our study design only allows us to identify associations, not to determine causal relationships.

CONCLUSIONS

In summary, we found that serious intention of resigning is relatively common among internal medicine program directors. Program directors identified factors that play into this decision, some of which are under their control but many that are not. Of great concern, consideration of resigning is closely associated with promoting and graduating residents of concern. Interventions such as leadership training and networking opportunities could provide a way forward to keep program directors in their roles longer, allowing for greater program stability.

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