RESIDENTS’ PERCEPTIONS OF THE CLINICAL LEARNING ENVIRONMENT AND PROFESSIONALISM IN 14 REPRESENTATIVE U.S. ACADEMIC HEALTH CENTERS.

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Purpose
Vital and productive residents are essential to safe health care delivery, yet dissatisfaction, burnout and suicide are too prevalent among residents.1 The ACGME deems the Clinical Learning Environment Review (CLER) an important contributor to patient safety, resident training and wellbeing.2,3 The “National Initiative on Gender, Culture and Leadership in Medicine: “C - Change” has previously developed and validated the C - Change Faculty Survey (CFS) to assess the culture of academic medicine for faculty.4,5 Now, we aimed to create and implement a reliable and practical instrument to assess the clinical learning environment, professionalism and culture of residency programs.

Methods
The 10-minute, 67-item C-Change Resident Survey (CRS) was adapted from the CFS and fielded electronically in 2015 to a purposeful sample of 14 U.S. teaching hospitals/systems to represent different regions of the country and public/private institutions, mostly in large urban settings. C-Change surveyed all residents (2,440) in the 14 sites in Internal Medicine (IM), General Surgery (GS) and Pediatrics (PEDS) residency programs (34 total). Reliability analyses of data were conducted. Scales assessed 13 dimensions of culture (DoC): Vitality; Self-Efficacy; Institutional Support; Relationships/Inclusion/Trust; Values Alignment; Ethical/Moral Distress; Respect; Mentoring; Leadership Aspirations; Work-Life Integration; Gender Equity; Underrepresented in Medicine Minorities (URMM) Equity; and Competencies.

Results
1,708 residents completed the survey with a 70% overall response rate, (IM: 72%, PEDS: 71%, GS: 65%). Of respondents, 792 (44%) were female, and 237 (14%) were URRM members. Cronbach’s alpha coefficients for each DoC ranged from 0.79 - 0.85. The rich dataset revealed that residents valued their work, but 50% self-reported burnout and many had low perceptions of Relationships/Inclusion, Values Alignment and Gender Equity.

Discussion/Conclusions
The CRS is a reliable, first-of-its-kind, quantitative assessment of the clinical learning environment and professionalism for residents. Additional analyses will delineate the effect of PGY-level, specialty, institutional attributes, gender and URMM status on the culture for residents.

Level of Audience: Mid-career
Focus of Presentation: GME

References:


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