

Orthopedic Residents' Perceptions of the Content and Adequacy of Their Residency Training

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ABSTRACT

The content and adequacy of orthopedic surgery residency training can be evaluated by several means. The Accreditation Council for Graduate Medical Education and the Residency Review Committee set standards with which residency programs must comply in order to be accredited. Residents' perceptions of the content and adequacy of their training is another means of evaluating orthopedic residency training.

A questionnaire was sent to all graduating orthopedic residents in the United States, Canada, and Puerto Rico. The questionnaire provided program and individual resident demographics, as well as the residents' rating of specific areas of residency training on a 5-point scale (1=superior, 2=above average, 3=average, 4=below average, 5=inadequate). Completed surveys were received from 454 of the 698 graduating orthopedic surgery residents listed by the American Academy of Orthopaedic Surgeons; the response rate was therefore 65.0%. Our respondents were representative of the entire population in terms of geographic and sex distribution.

Respondents rated their general orthopedic training at 1.9. The areas of training that had the best ratings included trauma/fracture (1.8), adult reconstruction (1.9), and pediatrics (1.9). The worst rating was reported for training in foot and ankle (2.7). Factors related to better ratings for general orthopedic training included male sex of residents, programs with more full-time faculty, programs with more hours of weekly teaching conferences, programs with one or more faculty present at all teaching conferences and programs in which residents first operate independently at or before postgraduate year 4. Sixty-six percent

of all respondents were planning to hold a fellowship immediately after graduation. The most common fellowships taken included sports medicine (20.5% of all respondents), hand (12.1%), and spine (9.5%). Younger graduating residents, those from larger programs (more residents per year), and those from the Mideast (U.S.), and New England regions were most likely to enter a fellowship after graduation.

The content and adequacy of orthopedic surgery residency training can be evaluated by several means. Residency programs must comply with certain standards outlined by the Accreditation Council for Graduate Medical Education and the Residency Review Committee. If programs meet these standards, the curriculum and training offered are considered adequate and the program is accredited. Individual residents can measure their progress and training by periodic faculty evaluations required by the Accreditation Council for Graduate Medical Education and by the standardized Orthopaedic In-Training Examination, which is administered yearly by the American Academy of Orthopaedic Surgeons. Ultimately, the individual resident's performance on the American Board of Orthopaedic Surgeons Board Certification Examination is a reflection of the adequacy of his or her residency training experience.

Another method of evaluating the training and experience of orthopedic residents is to ask them directly how they perceive the content and adequacy of their residency training. A questionnaire was sent to all 698 graduating orthopedic surgery residents listed by the American Academy of Orthopaedic Surgeons (1996 graduates) to determine how they assess their orthopedic training.

MATERIALS AND METHODS

Questionnaire Design

A two-page questionnaire (Figure) was designed and field tested by a committee com-

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